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cc: gift unit

WHITE HOUSE
WASHINGTON

December 22, 2000

Rocky Carroll
R.J.'s Boot Company
3321 Ella Boulevard & 34th
Houston, Texas 77018

Dear Rocky:

Hillary and I love the beautiful boots you made for us, and you were kind to send a pair to Doug, also. He does a good job.

I love the Air Force One motif and saxophone on mine. Very creative! Thanks, again, for the excellent work.

Happy holidays.

Sincerely,

Bill

12-22-00

Podesta

Pls see me [illegible] Thx

[illegible]

copied
Podesta

12-22-00 December 21, 2000

MEMORANDUM FOR JOHN PODESTA

THROUGH: GEORGE T. FRAMPTON, JR.

FROM: BILL LEARY

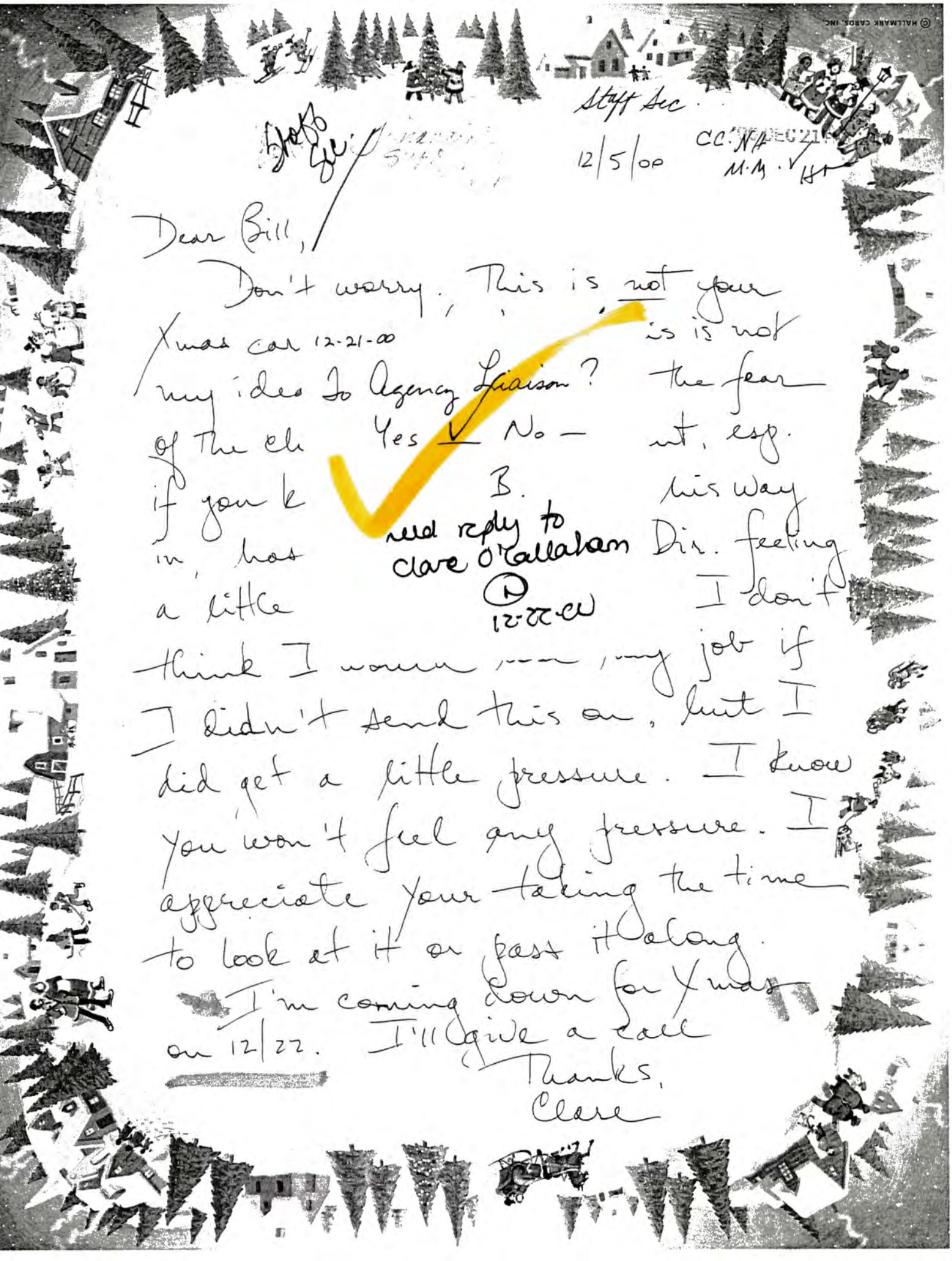
RE: HOMESTEAD AIRBASE TRANSFER

This is a quick update on the Homestead Airbase Transfer since the meeting on December 12. As you know, the Record of Decision will be ripe for release beginning January 15, 2001 and there is work to be done in drafting the document in the intervening weeks. While we reached a tentative agreement on a course of action whereby the Air Force would transfer the property to the Department of the Interior to offer first to Dade County for mixed use development and, if rejected by the county, to other developers as an exchange of property, no final decision was made. It appeared from the discussion that mixed-use development was preferable to a commercial airport.

Nonetheless, we are aware that several advocates of transfer of the base property to Dade County for a commercial airport have been reaching or attempting to reach the President, including Secretary Slater on behalf of FAA, as well as John Merrigan and George Mitchell, who represent the HABDI interests.

Despite the fact that there is no authority for Interior to transfer the property to Dade County directly (absent compensation), consistent with the alternative we discussed, it poses no impediment to otherwise proceeding as we had discussed. There is ample legal authority by which the Air Force could itself offer the property to Dade County for a non-airport mixed-use development. If the county expressed no desire to receive the property under those conditions, the Record of Decision could then provide that the Air Force would offer it to Interior, again consistent with the alternative we discussed.

The important matter is that we make the disposal decision soon so that the Record of Decision can be written within the time remaining. Please call me with any questions.



Staff Sec.

12/5/00 CC: NA M.M. ✓ H

Dear Bill,

Don't worry. This is not your Xmas card 12-21-00 is is not my idea To Agency Liaison? the fear of the ch Yes ✓ No — nt, esp. if you k B. his way in, has read reply to Clare O'Callahan Dir. feeling a little 12-22-00 I don't think I would lose my job if I didn't send this on, but I did get a little pressure. I know you won't feel any pressure. I appreciate your taking the time to look at it or past it along.

I'm coming down for Xmas on 12/22. I'll give a call

Thanks,
Clare

12/5/00

Dear Bill,

Don't worry. This is not your Xmas card. You know this is not my idea, but I guess the fear of the change in government, esp. if you know who finagles his way in, has our Executive Dir. feeling a little more desparate. I don't think I would lose my job if I didn't send this on, but I did get a little pressure. I know you won't feel any pressure. I appreciate your taking the time to look at it or pass it along.

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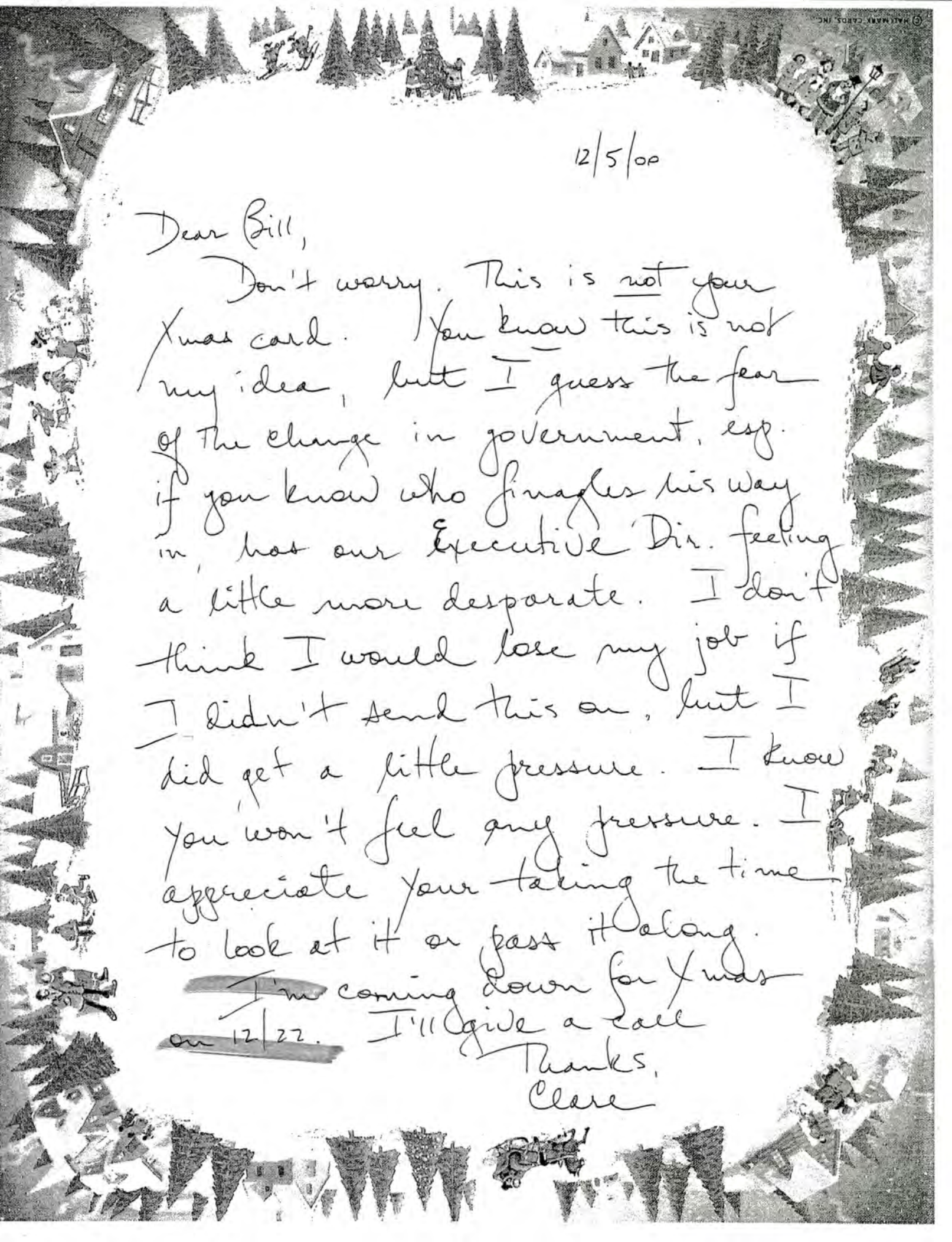
Clare



12/5/00

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I'm coming down for Xmas on 12/22. I'll give a call

Thanks,
Clare

Centro de Salud de la Comunidad del South End
South End Community Health Center

1601 Washington Street
Boston, Massachusetts 02118
617 425.2000
617 425.2080 fax
info@sechc.org

By Hand

November 27, 2000

President Bill Clinton
The White House
Washington, DC

Dear Mr. President:

Clare O'Callaghan asked me to prepare the enclosed proposal for you regarding the need for Boston's South End Community Health Center (SECHC) to secure the final $740,000 of a highly successful capital campaign. A project of the city's Empowerment Zone, the new SECHC (which opened in April 2000) has received financial support from more than 700 individuals, corporations, foundations, and government agencies who have made donations. Three years ago, Vice President Al Gore attended the facility's groundbreaking to announce a $2.9 million HUD grant.

SECHC is an independent, community-based health center located in what is arguably the city's most diverse neighborhood. Our community has a strong mix of Latinos, African-Americans, Asians, Russian immigrants, seniors, teens and Boston's largest gay/lesbian population. 100% of our Board of Directors are community residents and SECHC patients. Because of our independence, we have never sought to become a federally funded community health center.

Since opening in 1969, SECHC has been removing the barriers that prevent high-risk populations (especially Latina women and their children) from seeking high-quality, comprehensive, preventive care. In 30 years, it has built a successful reputation for providing exceptional care that is culturally sensitive. SECHC was the first Massachusetts health center to immunize more than 95% of its patients and 60% of its staff are bilingual or bicultural. Clare, who has been with SECHC since 1985 and oversees our children's mental health department, typifies the talent and commitment among our staff.

By the 1990s, the quality of SECHC's physical plant began to threaten its reputation. Equipment was outdated. Treatment rooms were stretched beyond capacity (there were 2 adult examination rooms). The organization had no group space for community education forums or trainings. At the same time, both the South End/Lower Roxbury community and the health care industry were changing dramatically.

SECHC's Board of Directors determined that the only way to could respond to these challenges—and protect its independence and financial strength—was to build a new facility. In 1997, the organization launched an $8.0 million capital campaign towards construction of a 35,000 square-foot, state-of-the-art health center. After a great deal of hard work, SECHC opened its new home in April 2000 (100% debt-free!).

The new facility—which is a Boston Empowerment Zone project and part of a mixed-use development that includes housing and retail—is 71% larger than SECHC's prior physical plant and has won considerable praise for its design and state-of-the-art furnishings, fixtures and equipment (FFE).

Together SECHC's facility and the FFE inside it allow the organization to attract more patients; offer "one-stop shopping"—including minor surgeries—that enhances patient convenience and serves as a credible alternative to emergency room care; introduce new services that meet the current needs of South End/Lower Roxbury residents; serve as a community center for organizations and individuals who need places to gather; and create 60 new jobs for community residents who will operate the equipment and deliver the services that attract new patients. As our new marketing positioning line states, the new facility allows SECHC to do a better job in helping our 15,000 patients "make the most of life."

With its capital campaign behind it, earlier this year SECHC began to seek $1.2 million in funds to pay for the FFE that is as important as the building itself. To date, $460,000 has been raised. Our goal is to secure all necessary FFE funding by the end of the year in order to turn our attention fully to raising funds to cover nonreimbursable costs such as HIV prevention and nutrition education. We hope you will be able to help us identify the remaining funding as we enter the final phase of what has been an extremely successful capital campaign.

Please do not hesitate to contact me at 425-2004 with any questions regarding this proposal. Thank you in advance for your consideration. We look forward to hearing from you.

Sincerely,

Tristram Blake
Executive Director

1. **ORGANIZATION HISTORY.** The South End Community Health Center (SECHC) was founded in 1969 by a group of low-income, predominantly Puerto Rican mothers who banded together with a local physician and a successful businessman to form a pediatric clinic that would serve as a high quality alternative to local hospitals that—while recognized nationally for their exceptional care were perceived to discriminate against Latino and African-American children who lived in their shadows. When SECHC was founded, the South End was known as the Zone of Death—a community whose residents were more likely to die from most any disease than any other area in the entire state.

By opening a community-controlled, culturally and linguistically accessible health center that offered high quality care, the founders of SECHC began to change—with noticeable results—the health of their community's children. In fact, SECHC became the *first* community health center in Massachusetts to successfully immunize more than 95% of its pediatric patients. Over the years, more than 4,000 babies were born under SECHC's care and the Center expanded care to include services targeting patients of all ages. Today, it is a $6.2 million organization with 15,000 patients and over 160 employees (70% of whom are bilingual or bicultural). SECHC had a positive income statement throughout the 1990s.

A crossroads. Despite its strong organization history, by the early 1990s SECHC found itself at a critical crossroads. Its physical plant—scattered throughout the South End in five different sites—was overcrowded, inconvenient to patients who needed multiple services, and had outdated equipment. The South End/Lower Roxbury community—always one of the city's most diverse—was changing dramatically. Long a neighborhood of ethnic diversity, the area also had growing lesbian/gay, senior, teen, and upper income populations. Complicating matters further, the health care industry was shifting from a fee-for-service system to one of managed care. Health care institutions were merging; low reimbursement rates were threatening the viability of many organizations; and—for the first time—health care facilities were competing aggressively for patients.

Faced with these challenges, SECHC's Board of Directors decided to embark on a campaign to locate a site where it could build a new, state of the art, comprehensive care facility that would expand services to address the needs of new patient populations in the community; provide all patients with "one-stop shopping" health care; increase the Center's competitive advantage; and preserve SECHC's independence.

The solution. The Board found an ideal site in RC-9—a long-abandoned block of land located on Washington Street (which was once the community's main boulevard and served as the gateway to downtown Boston). From 1995-97, SECHC's Board and staff met with local residents, private developers and government officials to develop an acceptable plan that would meet the community's health care needs. The result of all these public discussions was a unique cooperative agreement among SECHC, the Blackstone/Franklin Neighborhood Association, South Park Associates, and the City of Boston. The partners agreed to construct a mixed-use development that improved the community's overall health. The development was to include not only a 35,000 square-foot health center (a 71% increase over SECHC's old facilities), but also a 10,000 square-foot pharmacy, a café, retail space for a women's craft collective, 39 market-rate condominiums, 17 townhouses, an underground

parking garage and new community gardens. Over 90 new jobs would be created—including 60 at SECHC. When completed, it would boost the community's physical, mental, cultural *and* economic health.

The entire South End community came together to support the redevelopment of RC-9. Hundreds of letters were written. The *South End News* wrote three editorials in favor. The project—with its promise of job creation and economic revitalization caught the attention of Boston's Empowerment Zone (EZ) officials. Because RC-9 was immediately adjacent to the Zone, whose residents would benefit from increased access to health care and new jobs--their citizen Board unanimously agreed to designate the RC-9 development an official EZ project. Vice President Al Gore came to the development's groundbreaking to show his support for the unique partnership that had come up with the idea for this unique development.

An historic capital campaign. While SECHC's Board knew a new facility was the only answer to the challenges it confronted, members were anxious about raising the needed funds. The Center had no development staff and had never embarked on a capital campaign. Furthermore, the Board did not want to engage in anything that threatened the organization's financial security, its philosophy of keeping administrative services as lean as possible, or its commitment to making SECHC's activities accessible—regardless of ability to pay. In 1997, the Board agreed to begin a capital campaign—but with the following caveats: it must conclude 100% debt-free; only minimal staffing could be hired for the effort; and the campaign could not price-out low-income residents who might want to participate.

At its grand opening in June 2000, over 500 residents joined SECHC Board and staff to celebrate the new facility and a capital campaign that had been conducted on its own terms. 100% of the $8.0 million necessary for construction had been raised—but through a grassroots campaign that both major contributions such as a $2.9 million federal grant and a $1 million gift from Brigham and Women's Hospital and over 500 individual gifts of $25 to $5,000. SECHC conducted the campaign without hiring new staff. Instead, the Executive Director and Board worked closely with a 20-hour/week consultant who coordinated campaign activities.

In summer 2000, SECHC launched the final phase of its capital campaign—one that focused on raising the $1.2 million needed for furnishings, fixtures, and equipment (FFE) costs. To date, $460,00 has been secured.

FFE purchases play an important role in realizing the goals of SECHC's capital campaign. By offering state-of-the-art, high quality FFE, SECHC will attract more patients; offer "one-stop shopping" health care that is convenient and serves as an alternative to emergency room care; introduce new services that meet the needs of current South End/Lower Roxbury residents; and create 60 new jobs for community residents who will operate the equipment and deliver the services that will attract new patients.

Making the most of life—and of the new SECHC. As the grand opening of its new facility approached, SECHC entered into a partnership with Boston-based Trinity Communications,

Inc. for pro-bono marketing communications services. Trinity's staff developed a new positioning line for SECHC: *Make the most of life.*

This statement captured SECHC's philosophy. Whether it is through specialty services aimed at treating a specific ailment; community education forums that focus on prevention; or creating new jobs for low-income residents, everything SECHC does is aimed at helping area residents *make the most of life*. This positioning line is used in all SECHC marketing communications materials aimed at retaining current patients and attracting new ones.

In 1999, SECHC began a strategic planning process aimed at helping it make the most of its new facility. Over 16 months, close to 100 Board members, staff, external partners, and community residents offered their input regarding appropriate strategies for the new health center. In summer 2000, SECHC's approved an 18-month strategic plan designed to serve as a road map for the organization's transition into its new facility. The plan establishes the following goals for SECHC: to become the leading choice for primary care for *all* South End and Lower Roxbury residents; to act as a catalyst for efforts to improve the community's health in the broadest context; and to serve as a model for ways in which high quality, comprehensive health care can be provided to vulnerable populations in a manner that is effective, financially sound and community-based (*Please see Appendix 1 for the Strategic Plan*).

2. ORGANIZATION STRUCTURE. SECHC is a community-operated health center led by a 15-member, 100% consumer Board of Directors (*Appendix 3 provides more information).* The Board meets monthly and all employees work at its discretion. The organization is led by the Executive Director, who oversees operations, and the Physician-in-Chief, who directs medical services. This division of labor allows medical providers the freedom to do what they do best: *take care of patients.* Senior staff meet semi-weekly to coordinate clinic operations and services. Monthly staff meetings also are held. These meetings are a new addition to SECHC's organizational culture. Its old facilities did not contain any dedicated meeting space.

SECHC's service delivery model is designed to serve as an alternative to emergency room care—which often is the primary choice among vulnerable populations who avoid care until they become sick. The model is based on a philosophy that high quality care is a fundamental right of every person; a delivery model that relies on licensed providers to practice preventive medicine comparable to that found in a private doctor's office; a community Board that has kept the organization's services directly tied to community needs; and an organizational culture that is accessible and welcoming to people of color and low-income residents.

Staff. Physician-in-chief and pediatrician Dr. Gerald Hass has been seeing patients at SECHC since it opened. Earlier this year, Tufts Health Plan patients ranked Dr. Hass in the top 20 of the networks more than 2000 providers. This recognition stands as a testament to the high quality of care SECHC offers patients. Tristram Blake, SECHC's Executive Director, has been on staff since 1971 and has held his current position since 1972. The child of an absentee teen mother, Blake identifies closely with the challenges many of SECHC's patients face. Yet, his success—as well as that of many other staff who were hired from

high-risk situations—stands as testimony to the potential for individuals to overcome extreme adversity in positive, tangible ways.

Joining Dr. Hass and Mr. Blake are 158 employees. 54% are health care providers. SECHC employs 27 Board-certified physicians; 8 registered nurses; 2 nurse practitioners; 22 social workers, counselors, and psychologists; 4 nutritionists; 3 dentists; 1 hygienist; 2 optometrists; 8 lab technicians; 3 midwives; 2 HIV/AIDS counselors and health educators; 2 smoking cessation counselors; and 1 immunization worker. The balance of the staff is composed of support and management personnel. The staff is extremely dedicated to the populations SECHC serves. Over 50% have been with SECHC for more than ten years. Staff are reflective of the community they serve: 70% are bilingual; and 53% were hired from the South End and Lower Roxbury.

As patient volume increases, SECHC anticipates it will create 60 new permanent clinical and non-clinical positions within the next five years. In keeping with its long history of economic development, SECHC has committed to fill these jobs with individuals from the Empowerment Zone whenever possible. In fact, in the short period since the new Center opened, more than ten people have been hired from the Zone.

Because of the type of services it offers, SECHC does not rely heavily on volunteers. However, the Center does rely on area residents to provide day care services for young mothers in its Mentor Moms program; a senior citizen who serves as the organization's *abuela* (grandmother) and watches over pediatric patients waiting to see the doctor; and, of course, its 100% community, all-volunteer Board of Directors. Volunteer participation is expected to increase somewhat in the new facility as SECHC relies on community residents to conduct open forums on topics ranging from job-readiness to the history of the South End.

Services. Current services include the following:

Adult Medicine
Asthma
Audiology
Dentistry
Diabetes
Eye Care
Family Planning
Financial Planning
HIV/AIDS
HIV/Dental Clinic
Homeless Dental Clinic
Hypertension
Laboratory Services
Mental Health
Mentor Moms Program
Neurology
Nutrition
Obstetrics/Gynecology
Osteoporosis Prevention
Pediatrics
Podiatry
School Consultation
Trabajo de Mujeres craft collective
Women, Infants & Children (WIC Program)
Youth Mentoring Program

SECHC met with a range of community groups when it was seeking support for its new facility. This fall, SECHC went back to the community and began conducting focus groups aimed at determining specific services residents would like to see the Center offer; preferred hours of operation; and ways in which the Center could be used as a gathering place to discuss matters of general concern to area residents. These meetings already have been productive. For example, at a recent meeting with area youth workers, it was agreed that

SECHC would begin to offer an adolescent clinic aimed at meeting the mental and physical health care needs of area teens. In January 2001, SECHC will release a report summarizing the focus group findings and detailing action steps.

Affiliations. SECHC's independence gives it the freedom to affiliate with a range of institutions that offer patients freedom of choice and high quality care. Virtually all HMOs are accepted at the Center, including Neighborhood Health Plan (SECHC's preferred provider), Harvard Pilgrim Health Care, Tufts, Aetna, Blue Cross/Blue Shield and Boston Health Net. Patients requiring hospitalization are free to go to the hospital of their choice—though SECHC works most closely with Boston Medical Center, Brigham and Women's Hospital, and Children's Hospital.

3. ORGANIZATION CONSTITUENTS. SECHC serves a diverse population of over 15,000 patients. 61% of patients are Latino and 24% are African American; 60% are female and 62% pediatric. 90% live below state and federal poverty levels. 70% live within one square mile of SECHC-- many in the adjacent Empowerment Zone. 60% are enrolled in MassHealth or Medicare; 30% receive free care; 10% have private insurance or self-pay. After 30 years as a health center deeply rooted in its community, SECHC doctors are now seeing the grandchildren of some of their original patients.

A diverse community. The South End and Lower Roxbury communities have changed dramatically in recent years. Today, the area arguably is the city's most diverse community in terms of not only culture, but also race, class, age, and sexual orientation. This diversity is reflected in the following ways:

- *Cultural and ethnic.* The South End has the city's largest lesbian and gay population. In addition, according to the 1990 Census, 84% of area residents are of racial or ethnic minority status. While these residents are primarily Latino or African-American, increasingly other cultures—including Asians and Cape Verdeans—are calling the South End home. 16% of Latino populations speak Spanish as their primary language.
- *Economically.* The 1990 Census found that 35.8% of area residents live at or below poverty. For 43% of these residents, their economic potential is limited by the fact they have no high school diploma. While many in the South End struggle to make ends meet, a growing number are reaping the benefits of Boston's continuing economic boom.
- *Housing.* Nowhere is the community's economic disparity more apparent than in housing. The area has seven public housing developments—including Cathedral, Lenox/Camden, Villa Victoria, and Tent City. At the same time, market-rate housing costs have soared in recent years. Even the development that includes the new SECHC, townhouses sold from $450,000-$950,000. In an effort to preserve the area's diverse fabric, the majority of new housing developments recently approved for the community are mixed—meaning they offer both market-rate and affordable housing. While new housing for both affluent and lower-income communities is being built in the South End, it is worth noting that recent counts have seen an increase in the area's homeless population. Many of these homeless individuals rely heavily on South End organizations such as Pine Street Inn and Project Place for services.
- *Age.* Once an area with many small children, SECHC's service area now is populated with an increasing number of seniors (many are the parents of its original patients). Many

live in local senior housing developments—including the Franklin House and the Committee to End Elder Homelessness' transitional site. SECHC's Board reflects this population shift. Nearly 50% of its Board members are now senior citizens. The community also is beginning to see a dramatic increase in its teen population. This increase is tied to the dramatically high number of teen pregnancies the area saw in the late 1980s/early 1990s (when 60% of SECHC's babies were born to teen mothers). These babies are becoming teens themselves.

Retaining current patients, reaching new ones. In an effort to retain current patients and attract new ones, SECHC recently launched a comprehensive marketing communications plan designed to appeal to the area's different populations. It includes advertisements in local newspapers as diverse as *Bay State Banner*, *La Semana* and *Bay Windows*; a series of free community forums; press releases; and presentations before community organizations. The plan was developed with the assistance of Trinity Communications.

It is the first organized marketing effort in SECHC's history and is critical to the goal of increasing SECHC's patient population to 18,500 by July 1, 2003. Once this increase is achieved, SECHC believes its patient demographics will shift slightly. The percentage of patients with private insurance is expected to increase to 10% (this will help offset non-reimbursable SECHC services). The patient population is expected to shift to 50% Latino, 26% African American, 20% Caucasian, and 4% Asian. While the number of female patients is expected to hold steady at 60%, it is expected that pediatric patients will decrease to 58%. 12% of the patients are expected to self-identify as lesbians and gay men. Seniors are projected to account for 20% of the population and homeless people for 15%, with the Center's new dental clinic for homeless women and children as the primary entry point for this group. As a result of the new adolescent clinic SECHC is developing in partnership with the Youth Workers Alliance, teens are expected to account for 15% of all patients.

4. <u>COMMUNITY NEED.</u> Early in SECHC's capital campaign, a potential funder asked why the organization was seeking to build a new facility when there were a number of health care institutions within walking distance of RC-9. To SECHC staff, the answer was simple. Residents deserved a health care alternative that would reverse alarming statistical trends by removing barriers to high quality, comprehensive care.

Offering a healthcare alternative. Health institutions in the area fell into two categories: 1) large institutions where patients were likely to be treated in an emergency room setting by medical students who had minimal cultural understanding of their needs and were primarily focused on research *or* 2) smaller health centers with limited capacity and an exclusive affiliation with large health organizations. SECHC's Board believed area residents needed an alternative—a health center that was large enough to offer comprehensive services, but whose independence gave it the flexibility to adapt services to meet current needs.

Reversing statistical trends. Statistics from the 1990 US Census and a 2000 report from the Boston Public Health Commission bear out the healthcare needs of the community:

- The South End has more hospitalized mentally ill patients than any Boston neighborhood.

- The death rate from often-preventable diseases like cancer, heart disease, or stroke is higher than the citywide average—and highest among Latinos and African-Americans.
- Similarly, the African-American and Latino populations in the community have disproportionately high rates of asthma, hypertension, diabetes, and obesity.
- The South End has the highest percentage of HIV/AIDS cases in the city and continues to see an *increase* in infection rates in Latino and African-American residents (while Anglo rates are decreasing).
- Hospitalization for drug and alcohol dependence in this area is 145% higher than Boston's average.
- The area's suicide rate is the second highest in the city.

Removing barriers. To some, it is puzzling to find such statistics in a community that rests in the shadows of some of America's premier medical institutions. To SECHC's Board and staff, the statistics are not surprising. They are caused by barriers to care.

Some barriers are specific—seniors often become isolated in their homes; lesbians and gay men may fear discrimination if they reveal their sexual orientation; low-income families can become overwhelmed with economic and domestic stresses; and foreign speaking residents often avoid care because they fear their providers literally will not be able to understand them. Others are general—the community has woefully inadequate public transportation (the nearest T stop is more than 6 blocks away); almost everyone trying to access health care today is confused and intimidated by the state's complex health insurance bureaucracy; and virtually all populations are affected by the state's growing oral health crisis that has left 2.3 million Massachusetts residents without dental insurance.

Many of these barriers are not new. Yet, for much of the past decade SECHC's ability to respond was hindered by its own barriers. Adult medicine was limited to two examination rooms—and thus could not accommodate any targeted outreach to seniors or the lesbian and gay population. There were no group education rooms in which preventive sessions on HIV, smoking, or obesity could be held. The dental clinic was at capacity and did not have the equipment necessary to treat common ailments affecting area residents. With the opening of its new facility, these organizational barriers have been removed and SECHC at long last is positioned to partner with the community to meet current needs.

5. <u>GOALS AND OBJECTIVES.</u> SECHC requests a grant of $_____ from _____ towards FFE costs in its new facility (*Please see Appendix 4 for budget*). The FFE will allow SECHC to achieve the following goals:

- *Expand and enhance services to meet community need.* With more examination rooms, five community education rooms, a full-service laboratory and state of the art equipment such as new dental x-ray machines and a defibrillator, SECHC can offer services tailored to meet the complex needs of its target population. Many of these services are preventive (e.g. community education rooms can be used for nutrition classes for young mothers). Others are specialty services aimed at addressing specific health problems such as obesity, asthma, and diabetes. Finally, because it now has the space and equipment to

perform minor surgeries or perform full-mouth x-rays, some services are designed to decrease unnecessary emergency room visits.

- *Offer patients one-stop shopping.* Given the various stresses faced by many who make up SECHC's target population, it is critical to make health care as accessible and comprehensive as possible. As one of our outreach workers explains, "It's hard enough to get some of these people to come through the door. You lose them if they have to travel to multiple sites for additional care." That is why one of the strongest aspects of the new Center is that it offers a full-range of services under one roof. A young mother with an infant can visit SECHC and see a WIC counselor for nutritional advice, have her baby immunized by a pediatrician, have her teeth cleaned, participate in a young mothers mental health support group, make an appointment with her gynecologist, and even pick up prescriptions without ever leaving the building. SECHC's senior staff are currently developing a new model of comprehensive care delivery designed to maximize the potential of the new facility and increase the ease with which patients are able to move through our medical system.
- *Increase fiscal strength.* While the main goal of SECHC's new facility is to respond to community need, a strong secondary goal is protecting the organization's independence. As the strategic plan indicates, the primary objective for achieving that goal is to increase fiscal strength. SECHC intends to do that in two ways: 1) by implementing a marketing communications plan that will attract more patients and 2) by using new equipment and technology to increase its collections and improve the overall efficiency of its accounting department.
- *Improve organizational effectiveness.* SECHC's new facility presents numerous opportunities to improve organizational effectiveness. For the first time in many years, it allows the organization to consolidate services by housing all departments in one building. There are meeting rooms where staff meetings at various levels can be held. Finally, through the purchase of voice, data and email systems, the organization is able to improve the extent to which staff can communicate with each other, partner agencies, and—most important—their patients.
- *Create economic opportunity.* In order to realize its goals for the new facility—expanded services, more patients—SECHC will need to hire more staff. Specifically, the organization projects it will need to create 60 new jobs over the next 3-5 years to meet patient demand. Wherever possible, these jobs will be filled with low-income community residents who stand to benefit greatly from an opportunity to improve their economic standing. In addition, SECHC will invite area agencies that focus on economic opportunity and career development to conduct free sessions in its community education rooms for interested residents.
- *Serve as a community center.* There is a scarcity of meeting and event space in the South End/Lower Roxbury community. In addition, the gentrification of the neighborhood is creating a potentially divisive climate of "old-timers" vs. "new-comers." In just the few months it has been opened, SECHC's new facility has begun to address both these challenges. First, a number of local organizations—including the Healthy Boston Coalition (CHNA) and the Multicultural AIDS Coalition have used the facility for meetings and receptions. Second, by offering a range of public activities—from a reception for residents of the Blackstone/Franklin Neighborhood Association to its new walking club that seeks to prevent osteoporosis—SECHC is able to leverage its building

to bring together people who otherwise would not interact. Plans in the future call for using the space to host healthcare education sessions, artists' receptions, musical events, and discussions of the history of the South End. In this way, it is hoped that *everyone* who lives in the community will be able to focus on common bonds.

6. TIMETABLE. SECHC moved into its new facility in April 2000. The organization is working diligently to raise needed FFE funds so that it can turn attention to securing operational funds for capacity building and to offset nonreimbursable costs (e.g. HIV counseling; nutrition workshops for seniors). SECHC's strategic plan will act as a road map for accomplishing the above goals and objectives outlined (*Please see Appendix 1 for timeline*). The Board of Directors monitors this timeline through monthly reports.

7. FINANCIAL STRENGTH. SECHC has a comprehensive plan to use its new facility to maintain its financial health and independence. The plan has the following components:

- Launch a marketing communications plan to increase patient volume, including private payors whose fees can offset losses associated with non-reimbursable services.
- Rent parking garage spaces to generate $100,000 annually in unrestricted income. These funds will be used to offset increases in utility fees (new facility is 71% larger than prior physical plant).
- Charge fees to community groups and residents who want to rent common spaces for events such as community forums and annual meetings.
- Build on the success of the capital campaign by pursuing—for the first time—public and private funding sources for non-reimbursable programming costs.
- Increase hours of operation to attract more patients.

8. COLLABORATIONS. When SECHC went before the community to seek support for the redevelopment of RC-9, it pledged that a new Center would improve its capacity to deliver comprehensive care and create economic opportunity. Collaborations are key to achieving both goals.

Delivering comprehensive care. While the organization has long collaborated on a range of services with more than 50 community agencies, it has leveraged the potential of its new facility to explore new, strategic partnerships that promise to have a measurable impact on meeting community need. Several new collaborations have already been formed. One of the most promising is with Boston Healthcare for the Homeless (BHCH). Through a unique partnership, BHCH staff use SECHC's dental clinic on weekday mornings to offer services for homeless women and children. BHCH staff also are helping SECHC conduct a review of the dental department in an effort to maximize utilization of the clinic's five dental suites. SECHC serves as the fiscal conduit for the South End/Lower Roxbury Youth Workers Alliance. As part of the arrangement, SECHC provides the Alliance with office and meeting space. Youth workers, in turn, are playing a leading role in helping SECHC develop a new adolescent clinic that meets current community needs. Early next year, SECHC will enter into a partnership with Casa Myrna Vasquez—a social service organization targeting women who have been victimized by domestic violence. Through this new collaboration, Casa Myrna will host several group counseling sessions at SECHC. Mental health staff from the

Center will conduct some of the sessions. Currently, the Center also is actively pursuing formal program collaborations with AIDS Action Committee, Boston's Public Health Commission, and United South End Settlements.

Creating economic opportunity. While SECHC is committed to creating new jobs for low-income members of its community, it does not have the capacity to offer the intensive, basic training that many of these residents require. For that reason, the Center has agreed to work with several local organizations to ensure that new employees have the skills necessary for success and advancement. The Private Industry Council (PIC) is collaborating with SECHC on an internship program in which high school students who are interested in health care careers rotate through the Center's departments. The Action for Boston Community Development (ABCD) will collaborate with SECHC to place graduates of its HUD-funded Work Pathways project in Center jobs. Work Pathways targets women who have children and are on public assistance. Finally, SECHC will recruit homeless graduates of Project Place's Clean Centers program for a variety of internships and entry-level jobs.

Central to these collaborations is SECHC's commitment to help community members *make the most of life* by improving their physical, mental, and economic health.

9. EVALUATION. Success will be measured against the above goals as follows:

- *Delivering services that meet community need.* Measured through customer satisfaction surveys and by tracking patient usage of services, frequency of emergency room visits, population using services, percentage of offsite referrals.
- *Offering one-stop shopping.* Measured by measuring intra-agency referrals; tracking the number of patients who use multiple services; and customer satisfaction surveys.
- *Improving fiscal strength.* Measured by collection rates and monitoring efficiency of billing department.
- *Improving organizational effectiveness.* Measured by monitoring usage of new voice, data, and electronic mail systems; frequency of staff meetings.
- *Creating economic opportunity.* Measured by job creation statistics, employee retention, and evaluations of SECHC-sponsored economic education sessions.
- *Serving as a community center*. Measured by tracking usage by community groups.

10. CONCLUSION. For more than five years, SECHC has been experiencing the most exciting chapter in its history: building a unique state-of-the-art facility that meets its community healthcare and economic needs. Now, it is ready to begin a new chapter that is equally exciting and even more challenging: leveraging its new home to develop new services that attract more patients and SECHC's independence. Committed partners are needed to join SECHC in turning the page to its future---one that promises increased capacity to help South End/Lower Roxbury residents *make the most of life*.

Centro de Salud de la Comunidad del South End
South End Community Health Center

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APPENDICES

Appendix 1: SECHC's Strategic Plan, 7/2000-1/2002

Appendix 2: Glue Article about SECHC's New Facility (June/July 2000); Other Press Pieces

Appendix 3: Current SECHC Board List

Appendix 4: Budget for Furniture, Fixtures and Equipment

Appendix 5: Audited Financial Statements, Years ended June 30, 1999 and 1998

Appendix 6: Year-to-Date Financial Statement, FY 2001

Appendix 7: Organizational Budget for FY 2001

Appendix 8: 501 (c) (3) IRS Letter

Appendix 9: Sources of Uses and Funds

STRATEGIC PLAN
7/00 – 1/02

OVERVIEW: Both the South End and the health care industry have changed dramatically in recent years. For SECHC, these changes—coupled with the opening of its new 35,000 square-foot facility-- place the organization at a critical juncture. While SECHC will always place a priority on providing care to the most vulnerable populations, it must increase efforts to attract a broader, more diverse patient base if it wants to accurately reflect the community it serves and succeed financially. SECHC must also make significant operational changes in order to be more competitive and efficient. This plan—a work-in-progress that will no doubt go through changes over the next 18 months—provides a road map to guide SECHC through the transition into its new facility.

GOALS: Over the next 18 months, South End Community Health Center seeks to maximize the potential of its new facility by becoming:

I. The leading choice for primary health care for *all* South End/Lower Roxbury community residents;

II. A catalyst for efforts to improve our community's health in the broadest context;

III. A model for ways in which high quality, comprehensive health care can be provided to vulnerable populations in a manner that is effective, financially sound and community-based.

STRATEGIES:

I. **Ensure long-time fiscal strength.**
   a. Increase patient visits to 61,000 by end of FY01 and 64,000 by end of FY02. *Quarterly goals determined by 9/00; w/ Outreach*
   b. Increase number of self-pay patients (with revenue used to off-set non-reimbursable costs). *Quarterly goals determined by 9/00; w/ Outreach*
   c. In FY01, launch aggressive, comprehensive marketing campaign (with mid-year evaluation for effectiveness). *Ready to implement w/ Board approval—includes advertising, grassroots outreach, mailings, etc.; w/ Outreach and Admin*
   d. Increase reimbursement rate to 60% within six months and 70% within 18-months. *First report 1/01; Fiscal*
   e. Achieve consistent 30-day net on all payables within 12 months, *1/01 report. Fiscal*

f. Beginning with FY01, diversify funding sources by exploring new long-term public sector partnerships and maintaining on-going fund raising from private sources. *Monthly updates to Board; Admin*

g. Conduct analysis to improve departmental efficiency and effectiveness with consideration paid to possible out-sourcing of services. *9/00-12/00; under direction of ED*

h. Begin an endowment campaign. *FY02; Admin*

II. **Increase access to services for all residents with targeted outreach to vulnerable populations in our community, including low-income families; gay/lesbians; seniors; homeless; and teens.**

a. Immediately increase utilization of existing specialty services by conducting outreach targeting:
   i. homeless for dental services
   ii. gay/lesbians for pediatric, obstetrics and mental health
   iii. seniors for adult medicine
   iv. low-income families for pediatrics and adult mental health
   v. populations at high-risk of HIV/AIDS, diabetes, hypertension or asthma
   vi. self-payers for pediatric, adult, dental and eye

   Services will emphasize treatment and prevention through intra-department collaboration and external partnerships. Given the already high presence of bilingual/bicultural staff, initial outreach will emphasize accessibility to Spanish-speaking populations. Howerver, SECHC also will explore ways to increase access to new populations whose local presence is increasing (e.g. Asian, Russian and Portuguese). *Presentation of plan in 10/00; Marketing Committee*

b. Conduct comprehensive community needs assessment from September, 2000 to December, 2000 to determine gaps in service and identify areas for service enhancement and expansion. *Monthly report to board beginning 9/00; Admin, Program Development*

c. Following needs assessment, develop a plan for introduction of new services with emphasis on prevention and treatment strategies. *Board presentation 1/01; Medical providers group, Program Development*

d. Restructure outreach department to increase its reach into the community, effectiveness and accountability. *10/00; Outreach*

e. Develop and implement 18-month transitional plan to increase hours to 3 evenings/wk, all day Saturday and one early morning. *10/00; Admin*

f. Strengthen availability of off-site SECHC care (e.g. hospital rounds, home visits). *3/01plan prepared; Medical Providers group*

g. Offer regular (i.e. minimum of 1/month) education sessions targeting local, national and global health care matters of concern to community. *9/00 offer first session; Program Development, Outreach and other appropriate departments*

h. Place priority on increased representation on Board and staff of priority populations/services (e.g. asthma or HIV; seniors, homeless or g/l). *Fall/Winter 00; Board*
i. Explore ways to create opportunities for community involvement beyond the Board of Directors. *Fall/Winter 00; Board*

III. **Develop and implement an agency-wide, high quality comprehensive model of care.**
a. Interdisciplinary Medical Providers group formed in May 2000.
b. Conduct departmental evaluations to ensure that all departments offer the highest-quality service (with initial priority on dental and adult medicine). Make appropriate changes as identified by evaluations. *Medical providers group develop evaluation by 9/00; conducted through 12/00*
c. Increase in-house referrals (e.g. from adult to mental health, WIC to pediatrics). *8/00; Medical Providers group*
d. Perform on-going QA practices. *Establish plan 8/00; Managed Care/Medical Providers group*
e. Standardize the hours in which we offer services. *1/01; Admin*
f. Offer education and prevention services that not only prevent diseases, but also contribute to a productive, healthy life (e.g. walking group). *2/01; Program Development, Medical Providers group*
g. Explore partnerships that will enhance ability to provide comprehensive care relating to community's priority needs (e.g. Boston Healthcare for the Homeless, City of Boston Department of Elder Services, AIDS Action Committee, Casa Myrna Vasquez). Partnerships will be considered using a uniform evaluation model that takes into account not only the service provided, but also how it fits within SECHC's culture, financial consideration, and ability to ensure SECHC's independence. *Evaluation model presented at 9/00 meeting; Admin, Program Development; regular updates as part of ED report*
h. Institute new model of comprehensive care that strategically and efficiently links SECHC departments with each other and with outside agencies. This model will place a priority on specialty care. *3/01; Medical Providers group, Program Development*

IV. **Ensure that customer service is as exceptional as health care services**. *SECHC will pursue a partnership with NHP for implementation of this goal.*
a. Conduct customer satisfaction in-services. *Two administrative meetings have occurred; Medical Providers meeting 8/00.*
b. Distribute basic customer service principles/expectations to all staff that outline expectations in terms of confidentiality, respect for all patients, etc. *10/00; Managed care*

c. Include customer service component in needs assessment mentioned above (II.b.). *8/00-12/00; Admin, Program Development*
d. Create a standardized new patient orientationthat includes a tour, patient services guide and personal follow-up from outreach staff *10/00; Outreach*
e. Reduce average patient waiting time.*8/00, Medical Providers group*
f. Prepare and distribute Patient Services guide *11/00;Managed Care*
g. Improve all current methods of communication with patients (e.g. phones, web-site and written correspondence). Implement new methods of communication to improve customer service (e.g. evaluations, greeters, newsletter, "call back" letters) *Board presentation 10/00; Admin, Managed Care*
h. Institute an ombudsperson position by end of FY01. *Plan to board by 2/01; Admin, program development, managed care*
i. Prepare and distribute patient satisfaction surveys on a regular basis. *9/00; Admin, managed care*

V. **In addition to offering services that improve residents' physical and mental health, serve as a leader in improving the community's health in the broadest context**

a. Economically: through job creation that targets people of talent from our community; by providing current and new employees with continuing education opportunities that enhance their ability to realize their full economic potential; by linking residents with on- and off-site services designed to improve their economic status; through participation in Trabajo de Mujeres. *Monthly ED reports to Board; Admin*
b. Socially: by using SECHC as a gathering place for residents of our community to discuss matters that are important to the South End (the board will establish a policy that determines which groups are most appropriate for use). *Board committee formed to establish policy; Program Development*
c. Advocacy: by acting as an advocate for improved access to what we consider to be the basics of a healthy community: affordable housing; safe streets; sound schools; adequate transportation; a clean environment. SECHC also will add its voice to global matters of importance to its community. *On-going; Admin*

VI. **Ensure that SECHC has the infrastructure to maximize the potential of its new facility.**

a. Create a Human Resources position. *9/00 recommendation from ED; Board Personnel Committee*

b. Conduct agency-wide departmental review that focuses on effectiveness, efficiency and long-term success. *9/00 through 12/00; Admin*

c. Based on this review and focus group findings, make appropriate changes to organizational structure that will support a comprehensive model of care delivery (including revision of the organizational chart). *12/00 plan to board; Admin*

d. Create a committee charged with strengthening information systems necessary to deliver high-quality, comprehensive care (e.g. voice mail, e-mail; patient data systems).*Formed 9/00*

e. Improve inner-agency communication through establishment of regular staff meetings and senior management team that assists Executive Director in ensuring comprehensive delivery of services and creation of respectful work environment. *On-going; Admin*

f. Conduct annual evaluations of employees by their immediate supervisor. Evaluations will be used to determine such matters as compensation, promotion, job responsibilities, etc. *9/00 Admin develop standard form*

g. Establish uniform standards for the Board of Directors to use for program evaluation (current and proposed) that take into account community need; financial implications; other agencies offering similar services; link with SECHC's specialty services, adherence to strategic plan, etc. Similar guidelines will be developed to consider funding opportunities. *Proposed forms presented 9/00*

h. Prepare for key staff and board leadership changes by developing a transitional plan that seeks to protect SECHC's long-term integrity, independence, commitment to the community, and financial viability. *On-going; Board, Executive Director*

July 24, 1997 [Vol. 18, No. 26]

South End News

Gore breaks ground on new health center

V.P. upstaged by South End girl

BY FRANKLIN B. TUCKER
STAFF WRITER

Type in the word "precocious" on your Internet-search software and Jewel Cash Van Stokes will likely come up on the screen.

In addition to her own homepage (http://www.swiftsite.com/pumpkin) and television show (Thursday at 6 p.m. on Boston Neighborhood Network's Channel 3), the seven-year-old, South End wisp can now add upstaging the Vice President of the United States to her resume.

Sitting next to the Veep at the ground breaking of the new South End Community Health Center on Washington Street, Jewel got the chance to chat with Gore in front of a crush of local and national press and more than 300 local and city residents.

She told Gore she was born at the health center, that she has three birds — one that can sing "Happy Birthday" — as well as her homepage and TV show.

"I believe I have been seated next to a ringer," Gore said to much laughter.

Jewel also told Gore her ambition is to become a veterinarian.

" I think the health center is in great shape if all the kids turn out this way," said Gore with a laugh.

Gore came to Boston Tuesday to attend a regional conference on Empowerment Zones. He brought a bag filled with $34.3 million worth of goodies from Washington, including the final $6.2 million in grant money to build the new health center.

"I wasn't that nervous," said Jewel about her conversation with the vice president as she hugged her friend and Dr. Gerald Hass after the celebration.

"Sometimes I just say what I feel," said the pint-sized A student.

Under a brilliant sky, neighbors and city luminaries came to the corner of Washington and Rutland Streets to celebrate with health center officials and customers the $27 million mixed-use project that includes 58 units of housing, under-

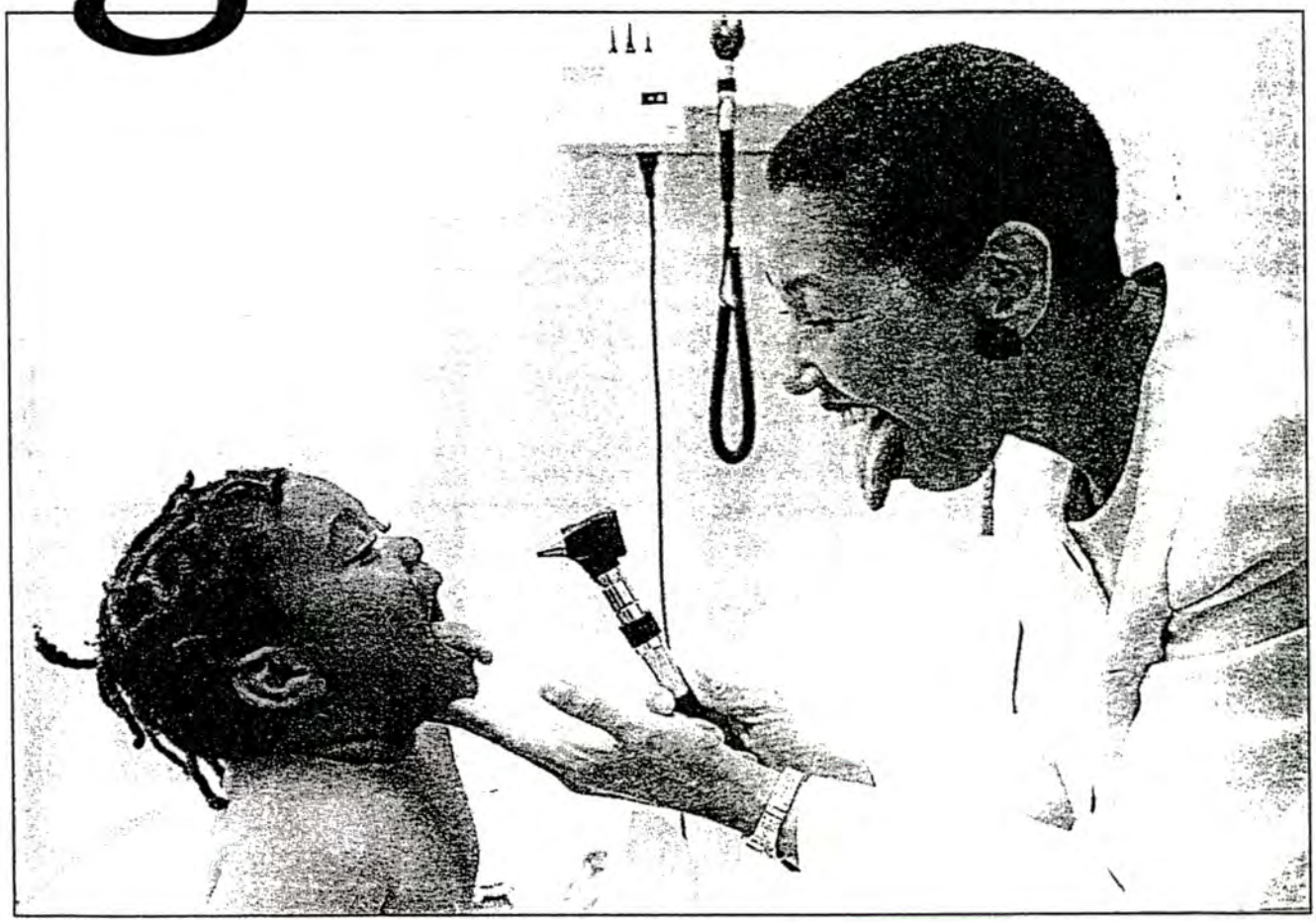
See Gore, page 12

RINGER: Vice President Al Gore cracks up as Jewel Cash Van Stokes tells him about her TV show, website and her talking birds at groundbreaking for new health center. (MARILYN HUMPHRIES PHOTO)

Free

glue

Boston's Community Magazine



JUNE / JULY 2000

Dear friends,

Ah, it's that spring into summer time. More than other times of year, there are a few rituals to follow... the annual trek to the Fenway Rose Garden... an afternoon at Mt. Auburn Cemetery.... and free outdoor concerts in Copley Square. One of my favorites is the South End Garden Tour. Here I get to see a lot of old friends as well as many new and beautiful spaces. Hopefully, I'll see you there too.

Usually summer is a slow-down time for the glue crew. This year, however, we're going into high gear doing fundraising. If we do our work well, our cutback to publishing glue every couple of months should only be a temporary situation.

We're off to an excellent start. Our personal appeal to you, our readers, is right on target. We have raised over $4,300 since April. A HUGE thank you to those who have found a way to help. Because of your support, Community Glue can keep publishing.

The most exciting development on the fundraising side of things is the addition of Kathleen Craigin to the Community Glue team. Her knowledge and willingness to help has substantially increased our proposal writing capabilities – we are now seeking funds from a wider variety of sources. Increasing our strategic capacity bodes well for our future. Thanks Kathleen!

I also want to thank the folks at the South End Community Health Center for all their work helping get this issue together, especially Trissie for her last minute scramble to find a translator... and of course thanks to the translator whose name I don't even know. This brief encounter with the SECHS has me convinced that this is the future of health care... local, caring places where everyone knows everyone by name... it's such a nice feeling.

Of course there is more to this issue than the health center. When I asked new glue writer, Bllu Catalano, to give us a glimpse of The Boston Conservatory, she eagerly agreed, but also presented her piece on fathers... and with June 18th being Fathers' Day it seemed quite appropriate.

Also in this issue... Steve D'Agostino eMailed us a great story about Gary, Brian and Aunt Sadie. We're glad to share their candle-making successes. Soul Brown and Diane Walters-Smith team up to remind us of Melnea Cass, and the remarkable work she accomplished. We round out the issue with a very fun walking tour of Jamaica Plain. Hopefully we can enlist the folks at Historic Neighborhood's Foundation to do more tours with us.

If your summer touring takes you to far away exotic places, we hope all of your travels will be safe and joyful. Better yet, enjoy summer in the city. There's lots to do!

Thank you for caring,

Roy

Roy D. Krantz

la portada...

Diga Ah!! dice la Doctora White-Hammond buscando las amigdalas en la boca de Monet Thompson.

Foto por Linda Haas

the cover...

Say Ah! Dr. Gloria White-Hammond goes looking for tonsils as Monet Thompson opens wide.

Photo by Linda Haas

glue NUMBER TWENTY FOUR

glue MAGAZINE
140 HIGHLAND STREET
ROXBURY, MA 02119
617 445 5005 TEL • 442 1099 FAX

DISTRIBUTED IN:
BACK BAY, BEACON HILL,
THE FENWAY, JAMAICA PLAIN,
ROXBURY & THE SOUTH END

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Community Glue is supported in part by LEF Foundation, IDX Foundation, City of Boston's Safe Neighborhoods Fund, Boston Cultural Council, The Boston Globe Foundation, KW Technologies, Jae's restaurants, Chaloner Associates, many individual contributors as well as

tBf
The Boston Foundation
Fund for Arts and Culture

and the

MASSACHUSETTS CULTURAL COUNCIL
A state agency supporting the arts, humanities and sciences which also receives support from the National Endowment for the Arts.

New & Improved... The South End Community Health Center

Children's play area staffed by an ABCD Foster Grandparent volunteer (Pricilla Acosta). The children, from left to right...

Niños jugando con la 'abuelita adoptiva', Priscilla Acosta' del programa ABCD. Los niños de izquierda a derecha son...

...Raquia Pate, Elisha Thompson, Kathleen Jaramillo, Stephen Jaramillo, Monet Thompson, and Jared Pate.

Wait 'til you see the new South End Community Health Center.

All that construction on Washington Street... it's been worth the wait. Having broken ground in July 1997 with a visit from Vice President Al Gore, the new center opened on April 3.

Now housed in a newly-constructed building in almost double their old space, the health center has consolidated from their previous four locations and offers all their specialty care services under one roof.

It all started in 1969 when concerned mothers organized to do something about the poor service Boston City Hospital was providing Spanish-speaking and African-American residents. Enlisting Dr. Gerald Hass, then working for the Hospital and operating outpatient pediatric services out of St. Stephen's Church on Shawmut Ave., the group organized and founded the South End Community Health Center.

The center has grown from a small pediatric clinic into a comprehensive health center offering a wide range of medical, mental health and family support services for all ages. With the new facility and expanded services, the health center is offering care to appeal to all residents in the South End and Lower Roxbury communities.

Pediatrics, traditionally the health center's primary specialty, now has a large waiting room and play area. Obstetrics/Gynecology has six new examination rooms and a separate, private waiting area. Dental, diabetes, hypertension and podiatry services are offered in new, state-of-the-art facilities. Additionally, the health center offers the City's only free dental care for homeless women and children. Adult mental health services continue to be provided at the Fuller Mental Health Center at 85 East Newton Street. See the listings to learn about all the services the health center offers.

With the additional space, the health center is providing care and services not previously offered. Specialty care for teens, dermatology, gerontology and rheumatology have been added. Free educational seminars on wellness are offered in the new meeting spaces.

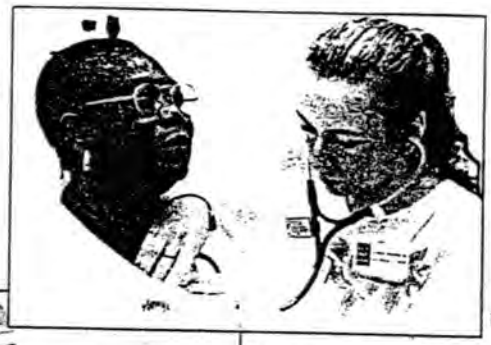
Always a good neighbor, the health center wants to share its new space with the community. There are opportunities to host community events and functions in the new conference-style rooms with outdoor patios.

The building also has private residences on the upper floors, and has underground parking. A pharmacy and cafe on the street level will be opening this summer.

Continued on next page

Nurse Practitioner Andrea Terenzio listens to Eloise Pate.

La enfermera Andrea Terenzio examina a Eloise Pate.



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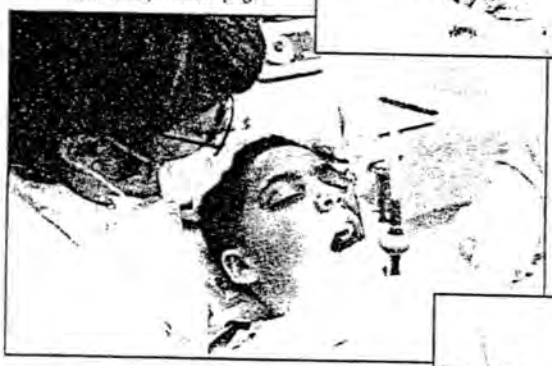
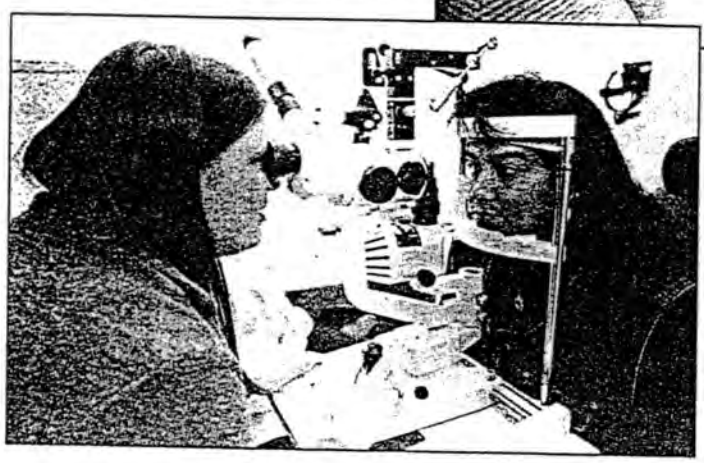


Dental assistant Judith Torres tends to 10-year-old William Ramos of Savin Hill.

Asistente dental Judith Torres le limpia los dientes a William Ramos de Savin Hill de 10 año.

Nitza Caban, six months pregnant, listens intently as Senior Nutritionist Heather Catledge explains the position of her baby.

Nitza Caban, que está embarazada de seis meses, escucha atentamente a la Nutricionista Heather Catledge que le explica la posición de su bebé.



Ramonita Aponte travels from Lynn to get her eyes examined by Amy Sylvester.

Ramonita Aponte viaja desde Lynn para examinarse sus ojos en la clinica de la vista por Amy Sylvester.

SECHC

1601 Washington Street

South End Community Health Centro de Salud

SECHC

El Centro de Salud del South End es un centro independiente que provee servicios para el cuidado del paciente. Todos los miembros de la directiva son personas que viven en el South End.

FILOSOFÍA

Obtener el mejor cuidado de salud es el derecho de todas las personas, sin tomar en cuenta su raza, cultura, edad, orientación sexual, minusvalidez o habilidad de pago. Teniendo un excelente cuidado de salud es obtener las armas necesarias para lograr un cuidado comprensivo, preventivo y accesible.

UNA HISTORIA LARGA Y HONORABLE

Fue fundado en 1969 como una clínica pediátrica. Una clínica que durante los años ha crecido hasta llegar a ser un centro que ofrece una variedad de servicios a pacientes de todas las edades. El Centro de Salud del South End es conocido por sus raíces en la comunidad y la sensibilidad que durante los años ha tenido con la población latina.

En la primavera del año 2000 el Centro de Salud abrió las puertas de su nuevo eficicio de 35,000 pies cuadrados. Este edificio trae muchos cambios que son necesarios en la comunidad, por ejemplo proveer servicios que están diseñados para todos los residentes de la comunidad. Una cosa no cambiará jamás y es que El Centro de Salud seguirá siendo el lugar que posee un gran calor humano y que es amigable y el lugar que le proveerá del mejor servicio de salud.

Photographs by:
1. Linda Haas
2. Constantine Manos
3. Eric Belson
4. SECHC snapshot

Center
de la Comunidad del South End

SECHC

The South End Community Health Center is an independent full-service, comprehensive care facility. SECHC is governed by a 15-member Board of Directors. All Board members are South End residents and consumers.

PHILOSOPHY

High quality health care is the right of all people, regardless of their ability to pay, race, culture, physical ability, age or sexual orientation. High quality health care is comprehensive, preventative and accessible.

A LONG, PROUD HISTORY

Founded in 1969 as a pediatric clinic, SECHC has grown into a comprehensive center offering a wide array of services to patients of all ages. SECHC is known for its deep community roots and sensitivity to the Latino community.

In spring 2000, SECHC opened its new 35,000-square-foot, state-of-the-art facility. While the new building brings many welcome changes – including new and expanded services designed to address the current needs of area residents – one thing hasn't changed: SECHC remains a friendly, welcoming center committed to providing all residents with the best health care available anywhere.

Jovita Fontanez, a Board Advisor, enthusiastically greets Ob/Gyn nurse Margaret Day (right). The people who work here seem to like each other.

Jovita Fontanez, un miembro de la directiva, saluda a Margaret Day (derecha), enfermera de Obstetricia y Ginecologia. Las personas que trabajan en este lugar son amistosas.

A Personal Note from Tristram Blake

Executive Director of SECHC

I often like to say that I am a "newcomer" to the South End Community Health Center. Although in my thirtieth year, Dr. Gerald Hass, our physician-in-chief, antedated me, as does our chief nurse, Inez Ward. Both have been seeing patients at the health center since opening day in 1969. Dr. Hass and I have shared an office during most of this time. One of us often likes to point out that we have never had a fight – the other will always reply jokingly, "Yes we have."

I am also quite fond of telling the story (apologies to my many colleagues who have heard it more than once) of my thirteen-year-old mother who gave birth to me in 1939 at what is now the Dimock Community Health Center in Roxbury. Until recently, I had not been so fond of telling the story of my grandmother who suffered from mental illness. Nor have I given my grandfather, who served admirably as both father and mother to me, his full due. While I may not yet fully appreciate the impact of these relationships, I do know that each of them would be so proud of the incredible work, and workers, with which I am involved.

Tristram Blake

What I would give for mummy, daddy and my sister to come back to spend one day, one hour, a few precious moments with me, to see the new health center. I would love for them to see the wonderful, sometimes miraculous, care that is provided to our patients by our highly-skilled and caring professionals. It would be so great if they could sense the community spirit in the South End that has pulled together to create this monument to the needs of this neighborhood.

They will not see it. They will not know first-hand my pleasure of having the greatest job in the world. I wonder how different things would have been if the mental health services, the prevention of teen pregnancy, the interventions and support to young mothers and their children, if decent health care such as is provided at SECHC were available back then. I know that my family lives within me and that we together will continue to work with Dr. Hass and Inez and the rest of the health center family as long as we can. And after that, this model of the very best health care for all will influence our successors who can continue in the tradition established by the South End community and its health center.

Continued on next page

A True South End Collaboration

The South End Community Health Center was designed by Elliot and Martha Rothman's architecture firm, Rothman Parnters, with Terry Kenyon as their project manager – all South Enders. The RF Walsh Company handled the construction management.

South End Community Health Center
Centro de Salud de la Comunidad del South End

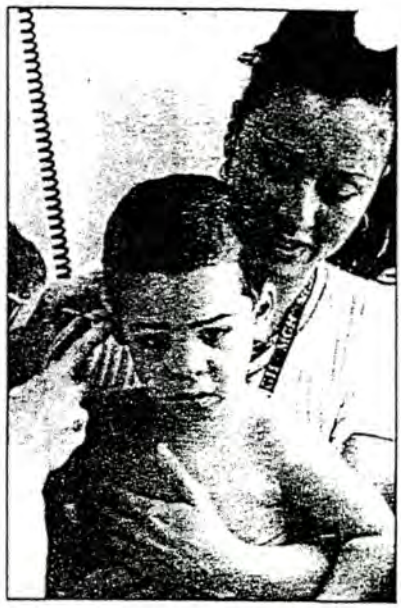
SERVICIOS / SERVICES

Continued from previous page

After checking the throat, Dr. Lillian McMahon directs Nathain Hernández to look away so she can check his ears. Mom looks on with affection.

Después de chequear la garganta de Nathain Hernández, la Doctora Lillian McMahon lo distrae para poder chequearle los oídos. Su mamá observa con cariño.

2



2

MEDICAL SERVICES

Medical services provided include:

- Adult Medicine · Asthma · Audiology
- Dentistry · Eye Clinic · Family Planning
- HIV Testing and Counseling
- Laboratory Services · Neurology
- Nutrition · Obstetrics and Gynecology
- Optometry · Pediatrics · Podiatry
- Urgent Care · Women's Health

WIC PROGRAM

This program offers nutrition education and food vouchers for women and their infants and children up to five years old.

LOCATIONS:

Primary WIC services are offered at 1601 Washington, with satellites at the following locations:

- Boston Medical Center, Dowling Building
- Harvard Vanguard Medical Associates, Copley, 185 Dartmouth Street

MENTAL HEALTH AND FAMILY SERVICES

SECHC offers a variety of mental health and family services, including:

- Adult Groups
- Anti-Violence Training
- Children's Group
- HIV/AIDS Prevention & Education
- Mentor Moms' Teen Program
- Parenting Group
- School Consultation
- Substance Abuse Counseling

Other adult services are also available at the outpatient department of the Dr. Solomon Carter Fuller Mental Health Center: 85 East Newton Street. 617-266-8800, ext. 333.

For more information about the SECHC, please visit us online at: www.sechc.org

SERVICIOS MÉDICOS

Los servicios médicos que se ofrecen son:

- Asma · Audiología
- Consejería y Exámenes para el HIV o SIDA
- Cuidados de Urgencia · Dentista
- Medicina de Adultos · Neurología
- Nutrición · Obstetricia y Ginecología
- Oculista · Planeación Familiar
- Pediatría · Podiatría · Salud de la Mujer

PROGRAMA WIC

Este programa ofrece educación sobre nutrición y otorga vales de comida para mujeres y sus bebés y niños menores de 5 años.

DIRECCIÓN

La oficina principal de WIC está ubicada en el 1601 de la Washington Street, con oficinas satélites en las siguientes direcciones:

- Boston Medical Center, Edificio Dowling
- Harvard Vanguard Medical Associates, en Copley en el 185 de la calle Dartmouth

Mom Gladys Freeman gets a good report about daughter Janet.

Gladys Freeman, la mamá de Janet Bangura recibe una excelente evaluación de parte del doctor.

2

Dr. Lillian McMahon finishes another examination.

La joven es examinada por la Doctora Lillian McMahon.

2

SERVICIOS PARA LA FAMILIA Y SALUD MENTAL

El Centro de Salud ofrece una variedad de servicios para la familia y salud mental.

- Grupo para adultos
- Entrenamiento anti-violencia
- Grupo para niños
- Educación y prevención del SIDA
- Programa de 'Madres Guías'
- Consejería para padres
- Consultas escolares
- Consejería para el abuso de drogas

Otros servicios para adultos se ofrecen en el departamento del Dr. Solomon Carter Fuller. La dirección es 85 East Newton Street – 617-626-8914.

Para más información sobre El Centro de Salud por favor visite nuestra página de web en: www.sechc.org

Dr. Hass examines Mr. Bear while Christopher Gleason looks on.

Christopher Gleason observa al Doctor Hass mientras éste examina al Señor Oso.

2

Continue on next p

Healthy Neighbors Make a Healthy Neighborhood

Continued from previous page

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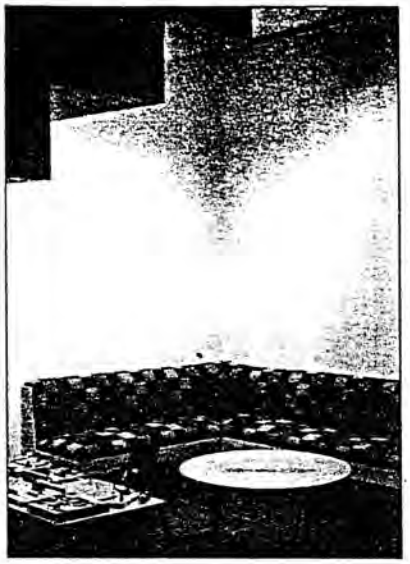


SEGUROS MÉDICOS

Al ser un centro de salud que está basado en la comunidad, aceptamos una gran variedad de seguros médicos:

- Aetna US Healthcare · Blue Cross/Blue Shield
- Boston HealthNet Plan · Center Care
- Harvard Pilgrim Health Care · Medicaid PCC
- Medicare · Neighborhood Health Plan
- Tufts Associated Health Plan

TELÉFONOS

Servicios Médicos: (24 hrs.) 617-425-2000
Dentista: 617-425-2050
Servicios para la Familia y Cuidado Mental: 617-425-2060
El Centro de Salud en el Fuller: 617-626-8914
Programa WIC: 617-425-2070

HORARIO

Lunes, Martes, Miércoles, Viernes: 9 a.m. – 5 p.m.
Jueves: 9 a.m. – 8 p.m.
Sábado: 9 a.m. – 12 del mediodía

HONORARIOS

- Escala de pagos basado en sus ingresos
- Vea opciones de seguros médicos previamente mencionados

IDIOMAS

Inglés y Español. El Centro de Salud proveerá traductor cuando sea necesario.

TRANSPORTE PÚBLICO

MBTA: Línea Naranja, Washington Street, (Bus #49), Tremont Street (Bus #43)

3

Photographs by:
1. Linda Haas
2. Constantine Manos
3. Eric Belson
4. SECHC snapshot

INSURANCE CHOICES

As a fully independent community-based health center, SECHC provides its patients complete choice in their health care. They take most insurance, including:

- Aetna · US Healthcare · Blue Cross/Blue Shield
- Boston HealthNet Plan · Center Care
- Harvard Pilgrim Health Care · Medicaid PCCP
- Medicare · Neighborhood Health Plan (preferred)
- Tufts Associated Health Plan

TELEPHONE NUMBERS

Medical Services: 617-425-2000 (24 hours)
Dental Clinic: 617-425-2050
Mental Health & Family Services: 617-425-2060
SECHC at Fuller: 617-626-8914
WIC Program: 617-425-2070

HOURS

Monday, Tuesday, Wednesday, Friday: 9 a.m. – 5 p.m.
Thursday: 9 a.m. – 8 p.m.
Saturday: 9 a.m. – Noon

FEES

- Sliding fee scale based on ability to pay
- See Insurance Choices

LANGUAGES

English and Spanish
Interpreter provided as needed.

PUBLIC TRANSPORTATION

MBTA: Orange Line, Washington Street (Bus #49), Tremont Street (Bus #43)

Health center doubles in size without losing the local touch

By MICHAEL LASALANDRA

Tristram Blake, executive director of the South End Community Health Center for the past 30 years, worries that some longtime patients may be put off by the center's gleaming new building on Washington Street.

"It feels quite different," he conceded, showing off the brand-new $8 million facility that replaces five cramped and outdated buildings on Shawmut Avenue that had served the neighborhood since 1969.

"We don't want this to feel like a big institution," Blake said. "Originally, we were set up as an alternative to a big institution, Boston City Hospital."

Judging from patients who were using the airy new center last week, Blake doesn't have to worry: New seems to be just fine.

Boston Sunday Herald
June 4, 200

"It's nice," said Maria Mancebo, 27, who said she has been using the SECHC for her health care "since I was a newborn." Mancebo now brings her four children to the center for their care. "It's bigger and better," she said. "I like it. It's got all new stuff."

The new site, which will hold its official grand opening June 24, has twice the space — 40,000 square feet in all. It will be staffed with more doctors, nurses and dentists. It will also offer more services. But Blake vows the congenial atmosphere will remain. Half the staff has been on the job for at least 10 years. Some in key positions have been there much longer.

Dr. Gerald Hass, medical director, has worked at the center for 31 years. And pediatric nurse Inez Ward has been there for nearly as long. "It's like a family here," Ward said. "There are lots of friendly patients and staff."

About three-quarters of staff members are bilingual. Most live in the neighborhood. And many have been recruited from welfare or public housing rolls.

Currently, about 60 percent of the center's patients are covered by Medicare or Medicaid, with about 30 percent having no insurance and about 10 percent with private coverage. Blake said the center, which has a $6 million annual operating budget, lost money for the first time last year.

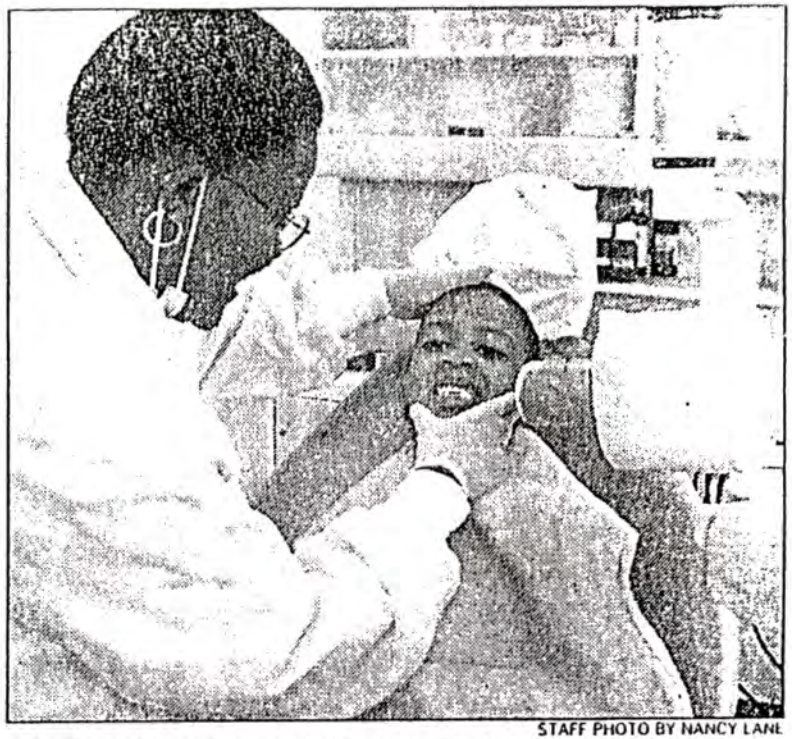
The $69,000 deficit was the direct result of the low reimbursement rates for dental care, as dental services at the center ran nearly $150,000 in the red, he said.

Dental care for the poor has been in crisis for several years, according to a recent state report that said few dentists will even accept Medicaid because of its low reimbursement rates. Blake said he hopes a legislative proposal to boost dental reimbursement rates will help, but said the center isn't banking on it.

Instead, a major outreach program designed to boost patient visits from 65,000 per year to about twice that number is in the works.

To do that, the center is expanding services and hours of operation, forging alliances with other agencies and reaching out to populations that have not historically used the center, such as gays and lesbians and new residents of the booming South End. Other money-making ideas include renting out parking spaces nights and weekends in the garage under the building and leasing space to a pharmacy and a cafe.

"I expect we'll be around for at least another 30 years," said Blake, who was born in a community health center and who hopes to remain on the job for as many of those years as possible."It's the best job in the world," he said.



STAFF PHOTO BY NANCY LANE

SAY CHEESE: Dental hygenist Rose Jean takes X-rays of patient Paul Mora, 6, in one of five dentist rooms at the new South End Community Health Center on Washington Street.

OLD FRIENDS: Dr. Gerald Hass and Dr. Gloria White-Hammond are now treating children at the new Health Center. (Trish Miller photo)

With liberty to provide health care for all

South End Community Health Center: new building, same friendly feel

BY LIZA WEISSTUCH
STAFF WRITER

Like a father whose child has grow up a success, Tristram Blake has a lot to be proud of when he enters the new South End Community Health Center on Washington Street.

Having been there at its birth 30 years ago and after distributing medical care in a variety of cramped offices and confined spaces, Blake looks over brand new, two floor clinic he runs on Washington Street with admiration and relief.

"While we're here — and we love this place! — it's not the trappings that make the biggest difference. It really comes down to the leadership on the board and the staff that engages with competence, skill and quality — those are things that tell if we're going to have best care or not. That's our challenge: to continue to provide that quality of care. And we do, and we think we will," said Blake, the Health Center's executive director since 1969.

Continues on page 14

Front page of South End News
June 15th, 2000

SOUTH END NEWS 6/15/00

Center

Continued from page 1

If you're one of the South End residents who has already discovered the South End Community Health Center, you head down to the building between Rutland and West Concord streets to get a check-up, new eyeglasses, immunization shots for your newborn or what the requirements are to apply for WIC.

While some life-long patient may be awestruck when they enter the building, but, more importantly, they're contented when they leave because of the high quality of medical services they've received.

Next Saturday, June 24, from 2 p.m. to 5 p.m., the entire South End community is invited to come celebrate the opening of the new facility on 1601 Washington St.

Three years after breaking ground in 1997, the 37,000 square foot health center is now complete in a building that includes 39 market-rate condominiums, an underground parking garage, a 10,000 square foot pharmacy and a cafe.

Medical Records

The SECHC is an independent full-service comprehensive care facility, governed by a board of directors made up of South End residents and consumers of the Center's services. They operate under the unbending philosophy that high quality health care is the right of all people,

Continues on page 15

(pg. 14)

Center

Continued from page 14

regardless of their ability to pay, race, culture, physical ability, age or sexual orientation.

For everyone associated with the Health Center, high quality health care is comprehensive, preventative and accessible.

Comprehensive is the operative word. Moving from its walk-up Shawmut Avenue facility, the health center has nearly double its previous size. Where it once had just enough room for a pediatric clinic, the Health Center provides adult and pediatric medical services, obstetrics and gynecology, HIV testing and counseling, a full state-of-the-art lab, dentistry, and neurology.

The Center is not just a place where your baby can get a check-up or obtain a flu shot. There is also a full range of mental health and family services, including anti-violence training, Mentor Mom's Teen Program, and parenting groups, to name a few.

Yet the Health Center is not your typical medical institution. With doctors and nurses working out of stations positioned in the open, Will Woodruff, playfully, yet accurately, describes it as "forced socialization." The patients certainly value it, as is evidenced by their regular returns.

And, according to Blake, it is this sufficient volume of patients that provides the Center with the financial stability, despite the competition from world-class institutions within a couple of miles.

In a time where "gentrification" is the buzz word on the street, Woodruff firmly asserts that the Health Center is a place where everyone in the South End can come together with the common goal of obtaining whole health: physical, mental and economic.

Woodruff explained how the center has looked at the "gaps in the community" and found that seniors and lesbians and gays—especially in the lower income bracket and minorities — are some of the populations that most often get overlooked. The SECHC has and will continue to create services for these groups.

While the South End is becoming whiter and richer, the Health Center's 15,000 patients are poor and mostly of color. Today, 60 percent of patients are Latino, 20 percent African-American, and the remaining 20 percent a mix of other races. Only 60 percent are covered by Medicare or Medicaid and nearly 30 percent have no insurance.

The SECHC aims to meet the needs of its at-risk target population and offer a welcoming alternative to emergency room services. They have designed deliberate steps to ensure cultural and ethnic sensitivity in health care delivery. For instance, they hire South End residents, which means patients receive care from those who come from similar experiences.

The staff is 80 percent bilingual. The Center has historically been and continues to be conscientious about hiring licensed physicians, not medical students or researchers.

"We're not turning our back on the people we've always served," explained Woodruff.

"At the same time, we know the community has changed in the last 30 years. We want to celebrate diversity, not run away from it. By increasing our space and adding new programs, by remaining independent and by doing what we've always done, which is offering the best health care there is, we're convinced we can be the community health center for everybody who calls the South End home," said Woodruff.

Healthy Neighbors Making a Healthy Neighborhood

While the aim of any health center is to help people, the SECHC religiously attends to another aspect of the individual to achieve total well-being: economic health. The Center has put forth a substantial effort in the overall rejuvenation of the neighborhood.

For the past three decades, the Health Center has promoted economic development by providing jobs and opportunities for advancement to the South End's low income population. Of the 155 employees at the Center, over half were South End residents and nearly nine out of ten of those were considered "high risk" at the time they were hired.

The Health Center promotes the new building as an "economic spark" for long neglected Washington Street. The $8 million project received $6 million in federal grant money with the rest of the construction funding coming from the biggest fundraising effort in the Health Center's history.

When the Center was proposed in the mid-1990s, others also sought a piece of the economic pie. The City, which owned the land, wanted a business presence, the community in the guise of the Blackstone-Franklin Neighborhood Association wanted more housing and the Lower Roxbury/South End Open Space Land Trust wanted more land development in return of some gardens they would lose.

Somehow, in a town known for its inability to reach compromises, the groups forged an agreement in record time for a Boston project. Blake displays near giddiness that each element of the complex — from the coffee shop to the revitalized community garden adjacent to the complex— was devised to meet the demands of each party who had a stake in the project.

"We pride ourselves on continuity," said Blake, a poster child for the slogan, not only the Center's executive director since it opened its doors as a pediatric clinic in 1969, but one of the few people who can say they were born and raised in the South End.

Blake proudly tells how 35 of the Center's employees have been there for more than 25 years. Pediatrician Gerald Hass has been seeing patients since the Center opened in 1969, as has Irene Ward, the head pediatric nurse. Several of their patients are now on the Center's staff. With doctors, nurses and administrators smiling and waving to one another across the spacious waiting room, the Center has a distinct personable feel.

When Dr. Hass — the claim he has delivered every baby born in the South End for the past 30 years is only a slight exaggeration — was seized for a photo-op, others on the staff gravitate toward the amiable soft-spoken man. He posed with Dr. Gloria White-Hammond, who's been at the Center for 20 years.

As they stood together, Dr. Hass said "We're very friendly and very good friends and good colleagues."

His words capture the essence of how the Center operates.

South End facility to open new building

SOUTH END – The South End Community Health Center will open its doors to the public Saturday to celebrate the grand opening of its new facility on Washington Street.

"We are helping revitalize Washington Street," said Tristram Blake, the center's executive director, of the new 35,000 square-foot facility located at 1601 Washington St.

Visitors will be able to tour the new building, which consolidates the center's four previous locations in the South End. Those touring can also talk with staff about the center's programs in adult medicine, pediatrics, mental health, obstetrics/gynecology, dental care and eye care.

The six-story, multi-use complex also includes 39 market-rate condominiums, a 10,000-square-foot pharmacy, a cafe, and underground parking.

"This community health center it is a rare bird, it is a community health center by the community," said Will Woodruff, the center's capital coordinator. "This event is a chance for the community to see the center that they helped build."

About 700 people and organizations raised more than $8 million for the new facility, with contributions ranging from $25 to $1 million, Woodruff said. Additional funds were raised through the selling of the condos and underground parking, Blake said.

Grand opening events, which will take place from 2 to 5 p.m., include a keynote address by Mayor Thomas M. Menino and activities such as face painting and storybook reading for children. To satisfy visitors' appetites, the center will serve food from about 20 South End restaurants, and there'll be a variety of live music, including a local jazz band and church choir.

The new facility was built as a part of Boston's Empowerment Zone Project, a program designed to provide economic opportunity and jobs for those who live within the area, Blake said. Woodruff said the new center will create 61 new jobs.

The South End Community Health Center was founded in 1969 on Shawmut Avenue as an independent, community-based, and community-owned health center. Blake said the center operates under the philosophy of providing comprehensive, preventive and accessible health care to all.

"This is a way to communicate the community's social and cultural health," Woodruff said, "and a chance to bring all the South Enders together."

For more information, call Woodruff at 695-9203 or via email at jwoodruff@msn.com

THE BOSTON SUNDAY GLOBE
"CITY NEWS: Boston Notes"
6/18/00

Centro de Salud de la Comunidad del South End
South End Community Health Center

1601 Washington Street
Boston, Massachusetts 02118
617 425.2000
617 425.2080 fax
info@sechc.org

GOVERNING BOARD

2000

Kevin Cherry, President, 980 Tremont Street, Unit #4
(Assistant Vice-President, Fleet Bank - 427-8716-H, 434-2913-W)
Anna Rivera, Vice-President, P.O. Box 18271, 23 Msgr. Reynolds Way
(Social Worker - 542-1669)
Sharon Foran, Secretary, 245 Shawmut Avenue
(Housing Specialist - 451-8020)
William W. Wolbach, Jr., Treasurer, 77 Rutland Street
(Mechanic - 266-6401-H, 1-978-922-6668 ext. 14-W)
Carmen Acaba, 16A Paseo San Juan
(Educator - 236-4819)
Lois Cato, 375 Shawmut Avenue
(Retired Mental Health Worker - 267-0647)
Adrian duCille, 465 Columbus Avenue, Apt. 505
(Retired Welfare Worker - 267-4934)
Clarine Fenton, 100 West Dedham Street, Apt-201
(At Home - 262-9295)
Marie Fernandes, 11 East Newton Street
(At Home - 266-5912)
Antonia Mahoney, 61 Dartmouth Street
(Educator - 267-8791)
Karl McLaurin, 17 Rutland Square
(Advertising/Marketing Consultant – 262-3779-H, 357-4500 x. 27-W)
Edna Ocasio, 230 West Canton Street
(Optician - 267-6750-H, 266-8188-W)
Altagracia Y. Oviedo Valdez, 26A Paseo Aguadilla
(Educator - 266-3530-H, 635-8072-W)
Marlene Stephens, 54A West Dedham Street
(Retired Relief Worker - 267-4982)
Ruby Thames, 395A Shawmut Avenue
(Nutritionist - 262-8851)

NOTE: All members are SECHC consumers and South End residents

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Honorary: Tony Molina, 142 School Street, Roxbury 02119
Advisors: Mel Scovell, 89 Riverview Avenue, Waltham 02154
Katie Blake, 85 East India Row, 15F, Boston 02110
Elmer Freeman, 153 Savannah Avenue, Mattapan 02126
Jovita Fontanez, 32 Dartmouth Street, Boston 02116

Centro de Salud de la Comunidad del South End
South End Community Health Center

1601 Washington Street
Boston, Massachusetts 02118
617 425.2000
617 425.2080 fax
info@sechc.org

PROJECTED BUDGET FOR
FURNITURE, FIXTURES AND EQUIPMENT

1601 WASHINGTON STREET/SOUTH END/BOSTON/MA

1. Medical Equipment	$123,521
2. Laboratory Equipment	98,426
3. Dental Equipment	208,858
4. Eye Care Equipment	116,430
5. Computers/MIS	175,451
6. Office Furniture	251,155
7. Phones	83,005
8. Signage	20,014
9. Laboratory Casework	73,145
10. Counseling Space Fitout	49,995
TOTAL F.F.E.	$1,200,000

SOUTH END COMMUNITY HEALTH CENTER, INC. AND SUBSIDIARY

FINANCIAL REPORT

FOR THE YEARS ENDED JUNE 30, 1999 AND 1998

LANDA & ALTSHER, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

ROBERT J. MURPHY, CPA
JOSEPH ABRAMS, CPA
J. WM. D. GADY, CGA, CPA
JOHN H. O'NEILL, JR., CPA
DOUGLAS P. FIEBELKORN, CPA, JD
BARBARA J. MORRISON, CPA

50 THOMAS PATTON DRIVE
RANDOLPH, MASSACHUSETTS 02368-3999
(781) 961-0070
FAX: (781) 961-0063

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

OFFICE IN BEDFORD
NEW HAMPSHIRE
(603) 471-1967

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
South End Community Health Center, Inc.
Boston, Massachusetts

We have audited the accompanying consolidated statements of financial position of South End Community Health Center, Inc. and Subsidiary as of June 30, 1999 and 1998 and the related consolidated statements of activities, and cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of South End Community Health Center, Inc. and Subsidiary as of June 30, 1999 and 1998, and the results of its consolidated activities, and its consolidated cash flows for the years then ended in conformity with generally accepted accounting principles.

To the Board of Directors
South End Community Health Center, Inc.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supporting information included on pages 14 through 16 is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the financial statements taken as a whole.

October 15, 1999

EXHIBIT A

SOUTH END COMMUNITY HEALTH CENTER, INC. AND SUBSIDIARY

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
AS OF JUNE 30, 1999 AND 1998

	1999	1998
ASSETS		
CURRENT ASSETS		
Cash	$ 336,162	$ 49,024
Accounts receivable (net of allowance for doubtful accounts)	706,458	558,020
Grant/contract receivable	294,531	448,188
Other current assets	182,679	211,158
Total current assets	1,519,830	1,266,390
ASSETS WHOSE USE IS LIMITED:		
By board restriction - managed care development	-	1,000,000
By board restriction - capital improvement	-	1,000,000
Unconditional promise to give - restricted	86,250	115,000
Total assets whose use is limited	86,250	2,115,000
PROPERTY, PLANT AND EQUIPMENT:		
Land and buildings	696,919	696,919
Equipment and furniture	716,012	689,549
Improvements	230,317	230,317
Total	1,643,248	1,616,785
Less-accumulated depreciation	876,545	801,820
Property, plant and equipment, net	766,703	814,965
CONSTRUCTION IN PROGRESS	2,230,309	534,961
OTHER ASSETS		
Software. net of amortization	28,328	27,279
TOTAL ASSETS	$ 4,631,420	$ 4,758,595

See accompanying notes to financial statements.

SOUTH END COMMUNITY HEALTH CENTER, INC. AND SUBSIDIARY

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
AS OF JUNE 30, 1999 AND 1998

	1999	1998
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Current maturities on long-term debt	$ 100,000	$ 100,000
Accounts payable, accrued expenses and other current liabilities	497,375	454,779
Total current liabilities	597,375	554,779
LONG - TERM DEBT, net of current maturities	400,000	500,000
NET ASSETS:		
Unrestricted	3,411,487	3,154,513
Temporarily restricted	222,558	549,303
Total net assets	3,634,045	3,703,816
TOTAL LIABILITIES AND NET ASSETS	$ 4,631,420	$ 4,758,595

See accompanying notes to financial statements.

SOUTH END COMMUNITY HEALTH CENTER, INC. AND SUBSIDIARY

CONSOLIDATED STATEMENTS OF ACTIVITIES
FOR THE YEARS ENDED JUNE 30, 1999 AND 1998

	1999	1998
UNRESTRICTED NET ASSETS:		
GROSS OPERATING REVENUES		
Patient revenues	$ 2,329,052	$ 2,399,810
Less - free care and provision for doubtful accounts	(767,260)	(630,128)
Contracts and Grants	1,842,864	1,781,764
Managed care revenues	1,209,476	1,091,147
Total gross operating revenues	4,614,132	4,642,593
OPERATING EXPENSES		
Salaries and wages	3,366,437	3,199,367
Professional fees	768,060	520,095
Medical supplies and expense	164,527	158,162
Administrative and general expense	1,002,057	1,212,089
Property expense	177,226	207,177
Total operating expenses	5,478,307	5,296,890
LOSS FROM OPERATIONS	(864,175)	(654,297)
NON-OPERATING GAINS AND LOSSES		
Unrestricted donations	381,722	357,936
Net assets released from restriction	684,796	121,136
Other income	14,682	20,002
Investment income	39,949	123,614
Total non-operating gains and losses	1,121,149	622,688
NET INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	256,974	(31,609)
TEMPORARILY RESTRICTED NET ASSETS:		
Contributions	358,051	395,002
Net assets released from restriction	(684,796)	(121,136)
NET INCREASE (DECREASE) IN TEMPORARILY RESTRICTED NET ASSETS	(326,745)	273,866
INCREASE (DECREASE) IN NET ASSETS	(69,771)	242,257
NET ASSETS - BEGINNING OF YEAR	3,703,816	3,461,559
NET ASSETS - END OF YEAR	$ 3,634,045	$ 3,703,816

See accompanying notes to financial statements.

EXHIBIT C

SOUTH END COMMUNITY HEALTH CENTER, INC. AND SUBSIDIARY

CONSOLIDATED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 1999 AND 1998

	1999	1998
CASH FLOWS FROM OPERATING ACTIVITIES:		
Increase (decrease) in net assets	$ (69,771)	$ 242,257
Adjustments to reconcile net increase (decrease) in net assets to net cash provided by operations:		
Unrealized (gain) loss on securities	2,866	(6,667)
Provision for uncompensated care	442,414	55,454
Cancellation of debt	(100,000)	(100,000)
Depreciation and amortization	95,528	101,114
(Increase) decrease in:		
Restricted cash	1,097,134	(979,976)
Unconditional promise to pay	28,750	385,000
Accounts receivable program services	(590,852)	(274,499)
Other accounts receivable	153,657	(113,521)
Other current assets	28,479	(172,674)
Increase (decrease) in:		
Accounts payable and accrued expenses	42,596	66,615
Acquisition of software	(21,852)	(4,610)
NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	1,108,949	(801,507)
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of property and equipment	(26,463)	(25,871)
Increase in construction in progress	(1,695,348)	(121,136)
Sales of investments	900,000	986,643
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	(821,811)	839,636
NET INCREASE IN CASH	287,138	38,129
CASH AT BEGINNING OF YEAR	49,024	10,895
CASH AT END OF YEAR	$ 336,162	$ 49,024
Schedule of non-cash financing activities:		
Partial forgiveness of debt	$ 100,000	$ 100,000

See accompanying notes and accountant's report.

SOUTH END COMMUNITY HEALTH CENTER, INC. AND SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 1999 AND 1998

The South End Community Health Center, Inc. is a non-profit health clinic providing outpatient medical care and social services in Boston's South End Community. Its wholly owned subsidiary, South End Dental Services, Inc. is a for-profit corporation providing dental care to the South End area. The Health Center was granted its corporate charter by the Commonwealth of Massachusetts as a charitable organization and commenced operations in 1969. The Dental clinic started operations in 1973.

Note 1 - Summary of Significant Accounting Policies

a. Basis of consolidation - The consolidated financial statements include the accounts of South End Community Health Center, Inc. and South End Dental Services, Inc. All significant intercompany balances and transactions have been eliminated in consolidation.

b. Net Assets: Net assets of the Organization are classified and reported as follows:

Unrestricted net assets – Net assets that are not subject to donor-imposed stipulations.

Temporarily restricted net assets – Net assets subject to donor-imposed stipulations that may or will be met either by actions of the Organization and/or the passage of time.

Permanently restricted net assets – Include contributions which require by donor restriction that the corpus be invested in perpetuity and only the income be made available for operations in accordance with donor restrictions.

c. Recognition of 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, temporarily restricted net assets are reclassified to unrestricted net assets.

d. Patient service revenue: Patient service revenue is reported at the estimated net realizable amounts from patients and third-party payors for services rendered.

e. Property, plant and equipment: Depreciation is computed using the straight-line method over the estimated useful life of the assets.

SOUTH END COMMUNITY HEALTH CENTER, INC. AND SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 1999 AND 1998

Note 1 - Summary of Significant Accounting Policies (Continued)

f. Cash and cash equivalents: The Organization considers all short-term debt securities purchased with an original maturity of three months or less to be cash equivalents.

g. Income taxes: The Health Center is a not-for-profit corporation as described in section 501(c)(3) of the Internal Revenue Code and is exempt from federal and state income taxes on related income pursuant to section 501(a) of the code. Provisions for income taxes for South End Dental Services, Inc. are based on net income reported for financial reporting purposes. No provision has been made for deferred income taxes which arise from differences in financial and income tax accounting methods due to the immaterial nature of such amounts.

h. Statement of activities: For purposes of presentation, transactions deemed by management to be ongoing, major, or central to the provision of Organization services are reported as revenues and expenses. Peripheral or incidental transactions are reported as non-operating gains and losses.

i. Donated Services: The Organization recognizes donated services that create or enhance nonfinancial assets or that require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation.

j. Estimates: The preparation of financial statements in conformity with the generally accepted accounting principals requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

k. Promotional Advertising: Promotional advertising costs are expensed as incurred. Promotional advertising costs charged to operations amounted to $5,057 and $2,296 for 1999 and 1998, respectively.

l. Software: Software costs are amortized over a period of three years using the straight-line method. Amortization charged to operations was $20,803 and $16,392 for 1999 and 1998, respectively.

SOUTH END COMMUNITY HEALTH CENTER, INC. AND SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 1999 AND 1998

Note 2 - Patient Service Revenues from Third Party Payors

Summary of the Payment Arrangements with Third Party Payors

Patient revenues consists primarily of amounts charged for services to patients covered by the Massachusetts Department of Public Welfare under the Medicaid program, Medicare and other third party payors. Patient Revenues for 1999 and 1998 consist primarily of amounts from the following payor classes:

	1999	1998
Medicaid	$ 684,795	$ 712,397
Medicare	404,679	337,519
Other third parties	996,078	1,131,491
Private	243,500	218,403
	$2,329,052	$2,399,810

Contract and grant revenue is recognized as costs to provide services are incurred under the various grants and contracts.

Managed care revenue consists primarily of amounts earned through the Center Care and Neighborhood Health Plan programs. On a monthly basis, the Organization is paid a fixed rate per individual enrolled in the plan, regardless of the amount of services rendered.

Note 3 - Accounts Receivable

	Balance at June 30,	
	1999	1998
Third-party payor receivable	$ 1,300,111	$ 828,050
Third-party payor receivable for services to publicly-aided patients	659,464	482,751
Private payor receivable	21,682	79,604
Allowance for uncollectibles	(1,274,799)	(832,385)
Accounts receivable, net	$ 706,458	$ 558,020

SOUTH END COMMUNITY HEALTH CENTER, INC. AND SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 1999 AND 1998

Note 4 - Property, Plant and Equipment

The useful lives of property, plant, and equipment for purposes of computing depreciation are:

Buildings	25 - 40 years
Improvements	10 - 20 years
Equipment	5 - 10 years

Depreciation expense charged to operations was $74,727 and $84,722 for 1999 and 1998, respectively.

Note 5 - Assets Whose Use is Limited

Board - Restricted Assets

In 1997, the board of directors designated cash and treasury obligations aggregating $1,000,000 to be used for future managed care development, which includes education and training, and systems development. In 1999, the board has released the restriction on the funds in order to use the funds for the construction project.

Brigham and Women's Hospital has provided funds in the amount of $1,000,000 as referred to in Note 7 to the consolidated financial statements. In 1999, such funds have been used for the expanded health center.

Unconditional Promises to Give - Restricted

Neighborhood Health Plan has committed to a pledge of $115,000, $86,250 of which is due at June 30, 1999, to be used in improving the Health Center's asthma program, which includes education and outreach. The amount has been included as restricted donation income in the accompanying financial statements and is expected to be collected within the next fiscal year.

Note 6 - Income Taxes

No provision has been made for income taxes for South End Dental Services, Inc. The wholly owned subsidiary has a net operating loss for the years presented and has net operating loss carryforwards in excess of $1,150,000. The organization does not foresee future operating profits for which it may offset this carryforward loss, consequently a valuation allowance is considered necessary for the deferral income tax benefit arising from the operating loss carry forward.

SOUTH END COMMUNITY HEALTH CENTER, INC. AND SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 1999 AND 1998

Note 7 - Long-Term Debt

The Organization was obligated under long-term debt at June 30, 1999 and 1998 as follows:

	1999	1998
Note payable to Brigham & Women's Hospital at 7% with principal and interest payments due in 10 annual installments through July 1, 2004. Brigham and Women's Hospital will cancel the obligation to pay each installment of principal and interest if a written report is received before the due date disclosing the following: 1) The Health Center remains a not-for-profit corporation. 2) Progress toward constructing a new facility is Described. 3) A description of outpatient medical care and social services is described.	$500,000	$600,000
Current maturities	100,000	100,000
Long-term debt, net	$400,000	$500,000

Interest incurred on the above long-term debt of $42,000 and $49,000 for 1999 and 1998, respectively. This interest was cancelled and included with unrestricted donations in "Exhibit B".

Following are maturities of long-term debt for each of the next five years:

2000	$100,000
2001	100,000
2002	100,000
2003	100,000
2004	100,000
	$500,000

Note 8 - Concentration of Credit Risks

a.) Cash and cash equivalents: The Organization maintains cash and cash equivalent balances in several federally insured financial institutions in the same geographic area. The cash and cash equivalents exceeding federally insured limits totaled $446,223 at June 30, 1999.

b.) Accounts and grants receivable: The Organization extends unsecured credit to patients covered under third-party payor arrangements. Accounts and grants receivable at June 30, 1999 amounted to $1,000,989. See Notes 2 and 3 for details.

SOUTH END COMMUNITY HEALTH CENTER, INC. AND SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 1999 AND 1998

Note 9 - Marketable Securities

Investments in marketable securities with readily determinable fair values and investments in debt securities are valued at fair value. At June 30, 1999 and 1998, marketable securities, which are presented as assets whose use is limited consist of the following:

	Balance at June 30,	
	1999	1998
	Carrying Value	Carrying Value
U.S. Treasury Obligations	$ 0	$902,866
Investment Income	$ 42,815	$116,947
(Loss) / gain on investments	(2,866)	6,667
Total	$ 39,949	$123,614

Note 10 - Tax-Deferred Annuity Plan

The Organization entered into a tax-deferred annuity plan qualified under Section 403(b) of the Internal Revenue Code. Employees are eligible to participate upon completion of one year of service and attainment of age twenty-one. The Organization matches a percentage of employee contributions up to 6 percent of the employee's salary. Expenses totaled $64,452 and $61,312 for 1999 and 1998, respectively, and additional plan servicing costs were $3,935 and $6,036 in 1999 and 1998, respectively.

Note 11 - Donated Services and Space

The Organization has received donated nursing services estimated at $36,630 and $36,136 in 1999 and 1998, respectively, and donated student's services of $134,400 and $112,800 in 1999 and 1998, respectively. In addition, the City of Boston donates rental space estimated at $60,000. Donated services and space are included as operating expenses and unrestricted donations in Exhibit B.

SOUTH END COMMUNITY HEALTH CENTER, INC. AND SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 1999 AND 1998

Note 12 - Operating Leases

The Organization's leasing operations consist principally of the leasing of space under a tenant - at - will basis.

Rental expense amounted to $10,899 and $2,400 for 1999 and 1998, respectively.

Note 13 - Construction in Progress

At June 30, 1999, the Organization has incurred and capitalized $2,230,309 of accumulated construction costs principally consisting of development fees, architectural costs, and construction costs associated with the project. The project, consisting of a new health center, housing, retail space, and parking, is expected to be completed in 1999. The project will be financed with the sale of housing and parking, gifts, and grants.

Note 14 - Commitments and Contingencies

On October 26, 1995, the Organization entered into an agreement with South Park Associates for the construction of a facility consisting of a health center, housing, retail space, and parking. The total estimated cost of the facility is $23,900,000. The organization has agreed to purchase a unit in the new facility for $8,009,000 to be used for a new health center.

In July, 1999 and August, 1999 the Organization agreed to sell properties at 383 to 387 Shawmut Avenue for $450,000 and 437 Shawmut Avenue for $690,000. The funds to be received from the sales will be used for the purchase of a unit in the new health center.

The Organization derives a substantial portion of its revenue from the Medicaid and Medicare programs. The Organization relies on these entities for accurate and timely reimbursement of claims, often through the use of electronic data interfaces. The Organization has not received assurance that systems used by Medicaid and Medicare will be Y2K compliant. The failure of information systems of federal and state governmental agencies and other third party payors could have material adverse effects on the Organization's liquidity and financial conditions.

SOUTH END COMMUNITY HEALTH CENTER, INC. AND SUBSIDIARY

CONSOLIDATED SCHEDULES OF GRANTS AND CONTRACTS RECEIVED FOR THE YEARS ENDED JUNE 30, 1999 AND 1998

	1999	1998
Department of Public Health - Women, Infants and Children	$ 419,063	$ 395,457
Department of Public Health - Dental Health	20,133	19,458
Department of Public Health - Pediatric / Perinatal	-	7,048
Department of Public Health - Smoking Cessation	-	10,227
Department of Mental Health - Adult outpatient	472,869	384,335
Department of Mental Health - Child outpatient	275,847	278,890
Department of Mental Health - Latino services	-	117,501
Department of Mental Health - Outreach	85,000	85,000
Department of Health and Hospitals - Aids	66,675	57,823
Department of Health and Hospitals - Medical Care	145,000	145,000
Department of Health and Hospitals - Infant Mortality	50,000	50,000
Boston Public Schools - Drug Free	2,000	6,000
Boston Public Schools - Immunization	3,920	7,440
Boston Healthy Start	-	3,282
Boston Medical Center	35,471	-
Boston Private Industry Council	980	-
Brigham and Womens Hospital - Infant Mortality	47,494	46,110
Boston Healthnet Corp.	100,000	-
Charles River Health Management	23,583	35,385
Mentor Partners Healthcare System	25,000	80,112
Society of Sacred Heart	2,500	-
Action for Boston Community Development	358	-
Ryan While Foundation	-	1,289
Behavioral Healthcare Network	2,550	-
Safe Neighborhoods	-	19,840
Crittenton Hastings House	15,000	12,000
BHN- early intervention	-	935
NHP - Outreach	49,421	18,632
Total Grants and Contracts	$ 1,842,864	$ 1,781,764

SOUTH END COMMUNITY HEALTH CENTER, INC. AND SUBSIDIARY

SCHEDULES OF REVENUE AND EXPENSES
(HEALTH CENTER OPERATIONS ONLY)
FOR THE YEARS ENDED JUNE 30, 1999 AND 1998

	1999	1998
GROSS OPERATING REVENUES		
Patient revenues	$ 2,121,384	$ 2,223,522
Less - free care and provision for doubtful accounts	(713,414)	(578,836)
Contracts and Grants	1,822,731	1,761,017
Managed care revenues	1,209,476	1,091,147
Total gross operating revenues	4,440,177	4,496,850
OPERATING EXPENSES		
Salaries and wages	3,151,588	3,006,770
Professional fees	760,380	520,095
Medical supplies and expense	145,401	141,523
Administrative and general expense	961,513	1,179,370
Property expense	167,001	193,983
Total	5,185,883	5,041,741
LOSS FROM OPERATIONS	(745,706)	(544,891)
NON-OPERATING GAINS AND LOSSES		
Unrestricted donations	381,722	357,936
Net assets released from restriction	684,796	121,136
Other income	14,682	20,202
Interest	39,942	123,607
Total other gains	1,121,142	622,881
NET INCREASE IN UNRESTRICTED NET ASSETS	$ 375,436	$ 77,990
TEMPORARILY RESTRICTED NET ASSETS:		
Contributions	358,051	395,002
Net assets released from restriction	(684,796)	(121,136)
NET INCREASE IN TEMPORARILY RESTRICTED NET ASSETS	(326,745)	273,866
INCREASE IN NET ASSETS	$ 48,691	$ 351,856

SOUTH END COMMUNITY HEALTH CENTER, INC. AND SUBSIDIARY

SCHEDULES OF REVENUE AND EXPENSES
(DENTAL OPERATIONS ONLY)
FOR THE YEARS ENDED JUNE 30, 1999 AND 1998

	1999	1998
GROSS OPERATING REVENUES:		
Patient revenues	$ 207,668	$ 176,288
Less - free care and provision for doubtful accounts	(53,846)	(51,292)
Contracts and Grants	20,133	20,747
Total gross operating revenues	173,955	145,743
OPERATING EXPENSES:		
Salaries and wages	214,849	192,597
Professional fees	7,680	-
Medical supplies and expense	19,126	16,639
Administrative and general	40,544	32,719
Property expense	10,225	13,194
Total operating expenses	292,424	255,149
LOSS FROM OPERATIONS	(118,469)	(109,406)
NON-OPERATING GAINS:		
Interest	7	7
Total non-operating gains	7	7
NET DECREASE IN UNRESTRICTED NET ASSETS	$ (118,462)	$ (109,399)

SOUTH END COMMUNITY HEALTH CENTER, INC.

FOR THE FOUR MONTH ENDING OCTOBR 31, 2000

REVENUE	ACTUAL JULY	ACTUAL AUGUST	ACTUAL SEPTEMBER	ACTUAL OCTOBER	FISCAL YEAR 2001 YTD	FOUR MONTHS BUDGET	BUDGET/ACTUAL VARIANCE
MEDICAID REVENUE	$ 54,919.91	$ 56,351.05	$ 68,302.02	$ 89,405.83	$ 268,978.81	$ 298,196.37	$ (29,217.56)
CONTRACT ALLOWANCE	$ (1,489.84)	$ (863.43)	$ (3,809.25)	$ (4,604.96)	$ (10,767.48)	$ (15,849.98)	$ 5,082.50
BAD DEBT WRITE-OFF	$ (8,658.75)	$ (7,583.75)	$ (10,377.60)	$ (14,855.11)	$ (41,475.21)	$ (47,069.95)	$ 5,594.74
NET MEDICAID REVENUE	$ 44,771.32	$ 47,903.87	$ 54,115.17	$ 69,945.76	$ 216,736.12	$ 235,276.44	$ (18,540.32)
COMMERCIAL INS REVENUE	$ 65,331.98	$ 73,662.60	$ 70,769.46	$ 72,333.90	$ 282,097.94	$ 180,639.82	$ 101,458.12
CONTRACT ALLOWANCE	$ (1,557.56)	$ (4,317.15)	$ (2,200.90)	$ (1,997.74)	$ (10,073.35)	$ (6,033.33)	$ (4,040.02)
BAD DEBT WRITE-OFF	$ (15,448.84)	$ (24,449.36)	$ (19,902.21)	$ (19,650.78)	$ (79,451.19)	$ (35,383.30)	$ (44,067.89)
NET COMMERCIAL INS REVENUE	$ 48,325.58	$ 44,896.09	$ 48,666.35	$ 50,685.38	$ 192,573.40	$ 139,223.19	$ 53,350.21
MEDICARE REVENUE	$ 42,705.04	$ 46,604.48	$ 44,184.06	$ 45,982.56	$ 179,476.14	$ 181,046.49	$ (1,570.35)
CONTRACT ALLOWANCE	$ (1,320.54)	$ (1,693.00)	$ (1,506.77)	$ (1,726.86)	$ (6,247.17)	$ (7,559.99)	$ 1,312.82
BAD DEBT WRITE-OFF	$ (11,945.18)	$ (14,293.93)	$ (12,447.63)	$ (14,225.15)	$ (52,911.89)	$ (54,836.61)	$ 1,924.72
NET MEDICARE REVENUE	$ 29,439.32	$ 30,617.55	$ 30,229.66	$ 30,030.55	$ 120,317.08	$ 118,649.89	$ 1,667.19
SELF PAY REVENUE	$ 16,432.75	$ 19,603.12	$ 22,866.04	$ 23,296.90	$ 82,198.81	$ 116,706.55	$ (34,507.74)
CONTRACTUAL ALLOWANCE	$ (2,116.25)	$ (3,199.77)	$ (1,828.44)	$ (1,455.98)	$ (8,600.44)	$ (10,359.99)	$ 1,759.55
BAD DEBT WRITE-OFF	$ (9,087.45)	$ (13,390.73)	$ (16,033.48)	$ (14,679.95)	$ (53,191.61)	$ (71,676.59)	$ 18,484.98
NET SELF PAY REVENUE	$ 5,229.05	$ 3,012.62	$ 5,004.12	$ 7,160.97	$ 20,406.76	$ 34,669.97	$ (14,263.21)
FREE CARE REVENUE	$ 18,702.00	$ 17,446.00	$ 16,999.00	$ 25,894.00	$ 79,041.00	$ 76,636.59	$ 2,404.41
PATIENT REVENUE	$ 198,091.68	$ 213,667.25	$ 223,120.58	$ 256,913.19	$ 891,792.70	$ 854,225.81	$ 37,566.89
CONTRACTUAL ALLOWANCE	$ (6,484.19)	$ (10,073.35)	$ (9,345.36)	$ (9,785.54)	$ (35,688.44)	$ (39,803.29)	$ 4,114.85
BAD DEBT WRITE-OFF	$ (45,140.22)	$ (59,717.77)	$ (58,760.92)	$ (63,410.99)	$ (227,029.90)	$ (208,966.45)	$ (18,063.45)
TOTAL PATIENT REVENUE	$ 146,467.27	$ 143,876.13	$ 155,014.30	$ 183,716.66	$ 629,074.36	$ 605,456.07	$ 23,618.29
CAPITATION REVENUE	$ 107,335.82	$ 109,403.99	$ 107,632.69	$ 120,101.88	$ 444,474.38	$ 452,119.55	$ (7,645.17)
CONTRACT REVENUE	$ 164,297.50	$ 186,082.95	$ 166,339.32	$ 153,109.41	$ 669,829.18	$ 684,502.65	$ (14,673.47)
GRANT REVENUE	$ 56,500.00	$ 20,000.00	$ -	$ 22,250.00	$ 98,750.00	$ 187,043.15	$ (88,293.15)
CAPITAL REVENUE	$ 2,065.00	$ 2,570.00	$ 130.00	$ 4,183.33	$ 8,948.33	$ 93,333.24	$ (84,384.91)
INTEREST REVENUE	$ 8.04	$ 681.39	$ 667.91	$ 703.62	$ 2,060.96	$ 2,110.00	$ (49.04)
PARKING REVENUE	$ 3,678.00	$ 4,619.00	$ 4,313.00	$ 5,305.00	$ 17,915.00	$ 33,333.30	$ (15,418.30)
MISCELLANEOUS REVENUE	$ 10,909.24	$ 14,507.97	$ 10,366.72	$ 13,569.33	$ 49,353.26	$ 4,636.66	$ 44,716.60
TOTAL INCOME	$ 491,260.87	$ 481,741.43	$ 444,463.94	$ 502,939.23	$ 1,920,405.47	$ 2,062,534.62	$ (142,129.15)

EXPENSE	ACTUAL JULY	ACTUAL AUGUST	ACTUAL SEPTEMBER	ACTUAL OCTOBER	FISCAL YEAR 2001 YTD	FOUR MONTHS BUDGET	BUDGET/ACTUAL VARIANCE
PAYROLL EXPENSE							
CLINICAL-NON EXEMPT	$ 133,665.32	$ 223,004.67	$ 179,852.51	$ 185,721.71	$ 722,244.21	$ 758,645.91	$ (36,401.70)
CLINICAL - EXEMPT	$ 20,641.03	$ 43,686.47	$ 29,943.10	$ 32,267.42	$ 126,538.02	$ 156,399.84	$ (29,861.82)
TOTAL CLINICAL PAYROLL	$ 154,306.35	$ 266,691.14	$ 209,795.61	$ 217,989.13	$ 848,782.23	$ 915,045.75	$ (66,263.52)
NON CLINICAL - NON EXEMPT	$ 64,625.93	$ 108,905.95	$ 83,228.40	$ 93,839.61	$ 350,599.89	$ 414,982.92	$ (64,383.03)
NON CLINICAL - EXEMPT	$ 935.10	$ 1,485.00	$ 843.75	$ 1,208.25	$ 4,472.10	$ -	$ 4,472.10
TOTAL NON CLINICAL PAYROLL	$ 65,561.03	$ 110,390.95	$ 84,072.15	$ 95,047.86	$ 355,071.99	$ 414,982.92	$ (59,910.93)
TOTAL PAYROLL EXPENSE	$ 219,867.38	$ 377,082.09	$ 293,867.76	$ 313,036.99	$ 1,203,854.22	$ 1,330,028.67	$ (126,174.45)
PAYROLL TAXES	$ 15,409.77	$ 25,867.84	$ 20,201.53	$ 20,905.10	$ 82,384.24	$ 89,163.24	$ (6,779.00)
FRINGE BENEFITS	$ 32,078.31	$ 27,522.29	$ 31,025.49	$ 28,043.43	$ 118,669.52	$ 102,413.23	$ 16,256.29
TOTAL PAYROLL & FRINGE	$ 47,488.08	$ 53,390.13	$ 51,227.02	$ 48,948.53	$ 201,053.76	$ 191,576.47	$ 9,477.29
OTHER PAYROLL EXPENSES	$ 5,162.67	$ 6,111.47	$ 5,569.60	$ 5,120.67	$ 21,964.41	$ 29,443.30	$ (7,478.89)
DIRECT EXPENSE							
SUPPLIES	$ 2,509.03	$ 4,612.39	$ 33,158.08	$ 28,773.20	$ 69,052.70	$ 99,816.57	$ (30,763.87)
OCCUPANCY	$ 14,398.56	$ 48,751.39	$ 28,604.39	$ 14,082.49	$ 105,836.83	$ 85,919.91	$ 19,916.92
SERVICES	$ 24,711.19	$ 56,936.42	$ 77,610.80	$ 35,177.40	$ 194,435.81	$ 170,803.16	$ 23,632.65
FINANCIAL REPORTING	$ 239.11	$ 110.17	$ 118.23	$ 142.85	$ 610.36	$ 26,666.64	$ (26,056.28)
BUSINESS	$ 5,120.10	$ 14,357.57	$ 2,547.11	$ 2,547.90	$ 24,572.68	$ 41,386.63	$ (16,813.95)
BOARD	$ 245.00	$ 1,890.10	$ 125.00	$ 1,569.02	$ 3,829.12	$ 4,000.00	$ (170.88)
DEPRECIATION	$ 21,093.75	$ 21,093.75	$ 21,093.75	$ 21,093.75	$ 84,375.00	$ 72,349.93	$ 12,025.07
MISCELLANEOUS	$ 5,556.44	$ -	$ 11,158.25	$ 5,566.00	$ 22,280.69	$ 613.33	$ 21,667.36
TOTAL DIRECT EXPENSE	$ 73,873.18	$ 147,751.79	$ 174,415.61	$ 108,952.61	$ 504,993.19	$ 501,556.17	$ 3,437.02
TOTAL EXPENSES	$ 346,391.31	$ 584,335.48	$ 525,079.99	$ 476,058.80	$ 1,931,865.58	$ 2,052,604.61	$ (120,739.03)
NET INCOME (CURRENT)	$ 144,869.56	$ (102,594.05)	$ (80,616.05)	$ 26,880.43	$ (11,460.11)	$ 9,930.01	$ (21,390.12)
NET INCOME (Y.T.D.)		$ 42,275.51	$ (38,340.54)	$ (11,460.11)			

SOUTH END COMMUNITY HEALTH CENTER, INC.

FINANCIAL BUDGET

FISCAL YEAR 2001

PREPARED BY:

KEVIN CHERRY, PRESIDENT
B. WOLBACH, TREASURER
TRISTRAM BLAKE, EXECUTIVE DIRECTOR
GEORGE LAW, CONTROLLER

DESCRIPTION OF FISCAL YEAR BUDGET 2001

This budget is put together to show how we anticipate our expenses will be covered by funding. This is not a department budget as members of some departments are either partially or entirely funded by a source that needs to be kept separate for purposes of UFR reporting. The funds for a particular project can also be dispersed to multiple departments. The allocation for part of these funds by department could be difficult, if not impossible.

Departments should not be held responsible for the entire budget as stated since their control is limited. There are areas however, in which departments must maintain control in order for the health center to meet its obligations. It is hoped that in the future those departments will make a greater contribution in this process by expressing their needs. Their involvement should give them a greater reason to produce the desired results. We can then determine to what extent their needs are fundable.

It is important to remember when looking at department totals that overhead has an impact on their bottom line. Since this is effected by how costs are allocated across the health center, gains or losses can be changed by this allocation. Overhead allocation does not take in to account that some expenses only pertain to a percentage of the cost centers, where other costs might pertain to all cost centers.

REVENUE

Patient Revenue
Contractual Allowance
Bad Debt Write-offs

The amounts are based on historical totals. The difficulty this year is that rates has been changed in a manner that is not consistent with the past. We then used an amount 1.2 times the highest acceptable rate and therefore the .2 would be the contractual allowance. This area needs more work in developing consistent ways of reporting revenue and therefore calculating adjustments. This can become problematic if we do not regain the control we are losing. Sometimes in order to fix one problem we create other problems. There has also been no increase or decrease of visits factored into the totals.

Capitation

The amounts are based on historical amounts with no factor for increases or decreases in patient membership.

Contracts

The amounts are based on information that was available in our office at this time. All amounts are from government agencies.

Grants

The revenue for grants is made up from program awards received from non-government agencies. Historical records as well have determined this amount.

Capital

The funding is based upon information supplied to me of what will be available during the fiscal year 2001.

Parking

This amount is based upon our expectation of what we can realize with the amount we have received to date with considerations for, neighborhood parking problems and the number of new residences that need for a place to park.

Miscellaneous

The amounts are based upon historical information of expenses. There are some amounts included in the totals that should not be used in determining our future expenses. We also have tried to reclassify some of the expenses.

EXPENSES

Payroll

We took the annual rate of payroll for every staff member and increased that amount by five percent (5%) to determine the amount that we will need to meet this goal. This also has an effect on Payroll Taxes and Fringe Benefits. The rates for payroll taxes and fringe benefits have been adjusted to meet any changes that are being made for Fiscal Year 2001, otherwise changes are determined by a percentage of payroll.

Other Payroll Expenses

These are determined in most cases by vendors and are derived from different types of data such as insurance, staff training and staff transportation. Type of staff, square footage and the number of visits can all be, or a combination of, part of the formula. There are also some amounts included that have been determined by historical data.

Direct Expense

Supplies

These have been determined by historical spending patterns and needs for the new building as compared to the older buildings that we previously occupied. An example is repair and maintenance supplies will differ once all modifications are completed. If we are to incorporate a central purchasing function in the future, if or when secure space is available, we will be able to better control these costs.

Occupancy

This is the most difficult section to determine at this time, as we do not have a historical record to work with. We do have some set costs that we can go by, but we have had to use some other outside estimates to get a feel for what we will possibly need. We have eliminated the cost center for maintenance. The maintenance work is now performed by an outside company and so we do not want to have personnel classified as maintenance because Workers Compensation coverage is more than five times higher than all our other classifications.

Services

Most of the expense is based upon historical experience for professional services (MD's / Midwives) and will be available for the same number of sessions this year. The other amounts are needed for maintaining our computer network which is now over fifty (50) workstations, networked on our NT Server (Accounting, Spreadsheets and data based software) and our Unix Server (Patient Registration, Scheduling, Billing and Reporting). There is also the expectation of filling new positions that have been requested for the Fiscal Year 2001.

Cost centers containing new positions:

Administration
Human Resource Manager

Fiscal
Computer Hardware Support

Program Development
OMBUDS
Public Education

Interest (Section 108 Loan)

This is an estimated amount that we will owe on the loan to the city, which will become due and payable in September 2001.

Business

The amounts are based upon historical information of expenses.

Depreciation

This is one amount that we have not used historical data because the largest amount here is for the new building and equipment that we have most recently purchased. Our goal is to work with the auditors to improve our fixed asset records, so that each capitalized item can be identified and we will know in advance how the item will be expensed.

Indirect Expense

The total amount of expense by each cost center is divided by the total cost of all direct care cost centers to determine the percent that will be used when allocating the administrative cost (not directly allocated to a cost center). This way a department with a larger amount of expenses will receive a larger share of the administrative expenses, as a larger department should be expected to generate a greater amount of funding. In the future more work will be done with the auditors to help improve our calculating, so that the amounts allocated are more justifiable.

SOUTH END COMMUNITY HEALTH CENTER, INC.

BUDGET FOR THE YEAR ENDING JUNE 30, 2001

	HEALTH CENTER UNAUDITED STATEMENT FISCAL YEAR 2000	PROJECTED HEALTH CENTER BUDGET FISCAL YEAR 2001	VARIANCE
REVENUE			
MEDICAID REVENUE	$ 889,850	$ 894,590	$ 4,740
CONTRACT ALLOWANCE	(41,600)	(47,550)	(5,950)
BAD DEBT WRITE-OFF	(141,410)	(141,210)	200
NET MEDICAID REVENUE	706,840	705,830	(1,010)
COMMERCIAL INS REVENUE	579,640	541,920	(37,720)
CONTRACT ALLOWANCE	(17,860)	(18,100)	(240)
BAD DEBT WRITE-OFF	(105,570)	(106,150)	(580)
NET COMMERCIAL INS REVENUE	456,210	417,670	(38,540)
MEDICARE REVENUE	550,060	543,140	(6,920)
CONTRACT ALLOWANCE	(22,500)	(22,680)	(180)
BAD DEBT WRITE-OFF	(172,770)	(164,510)	8,260
NET MEDICARE REVENUE	354,790	355,950	1,160
SELF PAY REVENUE	333,920	350,120	16,200
CONTRACTUAL ALLOWANCE	(31,250)	(31,080)	170
BAD DEBT WRITE-OFF	(201,280)	(215,030)	(13,750)
NET SELF PAY REVENUE	101,390	104,010	2,620
FREE CARE REVENUE	228,860	232,910	4,050
PATIENT REVENUE	2,582,330	2,562,680	(19,650)
CONTRACTUAL ALLOWANCE	(113,210)	(119,410)	(6,200)
BAD DEBT WRITE-OFF	(621,030)	(626,900)	(5,870)
TOTAL PATIENT REVENUE	1,848,090	1,816,370	(31,720)
CAPITATION REVENUE	1,341,200	1,356,360	15,160
CONTRACT REVENUE	1,972,950	2,053,510	80,560
GRANT REVENUE	353,350	561,130	207,780
CAPITAL REVENUE	208,150	280,000	71,850
INTEREST REVENUE	11,120	6,330	(4,790)
PARKING REVENUE	4,490	100,000	95,510
MISCELLANEOUS REVENUE	137,660	13,910	(123,750)
TOTAL INCOME	$ 5,877,010	$ 6,187,610	$ 310,600

EXPENSE	HEALTH CENTER UNAUDITED STATEMENT FISCAL YEAR 2000	PROJECTED HEALTH CENTER BUDGET FISCAL YEAR 2001	VARIANCE
SALARY EXPENSE			
CLINICAL-NON EXEMPT	$ 2,329,920	$ 2,275,940	$ (53,980)
CLINICAL - EXEMPT	396,110	469,200	73,090
TOTAL CLINICAL SALARIES	2,726,030	2,745,140	19,110
NON CLINICAL - NON EXEMPT	1,108,630	1,244,950	136,320
NON CLINICAL - EXEMPT	28,260	-	(28,260)
TOTAL NON CLINICAL SALARIES	1,136,890	1,244,950	108,060
TOTAL SALARY EXPENSE	3,862,920	3,990,090	127,170
PAYROLL TAXES	267,080	267,490	410
FRINGE BENEFITS	306,760	307,240	480
TOTAL PAYROLL & FRINGE	573,840	574,730	890
OTHER PAYROLL EXPENSES	63,790	88,330	24,540
DIRECT EXPENSE			
SUPPLIES	263,790	299,450	35,660
OCCUPANCY	178,460	257,760	79,300
SERVICES	528,680	512,410	(16,270)
INTEREST (SECTION 108 LOAN)	-	80,000	80,000
BUSINESS	140,410	124,160	(16,250)
BOARD	21,870	12,000	(9,870)
DEPRECIATION	126,960	217,050	91,090
MISCELLANEOUS	13,530	1,840	(11,690)
TOTAL DIRECT EXPENSE	1,272,700	1,504,670	231,970
INDIRECT EXPENSE		-	-
TOTAL EXPENSES	$ 5,773,250	$ 6,157,820	$ 384,570
NET INCOME	$ 103,760	$ 29,790	$ (73,970)

SOUTH END COMMUNITY HEALTH CENTER

PROJECTED BUDGET FOR THE YEAR ENDING JUNE 30, 2001

SUMMARY OF COST CENTERS

	ADMIN 100	SUPPORT 120	FISCAL 140	MANAGED CARE 150	PROGRAM DEVELOPM'T 160	ADMINISTRATION TOTAL
REVENUE						
MEDICAID REVENUE						$ -
CONTRACT ALLOWANCE						$ -
BAD DEBT WRITE-OFF						$ -
NET MEDICAID REVENUE						
						$ -
COMMERCIAL INS REVENUE						$ -
CONTRACT ALLOWANCE						$ -
BAD DEBT WRITE-OFF						$ -
NET COMMERCIAL INS REVEN						
						$ -
MEDICARE REVENUE						$ -
CONTRACT ALLOWANCE						$ -
BAD DEBT WRITE-OFF						$ -
NET MEDICARE REVENUE						
						$ -
SELF PAY REVENUE						$ -
CONTRACTUAL ALLOWANCE						$ -
BAD DEBT WRITE-OFF						$ -
NET SELF PAY REVENUE						
						$ -
FREE CARE REVENUE						
						$ -
PATIENT REVENUE						$ -
CONTRACTUAL ALLOWANCE						$ -
BAD DEBT WRITE-OFF						$ -
TOTAL PATIENT REVENUE						
						$ -
CAPITATION REVENUE	$ -	$ -	$ -	$ -	$ -	$ -
CONTRACT REVENUE	$ -	$ -	$ -	$ -	$ -	$ -
GRANT REVENUE	$ 173,000	$ -	$ -	$ 50,000	$ -	$ 223,000
CAPITAL REVENUE	$ 280,000	$ -	$ -	$ -	$ -	$ 280,000
INTEREST REVENUE	$ 6,330	$ -	$ -	$ -	$ -	$ 6,330
PARKING REVENUE	$ 100,000	$ -	$ -	$ -	$ -	$ 100,000
MISCELLANEOUS REVENUE	$ 13,800	$ -	$ -	$ -	$ -	$ 13,800
TOTAL INCOME	$ 573,130	$ -	$ -	$ 50,000	$ -	$ 623,130

This financial statement has been prepared for internal
Information on this statement is confidential to South End Community Health Center, Inc.

EXPENSE	ADMIN 100	SUPPORT 120	FISCAL 140	MANAGED CARE 150	PROGRAM DEVELOPM'T 160	ADMINISTRATION TOTAL
SALARY EXPENSE						
CLINICAL-NON EXEMPT	$ -	$ -	$ -	$ -	$ -	$ -
CLINICAL - EXEMPT	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL CLINICAL SALARIES	$ -	$ -	$ -	$ -	$ -	$ -
NON CLINICAL - NON EXEMPT	$ 286,560	$ 164,620	$ 307,330	$ 211,590	$ 68,570	$ 1,038,670
NON CLINICAL - EXEMPT				$ -	$ -	$ -
TOTAL NON CLINICAL SALARIES	$ 286,560	$ 164,620	$ 307,330	$ 211,590	$ 68,570	$ 1,038,670
TOTAL SALARY EXPENSE	$ 286,560	$ 164,620	$ 307,330	$ 211,590	$ 68,570	$ 1,038,670
PAYROLL TAXES	$ 21,480	$ 13,330	$ 24,760	$ 17,050	$ 4,260	$ 80,880
FRINGE BENEFITS	$ 27,920	$ 15,880	$ 30,800	$ 18,240	$ 3,150	$ 95,990
TOTAL PAYROLL & FRINGE	$ 49,400	$ 29,210	$ 55,560	$ 35,290	$ 7,410	$ 176,870
OTHER PAYROLL EXPENSES	$ 79,330	$ -	$ -	$ -	$ -	$ 79,330
DIRECT EXPENSE						
SUPPLIES	$ 11,750	$ 2,950	$ 6,030	$ 1,490	$ 6,450	$ 28,670
OCCUPANCY	$ 36,950	$ 19,930	$ 14,190	$ 10,680	$ 2,510	$ 84,260
SERVICES	$ 102,000	$ -	$ 92,600	$ -	$ 35,000	$ 229,600
INTEREST (SECTION 108 LOAN	$ 80,000	$ -	$ -	$ -	$ -	$ 80,000
BUSINESS	$ 112,460	$ -	$ -	$ -	$ -	$ 112,460
BOARD	$ 12,000	$ -	$ -	$ -	$ -	$ 12,000
DEPRECIATION	$ 83,670	$ 17,700	$ 10,400	$ 6,980	$ 1,900	$ 120,650
MISCELLANEOUS	$ 1,700	$ -	$ -	$ -	$ 60	$ 1,760
TOTAL DIRECT EXPENSE	$ 440,530	$ 40,580	$ 123,220	$ 19,150	$ 45,920	$ 669,400
INDIRECT EXPENSE	$ (855,820)	$ (234,410)	$ (486,110)	$ (266,030)	$ (121,900)	$ (1,964,270
TOTAL EXPENSES	$ -	$ -	$ -	$ -	$ -	$ -
NET INCOME (CURRENT)	$ 573,130.00	$ -	$ -	$ 50,000	$ -	$ 623,130

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Information on this statement is confidential to South End Community Health Center, Inc.

REVENUE	PEDIATRICS 610	OB/GYN 615	ADULT 620	LAB 625	PODIATRY 630	DENTAL 635 / 320	EYE CARE 640	HEARING 645	D P H W I C 250	DEPARTMENT TOTAL
MEDICAID REVENUE	$ 129,890	$ 62,760	$ 94,280	$ 56,230	$ 6,160	$ 101,340	$ 47,790	$ 780	$ -	$ 499,250.00
CONTRACT ALLOWANCE	$ (21,610)	$ (9,080)	$ (15,740)	$ -	$ (1,120)	$ -	$ -	$ -	$ -	$ (47,550.00
BAD DEBT WRITE-OFF	$ (20,740)	$ (10,150)	$ (14,890)	$ (10,470)	$ (1,000)	$ (15,200)	$ (9,080)	$ (180)	$ -	$ (81,710.00
NET MEDICAID REVENUE	$ 87,540	$ 43,530	$ 63,650	$ 45,760	$ 4,060	$ 86,140	$ 38,710	$ 600	$ -	$ 369,990.00
COMMERCIAL INS REVENUE	$ 79,430	$ 32,280	$ 60,460	$ 34,460	$ 3,630	$ 22,470	$ 48,810	$ 1,400	$ -	$ 282,940
CONTRACT ALLOWANCE	$ (8,960)	$ (3,630)	$ (5,310)	$ -	$ (200)	$ -	$ -	$ -	$ -	$ (18,100)
BAD DEBT WRITE-OFF	$ (35,700)	$ (14,430)	$ (20,670)	$ (18,110)	$ (760)	$ (460)	$ (6,540)	$ (380)	$ -	$ (97,050)
NET COMMERCIAL INS REVENUE	34,770	$ 14,220	$ 34,480	$ 16,350	$ 2,670	$ 22,010	$ 42,270	$ 1,020	$ -	$ 167,790
MEDICARE REVENUE	$ 750	$ 8,700	$ 115,450	$ 33,380	$ 10,570	$ -	$ 21,960	$ -	$ -	$ 190,810
CONTRACT ALLOWANCE	$ (130)	$ (1,470)	$ (19,300)	$ -	$ (1,780)	$ -	$ -	$ -	$ -	$ (22,680)
BAD DEBT WRITE-OFF	$ (440)	$ (4,900)	$ (67,660)	$ (23,370)	$ (6,190)	$ -	$ (13,160)	$ -	$ -	$ (115,720)
NET MEDICARE REVENUE	$ 180	$ 2,330	$ 28,490	$ 10,010	$ 2,600	$ -	$ 8,800	$ -	$ -	$ 52,410
SELF PAY REVENUE	$ 83,310	$ 21,170	$ 81,490	$ 43,750	$ 900	$ 23,890	$ 36,690	$ 100	$ -	$ 291,300
CONTRACTUAL ALLOWANCE	$ (13,810)	$ (3,580)	$ (13,540)	$ -	$ (150)	$ -	$ -	$ -	$ -	$ (31,080)
BAD DEBT WRITE-OFF	$ (61,650)	$ (15,750)	$ (61,220)	$ (37,990)	$ (670)	$ (2,710)	$ (25,110)	$ (90)	$ -	$ (205,190)
NET SELF PAY REVENUE	$ 7,850	$ 1,840	$ 6,730	$ 5,760	$ 80	$ 21,180	$ 11,580	$ 10	$ -	$ 55,030
FREE CARE REVENUE	$ 45,820	$ 13,450	$ 38,650	$ 8,000	$ 380	$ 99,740	$ 4,640	$ 110	$ -	$ 210,790
PATIENT REVENUE	$ 339,200	$ 138,360	$ 390,330	$ 175,820	$ 21,660	$ 247,440	$ 159,890	$ 2,390	$ -	$ 1,475,090
CONTRACTUAL ALLOWANCE	$ (44,510)	$ (17,760)	$ (53,890)	$ -	$ (3,250)	$ -	$ -	$ -	$ -	$ (119,410)
BAD DEBT WRITE-OFF	$ (118,530)	$ (45,230)	$ (164,440)	$ (89,840)	$ (8,620)	$ (18,370)	$ (53,890)	$ (650)	$ -	$ (499,670)
TOTAL PATIENT REVENUE	$ 176,160	$ 75,370	$ 172,000	$ 85,860	$ 9,790	$ 229,070	$ 106,000	$ 1,740	$ -	$ 856,010
CAPITATION REVENUE	$ 580,540	$ 182,840	$ 327,270	$ 163,460	$ 5,090	$ -	$ 35,150	$ 4,860	$ -	$ 1,299,210
CONTRACT REVENUE	$ -	$ -	$ -	$ -	$ -	$ 75,660	$ -	$ -	$ 436,370	$ 512,030
GRANT REVENUE	$ 9,530	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,530
CAPITAL REVENUE	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
INTEREST REVENUE	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
PARKING REVENUE	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
MISCELLANEOUS REVENUE	$ 110	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 110
TOTAL INCOME	$ 766,340	$ 258,210	$ 499,270	$ 249,340	$ 14,880	$ 304,730	$ 141,150	$ 6,600	$ 436,370	$ 2,676,890

EXPENSE	PEDIATRICS 610	OB/GYN 615	ADULT 620	LAB 625	PODIATRY 630	DENTAL 635 / 320	EYE CARE 640	HEARING 645	D P H W I C 250	DEPARTMENT TOTAL
SALARY EXPENSE										
CLINICAL-NON EXEMPT	$ 126,020	$ 121,890	$ 35,780	$ 121,530	$ -	$ 142,460	$ 33,010	$ 3,670	$ 185,890	$ 770,250
CLINICAL - EXEMPT	$ 92,410			$ -	$ -	$ 5,870	$ 65,920	$ -	$ -	$ 164,200
TOTAL CLINICAL SALARIES	$ 218,430	$ 121,890	$ 35,780	$ 121,530	$ -	$ 148,330	$ 98,930	$ 3,670	$ 185,890	$ 934,450
NON CLINICAL - NON EXEMPT	$ -	$ -	$ -	$ -	$ -	$ 25,330	$ -	$ -	$ -	$ 25,330
NON CLINICAL - EXEMPT	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL NON CLINICAL SALARIES	$ -	$ -	$ -	$ -	$ -	$ 25,330	$ -	$ -	$ -	$ 25,330
TOTAL SALARY EXPENSE	$ 218,430	$ 121,890	$ 35,780	$ 121,530	$ -	$ 173,660	$ 98,930	$ 3,670	$ 185,890	$ 959,780
PAYROLL TAXES	$ 10,470	$ 9,810	$ 3,070	$ 9,020	$ -	$ 15,600	$ 2,620	$ 30	$ 17,830	$ 68,450
FRINGE BENEFITS	$ 14,850	$ 14,790	$ 6,370	$ 8,330	$ -	$ 14,580	$ 3,580	$ 290	$ 15,710	$ 78,500
TOTAL PAYROLL & FRINGE	$ 25,320	$ 24,600	$ 9,440	$ 17,350	$ -	$ 30,180	$ 6,200	$ 320	$ 33,540	$ 146,950
OTHER PAYROLL EXPENSES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,000	$ 7,000.00
DIRECT EXPENSE										
SUPPLIES	$ 5,320	$ 4,470	$ 3,490	$ 44,690	$ 770	$ 2,760	$ 16,840	$ -	$ 17,500	$ 95,840
OCCUPANCY	$ 24,030	$ 11,270	$ 12,790	$ 9,100	$ -	$ 52,130	$ 7,970	$ -	$ 27,890	$ 145,180
SERVICES	$ 44,190	$ 64,420	$ 134,750	$ 30,000	$ 9,450	$ -	$ -	$ -	$ -	$ 282,810
INTEREST (SECTION 108 LOAN)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
BUSINESS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,000	$ 4,000.00
BOARD	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
DEPRECIATION	$ 16,820	$ 7,160	$ 8,860	$ 7,900	$ -	$ 16,580	$ 8,000	$ -	$ 8,600	$ 73,920
MISCELLANEOUS	$ 80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 80
TOTAL DIRECT EXPENSE	$ 90,440	$ 87,320	$ 159,890	$ 91,690	$ 10,220	$ 71,470	$ 32,810	$ -	$ 57,990	$ 601,830
INDIRECT EXPENSE	$ 156,930	$ 109,800	$ 96,320	$ 108,270	$ 4,800	$ 129,280	$ 64,780	$ 1,870	$ 133,560	$ 805,610
TOTAL EXPENSES	$ 491,120	$ 343,610	$ 301,430	$ 338,840	$ 15,020	$ 404,590	$ 202,720	$ 5,860	$ 417,980	$ 2,521,170
NET INCOME (CURRENT)	$ 275,220	$ (65,400)	$ 197,840	$ (89,500)	$ (140)	$ (99,860)	$ (61,570)	$ 740	$ 18,380	$ 155,720

REVENUE	ASTHMA 340	BPHC I.M. / BASE 220 / 230	BPHC AIDS COUNSELING 240	HEALTH EDUCATION 235	BWH INFANT MORTALITY 255	DPH ENHANCEME'T 365	TOBACCO TREATMENT 370 / 375 / 380	TOTAL MEDICAL PROGRAMS
MEDICAID REVENUE	$ -	$ -	$ 5,770	$ -	$ -	$ -	$ -	$ 5,770
CONTRACT ALLOWANCE	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
BAD DEBT WRITE-OFF	$ -	$ -	$ (1,070)	$ -	$ -	$ -	$ -	$ (1,070)
NET MEDICAID REVENUE	$ -	$ -	$ 4,700	$ -	$ -	$ -	$ -	$ 4,700
COMMERCIAL INS REVENUE	$ -	$ -	$ 3,620	$ -	$ -	$ -	$ -	$ 3,620
CONTRACT ALLOWANCE	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
BAD DEBT WRITE-OFF	$ -	$ -	$ (1,410)	$ -	$ -	$ -	$ -	$ (1,410)
NET COMMERCIAL INS REVEN	$ -	$ -	$ 2,210	$ -	$ -	$ -	$ -	$ 2,210
MEDICARE REVENUE	$ -	$ -	$ 2,230	$ -	$ -	$ -	$ -	$ 2,230
CONTRACT ALLOWANCE	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
BAD DEBT WRITE-OFF	$ -	$ -	$ (1,180)	$ -	$ -	$ -	$ -	$ (1,180)
NET MEDICARE REVENUE	$ -	$ -	$ 1,050	$ -	$ -	$ -	$ -	$ 1,050
SELF PAY REVENUE	$ -	$ -	$ 3,000	$ -	$ -	$ -	$ -	$ 3,000
CONTRACTUAL ALLOWANCE	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
BAD DEBT WRITE-OFF	$ -	$ -	$ (1,460)	$ -	$ -	$ -	$ -	$ (1,460)
NET SELF PAY REVENUE	$ -	$ -	$ 1,540	$ -	$ -	$ -	$ -	$ 1,540
FREE CARE REVENUE	$ -	$ -	$ 770	$ -	$ -	$ -	$ -	$ 770
PATIENT REVENUE	$ -	$ -	$ 15,390	$ -	$ -	$ -	$ -	$ 15,390
CONTRACTUAL ALLOWANCE	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
BAD DEBT WRITE-OFF	$ -	$ -	$ (5,120)	$ -	$ -	$ -	$ -	$ (5,120)
TOTAL PATIENT REVENUE	$ -	$ -	$ 10,270	$ -	$ -	$ -	$ -	$ 10,270
CAPITATION REVENUE	$ -	$ -	$ 4,930	$ -	$ -	$ -	$ -	$ 4,930
CONTRACT REVENUE	$ -	$ 295,000.00	$ 25,000	$ -	$ -	$ 79,600	$ 230,980	$ 630,580
GRANT REVENUE	$ 105,000	$ -	$ -	$ -	$ 50,050	$ -	$ -	$ 155,050
CAPITAL REVENUE	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
INTEREST REVENUE	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
PARKING REVENUE	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
MISCELLANEOUS REVENUE	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL INCOME	$ 105,000	$ 295,000	$ 40,200	$ -	$ 50,050	$ 79,600	$ 230,980	$ 800,830

EXPENSE	ASTHMA 340	BPHC I.M. / BASE 220 / 230	BPHC AIDS COUNSELING 240	HEALTH EDUCATION 235	BWH INFANT MORTALITY 255	D P H ENHANCEMET 365	TOBACCO TREATMENT 370 / 375 / 380	TOTAL MEDICAL PROGRAMS
SALARY EXPENSE								
CLINICAL-NON EXEMPT	$ 98,170	$ 140,370	$ 8,750	$ 6,990	$ 29,230	$ 43,600	$ 67,900	$ 395,010
CLINICAL - EXEMPT	$ -	$ 85,180	$ -	$ -	$ -		$ -	$ 85,180
TOTAL CLINICAL SALARIES	$ 98,170	$ 225,550	$ 8,750	$ 6,990	$ 29,230	$ 43,600	$ 67,900	$ 480,190
NON CLINICAL - NON EXEMPT	$ 26,250	$ -	$ -	$ -	$ -		$ 4,950	$ 31,200
NON CLINICAL - EXEMPT	$ -	$ -	$ -	$ -	$ -			$ -
TOTAL NON CLINICAL SALARIES	$ 26,250	$ -	$ -	$ -	$ -	$ -	$ 4,950	$ 31,200
TOTAL SALARY EXPENSE	$ 124,420	$ 225,550	$ 8,750	$ 6,990	$ 29,230	$ 43,600	$ 72,850	$ 511,390
PAYROLL TAXES	$ 9,970	$ 9,990	$ 1,520	$ 960	$ 1,720		$ 5,210	$ 29,370
FRINGE BENEFITS	$ 12,110	$ 18,740	$ 560	$ 3,050	$ 830		$ 8,380	$ 43,670
TOTAL PAYROLL & FRINGE	$ 22,080	$ 28,730	$ 2,080	$ 4,010	$ 2,550	$ -	$ 13,590	$ 73,040
OTHER PAYROLL EXPENSES	$ -	$ -	$ -	$ -	$ -		$ 2,000	$ 2,000
DIRECT EXPENSE								
SUPPLIES	$ -	$ 1,080	$ 1,450	$ 750	$ -	$ 10,000	$ 134,840	$ 148,120
OCCUPANCY	$ 510	$ 350	$ 2,570	$ 950	$ -	$ -	$ -	$ 4,380
SERVICES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
INTEREST (SECTION 108 LOAN	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
BUSINESS	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,700	$ 7,700
BOARD	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
DEPRECIATION	$ 560	$ 380	$ 1,060	$ 600	$ -	$ -	$ -	$ 2,600
MISCELLANEOUS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL DIRECT EXPENSE	$ 1,070	$ 1,810	$ 5,080	$ 2,300	$ -	$ 10,000	$ 142,540	$ 162,800
INDIRECT EXPENSE	$ 69,300	$ 120,260	$ 7,470	$ 6,250	$ 14,920	$ 25,170	$ 108,470	$ 351,840
TOTAL EXPENSES	$ 216,870	$ 376,350	$ 23,380	$ 19,550	$ 46,700	$ 78,770	$ 339,450	$ 1,101,070
NET INCOME (CURRENT)	$ (111,870)	$ (81,350)	$ 16,820	$ (19,550)	$ 3,350	$ 830	$ (108,470)	$ (300,240)

	DMH ADULT 260 / 280 / 310	DMH CHILD 275 / 290 / 345	CHARLES RIVER 265	CHILD CARE CHOICES 355	TOTAL MENTAL HEALTH
REVENUE					
MEDICAID REVENUE	$ 321,740	$ 67,830	$ -	$ -	$ 389,570
CONTRACT ALLOWANCE	$ -	$ -	$ -	$ -	$ -
BAD DEBT WRITE-OFF	$ (48,260)	$ (10,170)	$ -	$ -	$ (58,430)
NET MEDICAID REVENUE	$ 273,480	$ 57,660	$ -	$ -	
COMMERCIAL INS REVENUE	$ 159,280	$ 96,080	$ -	$ -	$ 255,360
CONTRACT ALLOWANCE	$ -	$ -	$ -	$ -	$ -
BAD DEBT WRITE-OFF	$ (5,630)	$ (2,060)	$ -	$ -	$ (7,690)
NET COMMERCIAL INS REVEN	$ 153,650	$ 94,020	$ -	$ -	
MEDICARE REVENUE	$ 346,190	$ 3,910	$ -	$ -	$ 350,100
CONTRACT ALLOWANCE	$ -	$ -	$ -	$ -	$ -
BAD DEBT WRITE-OFF	$ (45,060)	$ (2,550)	$ -	$ -	$ (47,610)
NET MEDICARE REVENUE	$ 301,130	$ 1,360	$ -	$ -	
SELF PAY REVENUE	$ 48,070	$ 7,750	$ -	$ -	$ 55,820
CONTRACTUAL ALLOWANCE	$ -	$ -	$ -	$ -	$ -
BAD DEBT WRITE-OFF	$ (7,220)	$ (1,160)	$ -	$ -	$ (8,380)
NET SELF PAY REVENUE	$ 40,850	$ 6,590	$ -	$ -	
FREE CARE REVENUE	$ 13,930	$ 7,420	$ -	$ -	$ 21,350
PATIENT REVENUE	$ 889,210	$ 182,990	$ -	$ -	$ 1,072,200
CONTRACTUAL ALLOWANCE	$ -	$ -	$ -	$ -	$ -
BAD DEBT WRITE-OFF	$ (106,170)	$ (15,940)	$ -	$ -	$ (122,110)
TOTAL PATIENT REVENUE	$ 783,040	$ 167,050	$ -	$ -	$ 950,090
CAPITATION REVENUE	$ 52,220	$ -	$ -	$ -	$ 52,220
CONTRACT REVENUE	$ 562,430	$ 348,470	$ -	$ -	$ 910,900
GRANT REVENUE	$ -	$ -	$ 40,000	$ 7,500	$ 47,500
CAPITAL REVENUE	$ -	$ -	$ -	$ -	$ -
INTEREST REVENUE	$ -	$ -	$ -	$ -	$ -
PARKING REVENUE	$ -	$ -	$ -	$ -	$ -
MISCELLANEOUS REVENUE	$ -	$ -	$ -	$ -	$ -
TOTAL INCOME	$ 1,397,690	$ 515,520	$ 40,000	$ 7,500	$ 1,960,710

EXPENSE	DMH ADULT 260 / 280 / 310	DMH CHILD 275 / 290 / 345	CHARLES RIVER 265	CHILD CARE CHOICES 355	TOTAL MENTAL HEALTH
SALARY EXPENSE					
CLINICAL-NON EXEMPT	$ 649,520	$ 298,380	$ 36,250	$ 7,000	$ 991,150
CLINICAL - EXEMPT	$ 155,960	$ 63,860	$ -		$ 219,820
TOTAL CLINICAL SALARIES	$ 805,480	$ 362,240	$ 36,250	$ 7,000	$ 1,210,970
NON CLINICAL - NON EXEMPT	$ 31,460	$ 93,190	$ -	$ -	$ 124,650
NON CLINICAL - EXEMPT	$ -	$ -	$ -	$ -	$ -
TOTAL NON CLINICAL SALARIES	$ 31,460	$ 93,190	$ -	$ -	$ 124,650
TOTAL SALARY EXPENSE	$ 836,940	$ 455,430	$ 36,250	$ 7,000	$ 1,335,620
PAYROLL TAXES	$ 46,970	$ 24,680	$ 2,930	$ -	$ 74,580
FRINGE BENEFITS	$ 40,660	$ 29,050	$ 3,560	$ -	$ 73,270
TOTAL PAYROLL & FRINGE	$ 87,630	$ 53,730	$ 6,490	$ -	$ 147,850
OTHER PAYROLL EXPENSES	$ -	$ -	$ -	$ -	$ -
DIRECT EXPENSE					
SUPPLIES	$ 13,480	$ 9,810	$ -	$ 500	$ 23,790
OCCUPANCY	$ 2,500	$ 21,080	$ -	$ -	$ 23,580
SERVICES	$ -	$ -	$ -	$ -	$ -
INTEREST (SECTION 108 LOAN	$ -	$ -	$ -	$ -	$ -
BUSINESS	$ -	$ -	$ -	$ -	$ -
BOARD	$ -	$ -	$ -	$ -	$ -
DEPRECIATION	$ -	$ 19,480	$ -	$ -	$ 19,480
MISCELLANEOUS	$ -	$ -	$ -	$ -	$ -
TOTAL DIRECT EXPENSE	$ 15,980	$ 50,370	$ -	$ 500	$ 66,850
INDIRECT EXPENSE	$ 441,670	$ 262,750	$ 20,070	$ 3,520	$ 728,010
TOTAL EXPENSES	$ 1,382,220	$ 822,280	$ 62,810	$ 11,020	$ 2,278,330
NET INCOME (CURRENT)	$ 15,470	$ (306,760)	$ (22,810)	$ (3,520)	$ (317,620)

	M SCOVELL SCHOLARSHIP 200	YOUTH WORKERS 215	MENTOR GRANTS 295	CRAFTS 315	TOTAL SOCIAL SERVICES
REVENUE					
MEDICAID REVENUE	$ -	$ -	$ -	$ -	$ -
CONTRACT ALLOWANCE	$ -	$ -	$ -	$ -	$ -
BAD DEBT WRITE-OFF	$ -	$ -	$ -	$ -	$ -
NET MEDICAID REVENUE	$ -	$ -	$ -	$ -	$ -
COMMERCIAL INS REVENUE	$ -	$ -	$ -	$ -	$ -
CONTRACT ALLOWANCE	$ -	$ -	$ -	$ -	$ -
BAD DEBT WRITE-OFF	$ -	$ -	$ -	$ -	$ -
NET COMMERCIAL INS REVEN	$ -	$ -	$ -	$ -	$ -
MEDICARE REVENUE	$ -	$ -	$ -	$ -	$ -
CONTRACT ALLOWANCE	$ -	$ -	$ -	$ -	$ -
BAD DEBT WRITE-OFF	$ -	$ -	$ -	$ -	$ -
NET MEDICARE REVENUE	$ -	$ -	$ -	$ -	$ -
SELF PAY REVENUE	$ -	$ -	$ -	$ -	$ -
CONTRACTUAL ALLOWANCE	$ -	$ -	$ -	$ -	$ -
BAD DEBT WRITE-OFF	$ -	$ -	$ -	$ -	$ -
NET SELF PAY REVENUE	$ -	$ -	$ -	$ -	$ -
FREE CARE REVENUE	$ -	$ -	$ -	$ -	$ -
PATIENT REVENUE	$ -	$ -	$ -	$ -	$ -
CONTRACTUAL ALLOWANCE	$ -	$ -	$ -	$ -	$ -
BAD DEBT WRITE-OFF	$ -	$ -	$ -	$ -	$ -
TOTAL PATIENT REVENUE	$ -	$ -	$ -	$ -	$ -
CAPITATION REVENUE	$ -	$ -	$ -	$ -	$ -
CONTRACT REVENUE	$ -	$ -	$ -	$ -	$ -
GRANT REVENUE	$ 4,000	$ 52,290	$ 54,500	$ 15,260	$ 126,050
CAPITAL REVENUE	$ -	$ -	$ -	$ -	$ -
INTEREST REVENUE	$ -	$ -	$ -	$ -	$ -
PARKING REVENUE	$ -	$ -	$ -	$ -	$ -
MISCELLANEOUS REVENUE	$ -	$ -	$ -	$ -	$ -
TOTAL INCOME	$ 4,000	$ 52,290	$ 54,500	$ 15,260	$ 126,050

EXPENSE	M SCOVELL SCHOLARSHIP 200	YOUTH WORKERS 215	MENTOR GRANTS 295	CRAFTS 315	TOTAL SOCIAL SERVICES
SALARY EXPENSE					
CLINICAL-NON EXEMPT	$ -	$ 39,900	$ 79,630	$ -	$ 119,530.00
CLINICAL - EXEMPT	$ -	$ -	$ -	$ -	$ -
TOTAL CLINICAL SALARIES	$ -	$ 39,900	$ 79,630	$ -	$ 119,530.00
NON CLINICAL - NON EXEMPT	$ 9,830	$ -	$ 4,190	$ 11,080	$ 25,100.00
NON CLINICAL - EXEMPT	$ -	$ -	$ -	$ -	$ -
TOTAL NON CLINICAL SALARIES	$ 9,830	$ -	$ 4,190	$ 11,080	$ 25,100
TOTAL SALARY EXPENSE	$ 9,830	$ 39,900	$ 83,820	$ 11,080	$ 144,630.00
PAYROLL TAXES	$ 790	$ 3,210	$ 9,700	$ 510	$ 14,210.00
FRINGE BENEFITS		$ 3,040	$ 12,460	$ 310	$ 15,810.00
TOTAL PAYROLL & FRINGE	$ 790	$ 6,250	$ 22,160	$ 820	$ 30,020
OTHER PAYROLL EXPENSES	$ -	$ -	$ -	$ -	$ -
DIRECT EXPENSE					
SUPPLIES	$ -	$ 1,700	$ 1,330	$ -	$ 3,030.00
OCCUPANCY	$ -	$ -	$ -	$ 360	$ 360.00
SERVICES	$ -	$ -	$ -	$ -	$ -
INTEREST (SECTION 108 LOAN	$ -	$ -	$ -	$ -	$ -
BUSINESS	$ -	$ -	$ -	$ -	$ -
BOARD	$ -	$ -	$ -	$ -	$ -
DEPRECIATION	$ -	$ -	$ -	$ 400	$ 400.00
MISCELLANEOUS	$ -	$ -	$ -	$ -	$ -
TOTAL DIRECT EXPENSE	$ -	$ 1,700	$ 1,330	$ 760	$ 3,790
INDIRECT EXPENSE	$ -	$ 22,470	$ 50,390	$ 5,950	$ 78,810.00
TOTAL EXPENSES	$ 10,620	$ 70,320	$ 157,700	$ 18,610	$ 257,250.00
NET INCOME (CURRENT)	$ (6,620)	$ (18,030)	$ (103,200)	$ (3,350)	$ (131,200.00

Internal Revenue Service

Date: March 28, 1974

In reply refer to: AU:EO:EW

South End Community Health Center, I
65 West Brookline Street
Boston, Mass. 02118

Date of Exemption: August, 1969
Internal Revenue Code Section: 501(c)(3)
Foundation Classification-509(a)(1) not a private foundation

Gentlemen:

Thank you for submitting the information shown below. We have made it a part of your file.

The changes indicated do not adversely affect your exempt status and the exemption letter issued to you continues in effect.

Please let us know about any future change in the character, purpose, method of operation, name or address of your organization. This is a requirement for retaining your exempt status.

Thank you for your cooperation.

Sincerely yours,

John E. Foristall

JOHN E. FORISTALL
Acting District Director

Item Changed	From	To
Name Change	South End Pediatric Health Clinic, Inc.	South End Community Health Center, Inc.

Form L-225 (Rev. 4-7

"DO NOT DESTROY THIS LETTER"
File with your Charter, Articles of Association or trust instrument. This letter will always be necessary as evidence of your exemption from income taxes.

District Director
Internal Revenue Service

Date: August 28, 1969 | In reply refer to: MU:R:EO-MA

South End Pediatric Health Clinic, Inc.
65 West Brookline Street
Boston, Mass. 02118

Gentlemen:

Purpose: Charitable
Address Inquiries and File Returns with District Director of Internal Revenue: Boston

Form 990-A Required: ☐ Yes ☒ No
Accounting Period Ending: June 30

Your attention is called to the fact that changes in your actual operations from those proposed may have an adverse effect on your exempt status.

On the basis of your stated purposes and the understanding that your operations will continue as evidenced to date or will conform to those proposed in your ruling application, we have concluded that you are exempt from Federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code. Any changes in operation from those described, or in your character or purposes, must be reported immediately to your District Director for consideration of their effect upon your exempt status. You must also report any change in your name or address.

You are not required to file Federal income tax returns so long as you retain an exempt status, unless you are subject to the tax on unrelated business income imposed by section 511 of the Code, in which event you are required to file Form 990-T. Our determination as to your liability for filing the annual information return, Form 990-A, is set forth above. That return, if required, must be filed on or before the 15th day of the fifth month after the close of your annual accounting period indicated above.

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for your use are deductible for Federal estate and gift tax purposes under the provisions of section 2055, 2106 and 2522 of the Code.

You are not liable for the taxes imposed under the Federal Insurance Contributions Act (social security taxes) unless you file a waiver of exemption certificate as provided in such act. You are not liable for the tax imposed under the Federal Unemployment Tax Act. Inquiries about the waiver of exemption certificate for social security taxes should be addressed to this office, as should any questions concerning excise, employment or other Federal taxes.

This is a determination letter.

Very truly yours,

Jeremiah M. Taylor

JEREMIAH M. TAYLOR
Acting District Director

FORM L-175 (REV. 6-66)

1601 WASHINGTON STREET				
Summary of Purchase Price - Health Center & 48 parking spaces				
Costs Per Budget:				
48 Parking Spaces			1,486,069	
Health Center			7,501,827	
Subtotal			8,987,895	
Development Fee			175,150	
Total Development Costs, including Development Fee				**9,163,045**
Profit originally shared:				
Proceeds from Sale of Parking Spaces:				
Condominiums			42,902	
Townhouses			20,901	
Community			31,441	
SECHC's share (50%) of Profit from Condos			1,158,000	
				1,253,244
Total Purchase Price				**7,909,801**
Sources of Funds:				
Cash on Hand			1,758,045	
Remediation Grant			185,000	
EDI Grant			2,900,000	
Section 108 Loan	**3,330,000**	1,253,244	2,076,756	
EDA Grant			990,000	
Total Sources				**7,909,801**
Due from Schochet/ South Park Assoc.		1,253,244		
Cash Required to Repay Section 108			417,105	
Proceeds from sale of facilities			849,651	
FF&E Grant/Loan			810,000	
Repayment of Section 108 Loan		1,253,244	2,076,756	**3,330,000**

Dr. Clare O'Callaghan
42 Old Quarry Drive
Weymouth, MA 02188-3867

FIRST CLASS

UNITED STATES POSTAL SERVICE
9261
20500
U.S. POSTAGE
PAID
WEYMOUTH, MA
02188
DEC 08, '00
AMOUNT
$2.97
00025145-04

President Wm. J. Clinton
The White House
1600 Pennsylvania Ave.
Washington, D.C. 20500-2000

'00 DEC 22 AM12:52

FAX COVER SHEET

GOSPEL CREATION CHURCH
POST OFFICE BOX 2755
HYATTSVILLE,
MARYLAND, 20784
U.S.A.
202-575-0060

SEND TO	
Company name WHITE HOUSE	*From* L.S. QUEEN
Attention BETTY CURRIE	*Date* 12-21-00
Office location 1600 PENNSYLVANIA AVE., N.W.	*Office location*
Fax number 202-456-1210	*Phone number* 202-456-1414

[x] *Urgent* [ ] *Reply ASAP* [ ] *Please comment* [ ] *Please review* [ ] *For your information*

Total pages, including cover: 6

COMMENTS

Please expedite this information to Mr. Clinton. Time is of an essence

12-22-00

To Counsel?

Yes ✓ No —

B.

Gospel Creation Church of Deliverance
P.O. Box 2755
Hyattsville, Md. 20784
202-575-0060

December 21, 2001

Betty Currie
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20005

Re: Letter for The President's Immediate Attention

Dear Ms. Currie:

We are sending this letter on behalf of our Pastor, **Rev. Velma Gorham**, who is a veteran of volunteer services to the poor and disenfrancised. For 30 years, she has given of herself in service to our various communities. Now she has one request, that **Mr. Clinton** will grant clemency to her son, **Frank Gorham, Jr., Viet Nam Prisoner of War.**

For quite some time, we have been trying the get this matter to Mr. Clinton's attention before he exits his office as President. It is imperative this work does not get left behind for the next administration and we'll have to start all over again. Maybe this is not even in your area of responsibility, however, if you will bring it to Mr. Clinton's attention, it would be a blessing!

Enclosed is **Rev. Gorham**'s personal letter to **Mr. Clinton.** Please make certain he gets it along with a partial list of the duties she has performed during her tenure as a bonafied volunteer. In closing, we deeply appreciate any effort on your part to facilitate getting this material in Mr. Clinton's hands. Again, thank you for your support!

Sincerely,

LaShaun Queen

LaShaun Queen
Administrator

***Also, please suggest the possibility that Rev. Gorham could and should be honored for her outstanding record of volunteer service!!**

From the Desk of
Rev. Velma Gorham, D.D.
4339 Bowen Road, S.E. #208
Washington, D.C. 20019
202-575-0060

December 7, 2000

Honorable William Clinton
President
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20005

Re: Request for Clemency for Frank Gorham Jr.

Dear Mr. President:

More than three years ago, an application was filed with your pardon attorney seeking relief through the process of clemency for **Frank Gorham, Jr.** a citizen of **Moorish** descent who fought for **America** in the **Viet Nam War.** As a result of the vast complications he suffered with exposure to **Agent Orange** and the impact of the war itself, he came back to the states, a war torn man.

We hope that your recent visit to Viet Nam allowed you the opportunity to envision what the war was like for our soldiers as well as the people of that country, who today, are still suffering the residuals of Agent Orange and the Viet Nam War. Babies are being born without limbs, without eyes, and the list goes on!

Frank Gorham Jr., functioned in the capacity of a **paratrooper**, jumping down into the dense forest of the **Agent Orange** drenched **Viet Nam Jungle**. He fought behind **enemy lines**, and earned the **coveted combat infantry bagde**, which required at least **four (4)** consecutive months of combat!! Surely, this counts for something.

In closing, he has already spent **30 years** of his life in prison, which we feel is directly attributed to the illnesses he sustained while fighting in **Viet Nam.** He's **52** years old, has missed all of his productive years of procreation. Fact that he's never been treated for exposure to **Agent Orange**, he's currently **loosing his eyesight** and suffering other residuals associated with the deadly chemical, **Agent Orange.**

It is my prayer that based upon the extreme suffering involved with spending 30 years in prison, your administration will grant clemency to **my son, Frank Gorham, Jr.** who is a victim and prisoner of war!!

Sincerely,
Rev. Velma Gorham, D.D.
Rev. Velma Gorham, D.D.
A Concerned Mother for Justice

Government of the District of Columbia

CERTIFICATE OF APPRECIATION

is presented to

CHILDREN'S HOSPITALITY HOUSE

In recognition of your generous support of the youth at the Oak Hill Detention Center, disadvantaged children, as well as, parents and children in the foster care system and for your continuing dedication and commitment, through community service, to the residents of the District of Columbia.

Date: June 26, 1999

Attest: Beverly A. Reeves
Secretary of the District of Columbia

Anthony C. Williams
Mayor

THE HONORABLE REVEREND VELMA GORHAM

Who is the Honorable Reverend Velma Gorham? She is a veteran volunteer Chaplain who has given 30 years of her life to a cause she believes in, the uplifting of fallen humanity. She has taken on the mission of making sure the disadvantaged among us are not forgotten and that they are treatcd in as fair a manner as is possible. The following is an outline of the various population groups Rev. Gorham has assisted in her 30 year tenure to the city of Washington D.C. and surrounding areas:

1. **First female volunteer Chaplain for the D.C. Department of Corrections**
2. **Implements Musical Therapy Programs for Mentally Challenged**
3. **Founded Children's Hospitality House**
4. **Re-Socialization Program for Women in Prison which allows Mothers and their children to spend quality time together.**
5. **Designs and implements tutorial programs for juvenile delinquents**
6. **Musical Therapy for Senior Citizens**
7. **Food Program, and aid to prevent homelessness**
8. **Special Focus on Homeless Families with Children**
9. **Radio Program to bring public awareness about the needs of socially, educationally, and economically disadvantaged children**
10. **Produced and recorded literacy project designed for early child hood development - The ABC Early Learning Project**

This is a partial list of the many, many things Rev. Gorham has been responsible for as it relates to improving the quality of life for the people of Washington, D.C. and nearby counties. Should she be blessed with the opportunity to be selected as an award recipient, her ability to makc lifc bctter for others would be greatly enhanced. Currently, she needs a van to transport children back and forth to the prison to see their Mothers. Also, she has expressed a need to distribute the ABC packages to poor children suffering from illiteracy.

Should you need to contact her directly, her information is as follows:

Rev. Velma Gorham
4339 Bowen Road, S.E. #208
Washington, D.C. 20019
202-575-0060

THE DISTRICT OF COLUMBIA
WASHINGTON, D.C. 20001

MARION BARRY, JR.
MAYOR

SALUTE

THE REVEREND VELMA GORHAM

APRIL 5, 1998

As Mayor of the District of Columbia, it is my distinct pleasure to join in the chorus of accolades from family, friends and colleagues as they salute Reverend Velma Gorham in honor of her 25 years of volunteer service to the city.

You have worked with the District of Columbia Department of Corrections as a volunteer Chaplain, implemented musical therapy programs at St. Elizabeth's and D.C. General's Area C for the mentally ill. In addition, you co-founded Children's Hospitality House, Incorporated, a non-profit organization, which services youth at the Oak Hill Detention Center, disadvantaged children, as well as parents and children in the foster care system. You are to be commended for your dedication and commitment. As a result, you have earned the respect, love and friendship of others and have become a remarkable role model.

On behalf of the residents of the District of Columbia, we look forward to your continued contributions to this city.

Marion Barry, Jr.
Mayor
District of Columbia

United States Department of the Interior

1849 C Street, NW
Washington, D.C. 20240
(202) 208-3136, fax (202) 208-3324

Tim
pls take care of ⓦ
12.22.00

To: LISEL LOY

From: Peter Umhofer

Pages: 2

Date: 12/21/00

Fax: 456-2225

Comments: I HOPE ALL IS WELL -

United States Department of the Interior

OFFICE OF THE SECRETARY
Washington, D.C. 20240

December 21, 2000

Ms. Lisel Loy
Assistant to the President and Staff Secretary
White House
1600 Pennsylvania Avenue, NW
Washington, D.C. 20501

Dear Ms. Loy:

As you know, the President signed the Water Resources Development of 2000 on December 11, 2000, which included the Comprehensive Everglades Restoration Plan. I am writing to request 20 redline copies of the bill. The Comprehensive Everglades Restoration Plan has been a high priority for the Administration and is considered the world's largest environmental restoration project.

My address is 1849 C Street, NW, Room 6655, Washington, D.C. 20240. Please do not hesitate to contact me at 202-208-3186 if you have any questions. Thank you in advance for your consideration of this request.

Sincerely,

Peter G. Umhofer
Senior Advisor to the Assistant Secretary
for Water and Science

12-22-00

'00 DEC 20 PM5:04

THE WHITE HOUSE

WASHINGTON

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December 20, 2000

MEMORANDUM TO THE PRESIDENT

FROM: STEPHANIE STREETT
CAROLINE SELF

SUBJECT: SCHEDULING DECISIONS DEC. 21-23

1) Bob Nash informed us that Carol Willis has requested to see you regarding some DNC issues. He can make himself available anytime on Thursday, Friday, or Saturday. Is this something you would like to set up?

_____ **Yes**

_____ **No**

_____ **Discuss**

2) Sandy said that we would know later tonight if there will be a need to meet with the Israeli and Palestinian negotiating teams on Friday or Saturday. We will let you know as soon as we hear from Sandy.

3) Karen Tramantano has asked to see you for thirty minutes on Friday. You are down until 4:15pm when you will tape the Radio Address with 90 guests. You will then attend the Residence Staff Holiday Reception until 6:30pm. You are down for the remainder of the evening. Friday is also one of the days that we are holding for you to go holiday shopping. Would you like to meet with Karen before the Radio Address at 3:45pm or after the Residence Staff reception at around 6:45pm?

_____ **3:45pm, before the Radio Address**

_____ **6:45pm, after the Residence Staff reception**

_____ **Discuss**

4) We have held Friday morning and afternoon if you would like to do some of your holiday shopping. You also currently have the day off on Saturday. Please see shopping options below:

1) **Torpedo Factory Art Center—Alexandria, VA**
Considered the largest visual arts center in the U.S., it features galleries,

working studios, and shops highlighting local artists. Open Daily, 10:00am-5:00pm.

_____ **Friday** _____ **Saturday** _____ **Not all all**

2) Corcoran Gallery Gift Shop
Open Friday and Saturday, 10:00am-5:00pm

_____ **Friday** ___✓___ **Saturday** _____ **Not at all**

3) Union Station
Monday-Saturday, 10:00am-9:00pm
Sunday, 12:00pm-6:00pm

_____ **Friday** ___✓___ **Saturday** _____ **Not at all**

4) Georgetown Park Mall
Monday-Saturday, 10:00am-9:30pm
Sunday, 12:00pm-6:30pm

_____ **Friday** _____ **Saturday** _____ **Not at all**

5) Discovery Channel Store at the MCI Center
Monday-Saturday, 10:00am-7:00pm
Sunday, 12:00pm-6:00pm

_____ **Friday** ___✓___ **Saturday** _____ **Not at all**

6) Eastern Market—Capitol Hill
Outdoor market featuring local arts and crafts. Open Saturday only, 10:00am-5:00pm

_____ **Saturday** _____ **Not at all**

Note: The Peace Corps store is no longer in business.

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Lindsey
M. Cabe
Podesta

12-22-00

From
Malcolm Hoenlein

BL | McCabe
He recommends
Clemency Aderion

BR

12-22-00

Room No.
Tel. No. 597-4025

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA	:	Date of Notice: OCTOBER 6, 1993
vs.	:	
WARREN C. NACHMANN	:	Criminal No. 93-112

New York State AFL-CIO

Paul F. Cole
Secretary-Treasurer

100 South Swan Street
Albany, NY 12210-1939
www.nysaflcio.org

(518) 436-8516
FAX - 436-8470
Paulfcole@aol.com

- Paul is Vice Chair of National Skills Standards Board. Their fiscal budget was cut from $7 million to $3.5 million. They are trying to find ways to compensate.

12-22-00

Gene S

What about this. Can we help? PK

copied Sperling Podesta

12-22-00

McCabe
Pls see our [illegible]

Paul L. Cejas BR

Ambassador of the United States of America

Boulevard du Régent 27
B-1000 Brussels (OVER)

Tel. : (32)(2) 508.2444
Fax : (32)(2) 508.2160

(BACK OF CARD)

MR. PRESIDENT
PLEASE CONSIDER
PARDON FOR ABELHOLTZ
THANK YOU
Paul

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Podesta

THE WHITE HOUSE
WASHINGTON

December 21, 2000

MR. PRESIDENT:

Stephanie asked that we re-submit the attached (you received an earlier version last night). She has added an additional scheduling question regarding Saturday.

Lisel Loy

12-22-00

THE WHITE HOUSE

WASHINGTON

12-22-00

December 21, 2000

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MEMORANDUM TO THE PRESIDENT

FROM: STEPHANIE STREETT SS
SHANNON BUTLER

SUBJECT: SCHEDULING ITEMS

CC: NANCY HERNREICH

We sent you a note the other day regarding a meeting with Carol Willis. He would like to discuss some DNC issues and is available Friday and Saturday. Would you like us to set this up?

6:30

____Yes, please set up on Friday. Please keep in mind that we are holding the morning and early afternoon for Holiday shopping. At 4:15pm, you will tape the radio address followed by the Residence Staff Reception. You are down for the day at 6:30.
____Yes, please set up on Saturday. Please keep in mind we are holding this day for Holiday shopping and the Middle East Negotiators meeting.
____No

Sandy would prefer that you do the Middle East Negotiators meeting on Saturday. This will be 55 minute package consisting a ten minute brief and 45 minute meeting. We are currently holding this day for you to do your Holiday shopping. They can do this anytime during the day. When during the day would you like to schedule this meeting? _____

Next day fm

Always on Boston

THE WHITE HOUSE

WASHINGTON

December 21, 2000

MR. PRESIDENT:

Counsel's Office advises that, if you approve, they will announce your decision on the attached tomorrow, along with the clemency decisions you made earlier this week. Please return packages to the Usher once you have taken action so that we may implement your decision as soon as possible.

Lisel Loy

'00 DEC 21 PM8:52

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l Schaffer, III

nt of violating the Meat Inspection Act. He and fined $5,000.

In June 1998, a jury found Schaffer guilty of one count of violating the federal gratuity statute and one count of violating the Meat Inspection Act. Both charges were based on Schaffer's having provided things of value to former Agriculture Secretary Mike Espy. District Judge Robertson, however, finding insufficient evidence connecting gifts from Tyson Foods to Espy with any official act pending before the USDA, held that no rational trier of fact could have found the intent required to convict Schaffer under those statutes. He entered a judgment of acquittal for Schaffer. U.S. v. Williams, 29 F. Supp. 2d 1 (D.D.C. 1998).

In July 1999, the D.C. Court of Appeals affirmed the District Court with respect to the federal gratuity statute. U.S. v. Schaffer, 183 F.3d 833 (D.C. Cir. 1999). But, in a 2-to-1 decision, it reversed the District Court on the Meat Inspection Act count, reinstated Schaffer's conviction under that statute, and remanded the case for sentencing. Id. at 853.

Before sentencing, the District Court ordered a new trial for Schaffer. Since the time of Schaffer's trial, Espy had been acquitted of all 39 charges of accepting illegal gratuities. Given Espy's acquittal and his availability to testify (because of his own prosecution he was not available at the time of Schaffer's trial), Judge Robertson found that Espy's likely testimony was "of such nature that, in a new trial, it would probably produce an acquittal." 83 F. Supp. 2d 52, 55 (D.D.C. 1999).

Again, however, the D.C. Circuit disagreed, and remanded the case for sentencing. On September 25, 2000, Schaffer was sentenced to serve one year and one day in prison and to pay a

'00 DEC 21 PM8:52

THE WHITE HOUSE

WASHINGTON

December 21, 2000

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MEMORANDUM FOR THE PRESIDENT

FROM: BRUCE LINDSEY
MEREDITH CABE

SUBJECT: Executive Clemency for Archibald Schaffer, III

I. Offense

Archie Schaffer was convicted of one count of violating the Meat Inspection Act. He was sentenced to one year and one day in prison, and fined $5,000.

II. Procedural History

In June 1998, a jury found Schaffer guilty of one count of violating the federal gratuity statute and one count of violating the Meat Inspection Act. Both charges were based on Schaffer's having provided things of value to former Agriculture Secretary Mike Espy. District Judge Robertson, however, finding insufficient evidence connecting gifts from Tyson Foods to Espy with any official act pending before the USDA, held that no rational trier of fact could have found the intent required to convict Schaffer under those statutes. He entered a judgment of acquittal for Schaffer. U.S. v. Williams, 29 F. Supp. 2d 1 (D.D.C. 1998).

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Again, however, the D.C. Circuit disagreed, and remanded the case for sentencing. On September 25, 2000, Schaffer was sentenced to serve one year and one day in prison and to pay a

fine of $5,000. In his sentencing opinion, District Judge James Robertson commented that if he were free to depart from the sentencing guidelines, a fine of $10,000 and a term of probation would be just and fair for the offense committed. He further stated, "drug dealers, informants, and cooperating witnesses may be given departures below statutory minimums, but Mr. Schaffer—who realized no personal gain from his offense and has been an extraordinary good citizen—may not."

III. Grounds for Clemency and Recommendation

The trial judge, who heard all the evidence presented, concluded it was insufficient to support Schaffer's conviction, and one judge on the appeals court panel agreed. Both statutes in question require that the defendant intend to influence some official act. There was only one live policy issue pending at the USDA at the time of the birthday party that could have been the "official act" Schaffer intended to influence: a "zero tolerance" policy proposed in response to an E. coli outbreak. There was no evidence that Schaffer or Tyson foods was concerned about that policy; first, it had already been announced, and second, it applied only to beef. The trial judge believed a second trial for Schaffer, in which Espy's testimony and evidence of his acquittal for accepting the gifts in question would be available, would produce an acquittal.

Schaffer is the only individual to be sentenced to serve time for charges stemming from his allegedly bribing Secretary Espy, who has been found innocent of accepting bribes. Further, Schaffer's role was that of arranging for the gift to Espy (travel to a birthday party in Russellville, AR); the individuals with the authority to give the gifts themselves were granted immunity by the prosecutors in the investigation. There is no contention that Schaffer received any personal benefit from Espy's attendance at the party. Finally, Schaffer's conviction appears particularly anomalous given that he worked for a poultry company, and was convicted under the Meat Inspection Act, which does not apply to poultry. Both the District Court and the dissenting judge on the appeals court wrote that, even if there were evidence of some intent on Schaffer's party to prevent USDA's "zero tolerance" policy from applying to poultry, it could not support a conviction under the Meat Inspection Act.

We recommend that you pardon Archie Schaffer for his conviction under the Meat Inspection Act.

DECISION:

GRANT: _____

DENY: _____

DISCUSS: _____