our mission

The mission of Fenway Health is to enhance the wellbeing of the lesbian, gay, bisexual and transgender community and all people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy.
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*PHOTOS: MARILYN HUMPHRIES, JEREMY WINNICK + ANUM AWAN*
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2014 – 2015
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The last year was another one of strong growth for Fenway Health, with 24,400 people making nearly 134,000 patient visits for medical, behavioral health, dental and eye care services. 2,800 new patients turned to us for care as we added new providers and frontline staff to meet their needs. We also added an obstetrics program, allowing us to provide LGBT-sensitive care during pregnancy in collaboration with our partners at Beth Israel Deaconess Medical Center.

In the midst of all this growth, we were busy working to improve HIV and LGBT health care, research and education efforts across the country. Our National LGBT Health Education Center hosted a national summit to discuss the most innovative and evidence-based HIV prevention strategies and how to implement these strategies into clinical practice. The Fenway Institute’s LGBT Aging Project continued its work with LGBT elders and the people who care and advocate for them. And Fenway collaborated with the Massachusetts Transgender Political Coalition on a needs assessment on the health and well-being of Massachusetts’s transgender and gender nonconforming adults, a population that has long been underserved.

We also worked to strengthen our new relationship with the AIDS Action Committee of Massachusetts, allowing both Fenway and AIDS Action to improve care and services for patients and clients living with HIV/AIDS, as well as increase advocacy, research and community outreach efforts.

This annual report covers our fiscal year, July 1, 2013 through June 30, 2014. Fenway’s accomplishments and continued growth during that time were nothing short of impressive. None of that would have been possible without our staff, donors, volunteers, and allies. Thank you all! We look forward to continuing to work towards a future where everyone has access to the high quality health care and services they deserve.

Sincerely,

Stephen L. Boswell, MD, FACP
President & CEO

John B. Koss, Esq.
Chair, Board of Directors
The Board of Visitors’ mission is to heighten Fenway’s visibility and provide additional expertise and experience to support the organization and its work.

Fenway’s Board of Visitors members are interested and influential members of the community, patients, donors and friends. Author and branding expert Dorie Clark and Choate, Hall & Stewart LLP Partner John R. Pitfield, Esq. were the 2014 Co-Chairs of Fenway’s Board of Visitors.
Fenway Health has been a leader in the battle against HIV/AIDS since the darkest days of the epidemic.

In the early 80s, we saw the first HIV/AIDS cases in New England. In 1985, Fenway was awarded the first HIV counseling and testing contract by the Massachusetts Department of Public Health. Today, we remain one of the largest confidential HIV counseling and testing sites in Massachusetts and New England’s largest provider of outpatient HIV/AIDS care.

Nearly 2,000 HIV-positive patients received care at Fenway locations in fiscal year 2014.

Over 9,500 antigen/antibody tests per year are administered by Fenway medical and dental providers and HIV Counseling, Testing, and Support Services staff.

100% of those testing positive for HIV are triaged into care and services here at Fenway.

Nearly 80% of those seeking tests identify as men who have sex with men (MSM); the remainder describe their HIV risks as heterosexual intercourse, injection drug use or occupational exposure. The highest incidence of new HIV infections diagnosed at Fenway are among foreign born MSM over 50, white MSM over 40, and black and Latino MSM under 25.

LOCATIONS

The Ansin Building, 1340 Boylston Street
Our main offices are housed in a 10-story, 100,000 square foot health care and research facility – the largest building ever constructed to serve the LGBT community.

16 Haviland Street
With services geared toward meeting the health needs of gay and bisexual men and transgender people, 16 Haviland is also an important piece of Fenway’s history.

Fenway : South End, 142 Berkeley Street
Patients who live and work in the South End and Back Bay or who live on the Orange or Green lines can access our Berkeley Street location for medical and behavioral health care, women’s health, and pharmacy services, in a smaller, private-practice setting.

Sidney Borum Jr. Health Center, 75 Kneeland Street
Named for late HIV/AIDS activist Sidney Borum, Jr., this center became part of Fenway Health in 2010. Affectionately known as The Borum, it provides quality health care for young people ages 12 to 29. Many of these patients are at-risk youth who need a safe space where patients can feel comfortable being themselves while receiving judgment-free medical & behavioral health care.
Fenway Health offers a wide range of ever-growing services within our clinical divisions, including medical, behavioral health, dental, vision, HIV/STI screening, an on-site pharmacy, women's health, transgender health, alternative insemination and obstetrics, and a violence recovery program. Our care and services are available at four Boston locations.

**Patient Centered Medical Care**

In 2014, Fenway Health’s Ansin Building became certified as a National Committee for Quality Assurance (NCQA) Level 3 Patient Centered Medical Home. The patient-centered medical home (PCMH) model of primary care emphasizes care coordination and communication to transform primary care into “what patients want it to be.” The PCMH model builds partnerships between individual patients and their primary care providers, and when appropriate, the patient’s family. Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

Research confirms that medical homes can lead to higher quality and lower costs, and can improve patients’ and providers’ experiences of care. NCQA’s PCMH recognition program is the most widely-used way to transform primary care practices into medical homes. We see this as the future model of health care delivery and believe this program will help us provide better, integrated care to our patients.

**Women’s Health Program**

In 2013, Fenway Health added obstetrical care services, now available 1340 Boylston Street. As a formal partnership with the Department of Obstetrics & Gynecology at Beth Israel Deaconess Medical Center, the new service will be able to accommodate the growing number of Fenway patients starting and expanding their families and will provide prenatal care for patients in all stages of pregnancy.

**Insurance Enrollment Program**

Fenway’s health insurance enrollment program helped 1,800 people become approved for coverage under MassHealth, Commonwealth Care and Health Safety Net.

**Navigation Program and Fenway Health Navigators**

The Navigation Program at Fenway Health uses Peer Health Navigators to reach out to those at the highest risk for health disparities and connect them to life-saving services. These clients include gay and bisexual men, transgender individuals and those affected by crystal methamphetamine use. Through the Program, these at-risk individuals receive critical health information, referrals and access to services. Fenway Peer Health Navigators answer 10,400 calls per year and hold more than 2,500 annual individual and group client meetings.

In our clinical services and programs, we believe in treating people, not problems. Our staff is a team dedicated to meeting the needs of everyone who walks through our doors through integrated, personal, and compassionate care, regardless of their ability to pay.
Fenway Pharmacy

Nearly $500,000 in free and discounted medication was given out by the Fenway Pharmacy’s two branches to help meet the needs of all Fenway patients. The pharmacies also offer free delivery services for homebound patients and others who need it. Together, both our Ansin Building and Fenway: South End locations fill an average of 500-550 prescriptions per day.

Alternative Insemination

More than 500 babies have been conceived with the help of Fenway’s Alternative Insemination (AI) Program since its start 30 years ago. Believed to be the first of its kind in the United States, the Program was created to cater to LGBT people and unmarried women who wish to become parents. The AI Program also offers social and emotional support in the form of workshops and groups for LGBT and prospective parents.

Violence Recovery Program

Fenway Health’s Violence Recovery Program (VRP) helped more than 175 survivors of domestic violence, sexual assault, hate violence and police misconduct in fiscal year 2014. The VRP offers individual and group counseling to LGBT survivors of violence. Additionally, VRP staff conducts outreach and education to community groups and professional organizations about LGBT violence issues on a local, state and national level. The VRP provides technical assistance and training to the Boston Police Department, District Attorney’s offices, hospitals, health centers, social service agencies and community and school groups.

LGBT Helplines

Fenway’s LGBT Helpline and Peer Listening Line for LGBT Youth answered more than 3,600 calls, providing resources and a friendly ear to callers across North America. On an international level, the helpline’s online chat feature offered support and assistance to over 150 LGBT people across the globe.

Substance Abuse Treatment

In 2014, 250 new patients were seen through Fenway’s Substance Abuse Treatment Program and the acupuncture detox performed 3,225 treatments. Patients in the Program are treated for problems with substances such as alcohol, cocaine and crystal methamphetamine. No one is ever turned away for lack of ability to pay, and many are referred to other services at Fenway.

AIDS Action Committee

The AIDS Action Committee of Massachusetts, New England’s largest AIDS service organization, became a part of the Fenway Health family in 2013. This partnership provides both Fenway and AIDS Action the opportunity to improve their care and services for patients and clients living with HIV/AIDS, as well as increase advocacy, research and community outreach efforts.

AIDS Action Committee is the state’s leading provider of prevention and wellness services for people vulnerable to HIV infection. It provides services to one in six people in Massachusetts living with an HIV diagnosis. The average AIDS Action client makes less than $10,000 per year.
The mission of The Fenway Institute is to ensure access to quality, culturally competent medical and mental health care for traditionally underserved communities, including lesbian, gay, bisexual and transgender (LGBT) people and those affected by HIV/AIDS.

The Fenway Institute at Fenway Health is an interdisciplinary center for research, training, education, and policy development, focusing on national and international health issues. Our work is regional, national, and international. A sample of our project locations this year includes: Boston, Worcester, New Bedford, Rhode Island, Mississippi, California, South Carolina, Illinois, Arkansas, Vietnam, India, Peru, and Brazil.

The Fenway Institute conducts innovative research and develops education and advocacy programs grounded in the LGBT community. The Institute acts as a catalyst for change in the larger community by applying that knowledge broadly. Motivating this work is the belief that everyone, everywhere deserves access to high-quality, culturally-competent health care. Affiliations include Beth Israel Deaconess Medical Center, Massachusetts General Hospital, Brigham and Women’s Hospital, Harvard Medical School, and Brown University Medical School.

RESEARCH

Bio-Behavioral HIV/AIDS Studies

An early phase clinical trial of an intra-vaginal ring containing antiretroviral (ARV) medication conducted at The Fenway Institute, the University of Pittsburgh, and University of Alabama at Birmingham found the ring was safe in women who wore it for 28 days, and found evidence of ARVs in cervical tissue and blood. In addition, laboratory tests of tissue samples showed that the medication was able to block HIV infection. This research has been conducted in conjunction with trials in Africa that could lead to development of a vaginal ring that could block HIV transmission.

Fenway’s Dr. Kenneth Mayer led an analysis of data from a six-city study of Black gay, bisexual and other men who have sex with men that found a correlation between HIV infection and a number of factors including higher rates of unemployment, lower socio-economic status, and other sexually transmitted infections. The study, BROTHERS (HPTN 061), was coordinated by the HIV Prevention Trials Network and funded by the National Institutes of Health. The analysis was published January 31, 2014 in the academic journal PLoS ONE.

Fenway became one of eight sites worldwide enrolling participants in the first-ever Phase II Microbicide Trial to establish the safety, tolerability and acceptability of a topical rectally-administered gel among individuals who engage in anal sex. The findings from this multinational study will inform the design of an efficacy trial that could establish whether a rectal microbicide can help prevent substantial numbers of new HIV infections.

In the Spring of 2014, Fenway Health began screening participants for a Phase Iia study of long-acting injections of an HIV Integrase Inhibitor developed by GlaxoSmithKline. The study, known as ÉCLAIR, funded by Viiv Healthcare and GlaxoSmithKline, will enroll 120 low risk men and trans women at 10 sites across the US to test the safety, tolerability, and acceptability of long-acting injections of the HIV Integrase Inhibitor.

Researchers at The Fenway Institute continue to develop and explore methods of HIV prevention that address internal behavioral and emotional barriers to self-care and wellness. For example, Drs. Steven Safran, Matthew Mimiaga, Ken Mayer, and Katie Biello are part of a joint Indo-U.S. Working Group, funded by the NIH and India’s Council for Medical Research to study effective interventions for men who have sex with men (MSM). They published the primary outcome paper from a showing the preliminary effectiveness of an intervention that promotes self-acceptance and HIV risk reduction in this population.
Transgender Health

In 2013, the Massachusetts Transgender Political Co-ali-ation (MTPC) and Fenway collaborated on a needs assessment on the health and well-being of Massa-chusetts’s transgender and gender nonconforming adults, a population that has long been underserved. The survey, entitled Project VOICE: Voicing Our In-dividual and Community Experiences, gathered im-portant information on the negative health effects of discrimination against transgender people in health care settings and other public accommodations.

Recruiting at Fenway Health in Boston and Lurie Chil-dren’s Hospital in Chicago, LifeSkills is a 5-year, ran-domized controlled trial funded by the National In-stitutes of Health (NIH). The purpose of the LifeSkills Study is to assess a holistic and culturally responsive primary and secondary HIV prevention intervention originally developed in Chicago to address sexual risk among young transgender women, ages 16-29.

In early 2014, Fenway launched a second arm of LifeSkills, enrolling young 16-29 year old female-to-male (FTM), transgender, trans masculine, and non-binary identified individuals who identify as gay/ bisexual/queer and who have sex with men. LifeSkills for Men is a holistic HIV prevention program that is being developed by trans masculine people, for trans masculine people.

Adolescent Health

The NIH have funded The Center for Population Research in LGBT Health to address health disparities in LGBTQ (lesbian, gay, bisexual, transgender, and queer/questioning) youth of color. In 2014, the project team finalized and implemented the second phase of our needs assessment, a community survey designed to learn more about positive youth development and protective factors in LGBTQ youth of color, with a particular focus on mental health. The findings of that needs assessment will allow for the development and piloting of interventions to help minimize the health disparities experienced by this group.

Connect to Protect (C2P) Boston, a research proj-ect funded through the Adolescent Medicine Trials Network for HIV/AIDS, works to reduce HIV/AIDS rates among adolescents and young adults through collabor-ative efforts of communities and health researchers. C2P Boston has been working to address the stigma surrounding discussions of youth sexuality; advocating for effective sex education inclusive of LGBT youth and HIV/AIDS issues; and improving linkages to care, partic-ularly in minority youth communities.

Seven Fenway staff served on the Massachusetts Com-mission for LGBTQ Youth in 2013 and 2014. The Com-mission works to address bullying and violence against LGBTQ youth, particularly in Massachusetts schools.

Elder Health

The LGBT Aging Project joined Fenway Health as a program of The Fenway Institute on July 1, 2013. Founded in 2001 by a group of advocates from both the aging service network and the LGBT community, the LGBT Aging Project is dedicated to ensuring that lesbian, gay, bisexual and transgender older adults have equal access to the life-prolonging benefits, protections, services, and institutes that their hetero-sexual neighbors take for granted.

Over the past year, The LGBT Aging Project offered congregate meals, support and stress reduction groups, and social events for hundreds of LGBT el-ders across Massachusetts. The Aging Project also conducted trainings for elder care and housing staff, helped organize the LGBT Elders in an Ever-Chang-ing World conference at Salem State University, and hosted the Regional Deputy Commissioner of Social Security for a town hall meeting on social security and same-sex couples.

A team from the Center for Population Research in LGBT Health at The Fenway Institute designed and conducted focus groups of lesbians 60 and older to explore the health and housing challenges of this under-studied populations. With assistance from lesbian groups, they developed and collected data from older lesbians in Boston and on Cape Cod. Participants were primarily concerned about lack of sufficient resources as they grow older and many reported concerns about providers who did not fully understand their health needs. This study was supported by Fenway Health and the Outer Cape Health Center. The results of the focus groups have been reported in numerous research and program meetings.

Four staff members from The Fenway Institute have been appointed to the Massachusetts Commission on LGBT Aging, the first statewide commission in the country to focus on the needs and unique barriers of LGBT seniors. Lisa Krinsky, Robert Linscott, Dr. Sean Cahill, and Dr. Judy Bradford were appointed to the inaugural group of commissioners in January of 2014. The Commission holds monthly meetings of the whole, and monthly meetings on special top-ics, and has hosted four historic listening sessions throughout the state, with the goal of investigating, analyzing and studying health, housing and social connections for LGBT older adults and their care-givers. Information gathered will be used to make recommendations to improve access to benefits and services for LGBT elders.

Informatics and Data Management Center

The Fenway Institute supports research and health services through our state of the art health informatics and data systems. The Center provides a one stop shop for all Fenway’s data needs and allows us to stay at the forefront of health care delivery and research. We manage health informatics systems such as our electronic health record, patient portal.
and other health information technologies that support the delivery of high quality care for patients at our clinical sites. We also test new methods such as collecting patient reported outcome measures prior to a visit that support the provision of better care for patients and provide timely, accurate feedback to our clinicians. Additionally, our center staff also provides robust reports used for the monitoring of quality of care.

EDUCATION & TRAINING

The National LGBT Health Education Center

The National LGBT Health Education Center provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, and transgender people.

Faculty from the Education Center presented at 71 conferences, trainings, and webinars, educating 4,931 participants on topics ranging from the ACA and LGBT people to collecting sexual orientation and gender identity data in electronic health records to taking a comprehensive sexual history in all patients. Trainings and events were held in 33 states, the District of Columbia and Puerto Rico.

The Summer Institute

The Summer Institute, run by the Center for Population Research in LGBT Health, has been funded since 2010 to provide advanced training in population science for doctoral and post-doctoral students and for early stage faculty, accepting 18 participants from approximately 80 applicants each year. To date, we have trained 90 students from 49 US and international universities and colleges. During the summer of 2010, the Director’s Office of the National Institutes of Health (NIH) conducted a discussion with our students via video teleconference about the challenges of studying LGBT science in their schools. Results from this discussion influenced NIH’s initiative to increase support and opportunities for students aiming for careers in this growing field.

Convenings

In 2013, the National LGBT Health Education Center hosted a summit to discuss the most innovative and evidence-based HIV prevention strategies and how to implement these strategies into clinical practice. The summit brought together leaders in HIV prevention research, education, policy, and community engagement to share interventions, professional experiences, and research findings, and to debate next best steps to ending the epidemic among the vulnerable populations of gay and bisexual men and transgender women. The results of the meeting have been developed into a report, “Best Practices in HIV Prevention: Translating Innovation into Action,” and an online collection of resources available at thefenwayinstitute.org/bestpracticesinhivprevention.

The Fenway Institute participates in three of the largest clinical data registry projects in North America focused on improving care for people living with HIV/AIDS. Combining data from patients across the country allows for rapid and efficient evaluation of emerging trends and HIV treatment, consistent with our ongoing commitment to improving the health and wellbeing of people living with HIV.

LGBT and HIV advocates, researchers, health care providers, and policy makers gathered at The Fenway Institute’s Boston home for a 2013 convening on antiretroviral medications and HIV prevention. Leaders from the Human Rights Campaign, National Gay and Lesbian Task Force, Equality Federation and several statewide LGBT groups participated, as did federal and local HIV prevention policy makers, leading researchers, and HIV advocates. Panels explored knowledge, awareness and uptake of pre-exposure prophylaxis (PrEP) among gay and bisexual men and transgender women, and innovative ways to educate people about PrEP as an option for HIV prevention.

Leading bisexual health researchers and community activists from across the country agreed to form the Bisexual Research Collaborative on Health (BiRCH) at a meeting hosted by The Fenway Institute in Boston. BiRCH will continue high-level discussions of bisexual health research, plan a national conference, and look for ways to raise public awareness of bisexual health issues. The meeting included local, national and international researchers, as well as representatives from prominent bisexual organizations.

Health Policy

Fenway submitted public comment on a number of important issues designed to improve the health and well-being of LGBT people in the United States this past year:

• Public comment to the Office of the National Coordinator for Health Information Technology on Notice of Proposed Rule Making, the Voluntary 2015 Edition Electronic Health Record Certification Criteria; Interoperability Updates and Regulatory Improvements, including 2017 Certified EHR Technology (CEHRT) proposals, April 28, 2014

• Public comment to the U.S. Center for Medicare and Medicaid Services on proposed changes to Medicare Advantage and Medicare Part D in 2015, March 7, 2014

• Testimony of Fenway Health to the Joint Committee on Financial Services of the Massachusetts Legislature in support of H986, an Act relative to HIV-associated lipodystrophy treatment, March 5, 2014
Public comment of Sean Cahill to the Walsh Transition Team Public Health Working Group, December 18, 2013

NIH Fenway Institute public comment on health research needs of LGBTI populations, submitted November 18, 2013

The Fenway Institute comment on HHS draft strategic plan FY2014-18, submitted October 15, 2013

The Fenway Institute comments to HHS regarding rulemaking related to the nondiscrimination requirements in Section 1557 of the Affordable Care Act, submitted September 30, 2013

Director of Health Policy Research Sean Cahill helped convene 23 leading prison administrators, former prisoners, policy makers, advocates and researchers at the National Institute of Corrections (NIC) in Washington, in June of 2014 to discuss best practices for managing LGBTI prisoners. Gay and bisexual men and transgender women experience sexual violence at 12 times the rate of the general population in prison. The Prison Rape Elimination Act (PREA) prioritizes the protection of LGBTI prisoners. Cahill is co-Primary Investigator on a policy research project funded by NIC to develop best practices for managing LGBTI prisoners.

PUBLICATIONS

Faculty and staff from The Fenway Institute issued a number of important LGBT health publications in 2013 – 2014.

Policy Briefs

- Emerging Clinical Issue: Hepatitis C Infection in HIV-Infected Men Who Have Sex with Men
- Best Practices in HIV Prevention: Translating Innovation into Action
  http://www.lgbthealtheducation.org/training/online-courses/bestpracticesinhivprevention/
- Emergency Preparedness and Lesbian, Gay, Bisexual & Transgender (LGBT) People: What Health Centers Need to Know
- Optimizing LGBT Health Under the Affordable Care Act: Strategies for Health Centers
- Gathering Sexual Orientation Data on Statewide Behavioral Risk Factor Surveillance Surveys: A Call to Action For States

Journal Articles

- Blashill AJ, Goshe BM, Robbins GK, Mayer KH, Safren SA. "Body image disturbance and health behaviors among sexual minority men
INFOGRAPHICS

This past year, we created a number of infographics highlighting LGBT health:

• Five Ways The Affordable Care Act Helps Improve LGBT Health
• National Black HIV/AIDS Awareness Day: HIV/AIDS Among Black Men Who Have Sex With Men
• World AIDS Day 2013: Fighting HIV/AIDS Through Health Centers
• Transgender Awareness Week: Health Disparities Faced by the Transgender Community

living with HIV”. Health Psychol, 2014. 33(7): 677-680

- White JM, Reisner SL, Dunham E, Mimiaga MJ. "Race-Based Sexual Preferences in a Sample of Online Profiles of Urban Men Seeking Sex with Men". Journal of Urban Health, 2014
The 23rd annual Women’s Dinner Party was held on Saturday, March 29, 2014 at the Boston Marriott Copley Place. With your help, we raised $500,000 in cash, pledges and in-kind support for the life-saving services and programs at Fenway Health.

It was our honor to present the Dr. Susan M. Love Award to Elyse Cherry during the event. Cherry is Chief Executive Officer of Boston Community Capital (BCC). During her 16 years as CEO, Cherry has overseen the investment in child care facilities for nearly 10,000 children and health care facilities which serve 66,000 patients.

Cherry’s leadership at BCC has assisted low income populations in Massachusetts and nationally. Improved access to affordable housing, health care and child care allows these populations, which are heavily made up of women, the time and freedom to rise from poverty through greater educational and employment opportunities. Fenway Health is proud to acknowledge and honor Cherry’s contributions to the health and wellbeing of women and children in need.

Each year, the Dr. Susan M. Love Award is given to honor and celebrate a woman and/or organization who has made a significant contribution to the field of women’s health. The Award is named in honor of its founding recipient, Dr. Susan M. Love, a pioneer in women’s health and breast cancer treatment. Love helped found the Revlon/UCLA Breast Center in 1992 and currently heads up the Dr. Susan Love Research Foundation, which is dedicated to eradicating breast cancer.

THANK YOU to all of our Table Captains and Event Team, our corporate sponsors, Elyse Cherry, Kate Clinton, Booty Vortex and DJ Jodi, and the nearly 1,100 lesbians, bisexual women, transgender people, friends, supporters and volunteers who attended the 2014 Women’s Dinner Party and made it such a huge success. A special thank you goes out to our Event Chairs Cynthia R. Cahill, Jennifer L. Jones and Sarah Kyley McCormack, whose hard work made the night possible.

Thank you to everyone who helped make The Women’s Dinner Party an amazing event!
The Women’s Dinner Party is an elegant attire fundraiser for Fenway Health and Boston's biggest night on the town for more than 1,100 lesbian and bisexual women, transgender people, and allies.
The Men’s Event is a black-tie fundraiser for Fenway Health and Boston’s biggest night on the town for more than 1,300 gay and bisexual men, transgender people, and their allies.
THE MEN’S EVENT

The 21st annual Men’s Event took place Saturday, April 26, 2014 at the Boston Marriott Copley Place hotel. The evening was a great success, raising more than $650,000 in cash, pledges and in-kind support, all of which went toward the life-saving services and programs at Fenway Health.

During the evening, Fenway Health was honored to present The Congressman Gerry E. Studds Visibility Award to former Boston Mayor Thomas M. Menino. A tireless, long-time champion of LGBT rights in Boston and beyond, Menino’s legacy as mayor included support for social justice, progressive health care policies, and same-sex marriage. We at Fenway are proud to honor Menino’s contribution to equality in Massachusetts.

The Congressman Gerry E. Studds Visibility Award is given at The Men’s Event to honor individuals of integrity and selflessness who embody the spirit of service and provide positive leadership for the LGBT community. Congressman Studds represented southeastern Massachusetts in the U.S. Congress from 1973 to 1997. In 1983, Congressman Studds proudly acknowledged his sexual orientation while standing on the congressional floor, becoming the first openly gay Member of Congress. The Congressman Gerry E. Studds Visibility Award is given at each year’s Men’s Event in honor and memory of Studds, who passed away in October 2006.

THANK YOU to all of our Table Captains and Event Team, our corporate sponsors, Mayors Walsh and Menino, Booty Vortex, KISS 108’s Gay Jim, and everyone who attended for making the 2014 Men’s Event such a huge success. And a special thanks goes out to our Event Chairs Joseph R. Caputo, Robert E. Krasow, and Matthew E. Thompson, whose hard work made the night possible.

Thank you to everyone who helped make The Men’s Event a success!

2014 COMMITTEE MEMBERS

John N. Affuso
Kevin Araujo-Lipine
Devin Bean
Joseph R. Caputo*
Robert A. Chabot
John M. Costello
Ryan W. Cunningham, Esq.
Dennis P. Duffy
Jeffrey P. Dugan
Dane Austin Giamichael
Joshua D. Giamichael
Ryan Gosser
Karen O. Gray, Esq.
John A. Haas
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Madelynnie Ogren
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John Prince
Brian Ramos
Aleen R. Saraceno
Brandon O. Smith
Hal Stewart
Richard Taranto
Matthew E. Thompson*
Dietrich Warner
Michael Williams
John F. Winterle, DMD
Joseph D. Zibrak, MD

*Men’s Event Co-Chairs

1,300 attendees
$650,000 raised
Harbor to the Bay is a charity bike ride from Boston to Provincetown that donates 100% of its proceeds to support HIV/AIDS programs and services at four area agencies, including Fenway Health.

The Harbor to the Bay Ride is made possible each year because a core group of dedicated individuals, under the leadership of Harbor to the Bay President and Director Jim Morgrage, volunteer their time and energy to make it happen. So far, Harbor to the Bay has raised nearly $4 million, with every penny distributed to its beneficiaries. Few volunteer-driven fundraisers can claim such an impressive track record.

This year marked the 12th ride, with 106 riders and 58 crew members dedicating their efforts for Fenway Health. All the money they raised will ensure that Fenway can provide care and services to every HIV-positive person who comes through our doors, regardless of their ability to pay. Altogether, the 2014 Harbor to the Bay Ride raised $264,000 for Fenway Health. We want to extend a huge thank you to all our incredible riders, crew members and donors.

HARBOR TO THE BAY STEERING COMMITTEE

Jack Brent
Joe Carleo
Jon Dutt
Philip Finch
Steve Gack
Scott Galinsky
Diana Gazzolo
Andi Genser
Mike Healy
Janine Hollon
Mary Hull
M. A. Ladd
Jori Layton
Tim Leahy
Matt Martin
Betsy Melamed
Jim Morgrage
Matthew Nelson
Sanju Poudel
Frank Ribaudo
Gena Ricciardi
Joe Richard
John Sacco
Sandy Sheble-Hall
Pata Suyemoto
Paul Twitchell
David Whitman
Char Wilson
FENWAY HEALTH RIDERS

Erik Adams
Osama Alturkistani
Amanda Annis
Jenn Batore
Richard Blank
Travis Blessinger
Laura Bowden
Jack Brent
Julie Brown
Catherine Cappelli
Vincent Carr
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To learn more, visit us online at fenwayhealth.org/leadershipcircle.
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In 2014, members contributed over $100,000 to support Fenway Health’s programs and services. Paving the way for generations to come, YLC members exhibit the best of the young LGBT community. We are incredibly thankful for your support!

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Whether honoring individuals who believe strongly in our mission, or memorializing those who have passed away, these gifts help Fenway provide access to quality care for all those who need it. Celebrated through gifts in their honor or memory, the exceptional people listed here have made a lasting impact on the lives they have touched.

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New England Family Health
New England Patriots Charitable Foundation, Inc.
New England Plastic Surgical Associates
Next Level Up Tutoring
Nicole Rosato
North Country Rivers
Northern Trust Company
Oasis Guest House, Inc.
Ogunquit Playhouse
OgunquitInns.com
Old Town Trolley Tours
Oracle Corporation
Organix Spa & Salon
Oswald Mondejar
OTTO
Park Restaurant & Bar
Party Favor
Passim
Pathways to Wellness
Patricia A. Faass
Patricia Busso
Peabody Essex Museum
Performance Environmental Peterson Party Center
Phantom Gourmet
Picco
Pilgrim Monument and Provincetown Museum
Planet Subaru
Polka Dog Bakery
PortDemi Studio
PricewaterhouseCoopers LLP
Promostuff
Provincetown Art Association and Museum
Ptown Parties
Public Body
Pyara Spa & Salon
Quest Diagnostics
Randi Siu
Red Sox Foundation
Reebok Crossfit Back Bay
Regina Krieger
Rendezvous
Reproductive Science Center of New England
Revere Hotel
Revive Hair Studio
Right On Records
Ristorante Saraceno
Ritz-Carlton
Robert Hickox
Robert Joseph Ferrari
Robin Low
Rodney W. Miller
Roffi Salon & Day Spa
Room 68 Design
Root Catered Events
Royal Sonesta Hotel
Sadhana Yoga
Safar Coiffure
Sakonnet Vineyards
Samuel C. Pang
Samuels & Associates Inc.
Santander Bank
Santos Organizational Strategies
Saraceno Construction, LLC.
Sarah K. McCormack
Seavey Vineyard
Seligman Dental Designs
Sharron J. Sawyer
Shawn Nightingale
Shear Madness
Sheraton Boston Hotel
Sikara & Co.
SILO / American Crafted Spirits
SkinCare Physicians Inc.
SLR Architecture
Social Wines
Sony Music Entertainment Southwest Airlines Co.
SpeakEasy Stage Company
Spotless New England
State Street Bank and Trust Corporation
Station 8 Salon
Stephen Silver
Steve Hartel
Stoneham Theatre
Summer Shack
Surfside Hotel & Suites
Sweet Cheeks
Taza Chocolate
The Best Bees Company
The Boston Beer Company
The Boston Foundation
The Bowery Presents
The Charles Hotel
The Cheesecake Factory
The Container Store
The Elephant Walk Restaurant Group, Inc.
The Fireplace
The Grand Resort and Spa
The Institute of Contemporary Art
The Olivia Companies, LLC
The Pet Cabaret
The Red Inn
The Sports Club / LA
The Studio Empower
The Urban Grape
Thomson Reuters
TJX
Tom Yum Koong Thai Cuisine
Towne Stove & Spirits
Turner’s Seafood Grill & Market
Tweed Barbers
Ula Cafe
Uniform
Union Bar & Grille
Via Lago
Vicki Lee’s Village Veterinary Clinic
W.B. Mason
Wachusett Mountain
Wade Horowitz LaPointe LLC
Warren Square Design
Wendy Hernandez
West Side Lounge
Westport Rivers Vineyard and Winery
Womencrafts
Woodstock Inn and Resort
XV Beacon Hotel
York & Dillo
Zipcar
Zoo New England

These lists reflect donors, volunteers and supporters from July 1, 2013 – June 30, 2014.
Support from public agencies makes many of our programs and services possible. Public support for Fenway Health’s work comes from all levels of government – city, state and federal.

**FEDERAL**
- Centers for Disease Control and Prevention
- U.S. Department of Health and Human Services / Health Resources and Services Administration
- Bureau Of Primary Health Care
- HIV/AIDS Bureau
- National Institutes of Health
  - National Institute of Allergy And Infectious Diseases
  - National Institute of Mental Health
- National Institute of Child Health And Human Development
- National Institute of Drug Abuse
- National Institute of Minority Health And Health Disparities
- National Institute of Alcohol Abuse And Alcoholism
- U.S. Department of Justice
  - Office of Violence Against Women
- National Institute of Corrections

**MASSACHUSETTS**
- Department of Public Health
- Bureau of Substance Abuse Services
- Office of HIV/AIDS
- Suicide Prevention Program
- Youth Violence Prevention Services
- Massachusetts Office of Victim Assistance
- Massachusetts Development Finance Agency (MassDevelopment)
- Executive Office of Health & Human Services
- Office of Medicaid
- Executive Office of Elder Affairs
- University of Massachusetts
  - Worcester/Office of Community Programs/
  - New England AIDS Education and Training Center

**CITY OF BOSTON**
- Boston Public Health Commission
- Infectious Disease Bureau - HIV/AIDS Services Division
- Administration and Finance
  - Primary Care
- Boston Public Schools

These lists reflect donors, volunteers and supporters from July 1, 2013 – June 30, 2014.
To the Board of Directors of Fenway Community Health Center, Inc. and Affiliates:

Report on the Combining Financial Statements
We have audited the accompanying combining financial statements of Fenway Community Health Center, Inc. and Affiliates (Massachusetts corporations, not for profit) (collectively, the Center) which comprise the combining statements of financial position as of June 30, 2014 and 2013, and the related combining statements of activities and changes in net assets, cash flows and functional expenses for the years then ended, and the related notes to the combining financial statements.

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

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

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

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

Opinion
In our opinion, the combining financial statements referred to above present fairly, in all material respects, the combining financial position of Fenway Community Health Center, Inc. and Affiliates as of June 30, 2014 and 2013, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter
As described in Note 1, Fenway Community Health Center, Inc. entered into a collaboration agreement, effective October 1, 2013 (the collaboration date), with AIDS Action Committee of Massachusetts, Inc. (AAC). The combining financial statements include the accounts and activity of AAC as of and for the period from the collaboration date through June 30, 2014.

Boston, Massachusetts
November 4, 2014
### Combining Statements of Financial Position
#### June 30, 2014 and 2013

#### 2014

**Fenway Community Health Center, Inc.**

<table>
<thead>
<tr>
<th>Operating Revenue and Support</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Total</th>
<th>Unrestricted</th>
<th>Unrestricted Eliminations</th>
<th>Combined Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net patient service revenue</td>
<td>47,131,357</td>
<td>-</td>
<td>-</td>
<td>47,131,357</td>
<td>-</td>
<td>-</td>
<td>47,131,357</td>
</tr>
<tr>
<td>Contracts and grants</td>
<td>13,279,453</td>
<td>125,000</td>
<td>-</td>
<td>13,404,453</td>
<td>6,084,838</td>
<td>-</td>
<td>19,489,291</td>
</tr>
<tr>
<td>Special events, net of direct costs of approximately $734,000 and $363,000 in 2014 and 2013, respectively</td>
<td>762,019</td>
<td>-</td>
<td>762,019</td>
<td>-</td>
<td>1,976,872</td>
<td>-</td>
<td>2,758,891</td>
</tr>
<tr>
<td>Contributions</td>
<td>1,503,219</td>
<td>-</td>
<td>-</td>
<td>1,503,219</td>
<td>6,084,838</td>
<td>-</td>
<td>4,509,173</td>
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<tr>
<td>Investment and other income</td>
<td>818,760</td>
<td>-</td>
<td>-</td>
<td>818,760</td>
<td>25,282</td>
<td>-</td>
<td>844,042</td>
</tr>
<tr>
<td>Rental income</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>831,918</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Net assets released from purpose restrictions</td>
<td>473,537</td>
<td>(473,537)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total operating revenue and support</td>
<td>63,968,345</td>
<td>(348,537)</td>
<td>-</td>
<td>63,619,808</td>
<td>831,918</td>
<td>11,092,946</td>
<td>(831,918)</td>
</tr>
</tbody>
</table>

**Operating Expenses:**

| Medical Services                   | 37,228,371 | -                      | -                      | 37,228,371 | -            | -                         | (423,359) | 36,805,012 |
| Research                           | 8,720,093  | -                      | -                      | 8,720,093  | -            | -                         | -          | 8,560,978  |
| Behavioral Health                  | 4,194,582  | -                      | -                      | 4,194,582  | -            | -                         | -          | 4,070,742  |
| Patient Support                    | 2,144,985  | -                      | -                      | 2,144,985  | -            | -                         | -          | 2,134,399  |
| AIDS Action Committee              | -          | -                      | -                      | -          | -            | -                         | -          | 5,356,098  |
| Total program services             | 52,288,031 | -                      | -                      | 52,288,031 | -            | -                         | (716,900) | 56,972,229 |

| General and Administrative         | 6,689,704  | -                      | -                      | 6,689,704  | -            | -                         | -          | 8,849,201  |
| Facilities                         | 651,841    | -                      | -                      | 651,841    | -            | -                         | -          | 1,942,052  |
| Public Relations                   | 878,200    | -                      | -                      | 878,200    | -            | -                         | -          | 875,061    |
| Fundraising                        | 1,204,505  | -                      | -                      | 1,204,505  | -            | -                         | -          | 3,403,507  |
| Special Events                     | -          | -                      | -                      | -          | 868,261      | -                         | -          | 868,261    |
| Total supporting services          | 9,424,250  | -                      | -                      | 9,424,250  | -            | -                         | -          | 15,938,082 |
| Total operating expenses           | 61,712,281 | -                      | -                      | 61,712,281 | -            | -                         | -          | 72,865,311 |
| Changes in net assets from operations | 2,256,064 | (348,537)             | -                      | 1,907,527  | -            | -                         | -          | 1,847,443  |

**Other Revenue (Expenses):**

| Forgiveness of debt                | -          | -                      | -                      | -          | -            | -                         | -          | 5,780,000  |
| Net gains on investments           | 377,220    | 147,264                | -                      | 524,484    | -            | -                         | -          | 524,484    |
| Non-operating investment income    | 57,351     | -                      | -                      | 57,351     | -            | -                         | -          | 57,351     |
| Capital grants                     | 1,681      | -                      | -                      | 1,681      | -            | -                         | -          | 1,681      |
| Expenditures of Federal capital grant | -         | -                      | -                      | -          | -            | -                         | -          | -          |
| Unrealized gain (loss) on carrying value of interest rate swap contract | (207,223) | -                      | -                      | (207,223)  | -            | -                         | -          | (207,223)  |
| Put Option Fee                     | -          | -                      | -                      | -          | (569,025)    | (569,025)                 |            |            |
| Net assets released from capital campaign restrictions | - | - | - | - | - | - | - | - |
| Total other revenue (expenses)     | 2,256,064  | (348,537)             | -                      | 1,907,527  | -            | -                         | -          | 1,847,443  |
| Changes in net assets              | 2,485,093  | (201,273)             | 2,283,820              | 4,729,649  | 421,242      | 2,780,682                 | 7,434,711   |

**Net Assets, Beginning of Year**

| 41,287,179 | 1,607,645 | 302,385 | 43,197,209 | (1,732,123) | - | - | 41,465,086 |

**Net Assets, End of Year**

| 43,772,272 | 1,406,372 | 302,385 | 45,481,029 | 2,997,526 | 3,201,924 | - | 51,680,479 |
### Operating Revenue and Support:

<table>
<thead>
<tr>
<th>Description</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Total</th>
<th>Unrestricted</th>
<th>Eliminations</th>
<th>Combined Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net patient service revenue</td>
<td>41,149,618</td>
<td>-</td>
<td>-</td>
<td>41,149,618</td>
<td>-</td>
<td>-</td>
<td>41,149,618</td>
</tr>
<tr>
<td>Contracts and grants</td>
<td>12,942,047</td>
<td>1,125,000</td>
<td>-</td>
<td>14,067,047</td>
<td>-</td>
<td>-</td>
<td>14,067,047</td>
</tr>
<tr>
<td>Special events, net of direct costs of approximately $734,000 and $363,000 in 2014 and 2013, respectively</td>
<td>600,855</td>
<td>-</td>
<td>-</td>
<td>600,855</td>
<td>-</td>
<td>-</td>
<td>600,855</td>
</tr>
<tr>
<td>Contributions</td>
<td>1,455,110</td>
<td>-</td>
<td>-</td>
<td>1,455,110</td>
<td>-</td>
<td>-</td>
<td>1,455,110</td>
</tr>
<tr>
<td>Investment and other income</td>
<td>304,504</td>
<td>-</td>
<td>-</td>
<td>304,504</td>
<td>-</td>
<td>-</td>
<td>304,504</td>
</tr>
<tr>
<td>Rental income</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>909,553</td>
<td>(909,553)</td>
<td>-</td>
</tr>
<tr>
<td>Net assets released from purpose restrictions</td>
<td>485,935</td>
<td>(485,935)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total operating revenue and support</td>
<td>56,938,069</td>
<td>659,065</td>
<td>-</td>
<td>57,577,134</td>
<td>909,553</td>
<td>(909,553)</td>
<td>57,577,134</td>
</tr>
</tbody>
</table>

### Operating Expenses:

<table>
<thead>
<tr>
<th>Description</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Total</th>
<th>Unrestricted</th>
<th>Eliminations</th>
<th>Combined Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Services</td>
<td>31,888,105</td>
<td>-</td>
<td>-</td>
<td>31,888,105</td>
<td>-</td>
<td>(436,474)</td>
<td>31,451,631</td>
</tr>
<tr>
<td>Research</td>
<td>9,067,581</td>
<td>-</td>
<td>-</td>
<td>9,067,581</td>
<td>-</td>
<td>(172,582)</td>
<td>8,894,999</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>4,202,169</td>
<td>-</td>
<td>-</td>
<td>4,202,169</td>
<td>-</td>
<td>(160,344)</td>
<td>4,041,825</td>
</tr>
<tr>
<td>Patient Support</td>
<td>1,942,726</td>
<td>-</td>
<td>-</td>
<td>1,942,726</td>
<td>-</td>
<td>(7,289)</td>
<td>1,935,437</td>
</tr>
<tr>
<td>AIDS Action Committee</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total program services</td>
<td>47,000,781</td>
<td>-</td>
<td>-</td>
<td>47,000,781</td>
<td>-</td>
<td>-</td>
<td>46,324,092</td>
</tr>
<tr>
<td>Supporting services:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General and Administrative</td>
<td>5,409,521</td>
<td>-</td>
<td>-</td>
<td>5,409,521</td>
<td>-</td>
<td>(90,365)</td>
<td>5,319,156</td>
</tr>
<tr>
<td>Facilities</td>
<td>558,695</td>
<td>-</td>
<td>-</td>
<td>558,695</td>
<td>-</td>
<td>(27,119)</td>
<td>531,576</td>
</tr>
<tr>
<td>Public Relations</td>
<td>697,384</td>
<td>-</td>
<td>-</td>
<td>697,384</td>
<td>-</td>
<td>(3,547)</td>
<td>693,837</td>
</tr>
<tr>
<td>Fundraising</td>
<td>1,119,474</td>
<td>-</td>
<td>-</td>
<td>1,119,474</td>
<td>-</td>
<td>(11,857)</td>
<td>1,107,617</td>
</tr>
<tr>
<td>Retail</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Special Events</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total supporting services</td>
<td>7,785,074</td>
<td>-</td>
<td>-</td>
<td>7,785,074</td>
<td>-</td>
<td>(132,864)</td>
<td>7,652,207</td>
</tr>
<tr>
<td>Total operating expenses</td>
<td>54,885,855</td>
<td>-</td>
<td>-</td>
<td>54,885,855</td>
<td>1,393,087</td>
<td>(909,553)</td>
<td>55,369,389</td>
</tr>
<tr>
<td>Changes in net assets from operations</td>
<td>2,052,214</td>
<td>639,065</td>
<td>-</td>
<td>2,691,279</td>
<td>(483,534)</td>
<td>-</td>
<td>2,207,745</td>
</tr>
</tbody>
</table>

### Other Revenue (Expenses):

<table>
<thead>
<tr>
<th>Description</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Total</th>
<th>Unrestricted</th>
<th>Eliminations</th>
<th>Combined Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forgiveness of debt</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Net gains on investments</td>
<td>209,169</td>
<td>107,665</td>
<td>-</td>
<td>316,834</td>
<td>-</td>
<td>-</td>
<td>316,834</td>
</tr>
<tr>
<td>Non-operating investment income</td>
<td>507,820</td>
<td>-</td>
<td>-</td>
<td>507,820</td>
<td>-</td>
<td>-</td>
<td>507,820</td>
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<tr>
<td>Capital grants</td>
<td>3,378,645</td>
<td>-</td>
<td>-</td>
<td>3,378,645</td>
<td>-</td>
<td>-</td>
<td>3,378,645</td>
</tr>
<tr>
<td>Expenditures of Federal capital grant</td>
<td>(3,365,334)</td>
<td>-</td>
<td>-</td>
<td>(3,365,334)</td>
<td>-</td>
<td>-</td>
<td>(3,365,334)</td>
</tr>
<tr>
<td>Unrealized gain (loss) on carrying value of interest rate swap contract</td>
<td>207,747</td>
<td>-</td>
<td>-</td>
<td>207,747</td>
<td>-</td>
<td>-</td>
<td>207,747</td>
</tr>
<tr>
<td>Put Option Fee</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Net assets released from capital campaign restrictions</td>
<td>187,644</td>
<td>(187,644)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total other revenue (expenses)</td>
<td>1,045,712</td>
<td>(79,979)</td>
<td>-</td>
<td>1,045,712</td>
<td>-</td>
<td>-</td>
<td>1,045,712</td>
</tr>
<tr>
<td>Changes in net assets</td>
<td>3,177,805</td>
<td>559,086</td>
<td>-</td>
<td>3,736,991</td>
<td>(483,534)</td>
<td>-</td>
<td>3,253,457</td>
</tr>
</tbody>
</table>

### Net Assets:

<table>
<thead>
<tr>
<th>Description</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Total</th>
<th>Unrestricted</th>
<th>Eliminations</th>
<th>Combined Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net assets, beginning of year</td>
<td>38,109,274</td>
<td>1,048,559</td>
<td>302,385</td>
<td>39,460,218</td>
<td>(1,248,589)</td>
<td>-</td>
<td>38,211,629</td>
</tr>
<tr>
<td>Net assets, end of year</td>
<td>41,287,179</td>
<td>1,607,645</td>
<td>302,385</td>
<td>43,197,209</td>
<td>(1,732,123)</td>
<td>-</td>
<td>41,465,086</td>
</tr>
</tbody>
</table>
## Financials

### Combining Statements of Activities and Changes in Net Assets
**June 30, 2014 and 2013**

<table>
<thead>
<tr>
<th></th>
<th><strong>Fenway Community Health Center, Inc.</strong></th>
<th><strong>Fenway Community Realty Corporation</strong></th>
<th><strong>AIDS Action Committee</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Assets:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>11,373,516</td>
<td>194,284</td>
<td>11,567,800</td>
</tr>
<tr>
<td>Short-term investments</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Contract and other receivables</td>
<td>2,644,724</td>
<td>-</td>
<td>2,644,724</td>
</tr>
<tr>
<td>Patient service receivables, net of allowance for uncollectible accounts of approximately $1,406,000 and $1,880,000 as of June 30, 2014 and 2013, respectively</td>
<td>5,185,944</td>
<td>-</td>
<td>5,185,944</td>
</tr>
<tr>
<td>Current portion of pledges receivable</td>
<td>3,012</td>
<td>250,000</td>
<td>-</td>
</tr>
<tr>
<td>Inventory, net</td>
<td>1,169,797</td>
<td>250,000</td>
<td>1,420,301</td>
</tr>
<tr>
<td>Prepaid expenses and deposits</td>
<td>690,325</td>
<td>-</td>
<td>690,325</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>21,067,318</td>
<td>444,284</td>
<td>21,511,602</td>
</tr>
<tr>
<td><strong>Other Assets:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pledges receivable, net of current portion and discount</td>
<td>5,000</td>
<td>249,235</td>
<td>-</td>
</tr>
<tr>
<td>Investments</td>
<td>2,955,132</td>
<td>565,413</td>
<td>3,520,545</td>
</tr>
<tr>
<td>Due (to) from</td>
<td>1,485,917</td>
<td>1,485,917</td>
<td>(1,463,943)</td>
</tr>
<tr>
<td>Debt service reserve funds</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Assets held under split-interest agreement</td>
<td>-</td>
<td>147,440</td>
<td>-</td>
</tr>
<tr>
<td>Financing fees, net</td>
<td>138,523</td>
<td>-</td>
<td>138,523</td>
</tr>
<tr>
<td><strong>Total other assets</strong></td>
<td>4,584,572</td>
<td>962,088</td>
<td>5,546,656</td>
</tr>
<tr>
<td><strong>Property and Equipment:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Land, building and improvements</td>
<td>24,936,515</td>
<td>-</td>
<td>24,936,515</td>
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<tr>
<td>Furniture, fixtures and equipment</td>
<td>6,842,608</td>
<td>-</td>
<td>6,842,608</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>1,175,385</td>
<td>-</td>
<td>1,175,385</td>
</tr>
<tr>
<td>Less-accumulated depreciation</td>
<td>32,954,508</td>
<td>-</td>
<td>32,954,508</td>
</tr>
<tr>
<td>Net property and equipment</td>
<td>23,903,836</td>
<td>-</td>
<td>23,903,836</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>49,555,726</td>
<td>1,406,372</td>
<td>51,264,483</td>
</tr>
<tr>
<td><strong>Liabilities &amp; Net Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current portion of long-term debt</td>
<td>146,776</td>
<td>-</td>
<td>146,776</td>
</tr>
<tr>
<td>Current portion of capital lease obligations</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Accounts payable, subcontractors payable and accrued expenses</td>
<td>4,254,630</td>
<td>-</td>
<td>4,254,630</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>879,940</td>
<td>-</td>
<td>879,940</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td></td>
<td>-</td>
<td>143,630</td>
</tr>
<tr>
<td><strong>Long-Term Debt, Net of Current Portion</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Capital Lease Obligations, Net of Current Portion</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Interest Rate Swap Contract in Loss Position</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>5,783,454</td>
<td>-</td>
<td>5,783,454</td>
</tr>
<tr>
<td><strong>Net Assets:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating</td>
<td>18,892,880</td>
<td>-</td>
<td>18,892,880</td>
</tr>
<tr>
<td>Property and equipment</td>
<td>24,879,392</td>
<td>-</td>
<td>24,879,392</td>
</tr>
<tr>
<td><strong>Total unrestricted</strong></td>
<td>43,772,272</td>
<td>-</td>
<td>43,772,272</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>-</td>
<td>302,385</td>
<td>-</td>
</tr>
<tr>
<td>Permanently restricted</td>
<td>-</td>
<td>302,385</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td>49,555,726</td>
<td>1,406,372</td>
<td>51,264,483</td>
</tr>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td></td>
<td></td>
<td>51,264,483</td>
</tr>
</tbody>
</table>
## Assets
### Current Assets:
- **Cash and cash equivalents**: $9,646,751, $294,502, - $9,941,253, $55,271, $9,996,524
- **Short-term investments**: $4,926, -, - $4,926, - $4,926
- **Contract and other receivables**: $2,202,403, -, - $2,202,403, - $2,202,403
- **Patient service receivables, net of allowance for uncollectible accounts of approximately $1,406,000 and $1,880,000 as of June 30, 2014 and 2013, respectively**: $4,167,934, -, - $4,167,934, - $4,167,934
- **Current portion of pledges receivable**: $41,675, $250,000, -, $291,675, - $291,675
- **Inventory, net**: $1,100,717, -, - $1,100,717, - $1,100,717
- **Prepaid expenses and deposits**: $538,010, -, - $538,010, - $538,010

### Total current assets:
$17,702,416, $544,502, -, $18,246,918, $55,271, $18,302,189

### Other Assets:
- **Pledges receivable, net of current portion and discount**: $15,084, $497,554, -, $512,638, - $512,638
- **Investments**: $2,057,301, $418,149, $302,385, $2,777,835, - $2,777,835
- **Due (to) from**: $2,377,472, -, -, $2,377,472, $(2,377,472) -, $(2,377,472)
- **Debt service reserve funds**: $610,704, -, -, $610,704, $1,415,977, $2,026,681
- **Assets held under split-interest agreement**: -, $147,440, -, $147,440, - $147,440
- **Financing fees, net**: $151,888, -, -, $151,888, - $151,888

### Total other assets:
$5,212,449, $1,063,143, $302,385, $6,577,977, $(961,495) $5,616,482

### Property and Equipment:
- **Land, building and improvements**: $24,536,583, -, -, $24,536,583, $30,729,667, $55,266,250
- **Furniture, fixtures and equipment**: $6,585,385, -, -, $6,585,385, - $6,585,385
- **Leasehold improvements**: $1,175,385, -, -, $1,175,385, - $1,175,385
- **Less-accumulated depreciation**: $32,297,353, -, -, $32,297,353, $30,729,667, $63,027,020

### Total property and equipment:
$32,297,353, -, -, $32,297,353, $30,729,667, $63,027,020

### Less-accumulated depreciation:
$7,157,154, -, -, $7,157,154, $2,021,323, $9,178,477

### Net property and equipment:
$25,140,199, -, -, $25,140,199, $28,708,344, $53,848,543

### Total assets:
$48,055,064, $1,607,645, $302,385, $49,965,094, $27,802,120, $77,767,214

## Liabilities & Net Assets
### Current Liabilities:
- **Current portion of long-term debt**: $15,000, -, -, $15,000, $540,000, $555,000
- **Current portion of capital lease obligations**: $93,962, -, -, $93,962, -, $93,962
- **Accounts payable, subcontractors payable and accrued expenses**: $4,248,135, -, -, $4,248,135, $34,243, $4,282,378
- **Deferred revenue**: $1,425,903, -, -, $1,425,903, -, $1,425,903

### Long-term debt, net of current portion:
$690,000, -, - $690,000, $28,960,000, $29,650,000

### Capital lease obligations, net of current portion:
- -, -, -, - -, -

### Interest rate swap contract in loss position:
$294,885, -, - $294,885, -, $294,885

### Total liabilities:
$4,365,885, $1,607,645, $302,385, $4,365,885, $28,960,000, $33,322,843

### Net Assets:
- **Unrestricted**: $14,100,763, -, -, $14,100,763, $21,028, $14,121,791
- **Property and equipment**: $27,186,416, -, -, $27,186,416, $(1,753,151), $25,433,265

### Total unrestricted:
$41,287,179, -, -, $41,287,179, $(1,732,123), $39,555,056

### Temporarily restricted:
$1,607,645, -, -, $1,607,645, -, $1,607,645

### Permanently restricted:
$302,385, -, - $302,385, -, $302,385

### Total net assets:
$41,287,179, $1,607,645, $302,385, $43,197,209, $(1,732,123), $41,465,086

### Total liabilities and net assets:
$48,055,064, $1,607,645, $302,385, $49,965,094, $27,802,120, $77,767,214