

# Town of Effingham Non-Profit Funding Request

## Budget Information Form CY2020

This form must be filled out in its entirety. In addition, proof of non-profit status must be submitted with the completed form. Failure to provide requested information may affect consideration of your application.

Agency: White Mountain Community Health Center

Mailing

Address: 298 White Mtn Hwy, Conway, NH 3818-4204

Contact Person: Kenneth Porter, (aka: JR) Telephone: 603-447-8900 X321

Title: Executive Director

We are a (Check one or more): Private, Non-Profit: \_\_\_\_\_ Charitable Foundation: \_\_\_\_\_

Other: 501 (c) 3 Explain briefly: Copy Included at End of package

IRS Status: Exempt Federal ID #: 02-0358715  
(IRC Section Number)

Amount of Funds Requested: \$ 1,855.00

Type of Request: Purchase of Service X Outright Grant: \_\_\_\_\_

**Purpose for which funds are requested:** **White Mountain Community Health Center (WMCHC), a non-profit healthcare entity, offers a sliding fee scale which provides access to healthcare for those who might otherwise be excluded due to financial issues. Town funds help cover operating expenses incurred in providing healthcare services to residents of Effingham.**

**Patients who have the new insurance through the Affordable Care Act are assisted with high deductibles. WMCHC will continue to provide healthcare for many patients who have Medicaid coverage, which only reimburses a portion of the cost of their care.**

Are Other Funds Available For This Purpose? No

If other agencies perform same or similar services within area, why are town funds requested?

# Town of Effingham Non-Profit Funding Request

Policy Making Body: Board of Directors:  Advisory Committee: \_\_\_\_\_ Other: \_\_\_\_\_

Board Officers, Names/Titles and Addresses: List Provided - Attachment "A"

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Organizations Purpose: The goal of WMCHC is to provide high quality healthcare services and related support services for uninsured and under insured residents of our area. WMCHC provides a critical safety net in our local healthcare system. No child or adult is refused healthcare for financial reasons. WMCHC, as a non-profit healthcare entity, is the only practice in the immediate area to offer a sliding fee scale. In our primarily tourist-based economy, wages are at the lower end of the spectrum. Because of high costs, insurance can be out of reach for local employers and employees. Our sliding fee scale provides access to healthcare for those who might otherwise be excluded due to financial limitations.

Service Area: Northern Carroll County and Western Maine

State accreditation, licenses, permits, etc. required for Agency operation:

CLIA (Clinical Laboratory Improvement Amendment)

New Hampshire Board of Pharmacy



## Board Roster at June 2019

Name, Office	Profession, place of work	Town
<b>Mackie, Christen</b> President	Camp and Operations Director Geneva Point Center	Fryeburg, ME
<b>Bella, Jen</b> Vice President	Licensed Clinical Social Worker Self-employed	Denmark, ME
<b>Zakon, Angela</b> Treasurer	Senior Accountant Leone, McDonnell & Roberts	Center Conway, NH
<b>Carter, Amy</b> Secretary	Librarian Cook Memorial Library	Tamworth, NH
<b>Arsenault, Patricia</b>	Student Licensed nurse/phlebotomist	Tamworth, NH
<b>Champagne, Peter</b>	District Manager White Mountain Subways LLC	Madison, NH
<b>Gemmiti, Jamie</b>	Photographer Conway Daily Sun	Conway, NH
<b>Newton, Betty</b>	Sales/Marketing (retired) Edy's Grand Ice Cream/Nestle	Conway, NH
<b>Rowe, Elizabeth</b>	HR Director Squam Lakes Natural Science Center	Tamworth, NH
<b>Leonard, Leslie, Ex-Officio</b>	Attorney <i>Cooper Cargill Chant</i>	<i>Interval, NH</i>

# Town of Effingham Non-Profit Funding Request

Staffing: Number of employees by classification ( i.e., 2 clerical, 1 professional, 1 administrative, etc.)

<u>4 - Administrative</u>	<u>7 - Administrative</u>
<u>15 - Medical Professional</u>	<u>4 - Dental Professional</u>
<u>3 - Other Professional</u>	<u>7 - Other</u>

Cost of one unit of service? \$ ~\$659.00 / Patient

(1 unit of service = 1 child care day, 1 nursing hour, 1 counseling hour, etc.)

If not computed by unit of service, list what value of service is and how it was computed:

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Fiscal year on which Agency operates is: July 1st to June 30th

Period for which funds are being requested: Jan 1, 2020 to Dec 31, 2020

Number of Effingham Clients Served in Previous Year: 68

Number of Effingham Clients Projected for Proposed Year: 70

Number of Total Clients Served in Previous Year: 2,593

Number of Total Clients Projected for Year: 2,663

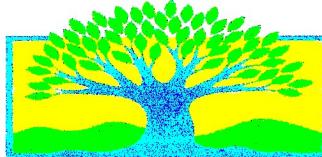
Amount Charged to Clients (Include sliding scale schedule if applicable): RH Application 6689

Please write or attach any additional data you feel may be of value in reviewing this application:

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# WHITE MOUNTAIN COMMUNITY HEALTH CENTER

**Whole Person. Whole Family. Whole Valley.**  
18 White Mt Hwy • Conway, NH 03818 • (603) 447-8900

## Sliding fee scale policy

To apply for our sliding fee scale, schedule a meeting with the Health Insurance Assistor. She will talk with you about your options for health coverage if you are not covered, and help you fill out a sliding fee scale application.

Bring the following to your appointment:

- Household income documentation, including:
  - Your most recent paystub
  - Paystubs from your spouse and others in your household
  - Documents showing other sources of income, such as rental income, self-employment, social security benefits, and others
  - Your most recent taxes
- Any documentation you have for previous Medicaid or Marketplace enrollment
- Information on any insurance offered to you or your spouse by an employer
- The sliding fee scale application with the first part filled in

Your household income and household size determine your fee scale level, which will reduce the cost of services you receive here that are not paid for by insurance. For the exact cost of services at each fee scale level, please see the page on cost of services. Family planning services are exempt and are available at fee scale levels regardless of fee scale application status.

Frequently Asked Questions about the sliding fee scale policy.

Sliding fee scale level	1	2	3	4	Family Planning Only	Full Fee
<u>Federal Poverty Level (FPL)</u> <i>click on the link to calculate your FPL</i>	100% or less	101% - 138%	139% - 168%	169% - 200%	201% - 250%	251% or more
Patient fee, percent of total bill	\$10 flat fee*	20%	40%	60%	80%	85%**

\*Except for family planning services, which are free for fee scale 1 patients.

\*\* Only if bill is paid in full at checkout.

# **White Mountain Community Health Center**

*A Narrative and Description of Our Services*

White Mountain Community Health Center (WMCHC) is the result of a 2001 merger between two agencies. Both predecessor agencies had over a twenty-year history of serving their target populations of children from one agency and well women, including prenatal care from the other. Each had established an excellent reputation in the community for providing quality care which remains today. Since that time, we have expanded into primary care for adults, as well as other areas as outlined below. We are a 501(c)3 non-profit, and as of April of 2018 we are now a Federally-Qualified Health Center Look-Alike. We are overseen by a board of directors, the majority of whom are patients or parents of patients.

**Mission Statement:** White Mountain Community Health Center provides the community with affordable access to high-quality, compassionate, individualized healthcare and support services needed to achieve wellness.

**Service Area:** Carroll County, NH and Western Maine

**The primary care program** provides health services for adults. The clinical team includes a physician, nurse practitioners, a nurse, and medical assistants. The program provides treatment and diagnosis for patients ranging from routine physicals to sick visits.

**The pediatric program** concerns itself with the prevention of disease, early identification and treatment of physical and emotional conditions, immunizations and health education. The clinical team consists of a physician assistant, nurse, and medical assistant, with support from a physician. The team provides immunizations, regular physicals, sick visits, developmental assessments, hearing and vision screenings and other diagnostic tests and treatment.

**The children's dental program** opened at WMCHC in 2007. The program is staffed by a dentist, dental hygienist and dental assistant. Services are offered to children, teens and young adults through age 20. Program services include examinations and oral evaluations, hygiene education, cleanings, x-rays, fluoride treatments, sealants and fillings and restorative care.

**The adult dental hygiene program** began in the fall of 2016. The program is staffed by a dental hygienist and a dentist. Adults over age 21 receive dental hygiene services including cleanings, x-rays, exams, and hygiene education.

**Family planning services** assist women and their partners to develop an informed approach to maintaining their personal health and to make responsible decisions concerning the planning of their families. Services include well woman care, cervical cancer screening, screening and treatment for sexually transmitted diseases, birth control methods are supplied, pregnancy testing, pre-test and post-test HIV counseling and vasectomy counseling.

**The prenatal program** provides complete prenatal care from conception through the post-partum period. Medical care, social work and nutrition are offered. There is no other program providing prenatal care specifically for low-income families in Carroll County. The health center contracts with two part-time nurse midwives through Memorial Hospital.

# **White Mountain Community Health Center**

## *A Narrative and Description of Our Services*

**The teen clinic** offers free, confidential walk-in reproductive health services and other support for teenagers aged 14 through 21 every Thursday afternoon from 2:30 – 5:00 pm.

**Social workers and a community health worker** support patients in our pediatric, primary care, prenatal, and substance misuse treatment programs. Patients are connected with needed services such as fuel assistance and assisted with complicated family situations, care coordination, Medicaid applications, and other needs.

**Mental health services:** In 2007, a psychiatrist began consulting with WMCHC providers by providing monthly in-service education. We have a mental health counselor who meets with patients referred by their provider one day a week. We also have a student behavioral health counselor who can provide counseling to patients through Northern Human Services on site two days a week. Starting in 2015, we began screening patients at least once a year for substance misuse and depression and following a best practice protocol for short intervention and treatment when issues are identified.

**Nutrition counseling:** We offer nutrition counseling with a registered dietician to pediatric, primary care, and prenatal patients by referral from their provider.

**Substance misuse treatment:** In 2018 we began offering Medication-Assisted Treatment services to up to 30 patients addicted to opioids. The program is staffed by a team that includes our most senior nurse practitioner, a social worker, and a medical assistant. Patients come in weekly at first and meet with both the nurse practitioner and social worker to ensure they are receiving the support they need to be successful and are compliant with the program. Patients in the program see a counselor as well.

**Health education** is an imperative for WMCHC. All providers at the health center actively educate patients on important health issues including adult and childhood obesity, oral health, nutrition, infectious disease, chronic diseases, tobacco cessation (we provide smoking cessation counseling) and other important health issues. Two social workers meet with patients to provide information related to needed resources.

**Affordable healthcare assistance** is available to patients to help them apply for affordable health insurance programs including expanded Medicaid and the Health Insurance Marketplace. This is provided through a Certified Application Counselor (CAC), who provides free, one-on-one application assistance and follow-up support with appeals and understanding health insurance.

### **Funding**

Financial support for WMCHC comes from many sources. We maximize our billing to health insurance plans and this is our main source of support. After that, our primary source of funding is program grants from New Hampshire's Maternal and Child Health Division of Health and Human Services, which has decreased substantially over the past decade.

Memorial Hospital provides funding in the form of community benefits which is both in-kind and cash donations.

Grants, town appropriations, fundraising and donations complete our support. We receive funds

# **White Mountain Community Health Center**

## *A Narrative and Description of Our Services*

from the following towns: Albany, Bartlett, Chatham, Conway, Eaton, Effingham, Freedom, Jackson, Madison, Ossipee, Tamworth and some Maine towns.

### **Measuring Success**

The health center surveys patient satisfaction with questionnaires at least once a year. These results are utilized to make improvements and discussed with our board of directors. Our quality improvement committee assesses quality measures quarterly and ensures that we are meeting our goals.

Due to state grant funding we have many goals with benchmarks to measure and reach each year for each of our major programs. State teams do both financial and clinical audits each year. They provide written reports outlining our successes and any area needing improvement. As we make changes and continue to monitor these changes, we report back to the state.

### **How We Affect [Effingham](#) Residents**

Our records consistently indicate that we serve between 60 and 75 [Effingham](#) residents annually. We provide affordable health care to everyone by offering care on a sliding fee scale, which can be used by both uninsured patients and insured patients with a deductible. Patients with the lowest incomes pay just \$10 a visit, and this can be waived on a case-by-case basis. We also have patient care funds for which residents are eligible (included in packet). The health center has wrap-around services that most health care practices do not provide as noted above.

# Town of Effingham Non-Profit Funding Request

## Sources of Revenue:

### General Operation Income

1. Patient Services Revenue	\$ 1,095,376
2. Other Revenue (PIH) *	\$ 40,592
3. Interest & Misc Income +Other Revenues	\$ 31,034
4. Maternal & Child Health, New Hampshire DHHS	\$ 270,500
5. Town Appropriations	\$ 66,896
6. New Hampshire *Bi-State Navigator Program	\$ 9,957
7. Fund Raising & Donations	\$ 22,762
8. Memorial Hospital (MaineHealth)	\$ 80,000
9. Memorial Hospital (Maine Health)	\$ 59,004
10. Grants	\$ 113,628

\*\*These (2) programs, PIH &  
Bi-State Navigator are no  
Longer available to us.

Total: \$ 1,789,749

Special program/project income (funds which must be utilized for operation and/or maintenance of specific programs).

Specific Project & Purpose: #2. Partners in Health (PIH): A program that provides assistance to families

Dealing with chronic illnesses. PIH provides resources, information and support.

Source & amount of funds: State of NH, DHHS \$ 40,592

Specific Project & Purpose: #6. Bi-State Navigator Program: Assists patients with making decisions as to what

Insurance plan most appropriately meets their coverage requirements and needs.

Source & amount of funds: Bi-State PCA \$ 9,957

Other Town Funding: Other Towns -Excluding Effingham \$ 66,523

# Town of Effingham Non-Profit Funding Request

## **Operations Expenses:**

	Previous Fiscal Year	Current Fiscal Year	Next Fiscal Year
Administrative Salaries		<a href="#">Attached</a>	
Professional full time Staff Salaries		<a href="#">Audited</a>	
Clerical Salaries		<a href="#">Income</a>	
Consultant & part time Professionals Salaries		<a href="#">Statements</a>	
Miscellaneous Salaries		<a href="#">&amp; Budget</a>	
(Please Explain on Reverse)		<a href="#">Data</a>	
Employee Health & Retirement Benefits		<a href="#">Included</a>	
Payroll Taxes		<a href="#">Page 5 Insert</a>	
Operating Supplies			
Office Supplies			
Building Maintenance Supplies			
Audit			
Postage			
Telephone			
Utilities (heat & electric)			
Transportation Expenses-Staff			
Conference Expenses			
Contingency/unanticipated expenses			
Professional Assoc. Membership fees, etc.			
Subscription & Publications			
Capital Expenditures (specify below)			
Miscellaneous Expense (specify below)			
Categories unique to Your Agency (specify below)			
Total \$			

Attach Financial Statements Income & Expense

# of Effingham Children (or Residents) and % of Effingham Children (or Residents)

68 (Residents)      2.6% (of All Residents)

# of participants starting / # of participants now

Prior Yr Request: 73 (Residents)      Current Yr Request: 70 (Residents)

Requirements for eligibility:

White Mountain Community Health Center's services are open to anyone in the community. To be eligible for our sliding fee scale discounts, patients must provide income documentation showing that their household income is under 200% of the Federal Poverty Level (or 250% for Family Planning programs).

**White Mountain Community Health Center**  
 Last 2 Statements of Income (FY18 FY19) Budget Projections - FY20

<b>Support</b>	<u>Previous</u>	<u>Current</u>		<u>Next FY</u>	
	<u>FY18</u>	<u>FY19</u>	<u>FY20</u>	<u>Annual</u>	<u>Budget</u>
	July 1, 2017 - June 30, 2018	July 1, 2018 - June 30, 2019			
Maternal & Child Health	\$ 267,659	\$ 270,500	\$ 226,759	\$ 63,600	*
Town Appropriations	\$ 67,243	\$ 66,896	\$ 12,470		
State Approp -Incentives&Per Capita	\$ -	\$ -	\$ 107,100		
Fed Approp -340B Pharma Prog	\$ -	\$ -	\$ 17,497	\$ 5,265	
Fund Raising	\$ 17,718	\$ 17,497	\$ 17,497		
Donations	\$ 6,960	\$ 5,265	\$ 5,265		
Memorial Contributed Svcs	\$ 59,004	\$ 59,004	\$ 59,004		
Memorial Cash Support	\$ 80,000	\$ 80,000	\$ 80,000		
Grants/ Restricted Funds	\$ 113,962	\$ 113,628	\$ 141,426		
<b>Total Support</b>	<b>\$ 612,546</b>	<b>\$ 612,790</b>	<b>\$ 713,121</b>		
Medicaid	\$ 761,754	\$ 1,064,159	\$ 1,209,753		
Medicare	\$ 100,241	\$ 282,359	\$ 164,359		
Insurance	\$ 299,815	\$ 385,554	\$ 402,904		
Self Pay / Sliding Fee	\$ 255,617	\$ 242,497	\$ 250,984		
Contr Allowance/Free Care	\$ (641,609)	\$ (879,192)	\$ (917,000)		
Revenues - Other	\$ 92,396	\$ 51,141	\$ 690		
Interest & F.M. Value Flux Rev	\$ 17,840	\$ 11,376	\$ 10,952		
Miscellaneous Income	\$ 16,068	\$ 19,066	\$ 8,851		
<b>Total Revenues</b>	<b>\$ 902,121</b>	<b>\$ 1,176,959</b>	<b>\$ 1,131,493</b>		
<b>Total Support &amp;Revenues</b>	<b>\$ 1,514,666</b>	<b>\$ 1,789,749</b>	<b>\$ 1,844,614</b>		
<b>Expenses</b>					
Salaries	\$ 892,413	\$ 1,039,814	\$ 1,141,600		
Contracted Services	\$ 131,257	\$ 100,162	\$ 82,001		
Benefits	\$ 173,966	\$ 201,518	\$ 237,870		
Clinical Supplies & Fees	\$ 48,159	\$ 48,786	\$ 48,786		
Rent	\$ 59,004	\$ 59,004	\$ 59,004		
Equipment Support & Maint	\$ 49,746	\$ 48,945	\$ 48,945		
Advertising	\$ 21,992	\$ 3,283	\$ 6,700		
Office Expense	\$ 52,083	\$ 51,704	\$ 53,064		
Fund Raising	\$ 249	\$ 1,101	\$ 1,100		
Professional Services & Fees	\$ 37,196	\$ 73,466	\$ 62,086		
Grant/ Restricted Funds Exp	\$ 45,901	\$ 34,540	\$ 24,675		
Depreciation	\$ 41,484	\$ 15,030	\$ 15,030		
Insurance	\$ 26,800	\$ 28,381	\$ 32,000		
Bank Service Charges	\$ 8,263	\$ 7,753	\$ 7,753		
Bad Debt Provision	\$ 55,852	\$ 77,375	\$ 24,000		
<b>Total Expenses</b>	<b>\$ 1,644,363</b>	<b>\$ 1,790,861</b>	<b>\$ 1,844,614</b>		
<b>Net Income or (Loss)</b>	<b>\$ (129,697)</b>	<b>\$ (1,112)</b>	<b>\$ (0)</b>		

## **Town of Effingham Non-Profit Funding Request**

## **SALARY DETAIL**

Salary information should be provided for each full or part time employee of your organization. Following each position title place an "F" for full time or a "P" for part time. If you identified contract employees in your expense statement, identify types of service they provide.

Does your organization receive a Town of Effingham real estate tax exemption or abatement?

## SALARY & BENEFITS DETAIL

Salary information should be provided for each full or part time employee of your organization. Following each position title place an "F" for full time or a "P" for part time. If you identified contract employees in your expense statement, identify types of service they provide.

	Position & Employment Status		\$ Value of Benefits	Total Compensation
A	Executive Director, Incoming	F	\$ 2,268	\$ 85,012
A	Business Manager	F	\$ 2,475	\$ 45,500
A	Clinical Director	F	\$ 17,076	\$ 61,880
A	Executive Secretary (Assistant)	P	\$ 2,302	\$ 21,480
C	Front Office (Clerical)	F	\$ 393	\$ 4,476
C	Front Office (Clerical)	F	\$ 1,654	\$ 21,346
C	Front Office (Clerical)	F	\$ 10,090	\$ 29,217
C	Front Office (Clerical)	F	\$ 15,647	\$ 22,081
C	Billing and Finance (Clerical)	F	\$ 23,136	\$ 35,109
C	Billing and Finance (Clerical)	F	\$ 1,952	\$ 24,304
C	Billing and Finance (Clerical)	P	\$ 918	\$ 11,842
MP	Nurse (RN)	P	\$ 4	\$ 54
MP	Nurse (RN)	P	\$ 2,549	\$ 18,596
MP	Nurse (RN)	P	\$ 2,130	\$ 14,244
MP	Nurse (RN)	F	\$ 7,005	\$ 38,958
MP	Nurse (RN)	F	\$ 2,176	\$ 18,322
MP	Nurse Practitioner (ARNP)	P	\$ 540	\$ 7,510
MP	Nurse Practitioner (ARNP)	F	\$ 10,712	\$ 99,840
MP	Nurse Practitioner (ARNP) (PA)	F	\$ 7,348	\$ 73,080
MP	Nurse Practitioner (ARNP)	F	\$ 5,293	\$ 70,200
MP	Nurse Practitioner (ARNP)	P	\$ 603	\$ 7,859
MP	Medical Assistant (MA)	F	\$ 9,397	\$ 26,911
MP	Medical Assistant (MA)	F	\$ 8,326	\$ 32,582
MP	Medical Assistant (MA)	F	\$ 7,271	\$ 28,573
MP	Medical Assistant (MA)	P	\$ 262	\$ 3,381
MP	Medical Assistant (MA)	P	\$ 3,228	\$ 28,957
D	Dental Assistant	P	\$ 342	\$ 4,415
D	Dental Assistant	P	\$ 28	\$ 357
D	Dental Hygenist	P	\$ 576	\$ 7,438
D	Dental Hygenist	P	\$ 3,122	\$ 40,384
OP	Social Worker	F	\$ 14,756	\$ 32,739
OP	Social Worker	P	\$ 1,017	\$ 13,127
OP	Nutritionist	P	\$ 431	\$ 5,559
Oth	Comm Hlth Wrkr	F	\$ 5,769	\$ 22,075
Oth	Community Educator	P	\$ 953	\$ 12,351
Oth	Community Educator	P	\$ 2,588	\$ 24,156
Oth	Community Educator	F	\$ 326	\$ 4,200
Oth	Teen Intern(s)	P	\$ 1	\$ 15
Oth	Teen Intern(s)	P	\$ 44	\$ 574
Oth	Case Mngr	F	\$ 14,262	\$ 40,950
			\$ 188,970	\$ 1,039,652

## CONTRACTED & CONSULTANT SERVICES DETAIL

G.L. Acct

Number	Position & Employment Status	\$ Value of Benefits	Total Expenditures
50581	Contracted - Dentist	N/A	\$ 14,887.50
50582	Contracted - TMH DR's (Physician)	N/A	\$ 11,000.00
50583	Contracted - MWV Psy..-MH Consultant	N/A	\$ 19,792.50
50584	Contracted - Wm's Hlth -TMH (CNM's)	N/A	\$ 47,321.47
70200	Consulting Svcs - Other Services (C. Hanlon)	N/A	\$ 17,932.85
70200	Consulting Svcs - Other Services (M. Wells-Colgate)	N/A	\$ 14,113.15
70200	Consulting Svcs - NHS (Mental Hlth)	N/A	\$ 2,775.00
70200	Consulting Svcs - Pharmacy Inspections	N/A	\$ 782.98
74500	Staff Development	N/A	\$ 7,160.24
		\$ -	\$ 135,765.69

**Town of Effingham Non-Profit Funding Request**

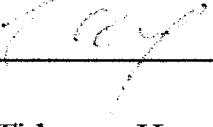
Yes: \_\_\_\_\_ No: X

If yes, the dollar value of the exemption or abatement is: \$ \_\_\_\_\_

Of the total services provided by your organization, what percentage is provided to residents of the Town of Effingham? 2.6%

What percentage of every dollar spent last year is overhead (administrative costs and fundraising costs)? ~16.6%

I certify that the above information is true and accurate to the best of my knowledge and belief, and that I am duly authorized by the requesting agency to represent them as their agent.

Signature: 

Print Name & Title: Kenneth R. Porter, JR, Executive Director

Date: 10/28/19

**Internal Revenue Service**

**Date:** December 6, 2002

White Mountain Community Health Center  
PO Box 2800  
Conway, NH 03818

**Department of the Treasury**

P. O. Box 2508  
Cincinnati, OH 45201

**Person to Contact:**

Ms. Edwards 31-07427  
Customer Service Representative

**Toll Free Telephone Number:**

8:00 a.m. to 6:30 p.m. EST  
877-829-5500

**Fax Number:**

513-263-3756

**Federal Identification Number:**

02-0358715

**Dear Sir or Madam:**

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in December 1981 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

White Mountain Community Health Center  
02-0358715

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

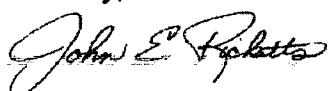
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,

A handwritten signature in black ink, appearing to read "John E. Ricketts".

John E. Ricketts, Director, TE/GE  
Customer Account Services