BECAUSE YOU BELIEVE...

we strive,

thrive,

and survive

ALBUQUERQUE HEALTH CARE
for the HOMELESS
FY 2019-2020
REPORT to the COMMUNITY
OUR MISSION

Fueled by compassion and driven by equity, we lead boldly, create exceptional health care experiences, and raise voices to end homelessness.

OUR APPROACH

Albuquerque Health Care for the Homeless embraces a whole body, whole mind philosophy utilizing physical, mental and dental health care; support services and solutions; help from outside our system; innovative programs and service models and an unwavering commitment to diversity and equality.

OUR SUPPORT

AHCH is a 501(c)(3) non-profit organization governed by a community-based Board of Directors and receives funding from federal, state, county, city, and private funding sources.

Front cover art: Unknown artist, 2007
A LETTER from our PRESIDENTS

SEVERAL YEARS AGO, AHCH decided to present combined, two-year Reports to the Community in lieu of an annual publication. In introducing this FY19 and FY20 report, we are struck by how much has changed even since the span represented in these pages – July 2018-June 2020. Since then, we all have experienced unprecedented times – for our health center, our communities, and the world. The COVID-19 pandemic challenged us while reminding us of what is most important and of what we indeed can and must do.

This report demonstrates why we have been so well-prepared to assess quickly, pivot, deploy and redeploy our teams to the streets, isolation and quarantine hotels, shelters, and other places where people without homes were further displaced by the pandemic. Our 2017-2023 Strategy Roadmap and priorities positioned us and continue to be accelerated as our niche in the public health emergency response has been affirmed and reaffirmed. We have maintained our Patient-Centered Medical Home recognition from the National Committee for Quality Assurance and in 2019 were honored to receive the NM Ethics in Business award.

We are excited about and proud of our leadership, board and management and the staff, who fulfill AHCH’s mission compassionately, expertly, innovatively each and every day. They are working hard to adapt our hallmark approaches and uplift organizational culture for these times.

As you read the audited financial statements presented here, know that the AHCH Board of Directors recently accepted yet another superb independent audit completed by REDW for the FY21 (ending June 30, 2021 and to be featured in a future report). Our financial position remains sound and we have not slowed down nor have we diverted our full attention from the work yet ahead. We are forward-facing, person-centered, and committed to galvanizing the energy of our teams and of our collaborators. In this respect, the Board recently charged management to engage staff in a process to restate our mission. Our mission remains relevant, however the statement was unwieldy and the Board saw an opportunity to revamp it to be a more engaging and inspirational tool. We reveal it to the community and you our supporters for the first time here.

Fueled by compassion and driven by equity, we lead boldly, create exceptional healthcare experiences and raise voices to end homelessness.

We are humble in our appreciation of your support for our mission and invite you to remain engaged with this remarkable organization into the future.

Walter S. Bolic, BOARD PRESIDENT

John D. Johnson, BOARD PRESIDENT-ELECT

When you give to AHCH, you become part of a group of individuals who, in giving collectively, proactively participate in ending homelessness.
WE SALUTE OUR BOARD

ALBUQUERQUE HEALTH CARE FOR THE HOMELESS, INC.’s (AHCH’s) community-based, independent Health Center Board of Directors consists of members from various professional disciplines, who represent multiple sectors, with a strong presence of local healthcare and social services systems, and of people who have experienced homelessness.

The Board operates within a vibrant governance framework that ensures:
1. Basic legal, fiduciary, and all other compliance duties are fulfilled.
2. Good governance practices are implemented and followed.
3. And, that a culture reflecting the values and mission of the organization are continuously nurtured.

The Board’s Governance Committee identifies and supports leadership through assertive recruitment and monthly training and evaluation of performance in support of strategic priorities.

It upholds AHCH’s organizational priority to be inclusive, and systematically identifies and nominates a racially and ethnically diverse and representative pool of prospective members, including people who have experienced homelessness and those with close family members who are experiencing, or have experienced, homelessness.

AHCH is proud and inspired by the Board’s annual tradition of 100% philanthropic giving to our mission.
To look back on Fiscal Years 2019 and 2020 (from July 2018 through June 2020) for Albuquerque Health Care for the Homeless (AHCH) feels much like entering a time travel machine to a long-ago era.

This bi-annual report for the community we serve, gives the Board and staff as well as our public and private funders and supporters, a chance to review how much the organization has matured and evolved to address the ever-challenging needs of those experiencing life without permanent, safe housing and access to much needed healthcare in its broadest sense.

It has been a pleasure and honor to serve on the Executive Committee of the Board and work with the organization’s senior management team and a terrifically engaged Board of Directors. It never fails to amaze and humble me to see what this professional and collaborative group of people and programs can accomplish. Not only fiscally by managing over 40 different public and private funding streams with multiple requirements for compliance, but also operationally by utilizing over 100 staff to build, re-vamp and re-create approaches with multiple partners that better address the needs of those living on the streets, in shelters, and in temporary ‘housing’ of many types.

This report gives you a small taste of what the pre- and ongoing pandemic period have looked like at AHCH. I hope it will motivate you to engage further with its future to help end the ravages of homelessness in our community.

With appreciation,

Sigrid Olson
PAST BOARD PRESIDENT
AHCH’s operating definition of homelessness includes persons who spent the previous night:

1. In an emergency shelter
2. “On the streets” (in sites not intended for human habitation, including abandoned or public buildings, vehicles, or elsewhere out-of-doors)
3. In a motel
4. “Doubled up” temporarily in homes of friends or family members

### 2020 Statistics

- Total Number of Clients Served in 2020: 7,000
- Total Client Visits*: 16,198
- Additional Outreach Contacts: 10,000

*Includes visits for primary medical, dental and behavioral health care.

### BUDGET BREAKDOWN for FY 2020

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Clinic</td>
<td>26.43%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>2.73%</td>
</tr>
<tr>
<td>Dental Clinic</td>
<td>6.02%</td>
</tr>
<tr>
<td>Social &amp; Behavioral Health Day Programs</td>
<td>29.58%</td>
</tr>
<tr>
<td>STARS Case Management/Drop-in (29.9%)*</td>
<td></td>
</tr>
<tr>
<td>Counseling &amp; Therapy (14.7%)</td>
<td></td>
</tr>
<tr>
<td>ArtStreet (12.9%)</td>
<td></td>
</tr>
<tr>
<td>Harm Reduction Outreach (15.1%)</td>
<td></td>
</tr>
<tr>
<td>Resource Center (17.9%)</td>
<td></td>
</tr>
<tr>
<td>Housing &amp; Navigation (9.5%)</td>
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<tr>
<td>Rental Assistance</td>
<td>6.22%</td>
</tr>
<tr>
<td>Administration/Finance/Information Technology/Billing</td>
<td>26.41%</td>
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<tr>
<td>Fund Development/Fundraising</td>
<td>2.61%</td>
</tr>
</tbody>
</table>

* Numbers in parentheses are breakdown percentages of budget for Social and Behavioral Health Programs.

**AHCH TOTAL BUDGET for FY 2021**: $9,910,095
CLIENTS AGE at INTAKE

- 45-60 years old: 47%
- 22-44 years old: 47%
- 65+ years old: 7%
- 13-19 years old: 1%
- 5-12 years old: 1%
- 0-4 years old: 1%

CLIENTS by GENDER*

- Female: 36%
- Male: 64%
- Transgender: 2%
- Other: 4%

HOUSING STATUS at INTAKE

- Transitional Housing: 8%
- Other includes: car, van, camper, jail, hospital, etc.: 18%
- In a shelter: 22%
- On the street: 20%
- Doubled Up: 22%
- Unknown: 4%

ETHNICITY/RACE*

- Hispanic: 50%
- White: 21%
- Unreported: 18%
- Native American: 5.5%
- African American: 4%
- Multiple Ethnicities: 1%
- Asian/Pacific Islander: .5%

*Self-identified by clients at intake.
Thank you for supporting ArtStreet.

Because access to the arts is a social justice issue, we work together to make art-making available to people least likely to have a place to create art. Maintaining a welcoming studio space in which to build community connections, gives these talented artists a creative outlet while increasing awareness of the issues of homelessness through the art-making process at ArtStreet.

Art and recycling go hand-in-hand for ArtStreet artists. They have the imagination to transform thrown away, recycled, and reused objects into amazing pieces of contemporary art. The annual Harwood Art Center show, Recycled Heart, uniquely captured the diverse, distinct, and highly individual responses of ArtStreet artists’ interpretation of their community experiences in relation to poverty and homelessness. Speaking to possibilities for transformation, Recycled Heart reflected the unique perspectives of ArtStreet’s inventive, resilient artists — diverse creators who use what they’ve found along the way to share beauty and hope.

In 2019, approximately 500 friends and supporters, like yourself, attended the opening reception of Recycled Heart, a new attendance record for an ArtStreet/Harwood Art Center show. With your generous help, sales of art totaled $3,080. One hundred percent of the profits benefitted our ArtStreet artists.

The Recycled Heart show in January of 2020 highlighted an impressive 37 new artists who had never exhibited before. It would also become ArtStreet’s last in-person event for the rest of the year due to the global pandemic.

Recycled Heart exhibitions were made possible, in part, by funding from the City of Albuquerque, New Mexico Arts, a division of the Department of Cultural Affairs, The National Endowment for the Arts, and Harwood Art Center of Escuela del Sol Montessori. The project further thrives on funding from essential partners, friends, contributions, and private foundations.
Since 1985, AHCH has provided a distinctive continuum of integrated services and teams to address the health-related causes and consequences of homelessness. Designed in response to the complex needs of people who are homeless, AHCH field-based outreach mobilizes the entire health center work force, and low-demand settings and site-based services create a variety of alternative entryways to care.

**PRIMARY CARE SERVICES**

**MEDICAL CARE**
AHCH operates its own freestanding medical clinic just north of downtown, near sites providing non-health care services. The clinic offers primary medical care, medication assisted treatment (MAT) and psychiatric services, with volunteer-run eye and other specialty clinics.

**DENTAL CARE**
The dental clinic offers a full range of routine, emergency, and preventive dental services. Occasional special needs cases are referred to dentists in the community willing to provide pro bono care.

**MEDICAL OUTREACH**
Our medical outreach teams provide care in shelters, motels, meal sites, and other spaces such as the public library, day shelters, and the Transgender Resource Center of NM throughout the week. The team also provides street medicine to people throughout the service area. Motel recuperative care vouchers for people recovering from illnesses are available through this program.

**BEHAVIORAL HEALTH**
A clinical team of licensed counselors integrated across programs offers counseling and therapy.

**SOCIAL SERVICES**
Cross-staffing and interdisciplinary teams offer a range of services.

**HARM REDUCTION PROGRAM**
Extensive street outreach to marginalized populations such as individuals injecting substances and sex workers, conducted at motels, shelters,
In 2019 and 2020, Albuquerque Health Care for the Homeless initiated and bolstered strategies to broaden, amplify and fine-tune our partnerships and services.

**Strategic Initiatives**

**Outreach** Outreach is a hallmark and necessarily essential element of the national Health Care for the Homeless model. In our 2016 Strategy Roadmap, we prioritized a shift of a significant portion of staff level, effort, and resources to care in the field. Much was advanced and has been accelerated by the COVID-19 pandemic.

**Medical Respite** This initiative aligns with a new policy priority prompted by the National Health Care for the Homeless Council across its member HCHs. The Council defines medical respite as “acute and post-acute care for persons experiencing homelessness who are too ill or frail to recover from a physical illness or injury on the streets but are not ill enough to be in a hospital.” Respite care intervenes to avoid potential hospitalization, or at the time of transition out of the hospital. AHCH has convened a stakeholder workgroup, implemented an independent Needs Assessment, leveraged national technical assistance and trainers through a range of local stakeholder meetings, drafted a Case for Medical Respite in ABQ document, and implemented a Business Plan. The City is currently using our work of the past two years as AHCH serves as partner and advisor to City plans to include medical respite care at a new City shelter. Increasing focus and work in this area requires significant partnership and coordination with area in-patient and emergency care providers.

**Integrated Health Care for People Who Enter Housing** Living expenses and continued health needs often contribute to loss of housing for those newly or precariously housed. Residents of affordable and/or publicly-subsidized housing (including those using housing vouchers) require a range of supports to prevent risk of repeat homelessness. The AHCH model of care remains relevant and suited to this population that is not currently well-served by other community providers. AHCH has been part of the local community’s demonstration of the impact of the Housing First model to get and keep people housed (through ABQ Heading Home initiative and study.) Providing integrated health services nearby or on-site would take advantage of AHCH’s history of moving to where care is needed, going the next step, and could support the financial model in new and interesting ways. For example, a new special population designation or increase in patient census could bring us to a scale more likely to increase federal dollars significantly, and benefit from Medicaid value-based purchasing. (AHCH participated in a Johnson & Johnson Talent Acceleration Project that examined this business question specifically for our organization and business model.)

**Programs and Services continued from page 7**

County detention center and fixed mobile sites around Albuquerque. Other services offered are auricular acupuncture; overdose prevention and Narcan; HIV/AIDS/Hep C prevention and education, including syringe services, testing, and referrals.

**Artstreet** A community-based project and collective open studio space where art is used as the connection for community-building for people who are homeless, near-homeless, and other community members. Art therapists also facilitate closed group studio sessions for client sub-groups.

**Resource Center** The daily Resource Center provides coffee, referrals, enrollment, and other forms of individual and group support. The social services team works throughout AHCH to offer support, individual advocacy, assistance in accessing services, and public benefits.

**Support Services** Case management and community support tied to housing is available for people to obtain and sustain housing. More intensive case management is available for people struggling with severe mental health and/or substance use disorders, as well as other disabilities. Emergency vouchers for families are available through this program as are targeted housing support and assistance.
**LAW ENFORCEMENT AND CRISIS RESPONSE** With heightened national and local attention to police response and the role of policing in communities, AHCH is well-positioned through its leadership in the APD Forward coalition and Mental Health Response Advisory Committee to ensure that the interests of those experiencing homelessness are taken into consideration in the potential redesign and reform of policing and community-based responses to people in crisis, particularly those living in public spaces.

**AFFORDABLE HOUSING SUPPLY AND PIPELINE** Affordable housing remains a critical issue in Albuquerque and AHCH has long advocated more inventory and access as the critical element to ending homelessness. AHCH could exercise more concerted influence and leverage more impact as a credible service provider, spurring the development of more projects with dedicated units set aside for people with extremely low incomes and/or who experience homelessness. Affordable housing developers are often in need of a nonprofit service provider partner, both to access advantageous tax credits to make deals happen, and to support the housed population to ensure the viability of the project’s operations. (AHCH audited a 9-month NM Housing Toolkit course to explore opportunities in this area).

**AHCH MEDICAL – LEGAL PARTNERSHIP** New efforts across the country to integrate legal services in interconnected medical teams, and specifically within Community Health Centers, have demonstrated effectiveness in addressing structural determinants of health within the civil legal and criminal justice system. Legal issues often create barriers for access to and maintenance of housing, such as criminal background checks, employment discrimination, income discrimination, eviction processes, etc.

AHCH also knows that life in public spaces and poverty are increasingly criminalized through local ordinances – such as those that restrict sitting and sleeping in public, loitering, vagrancy, and panhandling. The net effect is further entrenchment of populations experiencing homelessness in the criminal justice system, and perpetuation of their unhoused experience. This is why AHCH has long worked as a hub with civil legal services partners, the courts, volunteer lawyers of the NM Bar, and legal advocacy entities. The “patient to policy” MLP model is promising as a way to pull these together programmatically. (AHCH participated in a yearlong Medical-Legal Partnership Learning Collaborative and has a preliminary plan and partner commitments).

**OPERATING FRAMEWORKS**

**STRUCTURAL DETERMINANTS OF INDIVIDUALS’ HEALTH AND HOMELESSNESS** AHCH embraces a dialectical model to understand homelessness and how to address it. Simply said, this model sees homelessness as an interaction between structural inadequacies (holes in the safety net) and personal vulnerabilities (individual health and other challenges).

**RACIAL EQUITY LENS** While acknowledging the structural and systemic barriers that impede the organization’s vision of a just world without homelessness, AHCH will elevate the role of racial equity and justice in its design and promotion of system solutions, across all of its strategic initiatives, in how it delivers services, and throughout all aspects of its operations.

**PHILOSOPHY OF CARE AND HEALING** AHCH’s long-standing philosophy of care emphasizes reducing the potential harm and negative consequences of individuals’ circumstances and behaviors, and acknowledges that past and present experience, especially those that cause or caused trauma, must be recognized when administering health care.

**BUSINESS MODEL SUSTAINABILITY** Sustainability is never achieved at any one point in time, as funding sources and the operating environment are dynamic and ever-changing. A financial sustainability mindset seeks to support and minimize disruption of mission delivery over the long-term.

**WORKFORCE EXCELLENCE** An organization-wide system and approach builds upon the foundation of AHCH’s mission and values to ensure programs and operations of the highest quality. Actionable workforce excellence will use mentorship, training, and equitable career advancement opportunities resulting in a diverse, highly-trained, and empowered staff, able to offer excellent services to clients and influence the community within a strategic and coordinated approach. Skills, methods, and experiences will be further rooted in the organization, raising quality and preparing the organization for change and succession.
WHEN ELLY ARRIVED IN OUR CITY, SHE WAS HOMELESS.
She had an old truck to get around. She never knew where she would get her next meal, where she could use a restroom or where she would sleep each night.

She walked into Albuquerque Health Care for the Homeless (AHCH) one day because she was not feeling well.

We first gave Elly a basic physical but it quickly became apparent she needed so much more.

We needed medicine to control her high blood pressure. She needed psychological counseling to manage depression resulting from a bipolar condition. And she needed help to get a new ID card.

We are pleased that after Elly received the support she needed from AHCH, she was able to begin living a stable life.

Elly also continues to come to the AHCH campus... to volunteer!

She started making small monthly donations to AHCH as well!

AHCH donors like you make an immeasurable difference in the quality of life of persons who are down on their luck.

Award
Albuquerque Health Care for the Homeless (AHCH) was humbled to be the recipient of the 2019 New Mexico Ethics in Business Award:
The New Mexico Ethics in Business Award showcases businesses, non-profit organizations and individuals who make our state a better place to live and do business by conducting themselves with the highest ethical standards and integrity.

Our CEO Jenny Metzler had this to say about us being selected as the awardee: “Ethical practice is not about any one person nor any moment in time. In our field, it’s not solely about being good and helping that one person in front of you.
**Grants, Contracts and Campaigns**

The following public grants, contracts, and campaigns also supported AHCH programs during FY 2019 and 2020:

### GRANTS

**United States Department of Health and Human Services, Health Resources and Services:**
- Human Services Division, Substance Abuse Prevention and Treatment*
- Public Health Division*:
  - Rural Primary Health Care Act Program, Health Systems Bureau*
  - Infection Disease Prevention and Control Bureau, Harm Reduction Program*
  - Tuberculosis and Refugee Health Program*
- New Mexico Arts, a division of the Department of Cultural Affairs, and the National Endowment for the Arts*
- Falling Colors*:
  - Community Services Division, Social Services Program*
- New Mexico Mortgage Finance Authority, Continuum of Care Performance Award Contract*

**Bernalillo County**:
- Supportive Housing and Community Connections Programs
- Partners In Health Program*
- Bernalillo County Housing Department, Linkages Program*

**United Way of Central New Mexico (UWCNM) Community Fund Issue Area Annual Grant**
- Albuquerque Heading Home, Case Management Services
- Albuquerque Community Foundation

**City of Albuquerque**:
- Department of Family and Community Services*
- City of Albuquerque/Bernalillo County Library, Main Library Services*

### CAMPAIGNS

- Amazon Smile Program
- Benevity Community Impact Fund *
- Blackbaud Giving Fund:
  - For Alliance Data Systems, Inc.
  - For Gap, Inc.
  - For General Mills *
  - For Magellan Cares Foundation
  - For Pfizer Foundation

**City of Albuquerque**:
- Department of Family and Community Services*
- City of Albuquerque/Bernalillo County Library, Main Library Services*

**Bernalillo County**:
- Supportive Housing and Community Connections Programs
- Partners In Health Program*
- Bernalillo County Housing Department, Linkages Program*

**United Way of Central New Mexico (UWCNM) Community Fund Issue Area Annual Grant**
- Albuquerque Heading Home, Case Management Services
- Albuquerque Community Foundation

* Gave over the two years

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**Award**

On July 13, 2019, AHCH was presented with two outstanding awards during the New Mexico Primary Care Association (NMPCA) awards luncheon: **2019 Community Health Center of the Year** and **Outstanding Community Health Center Board of Directors**.

The NMPCA announced, “Congratulations to New Mexico Health Center grantees on receiving Quality Improvement Awards for FY2020. HRSA provides Quality Improvement Awards (QIA) to promote optimization of overall quality, efficiency, and value of the health care services provided by the nation’s health centers, and to celebrate recent achievements in providing high quality care to nearly 30 million patients.” AHCH was recognized with an award: **HRSA Quality Improvement Award 2019**

Health Resources and Services Administration’s (HRSA) quality improvement awards recognize the highest performing health centers nationwide as well as those health centers that have made significant quality improvements from the previous year.

The Community Health Quality Recognition (CHQR) badges recognize Health Center Program awardees that have made notable quality improvement achievements in the areas of access, quality, health equity, and health information technology.

AHCH and the NMPCA have worked together for over 25 years with our state and local representatives to maintain a dialogue about the future of health care in New Mexico.

Thank you for your belief in our vision: **“To live in a world that is just and without homelessness.” AHCH is proud of our recognitions and your belief in our ability to carry out our mission.**

These awards span the spectrum of health center service. These achievements are made possible because you invest in us. Because your investment pushes us to be the best for people who need us.

It’s ultimately about recognizing the context of what creates their need or hardship. That means working together, guided by principles, vision and courage, to look squarely in the eye of what we do — or don’t do — as a community — and change it.”

Ethics makes mission, business, philanthropy, and service possible. AHCH was blown away by the powerful outreach video produced in honor of our award by Central New Mexico Community College’s film class. You can find the video at CNM’s YouTube Channel with search keyword: ABQHC Ethics.
Financial Position

Assets

CURRENT ASSETS
- Cash and cash equivalents (Note 3) $909,714
- Grants receivable (Note 5) $1,142,756
- Medicaid/Medicare accounts receivable, net of allowance for doubtful accounts of $240 $88,984
- Pharmacy inventory $40,847
- Prepaid expenses and deposits (Note 6) $166,456
  Total current assets $2,348,757

PROPERTY AND EQUIPMENT (Note 7)
- Property and equipment, at cost $10,773,751
- Less accumulated depreciation ($3,709,177)
- Net property and equipment $7,065,574
  Total assets $9,413,331

Liabilities and Net Assets

CURRENT LIABILITIES
- Accounts payable $100,229
- Accrued wages and benefits (Note 8) $313,054
- Current portion of capital lease obligation (Note 9) $24,887
- Current portion of long-term debt (Note 10) —
  Total current liabilities $438,170

LONG-TERM LIABILITIES
- Capital lease obligation, net of current portion (Note 9) $21,884
- Long-term debt, less current portion (Note 10) —
  Total liabilities $460,054

NET ASSETS
- Without donor restrictions $8,575,673
- With donor restrictions (Note 11) $377,604
  Total net assets $8,953,277
  Total liabilities and net assets $9,413,331

Activities

Revenues and Other Support

<table>
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<tr>
<th></th>
<th>WITHOUT DONOR RESTRICTIONS</th>
<th>WITH DONOR RESTRICTIONS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants</td>
<td>$5,954,393</td>
<td>—</td>
<td>$55,954,393</td>
</tr>
<tr>
<td>Medicaid/Medicare fees</td>
<td>$1,556,383</td>
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<tr>
<td>Contributions and support</td>
<td>$397,667</td>
<td>$73,551</td>
<td>$471,218</td>
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<td>In-kind contributions (Note 12)</td>
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<tr>
<td>Interest income</td>
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<tr>
<td>Other income</td>
<td>$11,805</td>
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<tr>
<td>Net assets released from restrictions due to expiration of time or fulfillment of purpose</td>
<td>$5,000</td>
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  Total revenues and other support $8,123,468 $8,374 $8,131,842

Expenses

<p>| | | | |</p>
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<tr>
<td>Program</td>
<td>$5,664,799</td>
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<td>$5,664,799</td>
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<tr>
<td>Management and general</td>
<td>$2,029,464</td>
<td>—</td>
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<tr>
<td>Fundraising (Note 15)</td>
<td>$156,416</td>
<td>—</td>
<td>$156,416</td>
</tr>
</tbody>
</table>
  Total expenses before depreciation $7,850,679 — $7,850,679
| Change in net assets before appreciation | $272,789 | $8,374 | $281,163 |
| Depreciation expense | $403,316           | —                   | $403,316  |
| Change in net assets/revenues over expenses (expenses over revenues) | ($130,527) | $8,374 | ($122,153) |
| Net assets, beginning of year | $8,706,200 | 369,230 | $9,075,430 |
  Net assets, end of year $8,575,673 $377,604 $8,953,277
### Financial Position

#### Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>CURRENT ASSETS</td>
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</tr>
<tr>
<td>Cash and cash equivalents (Note 3)</td>
<td>$1,621,773</td>
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<td>Grants receivable (Note 5)</td>
<td>$935,887</td>
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<td>Medicaid/Medicare accounts receivable, net of allowance for doubtful accounts of $240</td>
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<td>Pharmacy inventory</td>
<td>$21,435</td>
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<td>Prepaid expenses and deposits (Note 6)</td>
<td>$243,075</td>
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<tr>
<td>Total current assets</td>
<td>$2,292,810</td>
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</table>

| PROPERTY AND EQUIPMENT (Note 7)                  |              |
| Property and equipment, at cost                  | $10,783,742  |
| Less accumulated depreciation                    | ($4,084,558) |
| Net property and equipment                       | $6,699,184   |
| Total assets                                     | $9,627,794   |

#### Liabilities and Net Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<td>CURRENT LIABILITIES</td>
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<td>Accounts payable</td>
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<td>Accrued wages and benefits (Note 8)</td>
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</tbody>
</table>

| LONG-TERM LIABILITIES                            |              |
| Capital lease obligation, net of current portion (Note 9) | —            |
| Long-term debt, less current portion (Note 10)     | $123,077     |
| Total liabilities                                | $712,647     |

| NET ASSETS                                       |              |
| Without donor restrictions                       | $8,471,421   |
| With donor restrictions (Note 11)                | $443,726     |
| Total net assets                                 | $8,915,147   |
| Total liabilities and net assets                 | $9,627,794   |

### Activities

#### Revenues and Other Support

<table>
<thead>
<tr>
<th>Description</th>
<th>WITHOUT DONOR RESTRICTIONS</th>
<th>WITH DONOR RESTRICTIONS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants</td>
<td>$5,314,332</td>
<td>—</td>
<td>$5,314,332</td>
</tr>
<tr>
<td>Medicaid/Medicare fees</td>
<td>$1,718,098</td>
<td>—</td>
<td>$1,718,098</td>
</tr>
<tr>
<td>Contributions and support</td>
<td>$1,401,383</td>
<td>$81,807</td>
<td>$1,483,190</td>
</tr>
<tr>
<td>In-kind contributions (Note 12)</td>
<td>$24,954</td>
<td>—</td>
<td>$24,954</td>
</tr>
<tr>
<td>Interest income</td>
<td>$1,817</td>
<td>$166,456</td>
<td>$188,257</td>
</tr>
<tr>
<td>Other income</td>
<td>$5,000</td>
<td>—</td>
<td>$5,000</td>
</tr>
<tr>
<td>Net assets released from restrictions due to expiration of time or fulfillment of purpose</td>
<td>$15,685</td>
<td>($15,685)</td>
<td>—</td>
</tr>
<tr>
<td><strong>Total revenues and other support</strong></td>
<td><strong>$8,481,269</strong></td>
<td><strong>$66,122</strong></td>
<td><strong>$8,547,391</strong></td>
</tr>
</tbody>
</table>

#### Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program</td>
<td>$5,566,859</td>
</tr>
<tr>
<td>Management and general</td>
<td>$2,392,289</td>
</tr>
<tr>
<td>Fundraising (Note 15)</td>
<td>$218,662</td>
</tr>
<tr>
<td><strong>Total expenses before depreciation</strong></td>
<td><strong>$8,177,810</strong></td>
</tr>
<tr>
<td>Change in net assets before appreciation</td>
<td>$303,459</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>$407,711</td>
</tr>
<tr>
<td>Change in net assets/revenues over expenses (expenses over revenues)</td>
<td>($104,252)</td>
</tr>
<tr>
<td>Net assets, beginning of year</td>
<td>$8,575,673</td>
</tr>
<tr>
<td>Net assets, end of year</td>
<td>$8,471,421</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td><strong>$8,915,147</strong></td>
</tr>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td><strong>$9,627,794</strong></td>
</tr>
</tbody>
</table>
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we strive, thrive, and survive.

AHCH continually strives for excellence, thrives in a variety of circumstances and, most importantly, we help our clients to survive and end their homelessness.

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by Anonymous 2
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by Lynne
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Elizabeth
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Teri Wheeler
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and the Breakfast Club
by Madeleine
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PHARMACY: (505) 242-4622

DENTAL CLINIC: (505) 242-8288

BEHAVIORAL HEALTH: (505) 242-4644

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Julia Seligman by Hannah B. Best, Esq.
Michael Shepherd’s Retirement by Elizabeth Pelz
Michael Shepherd’s Retirement by Jeffrey Wilcox
Michael Shepherd’s Retirement by Janet Youngberg
Mike Shepherd by Hillary Elwood
Mike Shepherd by Clementine McConnell
Mike Shepherd by Mike Shepherd
Fred M. Spuhler, Jr. by Bruce Hall and Patricia Ford Hall
Barbara Stephenson by NBI, Inc.
Lawanda Strong by Anonymous 2
Teri’s birthday by Lynne Fullerton
Tommy by Elizabeth Summers
Teri Wheeler by Andrea Lee
Kathryn Wissel and the Breakfast Club by Madeleine Goodkind and Zachary M. Bruce
Women of the Magdalena Project by Carolina Yahne, PhD and William Zimmer, PhD

Healthcare for the Homeless

Healthcare for the Homeless

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ALBUQUERQUE HEALTH CARE for the HOMELESS

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