

Providing free, quality health care to people in need

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January 27, 2012

Dear Friends,

As a result of the Patient Protection and Affordable Care Act (ACA), commonly known as health care reform, our health care system has changed dramatically since our 2010 Annual Report. No one has more to gain from reform than the 25,000 patients we see in more than 107,000 visits at Venice Family Clinic every year. We stand at the forefront of this transformation and over the past year have pursued opportunities that prepare our patients and the Clinic for full implementation of the ACA.

To involve more of our patients in the governance of Venice Family Clinic and bring in federal expansion funds available as part of health care reform, we made substantial changes to our board structure. We created a Foundation Board to support the mission of Venice Family Clinic—to provide free quality health care to people in need—through financial and in-kind contributions. We also increased the number of patients on our Board of Directors from two to ten. Their input has deepened the commitment of every Board member by improving our understanding of the patient experience.

In 2011 we worked with county, state and federal government to move rapidly toward the key goal of health care reform: expanding insurance coverage while improving the quality and efficiency of care. Venice Family Clinic participated in creating Healthy Way L.A., a new coverage program in Los Angeles County that will provide 550,000 uninsured, low income adults with medical homes and streamline Medi-Cal enrollment when eligibility expands in 2014. Venice Family Clinic is also a key clinical site for thousands of seniors and people with disabilities who, as of June 1, 2011, were required to enroll in Medi-Cal managed care. These adjustments to our health care system will reduce costs and increase coordination of care for those enrolled.

Although these changes will direct more federal funds to California and Los Angeles, swift implementation of health reform goals has destabilized government reimbursement. In the long run, overall funding for our health care system will improve. In the short run, for Venice Family Clinic and other community clinics, it will be a scramble to keep up with rapidly changing government reimbursement systems.

In the next 24 months, more changes will be necessary to make the promise of health care reform a reality. While a number of external factors—including a pending U.S. Supreme Court case—may impact the shape of health reform, here in California our state government is moving full steam ahead and we must as well. We will implement an electronic health record system to improve patient outcomes and ensure that we meet ACA requirements. We will continue to lead the way in implementation discussions, voicing the need for a more equitable and effective health care system. And, with your support, we'll continue to bridge the gap between the current and future health care landscapes—providing care to every community member in need, including those who lack insurance or the ability to pay.

Please find enclosed our Report to the Community for Fiscal Year 2011, designed as a supplement to our 2010 Annual Report "Can't Wait" which can be found at <a href="https://www.venicefamilyclinic.org">www.venicefamilyclinic.org</a>. In this rapidly changing environment, your commitment to Venice Family Clinic has never been more important.

Elizabeth Benson Forer, MSW/MPH Chief Executive Officer

Brian Kan, MD Chair, Board of Directors

lanet & Jerry Zucker



Report to the Community

Fiscal Year 2011



#### Moving Forward: Taking bold steps in difficult times

Venice Family Clinic is the primary provider of health care services to low-income families without private health insurance on the Westside of Los Angeles, an area in which there are no County clinics or hospitals. We are proud to share with you our accomplishments from our 2011 fiscal year (July 1, 2010 to June 30, 2011).

- Served 25,321 low income men, women and children—more than ever before.
- Provided 81,407 primary care, 7,315 specialty care and 7,511 mental health visits.
- Provided 3,251 dental visits, almost 1,000 visits more than the previous year.
- Provided 7,862 health education class encounters and individual coaching encounters.
- Initiated low impact exercise classes, adult yoga and Zumba classes. Continued prenatal yoga, pediatric weight management, diabetes self-management and healthier living classes.
- Utilized services from 2,255 volunteers, including 534 physicians. Increased the number of volunteers over last year by 159, including 20 additional physicians.
- Dispensed 159,667 prescriptions at two on-site pharmacies and obtained \$14,171,506 worth of free medications and lab supplies and services.
- Constructed the Ruth Ziegler and Jack Skirball Dental Clinic in response to one of the greatest unmet health needs of people with low incomes and no health insurance.
- Purchased and implemented a more efficient Practice Management System in November 2010 to manage patient information, capture demographics, track patient appointments and bill public health insurance programs and contracts.
- Purchased and customized an Electronic Health Record system that is going live at each Clinic location throughout fiscal year 2012.

For complete financial statements and more information, please visit www.venicefamilyclinic.org.

604 Rose Avenue Venice, CA 90291-2767 **Telelphone:** 310.392.8630

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E-mail: vfcinfo@mednet.ucla.edu Donations: 310.392.9255

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## Statement of Financial Position

For the Year Ending June 30, 2011

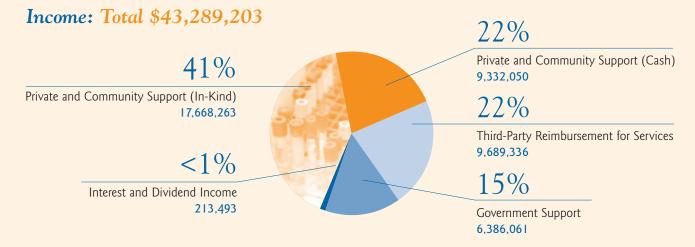
#### Assets

Current assets	
Cash and cash equivalents	\$1,627,699
Short-term investments	191,323
Accounts receivable, net of allowance for doubtful	
accounts of \$835,745 and \$1,448,407, respectively	2,467,161
Grants and contributions receivable - short term, net	
of allowance for doubtful accounts of \$25,000	
and \$25,000, respectively	3,521,144
Pharmaceutical inventories	1,206,369
Prepaid expenses and other assets	114,773
Total current assets	9,128,469
Long-term investments	5,416,875
Long-term contributions receivable, net of discount	1,832,078
Beneficial interest in charitable remainder trusts	519,104
Property and equipment, net	6,846,347
Total assets	\$23,742,873

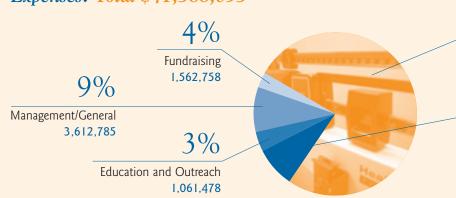
#### Liabilities and Net Assets

Current liabilities	
Line of credit	\$1,000,000
Note payable, current	144,717
Accounts payable and accrued expenses	861,609
Total current liabilities	2,006,326
Note payable, net of current portion	487,954
Pledge liabilities	557,646
Total liabilities	3,051,926
Net assets	
Unrestricted	8,128,189
Temporarily restricted	8,338,701
Permanently restricted	4,224,057
Total net assets	20,690,947
Total liabilities and net assets	\$23,742,873

# Financial Highlights







76%

Health Care\* 32,204,331

8%

Children First Program 3,124,743

\* Health care includes medical salaries, laboratory and x-ray services, physician and other clinical volunteers, and pharmaceutical and lab supplies.



# Statement of Activities

For the Year Ending June 30, 2011

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenues, gains and other support				
Private and community support	5,811,724	3,520,326	_	9,332,050
Government support	6.386.061	-	-	6,386,061
Third-party reimbursement for services	9,689,336	-	-	9,689,336
Interest and dividend income	207,347	6,146	-	213,493
Realized and unrealized gains (losses) on long-term investments	=	454,452	=	454,452
Net assets released from restriction	1,821,946	(1,821,946)	-	
Total revenue, gains and other support	\$23,916,414	\$2,158,978	-	\$26,075,392
Expenses				
Program services				
Health care	14,848,485	-	-	14,848,485
Children First Program	2,764,146	=	-	2,764,14
Education and outreach	1,061,478	-	=	1,061,47
Total program services	18,674,109	<u>-</u>		18,674,10
Support services				
Management and general	3,612,785	-	-	3,612,78
Fundraising	1,562,758	-	-	1,562,75
Total supporting services	5,175,543	-	- -	5,175,54
Total expenses	\$23,849,652	-	-	\$23,849,652
In-kind contributions				
Revenue	3,866,426	13,801,837	=	17,668,263
Net assets released from restrictions	13,850,017	(13,850,017)	_	
Total revenues and other support	17,716,443	(48,180)	-	17,668,26
Expenses (in-kind)				
Program services				
In-kind laboratory and x-ray services	1,168,422	-	=	1,168,42
Physician and other clinical volunteers	1,776,489	-	=	1,776,48
Children First Program volunteers	15,176	-	-	15,17
In-kind pharmaceutical and lab supplies	14,171,506	-	=	14,171,50
Other in-kind supplies and services	350,966	-	-	350,96
In-kind insurance	233,884	<del>-</del>	<del>-</del>	233,88
Total expenses	17,716,443		-	17,716,44
Net in-kind contributions	-	(48,180)	-	(48,180
Surplus (deficit) before net assets released for capital expenditure	66,762	2,110,798	- · · · · · · · · · · · · · · · · · · ·	2,177,56
Net assets released for capital expenditure	218,120	(218,120)	<u>-</u>	
Change in net assets	284,882	1,892,678	-	2,177,560
Net assets at beginning of year	7,843,307	6,446,023	4,224,057	18,513,387
Net assets at end of year	\$8,128,189	\$8,338,701	\$4,224,057	\$20,690,947



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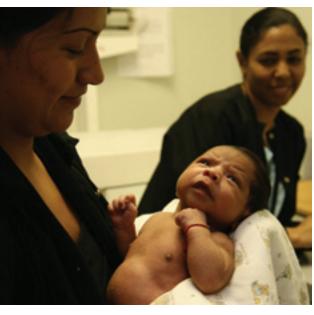
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