Form NHCT31, Community Benefits Reporting
version 1.13

(Submission #: HPC-86HB-792NS, version 1)

Details

Submitted 11/22/2021 (0 days ago) by Kelli Rafferty
Alternate Identifier Elliot Health System
Submission ID HPC-86HB-792NS
Status Submitted

Form Input

Section 1: Organizational Information

For Fiscal Year Beginning 07/01/2020

Organization Name
Elliot Health System

Street Address
One Elliot Way
Manchester, NH 03103

Federal ID # 02-0512229

State Registration # 14126

Website address (must have a prefix such as "http://www.")
http://www.elliothospital.org

Is the organization's community benefit plan on the organization's website? Yes
Chief Executive
First Name  Last Name
W. Gregory  Baxter, MD
Phone Type  Number  Extension
Business  603-663-2402
Email

Board Chair
First Name  Last Name
Daniel  Monfried
Phone Type  Number  Extension
Business  603-663-2402
Email

Community Benefits Plan Contact
First Name  Last Name
Steven  Norton
Title
Chief Strategy Officer
Phone Type  Number  Extension
Business  603663-2958
Email

Does this report include community benefit information for affiliated or subsidiary organizations?
Yes

Affiliated or Subsidiary Organizations

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Federal ID #</th>
<th>State Registration #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elliot Hospital</td>
<td>02-0232673</td>
<td>2927</td>
</tr>
<tr>
<td>Elliot Professional Services Network, Inc</td>
<td>33-1003630</td>
<td>11426</td>
</tr>
<tr>
<td>Elliot Physician Network</td>
<td>02-0509589</td>
<td>12402</td>
</tr>
<tr>
<td>Mary &amp; John Elliot Charitable Foundation</td>
<td>02-0512229</td>
<td>12351</td>
</tr>
<tr>
<td>VNA of Manchester &amp; Southern NH, Inc</td>
<td>02-0395296</td>
<td>2924</td>
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<tr>
<td>VNA Home Health &amp; Hospice, Inc</td>
<td>02-0222241</td>
<td>2927</td>
</tr>
<tr>
<td>VNA Personal Services, Inc</td>
<td>02-0395295</td>
<td>2929</td>
</tr>
</tbody>
</table>
Section 2: Mission & Community Served

Mission Statement
Elliot Health System strives to:
INSPIRE wellness
HEAL our patients
SERVE with compassion in every interaction.

Has the Mission Statement been reaffirmed in the Past Year (RSA 7:32e-I)?
Yes

Service Area
Community may be defined as a geographic service area comprised of the locations from which most service recipients come (primary service area) or a subset of the general population that share certain characteristics such as age range, health condition, or socioeconomic resources. For some trusts, the definition of community may be a combination of geographic service area and a subset of the population within that area. Please include information from the drop down lists and narrative field as applicable to sufficiently describe the community served.

Did the primary service area cover ALL of New Hampshire?
No

Please select service area Counties (NH), if applicable
Hillsborough
Merrimack
Rockingham

Please select service area municipalities (NH), if applicable
AMHERST
AUBURN
ALLENSTOWN
BEDFORD
CANDIA
DEERFIELD
DERRY
DUNBARTON
GOFSTOWN
HOOKSETT
LITCHFIELD
MANCHESTER
MERRIMACK
NEW BOSTON
RAYMOND
WEARE
LONDONDERRY

Service Population Description
<Serve the general population>

Section 3.1: Community Needs Assessment
In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan? (Please attach a copy of the needs assessment below if completed in the past year)

2019

Please attach a copy of the needs assessment if completed in the past year
Manchester-Report-Final-compressed.pdf - 10/05/2021 03:48 PM

Comment
NONE PROVIDED

Was the assessment conducted in conjunction with other health care charitable trusts in your community?
Yes

Section 3.2: Community Needs Assessment (1 of 1)

Area of Community Need / Concern
3. Access to Primary Care

Is the need identified in the Community Needs Assessment?
Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?
Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
A1: Community Health Education
A2: Community-Based Clinical Services
A6: Community Needs/Asset Assessment
A7: Other Community Benefit Operations
B2: Intern/Residency Education
B1: Provision of Clinical Setting for Undergraduate Education
C1: Emergency and Trauma Services
C2: Neonatal Intensive Care (if subsidized)
C3: Hospital Outpatient Services
C4: Burn Units
C5: Women’s and Children’s Services
C8: Behavioral Health Services
D1: Clinical Research
E1: Cash Donations
E3: In-Kind Assistance
E2: Grants
F3: Support Systems Enhancement

Brief description of major strategies or activities to address this need (optional)
Key clinical services to support the complex health needs of greater Manchester, strong focus on SUD and Behavioral Health services, advanced Trauma and NICU care, community support and partnerships to drive addressing key SoDH in southern NH.
Section 4: Community Benefit Activities

Optional Section 4 completion tool
An optional MS Excel tool can be used to aid completion of this Section offline. Please click on the "Community Benefits Reporting Tool" link below, this will download the file to a suitable location. Once opened, refer to the "Worksheets" sheet at the bottom of the form. Numbers/dollar amounts can be calculated and will automatically populate into the appropriate fields of the "Section 4" sheet. These numbers can then be entered manually by you in the appropriate fields of this Section 4, below.

Community Benefits Reporting Worksheets

Financial Assistance, Means-Tested Government Programs and Community Benefit Services

Total Functional Expenses for the Reporting Year ($)
624587740

(1) Financial Assistance at cost (if using the optional Excel tool, refer to Worksheet 1)

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
</tr>
</thead>
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<tr>
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</table>

(2) Medicaid (if using the optional Excel tool, refer to Worksheet 3, column A)

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE PROVIDED</td>
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<td>129927760</td>
<td>55845898</td>
<td>74081862</td>
<td>11.9%</td>
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</table>

(3) Costs of other means-tested government programs (if using the optional Excel tool, refer to Worksheet 3, column B)
<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
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<tbody>
<tr>
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<td>468933761</td>
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### (4) Total Financial Assistance and Means-Tested Government Programs

<table>
<thead>
<tr>
<th>(a) Number of activities or programs</th>
<th>(b) Persons served</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
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### Community Benefit Services

### (5) Community health improvement services and community benefit operations (if using the optional Excel tool, refer to Worksheet 4)

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
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### (6) Health professions education (if using the optional Excel tool, refer to Worksheet 5)
### (7) Subsidized health services (if using the optional Excel tool, refer to Worksheet 6)

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
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<table>
<thead>
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<th>Number of activities or programs (optional)</th>
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<th>Direct offsetting revenue ($)</th>
<th>Net community benefit expense ($)</th>
<th>Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
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### (8) Research (if using the optional Excel tool, refer to Worksheet 7)

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<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
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### (9) Cash and in-kind contributions for community benefit (if using the optional Excel tool, refer to Worksheet 8)

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
</tr>
</thead>
</table>
(a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense ($) | (d) Direct offsetting revenue ($) | (e) Net community benefit expense ($) | (f) Percent of total expense (%) | Estimated expense of activities projected for the next Fiscal Year ($) |
---|---|---|---|---|---|---|
None Provided | None Provided | 1219107 | 0 | 1219107 | 0.2% | 1219107 |

(10) Total Other Benefits

| (a) Number of activities or programs | (b) Persons served | (c) Total community benefit expense ($) | (d) Direct offsetting revenue ($) | (e) Net community benefit expense ($) | (f) Percent of total expense (%) | Estimated expense of activities projected for the next Fiscal Year ($) |
---|---|---|---|---|---|---|
0 | 0 | 42716803 | 14857402 | 27859401 | 4.5% | 27859401 |

Total

| (a) Number of activities or programs | (b) Persons served | (c) Total community benefit expense ($) | (d) Direct offsetting revenue ($) | (e) Net community benefit expense ($) | (f) Percent of total expense (%) | Estimated expense of activities projected for the next Fiscal Year ($) |
---|---|---|---|---|---|---|
0 | 0 | 650094619 | 70703300 | 579391319 | 92.8% | $579391319 |

Section 5: Community Building Activities

Total expense ($; entered at top of Section 4)
624587740

(1) Physical improvements and housing

| (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense ($) | (d) Direct offsetting revenue ($) | (e) Net community benefit expense ($) | (f) Percent of total expense (%) |
---|---|---|---|---|---|
None Provided | None Provided | 0 | 0 | 0 | 0% |
(2) Economic development

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
</tr>
</thead>
<tbody>
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<td>0%</td>
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</table>

(3) Community support

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<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
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(4) Environmental improvements

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<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
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<tr>
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<td>0</td>
<td>0%</td>
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</table>

(5) Leadership development and training for community members

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
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</table>

(6) Coalition building

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
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<td>0%</td>
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</table>

(7) Community health improvement advocacy
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<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
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</table>

**8) Workforce development**

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
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<td>0</td>
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**9) Other**

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
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<tbody>
<tr>
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</table>

**Total**

**10) Totals**

<table>
<thead>
<tr>
<th>(a) Number of activities or programs</th>
<th>(b) Persons served</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>707511</td>
<td>0</td>
<td>707511</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

**Section 6: Medicare**

Enter total revenue received from Medicare ($ -- including DSH and IME)
177102941

Enter Medicare allowable costs of care relating to payments specified above ($)
254886242

Medicare surplus (shortfall)
$-77783301
Describe the extent to which any shortfall reported above should be treated as community benefit. Please also describe the costing methodology or source used to determine the amount reported above.
NONE PROVIDED

Describe the costing methodology or source used to determine the amount reported above. Please check the boxes below that describe the method used:
NONE PROVIDED

Section 7: Summary Financial Measures

Gross Receipts from Operations ($)
1622818961

Net operating costs ($)
624587740

Ratio of gross receipts from operations to net operating costs
2.598

Unreimbursed Community Benefit Costs

Financial Assistance and Means-Tested Government Programs ($)
551531918

Other Community Benefit Costs ($)
27859401

Community Building Activities ($)
707511

Total Unreimbursed Community Benefit Expenses ($)
580098830

Net community benefit costs as a percent of net operating costs (%)
92.88%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities ($)
NONE PROVIDED

Medicare Shortfall ($)
$-77783301

Section 8: Community Engagement in the Community Benefits Process
### Please list below

<table>
<thead>
<tr>
<th>Community Organizations, Local Government Officials and other Representatives of the Public:</th>
<th>Indentification of Need</th>
<th>Prioritization of Need</th>
<th>Development of the Plan</th>
<th>Commented on Proposed Plan</th>
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<tbody>
<tr>
<td>Amoskeag Health</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Granite United Way</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>Catholic Medical Center</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
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<td>Families in Transition (FIT)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>Dartmouth- Hitchcock</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>City of Manchester - Manchester Public Schools</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Waypoint</td>
<td>Yes</td>
<td>Yes</td>
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<td>Yes</td>
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<tr>
<td>Elliot Health System</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>City of Manchester - Mayor’s Office</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Mental Health Center of Greater Manchester</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Manchester Police Department</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>NeighborWorks of Southern NH</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Solution Health</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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</table>

### Please provide a description of the methods used to solicit community input on community needs:

Focus Groups: Approximately 8-10 focus groups (goal 75-100 residents total) will be conducted to capture input from community residents regarding health priorities and areas for improvement/action. A diverse group of resident voices will be solicited to ensure a representative sample of the Greater Manchester region.  

Key Informant Interviews: Approximately 12-15 key leaders will interviewed to reflect on health priorities and areas for improvement/action. In addition, data collection will include an 'investment asset mapping process' to identify organizational priorities and investments locally to identify opportunities for alignment and coordination among service providers.  

Existing Qualitative Data: There are local sources of existing data that will be utilized to identify health priorities, such as MHD's family needs survey and 211 call data.

Additionally, part of various CoCs in Manchester

---

**Section 9: Charity Care Compliance**
The valuation of charity does not include any bad debt, receivables or revenue.
Yes

A written charity care policy is available to the public.
Yes

Any individual can apply for charity care.
Yes

Any applicant will receive a prompt decision on eligibility and amount of charity care offered.
Yes

Notice of the charity care policy is posted in lobbies.
Yes

Notice of the policy is posted in waiting rooms.
Yes

Notice of the policy is posted in other public areas of our facilities.
Yes

Notice of the charity care policy is given to recipients who are served in their home.
Yes

Section 10: Certification Contact

Name of Person Submitting the Community Benefits Report

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kelli</td>
<td>Rafferty</td>
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Title

Executive Director SolutionHealth Philanthropy and Community Engagement

Email

Attachments

<table>
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<th>Date</th>
<th>Attachment Name</th>
<th>Context</th>
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