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			For cal			proxy tax uniginning JUL 1						2016
	Depa Intern	tment of the Treasury al Revenue Service	_ <b>_</b>			990-T and its instr of this form as it ma						Open to Public Inspection for 501(c)(3) Organizations Only
	A	Check box if address changed		Name of organiz		Check box if name					D Em	ployer identification number iployees' trust, see ructions )
		xempt under section	Print			MUNITY H			ER, I	NC.		04-2456134
	X	501(c <b>1)3</b> )	or Type			suite no. If a P.O. b		structions.				elated business activity codes e instructions )
	F	408(e) 220(e)				ON STREE						
	F	」408A		BOSTON,		e, country, and ZIP 2118	or foreig	n postal code			53	2000
	C Bo	ok value of all assets	F Grou	in avamption num	har (Can inch	ruetions \	<b>&gt;</b>				<u>    J J                                </u>	1
രവ	<u> </u>	end of year 0,872,753.	<b>G</b> Ched	k organization typ	oe 🕨 🛚 X	501(c) corporati	on [	501(c) tru	st	401(a) tru	st	Other trust
2018	H De	scribe the organization	n's prima	ary unrelated busi	ness activity.	► PARKIN	G SP					
2		iring the tax year, was			_		ent-subs	idiary controlle	d group?	•	· 🔲 ۱	res X No
<b>E</b>		"Yes," enter the name a ie books are in care of				<del> </del>			Talaah		617	-425-2000
Z				de or Busine				(A) Inco		(B) Expen		(C) Net
JUN		Gross receipts or sale				<u> </u>		(,		(2) 2		(0) 1101
$\Omega$	b	Less returns and allow	wances		c E	Balance >	1c					
岁	2	Cost of goods sold (S	Schedule	A, line 7)			2					
SCANNED	3	Gross profit. Subtract					3					
ర్థ		Capital gain net incon	•	•			4a					+
S	b	Net gain (loss) (Form Capital loss deduction			ach Form 4/9	97)	4b					
	С 5	Income (loss) from pa			tions (attach	statement)	4c 5					
	6	Rent income (Schedu		ipo una o corpora	and (attaon)	statomonty	6	44	,151.			44,151.
	7	Unrelated debt-financ	•	ne (Schedule E)			7					
	8	Interest, annuities, ro			-	, ,	8					
	9	Investment income of			or (17) organi	ization (Schedule G	G) 9					
	10	Exploited exempt acti		, ,			10					<del></del>
	11 12	Advertising income (Soe ins		•	a)		11					
	13	Total. Combine lines			<del>-</del> )		13	44	151.			44,151.
	Pa	rt II Deductio	ns No	t Taken Els	ewhere (S	See instructions		ations on ded	luctions)			
		(Except for a	contribu	utions, deductio	ns must be	directly connect	ed with	the unrelated	business	s income.)		
	14	Compensation of off	icers, di	rectors, and truste	es (Schedule	K)					14	17.55
	15	Salaries and wages									15	17,626.
	16 17	Repairs and mainten Bad debts	ance								16 17	
	18	Interest (attach sche	dule)					/FD			18	
	19	Taxes and licenses	,			KE	<u>CEIV</u>	'يركاتا			19	
	20	Charitable contributi	ons (See	e instructions for l	ımıtatıon rules	s)		189			20	
	21	Depreciation (attach Less depreciation cla	Form 45	562)		YAM Q	112	2018	21			
	22		aimed or	Schedule A and	elsewhere on	return'		<u> </u>	22a		22b	
	23 24	Depletion Contributions to defe	erred cor	mneneation nlane		OGI	DEN	. UT			23	
	25	Employee benefit pro		inperiodation plans		<u></u>					25	
	26	Excess exempt expe		chedule I)							26	
	27	Excess readership co	osts (Scl	nedule J)							27	
	28	Other deductions (at		•				SEE	STAT	EMENT 1	28	26,565.
	29	Total deductions. A		_							29	44,191.
	30	Unrelated business t					act line 29		Cm z m	emester o	30	-40.
	31 32	Net operating loss de Unrelated business to				•	from line	SEE	STAT.	EMENT 2	31	-40.
	33	Specific deduction (						00			33	1,000.
	34	Unrelated business						than line 32, er	nter the sm	aller of zero or		
		line 32									34	-40.
	62370	1 11-22-17 LHA <b>F0</b>	r Papen	work Reduction A	ct Notice, se	e instructions						Form <b>990-T</b> (2016)



So Organization Taxable as Corporations See instructions for tax computation.  Controlled group members (sections 1561 and 1583) check here   See instructions and:  a First you share of the \$50,000, \$25,000, and \$5,925,000 taxable income brackets (in that order);  (1)   S	Form 990-	T (2016)	SOUTH	END	COMMUNI	TY HEALT	H CENT	ER,	INC.		04-24	5613	4		Page 2
Controlled group members (excitoris 1561 and 1563) chick here	Part I	II T	Tax Compu	tation											
Controlled group members (sections: 1561 and 1583) check here: ► See instructions and:  a Enter your share of the \$50,000, \$75,000, and \$9,925,000 taxable income brackets (in that order):  (1)	35	Orgai	nizations Taxabl	e as Corp	orations See inst	tructions for tax co	omputation.								
a * Enter your share of the \$00,000, \$65,000, and \$3,025,000 taxable in nome brackets (in that order):  (1) \$		-		-			`——	instructi	ions and:			ľ			
(1) S	a`							ts (in th	at order):						
b. Enter organization's share of; (1) Additional 5% tax (not more than \$10,000)  c) (2) Additional 3% tax (not more than \$100,000)  c) income tax on the amount on ine 34  36 Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 34 from:    Tax taxable at Trust Rates. See instructions   36   37 Proxy tax. See instructions   38   38   38   38   38   38   38   3			f	, ,		,		•		1					
(2) Additional 3% tax front more than \$100,000)  (a) Income tax on the amount on line 34  Trasts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:    Trasts Taxable at Trust Rates. See instructions   33    Proving tax. See instructions   33   Tax on No-Compliant Facility Income. See instructions   38   37   Taxable Add lines 37, 38 and 39 to line 35 co 36, whichever applies   40   Part IV   Tax and Payments   40   Part IV   Tax and Payments   40   Credit for prior year minimum tax (attach Form 8801 or 8827)   416	ь			hare of: (1		ax (not more than									
c income tax on the amount on line 34  35	_			-	•	u. (									
Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on time 34 from:    Tax rate schedule or   Schedule D (Form 1041)	c				•		L	<u> </u>			_	350			0.
Tax rate schedule or Schedule D (Form 1041)  37 Proyt xax. See instructions  38 Alternative minimum tax  39 Tax on Non-Compilant Facility Income. See instructions  39 Tax on Non-Compilant Facility Income. See instructions  40 Total x Add lines 37, 38 and 39 to line 35s or 36, whichever applies  41a Foreign tax credit (corporations attach Form 1116; trusts attach Form 1116)  41b Other credits (see instructions)  41b Other credits (see instructions)  41c Condit for prior year minimum tax (attach Form 8801 or 8827)  6 Total credit ine 41e from line 40  42 Subtract line 41e from line 40  43 Other taxes. Check if from Comportation attach Form 8611 Form 8697 Form 8866 Other (intach schedule)  44 Total tax. Add lines 42 and 43  45 a Payments. A 2015 overpayment credited to 2016  2016 estimated tax payments  6 Tax deposted with Form 8866  6 Foreign organizations. Tax paid or withheld at source (see instructions)  1 Credit for small employer health insurance premiums (Attach Form 8941)  9 Other credits and payments.  6 Toral transition and pholyer health insurance premiums (Attach Form 8941)  9 Other credits and payments.  6 Toral transition and pholyer health insurance premiums (Attach Form 8941)  9 Other credits and payments.  6 Toral transition and the state through 410  46 Total payments. Add lines 45 atthough 459  47 Estimated tax penalty (see instructions)  50 Enter the amount of line 49 you want Credited to 2015 estimated tax.  8 Tax due. If line 46 is less from the total of lines 44 and 47, enter amount overpad  8 Tax due. If line 46 is less from than the total of lines 44 and 47, enter amount overpad  9 Overpayments. If line 46 is larger than the total of lines 44 and 47, enter amount overpad  10 Estimated tax penalty (see instructions)  10 International count (lain, securities, or other) in a foreign country? If YES, the organization may have to his Fines The Form 114, Bepot of Foreign Bank and ordines 4 and 47, enter amount overpad  10 Estimated tax penalty (see instructions)  11 At any time during the 2016						or tax computation	n. Income tax i	on the a	mount on line	34 from:		1000	<del> </del>		
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Verpayment   If line 46 is larger than the total of lines 44 and 47, enter amount overpaid   Denter the amount of line 49 you want: Credited to 2017 estimated tax   Refunded   Decomposition   National Statements   Regarding Certain Activities and Other Information (see instructions)					•			J						<u> </u>	
Part V Statements Regarding Certain Activities and Other Information (see instructions)  51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶  52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file.  53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Print/Type preparer's name  Preparer's signature  CHARLES J. WEBB,  CPA  CPA  Date  CHARLES J. WEBB,  CPA  CPA  Date  CHARLES J. WEBB,  CPA  Firm's name ► ALEXANDER, ARONSON, FINNING & CO., P.C. Firm's EIN ► 04-25717  50 WASHINGTON STREET															0.
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At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FINCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  CHARLES J. WEBB,  CHARLES J. WEBB,  CHARLES J. WEBB,  CHARLES J. WEBB,  CPA  O4/17/18  PO158453  Firm's name ▶ ALEXANDER, ARONSON, FINNING & CO., P.C. Firm's EIN ▶ 04-25717  50 WASHINGTON STREET								I				·   50	l		
over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file  FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Print/Type preparer's name  Print/Type preparer's name  CHARLES J. WEBB,  CHARLES J. WEBB,  CPA  O4/17/18  PO158453  Firm's name ▶ ALEXANDER, ARONSON, FINNING & CO., P.C. Firm's EIN ▶ 04-25717  50 WASHINGTON STREET														_	
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file.  53 Enter the amount of tax-exempt interest received or accrued during the tax year \$  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  May the IRS discuss this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  May the IRS discuss this return the preparer shown below (se instructions)? X Yes  Print/Type preparer's name  CHARLES J. WEBB,  CHARLES J. WEBB,  CPA  O4/17/18  P0158453  Firm's name ALEXANDER, ARONSON, FINNING & CO., P.C. Firm's EIN O4-25717  50 WASHINGTON STREET	51		-		• •	•				•	/			Yes	No
During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file.  53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  May the IRS discuss this return the preparer shown below (see instructions)? ▼ Yes □  Print/Type preparer's name								_	•						
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If YES, see instructions for other forms the organization may have to file.  53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$  Sign Here  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  May the IRS discuss this return the preparer shown below (see instructions)? ▼ Yes  Print/Type preparer's name  Preparer's signature  CHARLES J. WEBB,  CHARLES J. WEBB,  CHARLES J. WEBB,  CPA  O4/17/18  P0158453  Firm's name ▶ ALEXANDER, ARONSON, FINNING & CO., P.C. Firm's EIN ▶ 04-25717  50 WASHINGTON STREET															X
Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$  Sign Here  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  May the IRS discuss this return the preparer shown below (se instructions)? ▼ Yes □  Print/Type preparer's name  Preparer's signature  CHARLES J. WEBB,  CHARLES J. WEBB,  CHARLES J. WEBB,  CPA  O4/17/18  PO158453  Firm's name ▶ ALEXANDER, ARONSON, FINNING & CO., P.C. Firm's EIN ▶ 04-25717  50 WASHINGTON STREET	52	Durin	ig the tax year, di	d the orga	inization receive a	distribution from,	or was it the g	grantor (	of, or transfero	r to, a fore	ign trust?				_X_
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  May the IRS discuss this return the preparer shown below (se instructions)? ▼ Yes □  Print/Type preparer's name		If YES	S, see instruction	s for othe	r forms the organ	ızatıon may have t	o file.								
Sign Here    CEO   May the IRS discuss this return the preparer of fifteer   Date   CEO	53_												<u>.</u>		<u> </u>
Here    24/10/20/8   CEO   Tittle   Tittle   Tittle	O:	Ur	nder penalties of per errect, and complete	rjury, I decla Declaration	re that I have examin- n of preparer (other th	ed this return, includi ian taxpaver) is based	ng accompanying d on all information	g schedul	les and statemen	its, and to th	e best of my kr	nowledge a	and belief, it i	s true,	
Print/Type preparer's name  Preparer  CPA  CPA  CPA  CPA  CPA  CPA  CPA  CP	_			1/1		. 1			proper or mas as	,	_	May the IF	RS discuss th	ıs return v	with
Print/Type preparer's name	Here		// 60/	y wy	<u></u>	24/201	12018	CEO				-			
Paid Preparer Use OnlyCHARLES J. WEBB, CPACHARLES J. WEBB, CPASelf- employed 04/17/18Self- employed P0158453Use OnlyFirm's name ► ALEXANDER, ARONSON, FINNING & CO., P.C. Firm's EIN ►04-25717			Signature of off	ficer /		Date '	TI	tle	<del></del>			instruction	ıs) <sup>?</sup> XY	es	No
Paid Preparer Use OnlyCHARLES J. WEBB, CPACHARLES J. WEBB, CPASelf- employed 04/17/18Self- employed P0158453Use OnlyFirm's name ► ALEXANDER, ARONSON, FINNING & CO., P.C. Firm's EIN ►04-25717			Print/Type prep	arer's nar	ne	Preparer's sign	ature		Date		heck	ıf PT	IN		
Preparer Use Only  CPA  CPA  CPA  CPA  O4/17/18  P0158453  Firm's name ► ALEXANDER, ARONSON, FINNING & CO., P.C. Firm's EIN ► 04-25717  50 WASHINGTON STREET	Paid		1					BB,							
Use Only    Firm's name   ► ALEXANDER, ARONSON, FINNING & CO., P.C.   Firm's EIN   ■ 04-25717   50 WASHINGTON STREET		ror	1		•			•	04/17			- 1	01584	1539	
50 WASHINGTON STREET	-	•.		ALEX	KANDER		FINNT	NG &			Firm's FIN				
	use C	miy	o namo					.,	,		5		<u> </u>		<del>-</del>
Firm's address ► <b>WESTBOROUGH</b> , <b>MA</b> 01581 Phone no. 508-366-910			Firm's address							ĺ	Phone no	508-	366-9	100	

Schedule A - Cost of Goods S	<b>Sold.</b> Enter	method of inven	tory valuation > N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year	г		6		
2 Purchases	2		7 Cost of goods sold Su	ıbtract lıı	ne 6			
3 Cost of labor	3		from line 5. Enter here	and in P	art I,			
4a Additional section 263A costs			line 2			7	<u></u>	
(attach schedule)	4a		8 Do the rules of section	263A (w	vith respect to		Yes	No
<b>b</b> Other costs (attach schedule)	4b		property produced or a	cquired	for resale) apply to		ļ	
5 Total. Add lines 1 through 4b	5		the organization?					<u> </u>
Schedule C - Rent Income (F (see instructions)	rom Real	Property and	d Personal Property	Lease	ed With Real Pro	pert	y) 	
1 Description of property								
(1)								
(2)								
(3)								
(4)								
2	Rent receive	ed or accrued						
(a) From personal property (if the percer rent for personal property is more tha 10% but not more than 50%)	ntage of an	`of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	age	<b>3(a)</b> Deductions directi columns 2(a) a		cted with the income (attach schedule)	e in
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income Add totals of columns 2(a here and on page 1, Part I, line 6, column (A		ter •		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>		0.
Schedule E - Unrelated Debt-	-Financed	Income (see	instructions)					
			2. Gross income from		<ol> <li>Deductions directly control to debt-finant</li> </ol>			
1. Description of debt-finan-	ced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule	
(1)								
(2)								
(3)		·						
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8 Allocable dedu (column 6 x total of c 3(a) and 3(b))	columns
(1)			%					
(2)			%					
(3)			%					
(4)			%					_
					nter here and on page 1, lart I, line 7, column (A)		Enter here and on pa Part I, line 7, columi	
Totals					0			0.
Total dividends-received deductions inclu	ded in column	ı 8			•	-		0.

0

0

Form **990-T** (2016)

0.

Totals (carry to Part II, line (5))

(3) (4) Form 990-T (2016) SOUTH END COMMUNITY HEALTH CENTER, INC. 04-24561

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	;	2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)					<del></del>		
(4)							
Totals from Part I	<b>&gt;</b>	0.	0.				0
	i	Enter here and on page 1, Part I, ine 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

<b>1</b> . Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b></b>	0.

Form 990-T (2016)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
ALLOCATED FACILITY COSTS		26,565.
TOTAL TO FORM 990-T, PAGE 1	, LINE 28	26,565.