

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
55 FARMINGTON AVENUE HARTFORD, CONNECTICUT 06105

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Date Submitted: _____ Date Received: _____

1. FQHC Name	Community Health and Wellness Center of Greater Torrington, Inc.		
Street Address	469 Migeon Avenue		
City, State, ZIP	Torrington, CT 06790		
Telephone Number	860-387-0436		
Contact Person	Tina Heffernan		
Title	Interim CFO		

2. FQHC Medicaid Provider Number:	3. Reporting Period:
Medical <u>9247872</u>	From <u>10/1/2018</u> To <u>9/30/2019</u>
Dental <u>8024018</u>	
Mental Health <u>8033022</u>	
Other (Specify) _____	

4. Type of Control (Check One Only)
 NONPROFIT ORGANIZATION
 GOVERNMENT
 STATE **DISTRICT**
 COUNTY **CITY** **OTHER**

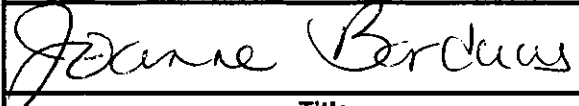
5. FQHC Owned By:

Community Health and Wellness Center of Greater Torrington, Inc.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By
Community Health and Wellness Center of Greater Torrington, Inc. 9247872
(FQHC Name)

For the Reporting Period Beginning 10/1/2018 and Ending 9/30/2019 and That to the Best of My Knowledge and Belief It is a True, Correct and Complete Statement Prepared From the Books and Records of the FQHC In Accordance With Applicable Instructions, Except as Noted:

6. Signature (Officer or Administrator of FQHC)	Printed Name
	Joanne Borduas
Title	Date
CEO	03/30/2020

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 10/1/2018 To 9/30/2019

FQHC Name: Community Health and Wellness Center of Greater Torrington, Inc.

Form A-4 (Non-Allowable Direct Other Service Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel I	Other Costs II	Total III	Reclassifications IV	Reclassified Trial Balance (Col 3 & 4) V	Adjustments Increase (Decrease) VI	Net Expenses (Col 5 & 6) VII
E. NON-ALLOWABLE DIRECT OTHER SERVICE COST							
1. Service							
a. Clinical Diagnostic Lab		49,342	49,342		49,342		49,342
b. Radiology		0	0		0		0
c. Prescription Drugs/Pharmacy		459,150	459,150		459,150		459,150
d. Battered Women		0	0		0		0
e. Homeless		0	0		0		0
f. WIC		0	0		0		0
g. Non-FQHC Sites		0	0		0		0
h. Other - Specify	142,561	22,412	164,973		164,973		164,973
LPN Chronic Care Management		11,261	11,261		11,261		11,261
Patient related assistance & travel		302,507	302,507		302,507		302,507
Pharmacy Admin related to 340B		1,633,415	1,633,415		1,633,415		1,633,415
Contribution Exp -transfer of assets to Holdings Inc		0	0		0		0
		0	0		0		0
		0	0		0		0
		0	0		0		0
		0	0		0		0
		0	0		0		0
I. Total Non-Allowable Direct Other Service Cost	142,561	2,478,087	2,620,648	0	2,620,648	0	2,620,648
F. TOTAL DIRECT COST (D+E1)	3,278,276	3,126,995	6,405,271	-	6,405,271	92,847	6,498,118

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Reporting Period: From 10/1/2018 To 9/30/2019

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Form A-5 (Overhead Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	I	II	III	IV	V	VI	VII
G. OVERHEAD - FACILITY COST							
a. Rent		175,607	175,607		175,607		175,607
b. Insurance		38,648	38,648		38,648		38,648
c. Interest on Mortgage or Loans		87,481	87,481		87,481		87,481
d. Utilities		95,825	95,825		95,825		95,825
e. Depreciation - Building		0	0		0		0
f. Depreciation - Equipment		0	0		0		0
g. Housekeeping & Maintenance		88,616	88,616		88,616		88,616
h. Other (Specify)		15,987	15,987		15,987		15,987
		8,851	8,851		8,851		8,851
		0	0		0		0
		0	0		0		0
		0	0		0		0
I. Subtotal Overhead - Facility Cost	0	511,015	511,015	0	511,015	0	511,015
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	1,840,222	289,299	2,129,520		2,129,520		2,129,520
b. Depreciation - Office Equipment		3,810	3,810		3,810		3,810
c. Office Supplies		44,064	44,064		44,064		44,064
d. Legal		50,672	50,672		50,672		50,672
e. Accounting		7,763	7,763		7,763		7,763
f. Insurance		0	0		0		0
g. Telephone		29,206	29,206		29,206		29,206
h. Advertising-Help Wanted		30,375	30,375		30,375		30,375
i. Interest - Capital Loans		0	0		0		0
j. Other (Specify)		249	249		249		249
Staff Training		18,224	18,224		18,224		18,224
Electronic Health Records system and computer support services		216,446	216,446		216,446		216,446
Other Income Offsets-See attached for listing		51,853	51,853		51,853	(51,853)	0
See attached		363,150	363,150		363,150		363,150
k. Subtotal Overhead - Administrative Cost	1,840,222	1,105,111	2,945,333	0	2,945,333	(51,853)	2,893,480
l. TOTAL OVERHEAD COST (GI+HK)	1,840,222	1,616,126	3,456,347	-	3,456,347	(51,853)	3,404,495
J. GRAND TOTAL COSTS² (F+I)							
	5,118,488	4,743,121	9,861,619	-	9,861,619	40,994	9,902,613

² Reconciliation schedule is required if Line J, Column III does not agree to the Audited Financial Statements

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Reporting Period: From 10/1/2018 To 9/30/2019

FQHC Name: Community Health and Wellness Center of Greater Torrington, Inc.

Form B-1 (Compensation, Encounters, Hours, FTEs - Health Care)

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER						
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty	Compensation	Encounters	Total Employee Hours and FTEs		
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)	
	I	II	III	IV	V	
<i>Provide itemized de-identified list (e.g., Physician 1)</i>	<i>General Practitioner</i>	<i>125,000</i>	<i>1,500</i>	<i>1,040</i>	<i>0.50</i>	
A.						
1. See Form B-4						0.00
2.						0.00
3.						0.00
4.						0.00
5.						0.00
6.						0.00
7.						0.00
8.						0.00
9.						0.00
10.						0.00
Total Physician Encounters, Staff Hours and FTEs		0	0	0		0.00
B.						
PHYSICIAN ASSISTANT						
1.						0.00
2.						0.00
3.						0.00
4.						0.00
5.						0.00
Total Physician Assistant Encounters, Hours and FTEs		0	0	0		0.00

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Form B-1 Continued (Compensation, Encounters, Hours, FTEs - Health Care)

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty I	Compensation II	Encounters III	Total Employee Hours and FTEs	
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized de-identified list (e.g., Physician 1)</i>	General Practitioner	125,000	1,500	1,040	0.50
C. NURSE (APRN, MIDWIFE, RN)					
1. See Form B-4					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Nurse Practitioner		0	0	0	0.00
D. PHYSICIAN SERVICES UNDER CONTRACT					
1.					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Physician Services Under Contract		0	0	0	0.00
E. OTHER HEALTH CARE PRACTITIONER					
1. See Form B-4					0.00
2.					0.00
3.					0.00
Total Other Health Care Practitioner		0	0	0	0.00

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Form B-2 (Compensation, Encounters, Hours, FTEs - Dental Care)

DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER				
DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation II	Encounters III	Total Employee Hours and FTEs	
			Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized de-identified list (e.g., Dentist 1)</i>				
A. DENTIST				
1. See Form B-4	125,000	1,500	1,040	0.50
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dentist Encounters, Staff Hours and FTEs	0	0	0	0.00
B. DENTAL HYGIENIST				
1. See Form B-4				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dental Hygienist Encounters, Hours and FTEs	0	0	0	0.00
C. OTHER DENTAL PRACTITIONER				
1. See Form B-4				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Other Dental Practitioner Encounters, Hours and FTEs	0	0	0	0.00

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Form B-3 (Compensation, Encounters, Hours, FTEs - Mental Health Care)

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER				
MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation	Encounters	Total Employee Hours and FTEs	
			Employee Total Hours	FTEs (2080 hrs = 1 FTE)
<i>Provide itemized de-identified list (e.g., Psychologist 1)</i>	125,000	1,500	1,040	0.50
A. PSYCHOLOGIST				
1. See Form B-4				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Psychologist Encounters, Staff Hours and FTEs	0	0	0	0.00
B. SOCIAL WORKER				
1. See Form B-4				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Social Worker Encounters, Hours and FTEs	0	0	0	0.00
C. OTHER MENTAL HEALTH PRACTITIONER				
1. See Form B-4				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Other Mental Health Practitioner Encounters, Hours and FTEs	0	0	0	0.00

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Reporting Period: From 10/1/2018 To 9/30/2019

FQHC Name: Community Health and Wellness Center of Greater Torrington, Inc.

Form B-4 (Summary Compensation, Encounters, Hours, FTEs)

SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE											
SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	Number of Practitioners	Total Compensation	Compensation Range		Turnover			Employee Hours and FTEs			
			High	Low	Hires	Departures	Encounters	Employee Total Hours	FTEs (2,080 hrs = 1 FTE)		
A. HEALTH CARE PRACTITIONERS											
1. PHYSICIAN	4	500,000	150,000	100,000	2	1	10,000	8,320	4.00		
2. PHYSICIAN ASSISTANT	5	405,398	206,000	13,468	1	2	6,088	3,940	1.89		
3. NURSE (APRN, MIDWIFE, RN)	10	748,662	117,150	45,311	1	5	10,251	14,900	7.16		
4. PHYSICIAN SERVICES UNDER CONTRACT	1	2,616	2,616	2,616	0	1	14	27	0.01		
5. OTHER HEALTH PROFESSIONALS	2	111,535	94,459	17,000	0	0	1,118	1,387	0.67		
6. OTHER ALLIED HEALTH PROFESSIONALS	1	40,442	40,442	40,442	0	0	559	1,260	0.61		
7. OTHER HEALTH CARE PRACTITIONERS	15	567,993	62,963	15,512	0	5	0	22,010	10.58		
Total Health Care	34	1,876,646			2	13	18,030	43,525	20.92		
B. DENTAL PRACTITIONERS											
1. DENTIST	4	485,943	146,968	60,808		1	6,048	6,814	3.28		
2. DENTAL HYGIENIST	2	134,133	74,984	58,151		1	2,124	3,703	1.78		
3. OTHER DENTAL PRACTITIONERS	4	141,014	41,445	26,258		0	0	7,460	3.59		
Total Dental	10	761,090			0	2	8,172	17,977	8.65		
C. MENTAL HEALTH PRACTITIONERS											
1. PSYCHIATRIST	2	303,109				2	0	970	1,679	0.81	
2. PSYCHOLOGIST									0.00		
3. LICENSED CLINICAL SOCIAL WORKER	6	256,749				5	4	3,006	6,268	3.01	
4. PSYCHIATRIC APRN									0.00		
5. OTHER MENTAL HEALTH PRACTITIONERS									0.00		
Total Mental Health	8	559,858			7	4	3,976	7,947	3.82		

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Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION

A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	3,877,471
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	2,620,648
C.	Total Direct Costs (A+B)	6,498,118
D.	Portion of Title XIX Services (A/C)	59.67%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	3,404,495
F.	Overhead Cost Applicable to Title XIX Services (DxE)	2,031,462
G.	Total Title XIX Services Cost (A+F)	5,908,933
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	1,772,680
I.	Cost Adjustment (Lower of H-F or Zero)	(258,782)
J.	Allowable Title XIX Overhead Cost (F+I)	1,772,680
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	2,235,813
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	1,003,046
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	638,612
	4. Total Direct Costs (K1 thru K3)	3,877,471
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	57.66%
	2. Dental Services (K2/K4)	25.87%
	3. Mental Health Services (K3/K4)	16.47%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	1,022,127
	2. Dental Services (JxL2)	458,592
	3. Mental Health Services (JxL3)	291,960
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	1,772,679

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Form D (Allowable Cost per Encounter)

ALLOWABLE COST PER ENCOUNTER

I. Health Care Cost (Excluding Dental and Mental Health)

A.	Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII)	2,235,813
B.	Allowable Overhead Cost (P13 - Form C, Line M1)	1,022,127
C.	Total Allowable Health Care Cost (A+B)	3,257,940
D.	Encounters (P12 - Form B-4, Health Care Total)	18,030
E.	Allowable Health Care Cost Per Encounter (C/D)	180.70

II. Dental

A.	Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	1,003,046
B.	Allowable Overhead Cost (P13 - Form C, Line M2)	458,592
C.	Total Allowable Dental Cost (A+B)	1,461,638
D.	Encounters (P12 - Form B-4, Dental Total)	8,172
E.	Allowable Dental Cost Per Encounter (C/D)	178.86

III. Mental Health

A.	Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	638,612
B.	Allowable Overhead Cost (P13 - Form C, Line M3)	291,960
C.	Total Allowable Mental Health Cost (A+B)	930,572
D.	Encounters (P12 - Form B-4, Mental Health Total)	3,976
E.	Allowable Mental Health Cost Per Encounter (C/D)	234.05

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REVENUES		I	II	III	IV	V
		Services Excluding Dental, Mental Health &	Dental	Mental Health	Other	Total (Col. I thru IV)
A.	Operating Revenue					
1.	Medicaid	1,581,710	685,233	470,255		2,737,198
2.	Private	318,306	130,110	69,362		517,779
3.	Medicare	369,798		116,208		486,006
4.	Patient Cash/Self Pay	42,666	139,633	1,625		183,924
5.	Other - Specify					0
6.	Total (1 thru 5)	2,312,481	954,976	657,450	0	3,924,907
B.	Other Revenue					
1.	Contributions					0
2.	Grants	3,642,217				3,642,217
3.	Interest				77,729	77,729
4.	Donations				2,151	2,151
5.	Other - Specify				2,206	2,206
6.	Other - Specify				1,393,063	1,393,063
7.	Other - Specify				10,958	10,958
8.	Other - Specify				38,727	38,727
9.	Other - Specify				10,975	10,975
10.	Other - Specify				20,909	20,909
11.	Total (1 thru 10)	3,642,217	0	0	1,556,717	5,198,934
C.	Other Revenue (Include revenue generated by non-approved FQHC sites)					
1.	Other - Specify					0
2.	Other - Specify					0
3.	Other - Specify					0
4.	Other - Specify					0
5.	Other - Specify					0
6.	Other - Specify					0
7.	Total (1 thru 7)	0	0	0	0	0
D.	Total Revenue (A6+B11+C7)	5,954,698	954,976	657,450	1,556,717	9,123,840

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Form F (Grants and Contributions)

GRANTS AND CONTRIBUTIONS (EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)		
A.	Contributions	ACTUAL
	1. Services (<i>Excluding Dental, Mental Health and Other</i>)	
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	0
B.	Grants (<i>Excluding PHS</i>)	
	1. Services (<i>Excluding Dental, Mental Health and Other</i>)	
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	0

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Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET		
A.	Cost Disallowance	
	1. Entertainment	
	2. Fines and penalties	
	3. Bad debt	(92,847)
	4. Cost of actions to collect receivables	
	5. Advertising, except for recruitment of personnel	(23,620)
	6. Contingent reserves	
	7. Legal, Accounting and professional services incurred in connection with rehearing, arbitration, or judicial proceedings pertaining to the reimbursement approved by the Commissioner	
	8. Fundraising	(2,182)
	9. Amortization of goodwill	
	10. Directors fees	
	11. Contributions	
	12. Membership dues for public relations	
	13. Cost not related to patient care	(1,159)
	14. Interest	(53,024)
	15. Pass through expenses	
	16. Total (1 thru 15)	(172,831)
B.	Cost Offset (Expense Recovery)	
	1. Refunds - Medicaid Outreach	
	2. Rent Income	20,909
	3. In-Kind Medical Supplies	
	4. In-Kind Dental Supplies	
	5. In-Kind Computer Supplies	
	6. In-Kind Advertising	
	7. Total (1 thru 6)	20,909
C.	Total Cost Disallowance and Offset (A16+B7)	(151,922)

Form A-5 OH
Administrative Cost
Other:

Advertisement/ Promotion	23,931.86
Depreciation - Motor vehicle	9,101.59
Consultants	180,939.64
Payroll services	22,807.61
Audit	26,522.45
Dues & Subscriptions	46,287.73
Meals	2,082.55
Bank Service Charges	6,479.68
Sponsorships/Unrestricted Donations	1,127.98
Fundraising Related Expenses	2,181.91
Employee Related Special Events	8,865.90
Miscellaneous Employee Related	18,593.99
Grant Writer	4,150.00
New hire background check	9,105.25
Credentialing	972.13
	<u>363,150.27</u>

Adjustments

Other Income Offsets

4500 · Contribution Income:4504 · Cocktails & Comedy FY2016	5,000.00
4500 · Contribution Income:4505 · Cocktails & Comedy	5,975.00
4510 · Other Revenue	8,742.05
4510 · Other Revenue:4511 · Reimbursed Expenses	21,826.00
4510 · Other Revenue:4512 · Medical Records Copy Income	4,151.00
4510 · Other Revenue:4514 · Miscellaneous Income	4,007.72
4510 · Other Revenue:4515 · Donations	2,151.00

\$ 51,852.77