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	Fair Haven Community Health	Clinic	
	Street Address	374 Grand Ave		
	City, State, ZIP	New Haven, CT 06513		
	Telephone Number	203-777-7411	1	
	Contact Person	Amy Trimani		
	Title	CFO		
			lo Describe Posied	
2.	FQHC Medicald Prov Medical	der Number: 004235736	3. Reporting Period: From 7/1/2020 To 6/30/2	021
	Dental	008050183		
	Mental Healt		•	
	Other	008054526		
4	Type of Control (Che	eck One Only)		
•	, , ,	TT ORGANIZATION		
	GOVERNM	IENT		
	STATE COUNTY	DISTRICT CITY	OTHER	
5.	FQHC Owned By:			
		***	OR ADMINISTRATOR OF CLINIC	
	l Hereby C		Accompanying Worksheets Prepared By	
	·		unity Health Clinic 004235736 FQHC Name)	
	For the Reporting Pe	riod Beginning 7/1/2020 and En	ding 6/30/2021 and That to the Best of My Knowled	ge
	and Belief It Is a True	, Correct and Complete Stateme	ent Prepared From the Books and Records of the	
	FQHC In Accordance	With Applicable Instructions, E	xcept as Noted:	
6.	Signature (Office	er or Administrator of FQHC)	Printed Name Suzanne Lagarde, MD	-
	Luarx	Langedo	Guzaino zugaias, iiiz	
	Suzurk	Title	Date	
		2000 (100 (100 (100 (100 (100 (100 (100		
		CEO 7/1	Jan to before me Jan 2024 J. 22	

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Reporting Period:	From 7/1/2020	То	6/30/2021	
FQHC Name:	Fair Haven Community Health Clinic			

should be reported on Form A Provider Name	Location	FQHC Certified Yes/No	Clinic/Provider No
Fair Haven Community Health	374 Grand Avenue, New Haven, CT 06513	Yes	07-1817
Fair Haven CHC at Bella Vista	339 Eastern Street, New Haven, CT 06513	Yes	07-1805
Wilbur Cross High School	181 Mitchell Drive, New Haven, CT 06511	Yes	07-1806
Fair Haven K-8 School	164 Grand Avenue, New Haven, CT 06513	Yes	07-1807
Fair Haven CHC at 50 Grand	50 Grand Avenue, New Haven, CT 06513	Yes	07-1909
John Martinez School	100 James Street, New Haven, CT 06513	Yes	07-1899
Clinton Ave. School	293 Clinton Avenue, New Haven, CT 06513	Yes	07-1900
Fair Haven CHC of East Haven	370 Hemmingway Avenue, East Haven, CT 06512	Yes	07-1925
Fair Haven CHC INC MAAS	426 East Street, New Haven, CT 06511	Yes	07-1927
Joseph Mellilo Middle School	67 Hudson Street, East Haven, CT 06512	Yes	07-1934
East Haven High School	35 Wheelbarrow Lane, East Haven, CT 06513	Yes	07-1936
Shoreline Family Health	221 W Main St, Branford, CT 06405	Yes	07-1947
BH Care	14 Sycamore Way, Branford, CT 06405	Yes	07-1935
Columbus School	255 Blatchly Ave, New Haven, CT 06513	Yes	07-1945
150 Sargent Drive	150 Sargent Drive, New Haven, CT 06511	Yes	07-1958
. Related Parties: Related par submission:	ty information is reported on the following	g, which accompanies	this cost report

Reporting Perio	od:	From	7/1/2020	То	6/30/2021
FQHC Name:	Fair Haven Community Health Clinic				

Form A-1 (Direct Health Care Cost)

	COST CENTER	Salaried Personnel	Other Costs	Total	Reclass- ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
A.	DIRECT HEALTH CARE COST		36	111	IV	v	VI	VII
(Excl	uding Dental, Mental Health & Other)							
1. Staff Cost							·	
a. Physician		2,593,275	425,397	3,018,672		3,018,672		3,018,6
b. Physician Assistan	ıl	92,734	15,212	107,946		107,946		107,9
c. Nurse (APRN, Mid	wife, RN)	3,614,371	592,895	4,207,266		4,207,266		4,207,2
d. Other - Specify								
	Clinical Assistants	1,023,852	167,951	1,191,803		1,191,803		1,191,8
	Patient support services	714,354	117,182	831,536		831,536		831,5
	Lab staff	82,015	13,454	95,469		95,469		95,4
	Enabling	588,367	96,515	684,882		684,882		684,8
	Educator	5,546	910	6,456		6,456		6,4
	Contracted Physician		75,362	75,362		75,362		75,3
				0		0		
				0		0		
	-			0		0		
			ľ	٥		0		
				اه		0		
				ا ۵		0		
e. Subtotal Direct He	ealth Care Cost	8,714,514	1,504,878	10,219,392	0	10,219,392	0	10,219,3
2. Other Direct Heal	th Care Cost							
a. Medical Supplies			1,901,838	1,901,838		1,901,838	(1,607,043)	294,7
b. Transportation			66,713	66,713		66,713		66,7
c. Depreciation - Med	lical Equipment		0	0		0		
d. Professional Liabili			0	0		0		
e. Laboratory	•		309,500	309,500		309,500	(22,800)	286,7
f. Radiology			0	0	1	0		
g. Physician-Administ	hand Drugs		0	0		0		
h. Other - Specify								
China Opening	Prescription Drug Benefit Program		1,394,273	1,394,273		1,394,273		1,394,2
	Other expenses	- '-	74,001	74,001		74,001		74,0
	Occupancy and Office Expenses		1,413,804	1,413,804		1,413,804		1,413,8
	Occupancy and Onice Expenses		1,413,004	1,410,004		0		.,
i Subtotal Other Di	rect Health Care Cost	0	5,160,129	5,160,129	0	5,160,129	(1,629,843)	3,530,2
	icut i luditii Odic Oost		-1.701120	-,		1111111	and the second s	

Reporting Period:	From7/1/2020	To6/30/2021
FQHC Name: Fair Haven Community Health Clinic		

Form A-2 (Direct Dental Care Cost)

COST CENTER	Salaried Personnel	Other Costs	Total	Reclass- ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
B. DIRECT DENTAL CAR	ECOST	0. 1]	10		VI I	VII
. Staff Cost	E 0031						
a Dentist	337,704	55,396	393,100		393,100		393,
Dental Hygienst	120,430	19,755	140,185		140,185		140,
Other - Specify	,	,	,				
Dental Support Staff	68,524	11,241	79,765		79,765		79.
Dental Assistant	94,316	15,471	109,787		109,787		109,
Patient Support Svcs	48,743	7,996	56,739		56,739		56,
Patient Support SVCS	40,743	7,550	50,700		0		-
1			ő		0		
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T			0		0		
¥			9		0		
			2		0		
			0		0		
	669,717	109,859	779,576	0	779,576	0	779
1. Subtotal Direct Dental Care Cost	669,/1/	109,859	779,576	U	119,516	0	713
2 Other Direct Dental Care Cost		97,361	97,361		97,361		97
Dental Supplies	1 (97,301	97,301		0		3,
Transportation		0	0		0		
Depreciation - Dental Equipment	1 1	3 1	1		70,862		70
Professional Liability Insurance		70,862	70,862		10,002		70
Olher - Specify		E 474	5 474		5 474		5
Dental Temporary Service		5,471	5,471		5,471		107
Occupancy and Office Ex	penses	107,723	107,723		107,723		107
:			0				
-			0		0		
f. Subtotal Other Direct Dental Care Cost	0	281,417	281,417	0	281,417	0	281
Albabiotal Other Bilect Beltial Gale Cost		2011-11	2011411				

Repo	ting Period:	From	7/1/2020	То	6/30/2021
FQHC	Name: Fair Haven Community Health Clinic				

	COST CENTER	Salaried Personnel	Other Costs	Total	Reclass- ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
				10	IV	V	VI	VII
Ċ,	DIRECT MENTAL HEALTH CARE COST							
1. Staff Cost			51045	383,296		383,296		383,2
a. Psychologist		329,281	54,015	383,296		363,290		303,
b Social Worker		0		١	- 1	Ů,		
c Other - Specify						02.400		63.4
	Psychiatrist	54,488	8,938	63,426		63,426		501,
	Behavioral Health Clinician	430,462	70,612	501,074		501,074		124,
1	Enabling	107,077	17,565	124,642		124,642		
	Patient Support Services	123,596	20,274	143,870	1	143,870		143,
				0		0		
				0		0		
		1		0		0		
				0		0		
	Mental Health Care Cost	1,044,904	171,404	1,216,308	0	1,216,308	0	1,216,
	ntal Health Care Cost					721		
a Medical Supplies			0	0	1	0		
b. Transportation		10	0	0	1	0		
	ental Health Equipment	1	0	0		0		
A		40 41	0	٥		0		
d, Professional Liab	sary insurance							
A comment of the comm	3]		- 1				
d, Professional Liab	Occupancy and Office Expenses		168,067	168,067		168,067		168,
d. Professional Liab	3		168,067	168,067 0		168,067 0		168,
d, Professional Liab	3					100		168,
d. Professional Liab	3		0			100		168,
d, Professional Liab	3		0	0 0 0		0 0 0		
d. Professional Liab e. Other - Specify	3	0	0	0 0	0	0	0	
d. Prefessional Liab e. Other - Specify	Occupancy and Office Expenses Direct Mental Health Care Cost		0 0 0 0 168,067	0 0 0 0 168,067		0 0 0 0 168,067		168
d. Professional Liab e. Other - Specify f. Subtotal Other I	Occupancy and Office Expenses	1,044,904	0 0 0	0 0 0	0	0 0 0	0	168, 168,

Reporting Period:	From	7/1/2020	То	/30/2021
FQHC Name: Fair Haven Community Health Clinic				

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

COST CENTER	Salaried Personnel	Other Costs	Total	Reclass- ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
			- 111	IV	V	VI	VII
E. NON-ALLOWABLE DIRECT OTHER SERVICE CO	0\$1						
1. Service							
a. Clinical Diagnostic Lab		0	0		0		
b. Radiology		0	0	- 1	0		
c. Prescription Drugs/Pharmacy		0	0		0	0	
d. Battered Women	l l	٥١	0	- 1	"	lt.	
e. Homeless		0	0		1,291,422	(4 004 477)	
t, WIC	219,696	1,071,726	1,291,422	0	1,291,422	(1,291,422)	
g. Non-FQHC Sites			0		٩		
h. Other - Specify				2			
			0	9	, i		
3				, i			
<u> </u>			0	8	, i		
			0	ő			
			š	*	ő		
					0		
***************************************			0		0		
i. Total Non-Allowable Direct Other Service Cost	219,696	1,071,726	1,291,422	0	1,291,422	(1,291,422)	
F. TOTAL DIRECT COST (D+E1i)	10,648,831	8,467,480	19,116,311		19,116,311	(2,921,265)	16,195,

F	Reporting Period:		7/1/2020	То	6/30/2021
F	FQHC Name: Fair Haven Community Health Clinic				

RECLASSIFICATION	ONS AND ADJUSTM	ENTS OF TR	IAL BALAN	CE OF EXPE	ENSES		
COST CENTER	Salaried Personnel	Other Costs	Total	Reclass- ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
		11 1	m I	IV	V	VI	VII
G. OVERHEAD - FACILITY COST		001.011	004.044		261,011	(33,700)	227,31
a. Rent		261,011 100,247	261,011 100,247		100,247	(33,700)	100,2
b. Insurance			7,717		7,717		7,7
c. Interest on Morigage or Loans	1 1	7,717 41,523	41,523		41,523		41,5
d. Utilities	1 1	41,523	41,523		41,323		71,0
e. Depreciation - Building		925,549	925,549	1	925,549		925,5
f. Depreciation - Equipment	1 1	84,220	84,220		84,220		84,2
g. Housekeeping & Maintenance		84,220	04,220		04,220		01,2
h. Other (Specify) Dietary Supplies		19,154	19,154		19,154		19,1
Building Security		50,508	50,508		50,508		50,5
Ballaing Security		00,000	0		0		
			اه		0		
i. Subtotal Overhead - Facility Cost	0	1,489,929	1,489,929	0	1,489,929	(33,700)	1,456,2
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	5,742,092	745,940	6,488,032		6,488,032	(1,194,739)	5,293,2
b. Depreciation - Office Equipment		0	0		0		
c. Office Supplies		294,374	294,374		294,374		294,3
d. Legal		127,613	127,613		127,613		127,6
e. Accounting		54,466	54,466		54,466		54,4
f. Insurance		0	0		0		
g. Telephone		121,574	121,574		121,574		121,5
h. Fringe Benefits and Payroll Taxes	1 1	0	0	1	0		
i. Interest - Capital Loans		8,431	8,431		8,431	(8,431)	
Other (Specify)							
Payroll and other professional services		0	0		0		
Contractual Labor		2,680,228	2,680,228		2,680,228		2,680,2
Computer / IT		47,650	47,650		47,650		47,6
HR / Training / Education		14,943	14,943		14,943		14,9
Dues / Subscriptions / Licenses		22,513	22,513	1	22,513		22,5
Marketing / Lobbying / Bad Debt		863,221	863,221		863,221	(822,078)	41,1
Other Supplies / Miscellaneous Expenses		171,006	171,006		171,006	(132,088)	38,9
Other Supplies / Miscellaneous Expenses		171,000	171,000	1	0 0	(152,000)	00,0
k. Subtotal Overhead - Administrative Cost	5,742,092	5,151,959	10,894,051	0	10,894,051	(2,157,336)	8,736,7
I. TOTAL OVERHEAD COST (Gi+Hk)	5,742,092	6,641,888	12,383,980	5	12,383,980	(2,191,036)	10,192,9
	16,390,923	15,109,368	31,500,291		31,500,291	(5,112,301)	26,387,9

Reporting Period:	•	From7/1/2020	To6/30/2021
FQHC Name:	Fair Haven Community Health Clinic		

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

HEALTH CARE COMPENSA				Total Employee	Hours and FTEs
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS,				Employee	FTEs
& FTEs (Excluding Dental, Mental Health, and Other)	Specialty	Compensation	Encounters	Total Hours	(2080 hrs = 1 FTE)
	- "a"	11	III	IV	V 0.50
Provide itemized de-identified list (e.g., Physician 1)	General Practitioner	125,000	1,500	1,040	0.50
A. PHYSICIAN					
1. Please see form B-4 Summary Personnel		2,593,275	39,439	28,493	13.70
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		2,593,275	39,439	28,493	13.70
					ı — —
B. PHYSICIAN ASSISTANT					
1. Please see form B-4 Summary Personnel		92,734	4,730	1,621	0.78
2.					0.00
3,					0.00
4.					0.00
5					0.00
Total Physician Assistant Encounters, Hours and FTEs		92,734	4,730	1,621	0.78

Reporting Period:		From	7/1/2020	To_	6/30/2021
FQHC Name:	Fair Haven Community Health Clinic				

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

HEALTH CARE COMPENSA	TION, ENCOUNTER	S. HOURS, AND	FTES BY PRA	CTITIONER	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	Total Employee	Hours and FTEs
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty	Compensation	Encounters	Employee Total Hours	(2080 hrs = 1 FTE)
a i i i i i i i i i i i i i i i i i i i	I	II	III	IV	V
Provide itemized de-identified list (e.g., Physician 1)	General Practitioner	125,000	1,500	1,040	0.50
C. NURSE (APRN, MIDWIFE, RN)					
1. Please see form B-4 Summary Personnel		3,614,371	23,531	72,172	34.70
2.					0.00
3.					0.00
4.					0.00
5:					0.00
Total Nurse Practioner		3,614,371	23,531	72,172	34.70
D. PHYSICIAN SERVICES UNDER CONTRACT					
Please see form B-4 Summary Personnel		0	864	752	0.36
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Physician Services Under Contract		0	864	752	0.36
E. OTHER HEALTH CARE PRACTITIONER					
Please see form B-4 Summary Personnel		2,414,134	0	50,707	24.38
2.					0.00
3.					0.00
Total Other Health Care Practitioner		2,414,134	0	50,707	24.38

Reporting Period	:	From	7/1/2020	To6/30/2021
FQHC Name:	Fair Haven Community Health Clinic			

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

	DENTAL SERVICES COMPENSATION, ENCO			Total Employee Hours and FTEs		
				Employee	FTEs	
DEN	TAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation	Encounters	Total Hours	(2080 hrs = 1 FTE	
Pro	vide itemized de-identified list (e.g., Dentist 1)	125,000	1,500	1,040	0.50	
A.	DENTIST	120,000	1,020	1000000	3,55	
	- AN - COLUMB	337,704	3,563	4,900	2.3	
	ise see form B-4 Summary Personnel	337,704	3,363	4,900	7,000	
2.		-			0,0	
3.					0.0	
4.					0,0	
5.					0,0	
	Total Dentist Encounters, Staff Hours and FTEs	337,704	3,563	4,900	2.3	
3.	DENTAL HYGIENIST					
		120,430	1,358	2,981	1,4	
	ise see form B-4 Summary Personnel	120,430	1,336	2,301	0.0	
2.						
3.					0.0	
1.					0.0	
5					0.0	
	Total Dental Hygienist Encounters, Hours and FTEs	120,430	1,358	2,981	1.4	
c.	OTHER DENTAL PRACTITIONER					
	se see form B-4 Summary Personnel	211,583	0	4,646	2.2	
2.	The second secon				0.0	
					0.0	
					0.0	
5.					0.0	
	Total Other Dental Practitioner Encounters, Hours and FTEs	211,583	0	4,646	2.2	

Reporting Period	:	From	7/1/2020	То	6/30/2021
FQHC Name:	Fair Haven Community Health Clinic				

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

_	MENTAL HEALTH SERVICES COMPENSATION, E			Total Employee Hours and FTEs		
MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS,		Compensation	Encounters	Employee Total Hours	FTEs (2080 hrs = 1 FTE	
	Provide Itemized de-identified list (e.g., Psychologist 1)	125,000	1,500	1,040	0.50	
A	PSYCHOLOGIST					
1	Please see form B-4 Summary Personnel	329,281	1,805	5,512	2.6	
2					0.0	
3					0.0	
4					0.0	
5					0.0	
	Total Psychologist Encounters, Staff Hours and FTEs	329,281	1,805	5,512	2.6	
В	SOCIAL WORKER					
1	Please see form B-4 Summary Personnel	0			0.0	
2					0,0	
3					0,0	
4					0.0	
5					0,0	
	Total Social Worker Encounters, Hours and FTEs	0	0	0	0.0	
C.	OTHER MENTAL HEALTH PRACTITIONER					
1	Please see form B-4 Summary Personnel	715,623	10,673	18,635	8.9	
2					0.0	
3					0.0	
ļ					0.0	
5					0.0	
	Total Other Mental Health Practitioner Encounters, Hours and FTEs	715.623	10,673	18,635	8.8	

Poperting Period:	From	7/1/2020

FQHC Name: Fair Haven Community Health Clinic

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

To 6/30/2021

				Compensation Range		Tu	rnover		Employee Ho	urs and FTEs
_	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTES BY PRACTITIONER TYPE	Number of Practitioners	Total Compensation	High	Low	Hires	Departures	Encounters	Employee Total Hours	2000
Í		4	500,000	150,000	100,000	2	1	10,000	8,320	4,00
A.	HEALTH CARE PRACTITIONERS									
1:	PHYSICIAN	20	2,593,275	285,000	10,400	5	1	39,439	28,493	13.70
2.	PHYSICIAN ASSISTANT	3	92,734	115,003	74,659	2	1	4,730	1,621	0.78
3.	NURSE (APRN, MIDWIFE, RN)	57	3,614,371	149,350	9,600	19	11	23,531	72,172	34.70
4.	OTHER HEALTH PROFESSIONALS	35	2,414,134	57,509	35,360	13	8	864	51,459	24,74
	Total Health Care	115	8,714,514			39	21	68,564	153,745	73.92
		**						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
В.	DENTAL PRACTITIONERS									
1.	DENTIST	3	337,704	173,400	135,252		1	3,563	4,900	2.36
2.	DENTAL HYGIENIST	2	120,430	80,854	71,094	2		1,358	2,981	1.43
3.	OTHER DENTAL PRACTITIONERS	4	211,583	49,275	39,520	3	2	. 0	4,646	2,23
	Total Dental	9	669,717			5	3	4,921	12,527	6.02
										I
C.	MENTAL HEALTH PRACTITIONERS									
1.	PSYCHOLOGIST	4	329,281	152,337	66,950	9	-0	1,805	5,512	2.65
2.	OTHER MENTAL HEALTH PRACTITIONERS	12	715,623	118,453	51,000	6	4	10,673	18,635	8.96
	Total Mental Health	16	1.044.904			6	4	12,478	24,147	11.61

STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES ANNUAL REPORT

FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2020 To 6/30/2021

FQHC Name: Fair Haven Community Health Clinic

Form C (Cost Adjustment & Allocation)

	COST ADJUSTMENT AND ALLOCATION	
Α.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	16,195,046
В,	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	
c.	Total Direct Costs (A+B)	16,195,046
D.	Portion of Title XIX Services (A/C)	100.00%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	10,192,944
F.	Overhead Cost Applicable to Title XIX Services (DxE)	10,192,944
G.	Total Title XIX Services Cost (A+F)	26,387,990
н.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	7,916,397
1.	Cost Adjustment (Lower of H-F or Zero)	(2,276,547
J.:	Allowable Title XIX Overhead Cost (F+I)	7,916,397
K.	Direct Costs 1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	13,749,678
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	1,060,993
	,	1,384,375
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	
	4. Total Direct Costs (K1 thru K3)	16,195,046
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	84.90%
	2. Dental Services (K2/K4)	6.55%
	3. Mental Health Services (K3/K4)	8.55%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	6,721,021
	2. Dental Services (JxL2)	518,524
	3. Mental Health Services (JxL3)	676,852
		7,916,397
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	1,510,331

Reporting Period:	From7/1/2020	To6/30/2021	
FQHC Name:	Fair Haven Community Health Clinic	; 	

Form D (Allowable Cost per Encounter)

		ALLOWABLE COST PER ENCOUNTER	
ı.	Hea	Ith Care Cost (Excluding Dental and Mental Health)	1
	A.	Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII)	13,749,678
	B.	Allowable Overhead Cost (P13 - Form C, Line M1)	6,721,021
	C.	Total Allowable Health Care Cost (A+B)	20,470,699
	D.	Encounters (P12 - Form B-4, Health Care Total)	68,564
	E.	Allowable Health Care Cost Per Encounter (C/D)	298.56
II.	Den	tal	
	A.	Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	1,060,993
	B.	Allowable Overhead Cost (P13 - Form C, Line M2)	518,524
	C.	Total Allowable Dental Cost (A+B)	1,579,517
	D.	Encounters (P12 - Form B-4, Dental Total)	4,921
	E.	Allowable Dental Cost Per Encounter (C/D)	320.97
III.	Men	tal Health	
	A.	Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	1,384,375
	В.	Allowable Overhead Cost (P13 - Form C, Line M3)	676,852
	C.	Total Allowable Mental Health Cost (A+B)	2,061,227
	D.	Encounters (P12 - Form B-4, Mental Health Total)	12,478
	E.	Allowable Mental Health Cost Per Encounter (C/D)	165.19

Reporting Period:		From	7/1/2020	To_	6/30/2021
FQHC Name:	Fair Haven Community Health Clinic				

	REVENUES	li li	II	111	IV	V
Α.	Operating Revenue	Services Excluding Dental, Mental Health &	Dental	Mental Health	Other	Total (Col. I thru IV)
1.	Medicaid	(9,461,904)	(374,223)	(1,201,296)	0	(11,037,423
2.	Private	(1,361,523)	(55,239)	(218,774)	0	(1,635,536
3.	Medicare	(170,323)	0	(80,631)	0	(250,954
4	Patient Cash/Self Pay	(847,162)	(16,435)	45,706	0	(817,891
5.	Other - Specify	0	0	0	0	
6.	Total (1 thru 5)	(11,840,912)	(445,897)	(1,454,995)	0	(13,741,804
В.	Other Revenue					
1.	Contributions	(124,209)	(53)	0	0	(124,262
2	Grants	(14,511,157)	(1,560)	(285,269)	0	(14,797,986
3.	Interest	(24,443)	0	0	0	(24,443
4	Donations	o l	0	0	0	(
5.	Other - Specify Pharmacy Rental Income	(8,262)	0	0	0	(8,26)
6.	Other - Specify Catering	0	0	0	0	(
7	Other - Specify Contracts	0	0	0	0	(
8.	Other - Specify Other	(8,730,101)	0	0	0	(8,730,10
9.	Other - Specify					(
10.	Other - Specify					(
11.	Total (1 thru 10)	(23,398,172)	(1,613)	(285,269)	0	(23,685,054
c.		3)				
1.	Other - Specify Patient Refunds	0	0	0	0	C
2.	Other - Specify Vaccines and Donated Materials		0	0	0	(
3,	Other - Specify Pharmacy	0	0	0	0	(
4.	Other - Specify Unrealized Gain/Loss	0	0	0	0	(
5.	Other - Specify Donated Equipment	0	0	0	0	(
6.	Other - Specify					
7.	Total (1 thru 7)	0.	0	0	0	
D.	Total Revenue (A6+B11+C7)	(35,239,084)	(447,510)	(1,740,264)	0	(37,426,858

Reporting Period:	From	7/1/2020	То	6/30/2021	
FQHC Name:	Fair Haven (Community Health C	linic		

Form F (Grants and Contributions)

A. Contributions	ACTUAL
1. Services (Excluding Dental, Mental Health and Other)	(124,209)
2. Dental	(53)
3. Mental Health	0
4. Other - Specify	0
Other - Specify	
5. Total (1 thru 4)	(124,262)
B. Grants (Excluding PHS)	
1. Services (Excluding Dental, Mental Health and Other)	(14,511,157)
2. Dental	(1,560)
3. Mental Health	(285,269)
4. Other - Specify Various Other Program Grants	
Other - Specify	
Other - Specify Other - Specify	
Other - Specify	

STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES ANNUAL REPORT

FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From	7/1/2020	То	6/30/2021	
FQHC Name:	Fair Haven C	ommunity Health Clini	С		

Form G (Cost Disallowance and Offset)

A.	Cost Disallowance		
	1. Entertainment		
	2. Fines and penalties		
	3. Bad debt	683,181	
	4. Cost of actions to collect receivables		
	5. Advertising, except for recruitment of personnel	138,897	
	Contingent reserves Legal, Accounting and professional services incurred in connection with rehearing, arbitration, or judicial proceedings pertaining to the reimbursement approved by the Commissioner		
	8. Fundraising		
	9. Amortization of goodwill		
	10. Directors fees		
	11. Contributions		
	12. Membership dues for public relations		
	13. Cost not related to patient care	140,519	
	14. Interest		
	15. Pass through expenses		
	16. Total (1 thru 15)		962
3.	Cost Offset (Expense Recovery)		
	1. Refunds - Medicaid Outreach	-	
	2. Donated Rent Income	33,700	
	3. In-Kind Donated Supplies	1,629,843	
	4. In-Kind Donated Salaries	1,194,739	
	5. In-Kind expenses - WIC	1,291,422	
	6. In-Kind Advertising		
	7. Total (1 thru 6)		4,149
	Total Cost Disallowance and Offset (A16+B7)		5,112

Client: Fair Haven Community Health Clinic, Inc. FQHC - Fair Haven Community Health Clinic, Inc. Engagement: Period Ending: 6/30/2021 Trial Balance A.01 - TB ADJUSTED Description JF Ref# R.IE REPORT PP-1 Account 6/30/2021 6/30/2020 6/30/2021 (6,958,879,00) (5,758,324,00) (12,717,203,00) (8,132,593.00) 40000 Federal Grant Revenue (5,758,324,00) RJE - 6 (4,890,198.00) 3,551,512,00 (1,338,686,00) (2,709,562,00) 41000 State Grant Revenue RJE - 6 3,551,512.00 42230 WIC Food Benefits - Donated 0:00 (1,032,528,00) (1,032,528,00) (1,214,770.00) (1,032,528.00) RJE - 6 (2,858,283,00) (976,006,00) 42231 Donated Services & Supplies 0.00 (2,858,283.00)RJE - 6 (2,858,283.00) (619,245,00) (116,602,00)(735,847.00) (123,229.00) 43000 Private Grant Revenue R.IE - 6 (116,602.00) Medicaid FQHC Revenue (12,309,770,00)(12,309,770,00) (9,038,001,00) 48203 Medicare FQHC Revenue (639.892.00) (639,892,00) (689.965.00) 48208 (2,546,959.00)(2.546.959.00) (1.807.579.00) 48209 Private Insurance Revenue Patient Fees Revenue (2,317,439.00)(2,317,439.00) (2,482,763.00) 48210 (16,596,00) (16,596.00)(38.818.00) 48211 Cancer Screening Revenue 48304 Adi-Medicaid FQHC Contra Revenue 1,272,347.00 1,272,347.00 1,496,680,00 388,938.00 48305 Adi-Medicare FQHC-contra 388,938.00 106.435.00 911,423.00 911,423.00 823,210,00 48309 Adi-Private Insurance-contra 48310 1,499,548.00 1,499,548.00 1,798,056,00 Adi-Patient Fees-contra (3.515,071.00) (3,774,094,00) Prescription Benefit Program (3,515,071.00)49000 (1,046,906,00) DSS Meaningful Use Incentive / PCMH+ (1,046,906.00) (657,849.00) 49510 (8,262,00) Pharmacy Rental Income (8,262,00) (6.885,00)49700 (24,443.00)(51.894.00)Interest Income (38,462,00)14,019.00 49995 14,019.00 RJE - 6 49997 Contributions (140,453.00) 16.191.00 (124, 262, 00)(138,921.00)RJE - 6 16.191.00 49999 (2,607,647,00) 2,358,400.00 (249, 247.00)(66,643,00) Other Revenue RJE - 6 2,358,400.00 2,593,275.00 2,217,445.00 50010 Salaries - Physicians 2,593,275.00 337,704.00 337,704.00 50015 Salaries - Dentists 0.00 436.127.00 337,704.00 RJE - 1 1,266,469.00 1,242,458.00 50020 Salaries - Nurse Practitioners 1,266,469.00 92,734.00 47,553.00 50025 Salaries - Physician Assistants 92,734.00 476,259.00 491,199.00 50030 Salaries - Nurse Midwives 476,259.00 423,899.00 545,548.00 50040 Salaries - Nurses LPN 423,899.00 50045 Salaries-Nurses RN 1,447,744.00 1,447,744.00 1,154,625.00 50050 Salaries - Dental Hygienists 0.00 120,430.00 120,430.00 146,242.00 120,430.00 RJE - 1 1,023,852.00 869,606.00 50060 Salaries - Clinical Assistants 1,023,852.00 94,316.00 94,316.00 87,734.00 50065 Salaries - Dental Assistants 0.00 94,316.00 RJE - 1 82,015.00 82,015.00 74,614.00 50070 Salaries - Lab Salaries - BH Clinician (176, 201.00)430,462.00 546,894.00 50090 606,663.00 RJE - 6 (176,201,00) 50094 Salaries-Psychiatrist 54,488.00 54,488.00 39.512.00 50095 Salaries-Psychologist 153,080.00 176,201.00 329,281.00 139,281.00 RJE - 6 176,201.00 695,444.00 (107,077.00)588,367.00 743,943.00 50100 Salaries - Enabling RJE - 3 (107,077.00) 5,546.00 5.546.00 4.461.00 50105 Salaries-Educator 851,474.00 (137, 120.00)714,354.00 297,349.00 50110 Salaries - Patient Services Support RJE - 1 35,219.00 RJE - 2 (172,339.00) 50115 Salaries - Dental Support Staff 1,080.00 67,444.00 68,524,00 62,766.00 67,444.00 RJE - 1 91,155.00 91,155.00 56.698.00 50120 Salaries - Medical Records 116,143.00 116,143.00 106,844.00 50125 Salaries - Referrals 758,354.00 758,354.00 1,000,352.00 50130 Salaries - Front Desk 455,834.00 455,834.00 429,015.00 50135 Salaries - Billing 57,669.00 1,913,850.00 1,706,583.00 50140 Salaries - Management & Admin Support 1,856,181.00 RJE - 1 57,669.00 50150 Salaries - Information Technology 242,109.00 242,109.00 240,227.00 525,639.00 525,639.00 478,846.00 50160 Salaries - Finance 50170 Salaries - Facilities 212,391.00 212,391.00 148.688.00 0.00 0.00 0.00 Accrued Vaccation 50180 RJE-4 (10.538.00)RJE - 6 10,538.00 0:00 50190 Salaries - Call Center 231.878.00 231.878.00 (845,806,00) 0.00 51020 Social Security Taxes - FHC 845,806.00 0.00

Account	Description	ADJUSTED	JE Ref#	RJE	REPORT	PP-1
		6/30/2021			6/30/2021	6/30/2020
			RJE - 4	(728,288,00)		
			RJE - 6	(117,518.00)		
51030	Medicare Taxes - FHC	204,323.00		(204,323.00)	0.00	0.00
			RJE - 4	(204,323.00)		
51060	State Unemployment Taxes	20,610.00	5.5	(20,610.00)	0.00	0.00
		F0 0F7 00	RJE - 4	(20,610.00)	0.00	0.00
51090	Worker's Comp	53,857.00	RJE - 4	(53,857,00) (53,857.00)	0.00	0.00
51101	Health Insurance	1,508,409.00	1/32 - 4	(1,508,409.00)	0.00	0.00
01101	The state of the s	.,000,.000	RJE - 4	(1,508,409,00)		
51102	Dental Insurance	70,862.00			70,862.00	43,275.00
51106	Disability & Life Insurance	105,609.00		(105,609.00)	0.00	0.00
			RJE - 4	(105,609,00)		
51111	Health Insurance PR W/H	(200,715.00)	RJE - 4	200,715,00	0.00	0.00
51112	Dental Insurance PR W/H	(27,418,00)	NJE - 4	200,715.00 27,418.00	0.00	0.00
31112	Dental insurance FR VV/H	(27,418,00)	RJE - 4	27,418.00	0.00	0.00
51116	Disability & Life PR W/H	(101,379,00)		101,379.00	0.00	0.00
		(, , , , , ,	RJE - 4	101,379.00		
51160	403B-Match	148,448.00		(148,448,00)	0.00	0.00
			RJE - 4	(148,448.00)		
51170	Continuing Education	19,203.00	DIE 4	(19,203.00)	0.00	0.00
E4480	Facilities Halforns	2 202 00	RJE - 4	(19,203.00)	0.00	0.00
51180	Employee Uniforms	2,303.00	RJE - 4	(2,303.00) (2,303.00)	0.00	0.00
51190	Licensing	22,400.00	1102 4	(15,633.00)	6,767.00	23,190.00
		,	RJE - 5	(15,633.00)	,	
51250	Conference & Training	14,267.00			14,267.00	34,787.00
51300	Employee Travel Transportation	(450.00)		24.00	(426.00)	24,594.00
54000		07.400.00	RJE - 6	24.00	67 420 00	6 702 00
51303 51355	Transportation	67,139.00		(20,682,00)	67,139.00 0.00	6,793.00 0.00
51355	Employee Relations-Staff Meetings	20,682.00	RJE - 4	(20,682,00)	0.00	0.00
51400	Membership Fees	49,452.00	1102 - 4	(34,512.00)	14,940.00	38,360.00
		,	RJE - 5	(34,512.00)	,	,
52000	Temporary Services	10,888.00			10,888.00	13,369.00
52101	Consulting & Other Personnel	2,658,458.00		(25,187.00)	2,633,271.00	387,491.00
		25 472 22	RJE - 6	(25,187.00)	7.000.00	2.00
52102	Architecture Fees	25,176.00	RJE - 5	(17,570,00) (17,570.00)	7,606.00	0.00
52103	Lobbying	20,250.00	MJE - 5	(17,570.00)	20,250.00	20,000.00
52104	Teleretinopathy	60.00			60.00	930.00
52105	eConsults	0.00			0.00	11,931.00
52201	Legal Fees	128,564.00		(25,110.00)	103,454.00	186,007.00
			RJE - 6	(25,110.00)		
52202	Accounting Fees	54,466.00			54,466.00	48,600.00 0.00
52203 52250	Legal Fees - 382-394 Grand Ave, LLC Subcontracts (Grants)	24,159.00 (6,250.00)			24,159.00 (6,250.00)	0.00
53100	Insurance	100,247.00			100,247.00	73,575.00
54101	Subscriptions	1,124.00		(784.00)	340.00	581.00
			RJE - 5	(784,00)		
54102	Credentialing	9,552.00		(9,086.00)	466.00	602.00
			RJE - 5	(1,076.00)		
55000	Olerania a Canada	120 112 00	RJE - 6	(8,010.00)	41,211,00	36,694.00
55000	Cleaning Service	136,413.00	RJE - 5	(95,202.00) (95,202.00)	41,211.00	36,694.00
55001	Building Rent	738,143.00	NOL - U	(510,832.00)	227,311.00	113,711.00
00001	Bollang None	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	RJE - 5	(525,095.00)		
			RJE - 6	14,263.00		
55005	Building Maintenance & Repair	119,121.00		(109,523.00)	9,598.00	34,329.00
			RJE - 5	(22,173.00)		
55000	Diamina	20 800 00	RJE - 6	(87,350.00)	0.003.00	3,391.00
55006	Plowing	29,800.00	RJE - 5	(20,797.00) (20,797.00)	9,003.00	3,351.00
55010	Vehicle Expenditures-Agency vehicles only	2,009.00	NOL - 0	(1,401.00)	608.00	219.00
300 10		_,555.55	RJE - 5	(1,401.00)		
55015	Pest Service	1,320.00		(922.00)	398.00	496.00
			RJE - 5	(922.00)		
55020	Waste Removal	11,576.00	B.E	(8,079.00)	3,497.00	3,746.00
FEOCO	Popurity	143,778.00	RJE - 5	(8,079.00) (93,270.00)	50,508.00	39,095.00
55050	Security	140,770,00		(35,270,00)	50,506.00	\$5,000,00

				= = = = = = =		
Account	Description	ADJUSTED	JE Ref#	RJE	REPORT	PP-1
1 2 1		6/30/2021			6/30/2021	6/30/2020
			RJE - 5	(116,676,00)	- 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100	
			RJE - 6	23,406.00		
55199	Electric	105,975.00		(73,959.00)	32,016.00	36,978.00
			RJE - 5	(73,959.00)		
55200	Oil	4,080.00		(2,848.00)	1,232.00	2,372.00
			RJE - 5	(2,848.00)		-
55300	Gas	19,075.00	D.IE. 5	(13,312,00)	5,763.00	5,967.00
****	181	5,350.00	RJE - 5	(13,312.00) (3,733,00)	1,617.00	1,976.00
55400	Water	5,350.00	RJE≅5	(3,733,00)	1,017.00	1,570.00
55500	Sewer	2,963.00	1/32 - 3	(2,068.00)	895.00	736.00
33300	Gewei	2,555.65	RJE - 5	(2,068.00)		
55600	Property Tax	0.00			0.00	1,209.00
56000	Program Supplies	24,290.00			24,290.00	66,391.00
57000	Office Supplies- Fixtures	17,166.00		(626.00)	16,540.00	9,260.00
			RJE - 6	(626,00)		
57001	Office Supplies-Consumables	87,984.00		30,625.00	118,609.00	58,476.00
			RJE - 6	30,625.00	440.050.00	20 005 00
57002	Office Supplies-Electronics	146,956.00		(22.042.00)	146,956.00	36,905.00 10,155.00
57003	Payroll Services	34,686.00	DIE E	(23,943.00)	10,743.00	10,155.00
			RJE - 5 RJE - 6	(24,817.00) 874.00		
57004	Cumpling Coffware	0.00	KJE - 0	074.00	0.00	335.00
57004 57005	Supplies-Software Postage	27,614.00		(19,272.00)	8.342.00	7,099.00
37003	rustage	27,014.00	RJE - 5	(19,272.00)	0,0 12.00	.,
57100	Bank Charges	16,882.00		(11,782,00)	5,100.00	5,294.00
01 100			RJE - 5	(11,782.00)		
57200	Printing & Reproduction	38,822.00		(27,093.00)	11,729.00	5,313.00
	5		RJE - 5	(27,093.00)		
57300	Telephone & Communications	185,888.00		(129,085.00)	56,803.00	37,894.00
			RJE - 5	(131,216.00)		
			RJE - 6	2,131.00		
57310	Cellphone	5,329.00	D. 15. 5	(3,719.00)	1,610.00	1,862.00
57000	On Call American Coming	200 064 00	RJE - 5	(3,719.00)	63,161.00	14,457.00
57320	On-Call Answering Service	209,064.00	RJE - 5	(145,903.00) (145,903.00)	63, 161.00	14,437.00
57330	Interpretation Services	119,390.00	1/35 - 3	(83,321.00)	36,069.00	5,709.00
5/330	interpretation Services	115,550.00	RJE - 5	(83,321.00)	00,000.00	0,7 00.00
57350	Electronic Claims	11,904.00		(8,308.00)	3,596.00	3,662.00
01000	Electronia cianno	,	RJE - 5	(8,308,00)		
57375	Medical Billing	475.00		(331.00)	144.00	918.00
			RJE - 5	(331.00)		
57390	Software Support	157,722.00		(110,072,00)	47,650.00	36,744.00
			RJE - 5	(110,072.00)		
57400	Equip Maintenance & Repairs	65,888.00		(45,983.00)	19,905.00	16,721.00
			RJE - 5	(45,983.00)	670.00	400.00
57500	Education Materials	676.00			676.00 13,749.00	403.00 14,988.00
57525	Food for Clients	13,749.00			5,405.00	5,394.00
57530	Food for Meetings	5,405.00 0.00		83,933.00	83,933.00	59,592.00
57575	Dental Supplies	0.00	RJE - 1	81,749.00	05,000.00	05,002.00
			RJE - 6	2,184.00		
57576	Dental Lab Expenses	0.00		13,428.00	13,428.00	13,534.00
0/0/0	Derital Lab Experieds		RJE - 1	13,428.00	,	·
57600	Medical Supplies	294,109.00		626.00	294,735.00	156,397.00
			RJE - 6	626.00		
57610	Flu Vaccines	50,712.00			50,712.00	43,705.00
57700	Lab Tests	286,700.00			286,700.00	0.00
58000	Fundraising	1,383.00			1,383.00	567.00
58100	Marketing Events	2,713.00			2,713.00	1,304.00
58200	Advertising	114,551.00		(DE 044 00)	114,551.00	9,466.00
58500	Recruitment	136,184.00	DIE E	(95,041.00)	41,143.00	83,414.00
59000	Py Contragantives	(2,026.00)	RJE - 5	(95,041.00)	(2,026.00)	2,002.00
58990	Rx-Contraceptives Prescription Benefit Program - Expense	1,384,882.00		9,391.00	1,394,273.00	1,333,724.00
59000	i rescription benefit Frogram - Expense	1,007,002.00	RJE - 6	9,391.00	.,_ 5 ., 0,00	.,,
59001	Depreciation	906,059.00		19,490.00	925,549.00	705,794.00
55001			RJE - 6	19,490.00		
59207	Reserve for Bad Debt - Patient Fees	555,538.00		127,643.00	683,181.00	137,306.00
			RJE - 6	127,643.00		
60001	Interest - Mortgage & Line of Credit	25,544.00		(17,827,00)	7,717.00	8,034.00

Account	Description	ADJUSTED	JE Ref#	RJE	REPORT	PP-1
		6/30/2021			6/30/2021	6/30/2020
60010	Donations	0.00	RJE - 5	(17,827.00)	0.00	191.00
61002	Fees, Late Charges, Other Interest	8,431,00	RJE - 5	0.00	8,431,00	664,00
61002	Amortization Expense	0.00			0.00	1,945.00
61111	Office Equipment Lease	12,996.00		(9,069.00)	3,927.00	(5,589.00)
0,,,,	Sinds Equipment Esses	,	RJE - 5	(9,069.00)	,	
65001	Miscellaneous	73,267.00			73,267.00	(204.00)
65002	Miscellaneous - RW Emergency Assistance	58,821.00			58,821.00	15,047.00
69000	Donated Salaries	0.00		1,194,739.00	1,194,739.00	275,021.00
		0.00	RJE - 6	1,194,739.00	00 500 05	0.00
69001	Donated Lab	0.00	RJE - 6	22,800.00 22,800.00	22,800.00	0.00
69002	Donated Rent	0.00	INUL - U	33,700,00	33,700.00	33,700.00
00001	Donated North		RJE - 6	33,700.00	•	,
69003	Donated Medical Supplies	0.00		1,607,043.00	1,607,043.00	667,284.00
			RJE - 6	1,607,043.00		
69100	Donated WIC Food Benefits	0.00		1,032,528.00	1,032,528.00	1,214,770.00
		0.00	RJE - 6	1,032,528.00	0.00	17,480.00
69500 70000	Gain/Loss on Investments Unrealized loss (gain) on value of investments	0.00 0.00		(8,796.00)	(8,796,00)	0.00
70000	Officialized loss (gain) on value of investments	0.00	RJÉ - 6	(8,796.00)	(0,700.00)	0.00
70001	Realized loss (gain) on value of investments	0.00		(2,674.00)	(2,674.00)	0.00
	,		RJE - 6	(2,674.00)		
Marcum 101	Dental Compensation	712,782.00		(712,782.00)	0.00	6,148.00
		400.040.00	RJE - 1	(712,782.00)	E 474 00	42.749.00
Marcum 102	Dental Other	100,648.00	RJE - 1	(95,177.00) (95,177.00)	5,471.00	42,748.00
Marcum 103	WIC Compensation	219,696.00	1/01-1	(95,177.00)	219,696,00	203,181,00
Marcum 104	•	3,159.00			3,159.00	42,504.00
Marcum 105	Peer Counseling Compensation	0.00			0.00	36,943.00
Marcum 106	Peer Counseling Other	0.00			0.00	7,963.00
Marcum 107	Contract Physician	75,362.00			75,362.00	52,041.00
Marcum 108	Pneumococcal Vaccine expense	1,025.00 0,00		123,596.00	1,025.00 123,596.00	39,775.00 65,771.00
Marcum 109	Patient Service Support - Mental Health	0.00	RJE - 2	123,596.00	123,350.00	05,771.00
Marcum 110	Enabling - Mental Health	0.00	1.02 2	107,077.00	107,077.00	164,552.00
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			RJE - 3	107,077.00		
Marcum 111	Fringe Benefits - Physicians	0.00		425,397.00	425,397.00	447,790.00
			RJE - 4	425,397.00	45.040.00	0.000.00
Marcum 112	Fringe Benefits - Physician Assistants	0.00	RJE - 4	15,212.00 15,212.00	15,212.00	9,603.00
Marcum 113	Fringe Benefits - Nurse Practicioner	0.00	NJE - 4	207,748.00	207,748.00	250,902.00
Maiculli 113	Fillige Berleiks - Nuise Fracticioner	0.00	RJE - 4	207,748.00	201,110.00	200,002.00
Marcum 114	Fringe Benefits - Nurse Midwives	0.00		78,125.00	78,125.00	99,193.00
			RJE - 4	78,125.00		
Marcum 115	Fringe Benefits - Nurse LPN	0,00	-	69,536.00	69,536.00	110,166.00
M 440	Ciar Daniela Nueva DNIa	0.00	RJE - 4	69,536.00 237,486.00	237.486.00	233,165.00
Marcum 116	Fringe Benefits - Nurse RNs	0.00	RJE - 4	237,486.00	237,400.00	200,100.00
Marcum 117	Fringe Benefits - Clinical Assistants	0.00		167,951.00	167,951.00	175,608.00
			RJE - 4	167,951.00		
Marcum 118	Fringe Benefits - Lab	0.00		13,454.00	13,454.00	15,068.00
			RJE - 4	13,454.00	00 545 00	450 000 00
Marcum 119	Fringe Benefits - enabling	0.00	DIE 1	96,515.00 96,515.00	96,515.00	150,232.00
Marcum 120	Fringe Benefits - Educators	0.00	RJE - 4	910.00	910.00	901.00
Maicuili 120	Timge Deficits - Laucators	0.00	RJE - 4	910.00	0.0.00	
Marcum 121	Fringe Benefits - patient services support	0.00		117,182.00	117,182.00	60,047.00
			RJE - 4	117,182.00		
Marcum 122	Fringe Benefits - Dentists	0.00		55,396.00	55,396.00	88,071.00
		0.00	RJE - 4	55,396.00	0.00	1 242 00
Marcum 123	Fringe Benefits - Dental Compensation	0.00	RJE - 4	0.00	0.00	1,242.00
Marcum 124	Fringe Benefits - Dental Hygienists	0.00	1100 - 4	19,755.00	19,755.00	29,532.00
13.000111 124	g. = ee. = ee. : iygierine.e	5.55	RJE - 4	19,755.00		
Marcum 125	Fringe Benefits - Dental Assistants	0.00		15,471.00	15,471.00	17,717.00
			RJE - 4	15,471.00	44.044.05	40.075.00
Marcum 126	Fringe Benefits - Dental Support Staff	0.00	RJE - 4	11,241.00 11,241.00	11,241.00	12,675.00
Marcum 127	Fringe Benefits - Psychologist	0.00	1100 - 4	54,015.00	54,015.00	28,126.00
Midicalli 121	Tinge Deficite - Lafonologist	0.00		2.,010.00	,	,

Account	Description	ADJUSTED	JE Ref#	RJE	REPORT	PP-1
		6/30/2021			6/30/2021	6/30/2020
			RJE - 4	54,015.00		
Marcum 128	Fringe Benefits - BH Clinician	0.00	D.IE 4	70,612.00	70,612.00	110,440.00
M 420	Fire Develte Developietists	0.00	RJE - 4	70,612.00 8,9 3 8.00	8,938.00	7,979.00
Marcum 129	Fringe Benefits - Psychiatrists	0.00	RJE - 4	8,938.00	0,000.00	7,070.00
Marcum 130	Fringe Benefits - Medical Records	0.00		14,953.00	14,953.00	11,450.00
			RJE - 4	14,953.00	10.050.00	04 570 00
Marcum 131	Fringe Benefits - Referrals	0.00	RJE - 4	19,052.00 19,052.00	19,052.00	21,576.00
Marcum 132	Fringe Benefits - Front Desk	0.00	NJE - 4	124,399.00	124,399,00	202,011.00
Marcalli 102	Things Bollome Tronk Book		RJE - 4	124,399.00		
Marcum 133	Fringe Benefits - Billing	0.00		74,774.00	74,774.00	86,635.00
	E. B. S. M	0.00	RJE - 4	74,774.00 313,945.00	313,945,00	344,627,00
Marcum 134	Fringe Benefits - Management and Admin Support	0.00	RJE - 4	313,945.00	313,343.00	344,027.00
Marcum 135	Fringe Benefits - Information Technology	0.00	, , ,	39,715.00	39,715.00	48,511.00
	5		RJE - 4	39,715.00		
Marcum 136	Fringe Benefits - Finance	0.00	RJE - 4	86,225.00 86,225.00	86,225.00	96,698.00
Marcum 137	Fringe Benefits - Facilities	0.00	KJE - 4	34,840.00	34,840.00	30,026.00
Walcull 157	Tillige Bereitts - Facilities	0.00	RJE - 4	34,840.00	- 1,- 1-11-1	,
Marcum 138	Fringe Benefits - Patient Service Support - Dental	0.00		7,996.00	7,996.00	8,032.00
		0.00	RJE - 4	7,996.00	20,274.00	13,282.00
Marcum 139	Fringe Benefits - Patient Service Support - Mental Health	0.00	RJE - 4	20,274.00 20,274.00	20,274.00	13,262.00
Marcum 140	Fringe Benefits - Enabling Salaries - Mental Health	0.00	1102 4	17,565.00	17,565.00	33,230.00
	.		RJE - 4	17,565.00		
Marcum 141	Occupancy and Office Expenses - Medical	0.00	015 5	1,413,804.00	1,413,804.00	1,016,555.00
Marcum 142	Occupancy and Office Expenses - Dental	0.00	RJE - 5	1,413,804.00 107,723.00	107,723,00	102,276.00
Marcull 142	Occupancy and Office Expenses - Dental	0.00	RJE - 5	107,723.00	,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Marcum 143	Occupancy and Office Expenses - Mental Health	0.00		168,067.00	168,067.00	125,545.00
			RJE - 5	168,067.00	0.00	0.00
Marcum 144	Occupancy and Office Expenses - Other	0.00	RJE - 5	0.00	0.00	0.00
Marcum 145	Patient Service Support - Dental	0.00	1102 - 0	48,743.00	48,743.00	0.00
			RJE - 2	48,743.00		
Marcum 146	Fringe Benefits - WIC	0.00	D.IE 4	36,039.00	36,039.00	0.00
Moreum 147	Fringe Benefits - Call Center	0.00	RJE - 4	36,039.00 38,037.00	38,037.00	0.00
Marcum 147	Tinge Denenis - Call Celler	3.00	RJE - 4	38,037.00	00,007,000	
Total		(5,957,666.00)		31,119.00	(5,926,587.00)	(3,411,912.00)
	NAC I PROPERTY I PROPE	0.00		0.00	0.00	0.00
	Net (Income) Loss	0.00		0.00	0,00	0.00

Fair Haven Community Health Clinic, Inc FQHC - Fair Haven Community Health Clinic, Inc. 6/30/2021 A.01 - TB Client: Engagement: Period Ending: Trial Balance;

Trial Balance;	A.01 - TB					
Workpaper:	A,03 - Grouping Report					
Account	Description	ADJUSTED	JE Ref#	RJE	REPORT	PP-1
		6/30/2021		6/30/2021	6/30/2021	6/30/2020
Group : [FORM A - A]	Direct Health Care Cost - Staff Cost					
Subgroup : [1A]	Physician					
50010	Salaries - Physicians	2,593,275,00		0,00	2,593,275,00	2,217,445,00
Marcum 111	Fringe Benefits - Physicians	0,00		425,397,00	425,397.00	447,790,00
			RJE - 4	425,397,00		
Subtotal [1A]	Physician	2,593,275.00	-	425,397.00	3,018,672.00	2,665,235.00
	· ·· , -···		-			
Subgroup : [1B]	Physician Assistant					
50025	Salaries - Physician Assistants	92,734.00		0,00	92,734.00	47,553.00
		0.00		15,212.00	15,212.00	9,603,00
Marcum 112	Fringe Benefits - Physician Assistants	0.00	DIE 4	15,212,00	10,212.00	9,000,00
		00.704.00	RJE - 4	15,212.00	107,946.00	57,156.00
Subtotal [1B]	Physician Assistant	92,734,00	(-	15,212.00	107,346.00	37,130,00
Subgroup : [1C]	Nurse Practitioner					1 0 10 150 00
50020	Salaries - Nurse Practitioners	1,266,469,00		0,00	1,266,469,00	1,242,458.00
50030	Salaries - Nome Midwives	476,259.00		0,00	476,259,00	491,199.00
50040	Salaries - Nurses LPN	423,899.00		0.00	423,899.00	545,548.00
50045	Salaries-Nurses RN	1,447,744,00		0.00	1,447,744,00	1,154,625.00
Marcum 113	Fringe Benefils - Nurse Practicioner	0.00		207,748.00	207,748,00	250,902.00
	•		RJE - 4	207,748.00		
Marcum 114	Fringe Benefits - Nurse Midwives	0.00		78,125.00	78,125,00	99,193.00
			RJE - 4	78,125,00		
Marcum 115	Fringe Benefits - Nurse LPN	0.00		69,536.00	69,536,00	110,166.00
Walcall 115	Tillige Delicita - Noise El 14	157	RJE - 4	69,536,00	·	
14 446	Fringe Benefits - Nurse RNs	0.00	NOL - T	237,486,00	237,486.00	233,165,00
Marcum 116	Fittige Beneate - Nuise Kins	0.00	DIE 4		231,400,00	200,100,00
		0.044.074.00	RJE - 4	237,486,00 592,895.00	4,207,266,00	4,127,256.00
Subtotal [1C]	Nurse Practitioner	3,614,371.00	(E	\$92,893.00	4,207,200,00	4,127,230.00
Subgroup : [1D]	Other (Assistants, Case Mngrs, Dieticians)					868 600 00
50060	Salaries - Clinical Assistants	1,023,852,00		0,00	1,023,852,00	869,606.00
50070	Salaries - Lab	82,015.00		0.00	82,015.00	74,614.00
50100	Salaries - Enabling	695,444,00		(107,077,00)	588,367,00	743,943.00
50105	Salaries-Educator	5,546,00		0,00	5,546,00	4,461,00
50110	Salaries - Patient Services Support	851,474.00		(137,120,00)	714,354,00	297,349,00
Marcum 107	Contract Physician	75,362.00		0_00	75,362,00	52,041.00
Marcum 117	Fringe Benefits - Clinical Assistants	0.00		167,951.00	167,951.00	175,608.00
			RJE - 4	167,951.00		
Marcum 118	Fringe Benefits - Lab	0,00		13,454,00	13,454,00	15,068.00
mareem 110			RJE-4	13,454,00		
Marcum 119	Fringe Benefits - enabling	0.00		96,515.00	96,515,00	150,232,00
Marcon 113	Thige Detreits - endoning	0.00	RJE - 4	96,515.00	,	
Marcum 120	Fringe Benefits - Educators	0,00	TOP = 4	910,00	910,00	901.00
Marcum 120	Fillige Bellelis - Eddcators	0,00	RJE-4	910.00	- 1,51	
		0.00	KJE - 4		117,182,00	60,047.00
Marcum 121	Fringe Benefits - patient services support	0,00	DIE :	117,182.00	117,102,00	00,047,00
			RJE - 4	117,182,00	A BRE FOR DO	2,443,870.00
Subtotal [1D]	Other (Assistants, Case Mngrs, Dieticians)	2,733,693.00		151,815.00	2,885,508.00	2,443,870.00
Subgroup : [2A]	Medical Supplies					
52104	Teleretinopathy	60,00		0.00	60,00	930,00
57600	Medical Supplies	294,109,00		626,00	294,735,00	156,397.00
			RJE - 6	626,00		
69003	Donaled Medical Supplies	0,00		1,607,043.00	1,607,043.00	667,284.00
			RJE - 6	1,607,043.00		
Subtotal [2A]	Medical Supplies	294.169.00		1,607,669,00	1,901,838.00	824,611.00
	Manage and Private				=	
Subgroup : [2B]	Transportation (Health Care Staff)					
51300	Employee Travel Transportation	(450.00)		24.00	(426.00)	24,594.00
31300	Employee Havel Hansportation	(100.00)	RJE - 6	24.00	(
54807	Transportation	67 130 00	TOL - 0	0.00	67,139.00	6,793.00
51303		67,139,00	7-	24,00	66,713.00	31,387.00
Subtotal [2B]	Transportation (Health Care Staff)	66,689.00	-	24,00	00,113.00	91,001.00
Subgroup : [2E]	Laboratroy					
57700	Lab Tests	286,700,00		0,00	286,700.00	0.00
69001	Donaled Lab	0,00		22,800.00	22,800.00	0.00
			RJE - 6	22,800.00		
Subtotal [2E]	Laboratroy	286,700.00		22,800.00	309,500,00	0,00
-			57			
Subgroup : [2L]	Other					
56000	Program Supplies	24,290,00		0_00	24,290.00	66,391.00
57610	Flu Vaccines	50,712.00		0.00	50,712.00	43,705.00
58990	Rx-Contraceptives	(2,026,00)		0.00	(2,026.00)	2,002,00
59000	Prescription Benefit Program - Expense	1,384,882,00		9,391.00	1,394,273.00	1,333,724.00
33000	Lessibant petient Liphtin - Exhelise	1,504,002,00	RJE - 6	9,391.00	.1-2,45,414	
14	Pneumococcai Vaccine expense	1,025,00	1.05 - 0	0.00	1,025,00	39,775.00
Marcum 108				1,413,804.00	1,413,804.00	1,016,555.00
Marcum 141	Occupancy and Office Expenses - Medical	0,00	DIF 5		1,713,004,00	1,010,000,00
		4 455 555 5	RJE - 5	1,413,804.00	2 882 079 00	2,502,152.00
Subtotal [2L]	Other	1,458,883.00	2:	1,423,195,00	2,882,078,00	2,502,152.00
		44 *** ***	: 9	1 000 000 00	45 250 504 00	12,651,667.00
Total [FORM A - A]	Direct Health Care Cost - Staff Cost	11,140,514.00	1 =	4,239,007.00	15,379,521.00	14,051,667,00
Group : [FORM A - B]	Direct Dental Care Cost					

0.1	B 22					
Subgroup : [1A] 50015	Dentist Salaries - Dentists	0.00		337,704,00	337,704.00	436,127,00
Marcum 101	Dental Compensation	712,782,00		(712,782,00)	0.00	6,148.00
			RJE - 1	(712,782,00)		
Marcum 122	Fringe Benefits - Dentists	0.00	- i= 033	55,396,00	55,396,00	88,071.00
Marcum 123	Fringe Benefils - Dental Compensation	0_00	RJE - 4	55,396,00 0,00	0.00	1,242,00
Waltum 123	Fillige Bellelits - Delital Compensation	0.00	RJE -4	0,00	7711	•
Subtotal [1A]	Dentist	712,782,00		(319,682.00)	393,100.00	531,588.00
Subgroup : [1B]	Dental Hygienist					146,242,00
50050	Salaries - Dental Hygienists	0_00 0_00		120,430.00 19,755.00	120,430.00 19,755.00	29,532,00
Marcum 124	Fringe Benefits - Dental Hygienists	0,00	RJE - 4	19,755.00	15,745.55	20,012,1
Subtotal [1B]	Dental Hygienist	0.00		140,185.00	140,185.00	175,774.00
Subgroup : [1C]	Other Dental Salaries (Dental Assistant/Admir			0101000	04 246 00	97 724 00
50065	Salaries - Dental Assistants	0,00 1,080,00		94,316,00 67,444.00	94,316,00 68,524,00	87,734,00 62,766,00
50115 Marcum 125	Salaries - Dental Support Staff Fringe Benefits - Dental Assistants	0,00		15,471.00	15,471.00	17,717.00
William 123	Things Deliter Deliter Forder		RJE+4	15,471.00		
Marcum 126	Fringe Benefits - Dental Support Staff	0,00		11,241,00	11,241,00	12,675,00
			RJE -4	11,241.00	7 880 00	0.022.00
Marcum 138	Fringe Benefits - Patient Service Support - Denta	0,00	RJE -4	7,996,00 7,996,00	7,996.00	8,032.00
Marcum 145	Patient Service Support - Dental	0,00	NOL -4	48,743,00	48,743,00	0.00
Marcall 145	Taddit derrice dapport Serial		RJE-2	48,743.00		
Subtotal [1C]	Other Dental Salaries (Dental Assistant/Admir	1,080.00		245,211.00	246,291.00	188,924.00
Subgroup : [2A]	Dental Supplies			02 022 00	83,933.00	59,592.00
57575	Dental Supplies	0,00	RJE - 1	83,933,00 81,749,00	63,333.00	33,332.00
			RJE-6	2,184,00		
57576	Dental Lab Expenses	0.00		13,428,00	13,428.00	13,534.00
			RJE - 1	13,428.00		
Subtotal [2A]	Dental Supplies	0.00		97,361,00	97,361.00	73,126,00
	Professional Calcillation Incomes					
Subgroup : [2D] 51102	Professional Liability Insurance Denial Insurance	70,862,00		0,00	70,862.00	43,275.00
Subtotal [2D]	Professional Liability Insurance	70,862.00		0.00	70,862.00	43,275.00
Subgroup : [2H]	Other				5 474 88	40.740.00
Marcum 102	Dental Other	100,648,00	RJE - 1	(95,177,00) (95,177,00)	5,471.00	42,748.00
Marcum 142	Occupancy and Office Expenses - Dental	0,00	NoE - I	107,723.00	107,723.00	102,276 00
Marcall 142	Cocapanoy and Chief Expanses Sonial	1811	RJE - 5	107,723.00		
Subtotal [2H]	Other	100,648.00		12,546.00	113,194.00	145,024.00
					4 000 000 00	4 457 744 00
Total [FORM A - B]	Direct Dental Care Cost	885,372.00		175,621.00	1,060,993.00	1,157,711.00
Constant Control of Control	Direct Mental Health Care Cost					
Group : [FORM A - C] Subgroup : [1A]	Psychologist					
50095	Salaries-Psychologist	153,080.00		176,201.00	329,281,00	139,281.00
Marcum 127	Fringe Benefits - Psychologist	0.00		54,015,00	54,015.00	28,126.00
		450 000 00	RJE - 4	54,015.00 230,216.00	383,296.00	167,407.00
Subtotal [1A]	Psychologist	153,080.00		230,216.00	203,230,40	107,407.00
Subgroup : [1C]	Other (Psychiatrist, Medical Assistants, Case	Managers, LPC, LADC, F	Sychiatric AF	RN, Other Nurses, Unlicen	sed Social Workers)	
50090	Salaries - BH Clinician	606,663,00		(176,201.00)	430,462.00	546,894.00
50094	Salaries-Psychiatrist	54,488.00		0,00	54,488,00	39,512,00
Marcum 109	Patient Service Support - Mental Health	0.00	RJE - 2	123,596,00 123,596,00	123,596.00	65,771.00
Marcum 110	Enabling - Mental Health	0.00	NOE - Z	107,077.00	107,077,00	164,552.00
Waltedin 710	Enabling - Memai Fledia		RJE - 3	107,077.00	- 23	
					T0 040 00	110,440.00
Marcum 128	Fringe Benefits - BH Clinician	0.00		70,612.00	70,612.00	
			RJE - 4	70,612.00		
Marcum 128 Marcum 129	Fringe Benefits - BH Clinician Fringe Benefits - Psychiatrists	0.00		70,612.00 8,938.00	8,938.00	7,979.00
Marcum 129	Fringe Benefits - Psychiatrists	000	RJE - 4 RJE - 4	70,612.00 8,938.00 8,938.00	8,938.00	
		000		70,612.00 8,938.00		7,979.00
Marcum 129	Fringe Benefits - Psychiatrists	0.00	RJE - 4	70,612.00 8,938.00 8,938.00 20,274.00 20,274.00 17,565.00	8,938.00	7,979.00
Marcum 129 Marcum 139 Marcum 140	Fringe Benefits - Psychiatrists Fringe Benefits - Patient Service Support - Mental Fringe Benefits - Enabling Salaries - Mental Heal	0.00	RJE - 4	70,612.00 8,938.00 8,938.00 20,274.00 20,274.00 17,565.00	8,938.00 20,274.00 17,565.00	7,979.00 13,282.00 33,230,00
Marcum 129	Fringe Benefits - Psychiatrists Fringe Benefits - Patient Service Support - Menta	0.00	RJE - 4	70,612.00 8,938.00 8,938.00 20,274.00 20,274.00 17,565.00	8,938.00 20,274.00	7,979.00 13,282.00
Marcum 129 Marcum 139 Marcum 140	Fringe Benefits - Psychiatrists Fringe Benefits - Patient Service Support - Mental Fringe Benefits - Enabling Salaries - Mental Heal	0.00	RJE - 4	70,612.00 8,938.00 8,938.00 20,274.00 20,274.00 17,565.00	8,938.00 20,274.00 17,565.00 833,012.00	7,979.00 13,282.00 33,230.00 981,660.00
Marcum 129 Marcum 139 Marcum 140 Subtotal [10]	Fringe Benefits - Psychiatrists Fringe Benefits - Patient Service Support - Mental Fringe Benefits - Enabling Salaries - Mental Heal Other (Psychiatrist, Medical Assistants, Case Other Mental Health Other Peer Counseling Compensation	0.00 0.00 0.00 661,151.00	RJE - 4	70,612.00 8,938.00 8,938.00 20,274.00 20,274.00 17,565.00 17,565.00	8,938.00 20,274.00 17,565.00 833,012.00	7,979.00 13,282.00 33,230.00 981,660.00
Marcum 129 Marcum 139 Marcum 140 Subtotal [1C] Subgroup : [1C.1] Marcum 105 Marcum 106	Fringe Benefits - Psychiatrists Fringe Benefits - Patient Service Support - Mental Fringe Benefits - Enabling Salaries - Mental Heal Other (Psychiatrist, Medical Assistants, Case Other Mental Health Other Peer Counseling Compensation Peer Counseling Other	0.00 0.00 0.00 661,151.00	RJE - 4	70,612.00 8,938.00 8,938.00 20,274.00 20,274.00 17,565.00 17,565.00 171,861.00	8,938.00 20,274.00 17,565.00 833,012.00	7,979.00 13,282.00 33,230.00 981,660.00 36,943.00 7,963.00
Marcum 129 Marcum 139 Marcum 140 Subtotal [1C] Subgroup : [1C.1] Marcum 105	Fringe Benefits - Psychiatrists Fringe Benefits - Patient Service Support - Mental Fringe Benefits - Enabling Salaries - Mental Heal Other (Psychiatrist, Medical Assistants, Case Other Mental Health Other Peer Counseling Compensation	0.00 0.00 0.00 661,151.00	RJE - 4 RJE - 4 RJE - 4	70,612.00 8,938.00 8,938.00 20,274.00 20,274.00 17,565.00 171,661.00	8,938.00 20,274.00 17,565.00 833,012.00	7,979.00 13,282.00 33,230.00 981,660.00
Marcum 129 Marcum 140 Subtotal [1C] Subgroup : [1C.1] Marcum 105 Marcum 106 Marcum 143	Fringe Benefits - Psychiatrists Fringe Benefits - Patient Service Support - Mental Fringe Benefits - Enabling Salaries - Mental Heal Other (Psychiatrist, Medical Assistants, Case Other Mental Health Other Peer Counseling Compensation Peer Counseling Other Occupancy and Office Expenses - Mental Health	0.00 0.00 0.00 661,151,00 0.00 0.00	RJE - 4	70,612.00 8,938.00 8,938.00 20,274.00 20,274.00 17,565.00 17,565.00 171,861.00	8,938.00 20,274.00 17,565.00 833,012.00	7,979.00 13,282.00 33,230.00 981,660.00 36,943.00 7,963.00
Marcum 129 Marcum 139 Marcum 140 Subtotal [1C] Subgroup : [1C.1] Marcum 105 Marcum 106	Fringe Benefits - Psychiatrists Fringe Benefits - Patient Service Support - Mental Fringe Benefits - Enabling Salaries - Mental Heal Other (Psychiatrist, Medical Assistants, Case Other Mental Health Other Peer Counseling Compensation Peer Counseling Other	0.00 0.00 0.00 661,151.00 0.00 0.00	RJE - 4 RJE - 4 RJE - 4	70,612.00 8,938.00 8,938.00 20,274.00 20,274.00 17,565.00 171,661.00 0.00 0.00 188,067.00 188,067.00	8,938.00 20,274.00 17,565.00 833,012.00 0.00 0.00 168,067.00	7,979.00 13,282.00 33,230.00 981,660.00 36,943.00 7,963.00 125,545.00
Marcum 129 Marcum 140 Subtotal [1C] Subgroup : [1C.1] Marcum 105 Marcum 106 Marcum 143	Fringe Benefits - Psychiatrists Fringe Benefits - Patient Service Support - Mental Fringe Benefits - Enabling Salaries - Mental Heal Other (Psychiatrist, Medical Assistants, Case Other Mental Health Other Peer Counseling Compensation Peer Counseling Other Occupancy and Office Expenses - Mental Health	0.00 0.00 0.00 661,151,00 0.00 0.00	RJE - 4 RJE - 4 RJE - 4	70,612.00 8,938.00 8,938.00 20,274.00 20,274.00 17,565.00 17,565.00 171,861.00 0.00 0.00 168,067.00	8,938.00 20,274.00 17,565.00 833,012.00 0.00 0.00 168,067.00	7,979.00 13,282.00 33,230.00 981,660.00 36,943.00 7,963.00 125,545.00
Marcum 129 Marcum 139 Marcum 140 Subtotal [1C] Subgroup : [1C.1] Marcum 105 Marcum 106 Marcum 143 Subtotal [1C.1] Total [FORM A - C]	Fringe Benefits - Psychiatrists Fringe Benefits - Patient Service Support - Mental Fringe Benefits - Enabling Salaries - Mental Heal Other (Psychiatrist, Medical Assistants, Case Other Mental Health Other Peer Counseling Compensation Peer Counseling Other Occupancy and Office Expenses - Mental Health Other Mental Health Other Direct Mental Health Care Cost	0.00 0.00 0.00 661,151.00 0.00 0.00	RJE - 4 RJE - 4 RJE - 4	70,612.00 8,938.00 8,938.00 20,274.00 20,274.00 17,565.00 171,661.00 0.00 0.00 188,067.00 188,067.00	8,938.00 20,274.00 17,565.00 833,012.00 0.00 0.00 168,067.00	7,979.00 13,282.00 33,230.00 981,660.00 36,943.00 7,963.00 125,545.00
Marcum 129 Marcum 139 Marcum 140 Subtotal [1C] Subgroup : [1C.1] Marcum 105 Marcum 106 Marcum 143 Subtotal [1C.1] Total [FORM A - C] Group : [FORM A - E]	Fringe Benefits - Psychiatrists Fringe Benefits - Patient Service Support - Mental Fringe Benefits - Enabling Salaries - Mental Heal Other (Psychiatrist, Medical Assistants, Case Other Mental Health Other Peer Counseling Compensation Peer Counseling Other Occupancy and Office Expenses - Mental Health Other Mental Health Other Direct Mental Health Care Cost Direct Other Service Cost	0.00 0.00 0.00 661,151.00 0.00 0.00	RJE - 4 RJE - 4 RJE - 4	70,612.00 8,938.00 8,938.00 20,274.00 20,274.00 17,565.00 171,661.00 0.00 0.00 188,067.00 188,067.00	8,938.00 20,274.00 17,565.00 833,012.00 0.00 0.00 168,067.00	7,979.00 13,282.00 33,230.00 981,660.00 36,943.00 7,963.00 125,545.00
Marcum 129 Marcum 139 Marcum 140 Subtotal [1C] Subgroup : [1C.1] Marcum 105 Marcum 106 Marcum 143 Subtotal [1C.1] Total [FORM A - C] Group : [FORM A - E] Subgroup : [1F]	Fringe Benefits - Psychiatrists Fringe Benefits - Patient Service Support - Mental Fringe Benefits - Enabling Salaries - Mental Heal Other (Psychiatrist, Medical Assistants, Case Other Mental Health Other Peer Counseling Compensation Peer Counseling Other Occupancy and Office Expenses - Mental Health Other Mental Health Other Direct Mental Health Care Cost Direct Other Service Cost WIC	0.00 0.00 0.00 661,151.00 0.00 0.00	RJE - 4 RJE - 4 RJE - 4	70,612.00 8,938.00 8,938.00 20,274.00 20,274.00 17,565.00 171,661.00 0.00 0.00 188,067.00 188,067.00	8,938.00 20,274.00 17,565.00 833,012.00 0.00 0.00 168,067.00	7,979.00 13,282.00 33,230.00 981,660.00 36,943.00 7,963.00 125,545.00
Marcum 129 Marcum 139 Marcum 140 Subtotal [1C] Subgroup : [1C.1] Marcum 105 Marcum 106 Marcum 143 Subtotal [1C.1] Total [FORM A - C] Group : [FORM A - E]	Fringe Benefits - Psychiatrists Fringe Benefits - Patient Service Support - Mental Fringe Benefits - Enabling Salaries - Mental Heal Other (Psychiatrist, Medical Assistants, Case Other Mental Health Other Peer Counseling Compensation Peer Counseling Other Occupancy and Office Expenses - Mental Health Other Mental Health Other Direct Mental Health Care Cost Direct Other Service Cost	0.00 0.00 0.00 651,151.00 0.00 0.00 0.00 0.00	RJE - 4 RJE - 4 RJE - 4	70,612.00 8,938.00 8,938.00 20,274.00 20,274.00 17,565.00 17,565.00 171,861.00 0.00 0.00 168,067.00 168,067.00 168,067.00	8,938.00 20,274.00 17,565.00 833,012.00 0.00 0.00 168,067.00 1,354,375.00	7,979.00 13,282.00 33,230.00 981,660.00 36,943.00 7,963.00 125,545.00 170,451.00 1,319,518.00
Marcum 129 Marcum 139 Marcum 140 Subtotal [1C] Subgroup : [1C.1] Marcum 105 Marcum 106 Marcum 143 Subtotal [1C.1] Total [FORM A - C] Group : [FORM A - E] Subgroup : [1F] 69100 Marcum 103	Fringe Benefits - Psychiatrists Fringe Benefits - Patient Service Support - Mental Fringe Benefits - Enabling Salaries - Mental Heal Other (Psychiatrist, Medical Assistants, Case Other Mental Health Other Peer Counseling Compensation Peer Counseling Other Occupancy and Office Expenses - Mental Health Other Mental Health Other Direct Mental Health Other Direct Other Service Cost WIC Donated WIC Food Benefits WIC Compensation	0.00 0.00 0.00 561,151.00 0.00 0.00 0.00 0.00 814,231.00	RJE - 4 RJE - 4 RJE - 4	70,612.00 8,938.00 8,938.00 20,274.00 20,274.00 17,565.00 17,565.00 171,861.00 0.00 0.00 168,067.00 168,067.00 168,067.00 171,000 171,000 171,000 171,000 171,000 171,000 171,000 171,000 171,000 171,000 171,000 171,000 171,000 171,000 171,000 171,000 171,000 171,000 171,000 171,000 171,000	8,938.00 20,274.00 17,565.00 833,012.00 0.00 0.00 168,067.00 1,354,375.00 1,032,528.00 219,696.00	7,979.00 13,282.00 33,230,00 981,660.00 36,943.00 7,963.00 125,545.00 170,451.00 1,319,518.00
Marcum 129 Marcum 139 Marcum 140 Subtotal [1C] Subgroup : [1C.1] Marcum 105 Marcum 106 Marcum 143 Subtotal [1C.1] Total [FORM A - C] Group : [FORM A - E] Subgroup : [1F] 69100	Fringe Benefits - Psychiatrists Fringe Benefits - Patient Service Support - Mentel Fringe Benefits - Enabling Salaries - Mental Heal Other (Psychiatrist, Medical Assistants, Case Other Mental Health Other Peer Counseling Ompensation Peer Counseling Other Occupancy and Office Expenses - Mental Health Other Mental Health Other Direct Mental Health Care Cost Direct Other Service Cost WIC Donated WIC Food Benefits	0.00 0.00 0.00 651,151.00 0.00 0.00 0.00 0.00 0.00	RJE - 4 RJE - 4 RJE - 4	70,612.00 8,938.00 8,938.00 20,274.00 20,274.00 17,565.00 171,661.00 0.00 0.00 168,067.00 168,067.00 168,067.00 168,067.00	8,938.00 20,274.00 17,565.00 833,012.00 0.00 0.00 168,067.00 1,354,375.00	7,979.00 13,282.00 33,230.00 981,660.00 36,943.00 7,963.00 125,545.00 170,451.00 1,319,518.00

Marcum 146	Fringe Benefits - WIC	0_00	RJE - 4	36,039,00 36,039,00	36,039.00	0,00
Subtotal [1F]	Wic	222,855.00	NOC - 4	1,068,567.00	1,291,422.00	1,460,455.00
	B: 101 B = 1/2 0-1	222,855.00		1,068,567.00	1,291,422.00	1,460,455.00
Total [FORM A - E]	Direct Other Service Cost	222,855.00		00.100,000,1	1,231,422.00	1,400,400.00
Group : [FORM A - G]	Overhead - Facility Cost					
Subgroup : [1]	Rent Building Rent	738,143,00		(510,832,00)	227,311.00	113,711,00
55001	Bullaing Rent	738,143,00	RJE - 5	(525,095,00)	227,571,00	,
			RJE + 6	14,263,00	Top 00	22 700 00
69002	Donaled Rent	0,00	RJE - 6	33,700,00 33,700,00	33,700,00	33,700,00
Subtotal [1]	Rent	738,143,00	NOL - O	(477,132.00)	261,011.00	147,411.00
		:				
Subgroup : [2] 53100	Insurance Insurance	100,247,00		0.00	100,247_00	73,575.00
Subtotal [2]	Insurance	100,247.00		0.00	100,247.00	73,575.00
Subgroup : [3] 60001	Interest on Mortgage or Leans Interest - Mortgage & Line of Credit	25,544,00		(17,827,00)	7,717.00	8,034.00
			RJE - 5	(17,827,00)		
Subtotal [3]	Interest on Mortgage or Loans	25,544.00		(17,827.00)	7,717.00	8,034.00
Subgroup : [4]	Utilities					
55199	Electric	105,975.00		(73,959,00)	32,016,00	36,978.00
55200	Oil	4,080,00	RJE - 5	(73,959,00) (2,848,00)	1,232,00	2,372,00
55200	Oil .	4,000,00	RJE - 5	(2,848,00)		2,0.0.0
55300	Gas	19,075.00		(13,312,00)	5,763_00	5,967.00
55400	Water	5,350.00	RJE - 5	(13,312,00) (3,733,00)	1,617.00	1,976.00
55400	vyatei	3,350,50	RJE - 5	(3,733,00)		
55500	Sewer	2,963.00		(2,068,00)	895.00	736,00
Subtotal [4]	Utilities	137,443.00	RJE - 5	(2,068,00)	41,523.00	48,029.00
Subtotal [4]	otimes	101,110.00		(23,222.27)	-	*
Subgroup : [6]	Depreciation - Equipment	005.050.00		19,490.00	925,549,00	705,794_00
59001	Depreciation	906,059,00	RJE - 6	19,490.00	323,343,00	705,734.00
Subtotal [6]	Depreciation - Equipment	906,059,00		19,490.00	925,549.00	705,794.00
Sub-record of Th	Hausaksaning and Maintanance					
Subgroup : [7] 55000	Housekeeping and Maintenance Cleaning Service	136,413.00		(95,202 00)	41,211.00	36,694,00
			RJE - 5	(95,202,00)	A 500 00	24 220 00
55005	Building Maintenance & Repair	119,121.00	RJE - 5	(109,523,00) (22,173,00)	9,598,00	34,329 00
			RJE - 6	(87,350.00)		
55006	Plowing	29,800.00	DIE 6	(20,797,00)	9,003,00	3,391,00
55010	Vehicle Expenditures-Agency vehicles only	2,009.00	RJE - 5	(20,797,00) (1,401,00)	608,00	219,00
33010	,		RJE - 5	(1,401,00)		
55015	Pest Service	1,320.00	RJE - 5	(922.00) (922.00)	398,00	496,00
55020	Waste Removal	11,576.00	Nac - a	(8,079.00)	3,497,00	3,746.00
			RJE - 5	(8,079,00)		40 704 00
57400	Equip Maintenance & Repairs	65,888,00	RJE - 5	(45,983.00) (45,983.00)	19,905.00	16,721.00
Subtotal [7]	Housekeeping and Maintenance	366,127.00		(281,907.00)	84,220.00	95,596,00
		:				
Subgroup : [8] 55600	Other Property Taxes Property Tax	0.00		0,00	0.00	1,209.00
Subtotal [8]	Other Property Taxes	0.00		0.00	0,00	1,209.00
Culturary v 101	Laurder & Distant	·				
Subgroup : [9] 57525	Laundry & Dietary Food for Clients	13,749.00		0,00	13,749,00	14,988.00
57530	Food for Meetings	5,405,00		0.00	5,405,00	5,394.00
Subtotal [9]	Laundry & Dietary	19,154.00		0.00	19,154.00	20,382.00
Subgroup : [10]	Security					
55050	Security	143,778,00	D.IE 6	(93,270,00)	50,508.00	39,095,00
			RJE - 5 RJE - 6	(116,676,00) 23,406,00		
Subtotal [10]	Security	143,778.00		(93,270.00)	50,508,00	39,095.00
T-4-LIFORM A CI	Overhead - Facility Cost	2,436,495.00		(946,566,00)	1,489,929.00	1,139,125.00
Total [FORM A - G]	Overnead - Facility Cost	2,730,733.30				-
Group: [FORM A - H]	Overhead - Administrative Cost					
Subgroup : [1]	Office Salaries Salaries - Medical Records	91,155,00		0.00	91,155,00	56,698.00
50120 50125	Salaries - Medical Records Salaries - Referrals	116,143,00		0,00	116,143,00	106,844.00
50130	Salaries - Front Desk	758,354,00		0,00	758,354,00	1,000,352.00
50135	Salaries - Billing	455,834.00		0.00	455,834.00	429,015.00
50140	Salaries - Management & Admin Support	1,856,181.00		57,669.00	1,913,850,00	1,706,583.00
50150	Salaries - Information Technology	242,109,00		0,00	242,109,00	240,227.00
50160	Salaries - Finance	525,639,00		0.00	525,639,00	478,846.00
50170	Salaries - Facilities	212,391.00		0.00	212,391.00	148,688.00
50190	Salaries - Call Center	231,878.00		0,00	231,878.00	0,00
69000	Donated Salaries	0.00		1,194,739,00	1,194,739,00	275,021,00

			RJE - 6	1,194,739,00		
Marcum 130	Fringe Benefits - Medical Records	0,00	NOL -0	14,953.00	14,953,00	11,450,00
	-		RJE-4	14,953,00		04 570 00
Marcum 131	Fringe Benefits - Referrals	0.00	D IE 9	19,052,00	19,052,00	21,576,00
Marcum 132	Fringe Benefits - Front Desk	0,00	RJE - 4	19,052,00 124,399,00	124,399.00	202,011,00
Maicum 132	Tinge beliefed Tronc bean	757	RJE - 4	124,399,00		
Marcum 133	Fringe Benefits - Billing	0_00		74,774.00	74,774.00	86,635,00
			RJE +4	74,774.00 313,945.00	313,945,00	344,627,00
Marcum 134	Fringe Benefits - Management and Admin Suppo	0.00	RJE-4	313,945.00	313,945,00	344,027,00
Marcum 135	Fringe Benefils - Information Technology	0,00	1102 -	39,715.00	39,715,00	48,511,00
maree in 199	,g.		RJE - 4	39,715,00		
Marcum 136	Fringe Benefits - Finance	0.00		86,225.00	86,225,00	96,698,00
		0.00	RJE - 4	86,225_00 34,840_00	34,840,00	30,026,00
Marcum 137	Fringe Benefits - Facilities	0.00	RJE - 4	34,840.00	34,040,00	30,020,00
Marcum 147	Fringe Benefils - Call Center	0.00	1102,550	38,037,00	38,037,00	0,00
			RJE-4	38,037.00		
Subtotal [1]	Office Salaries	4,489,684.00		1,998,348.00	6,488,032.00	5,283,808.00
Subgroup : [3]	Office Supplies					
57000	Office Supplies- Fixtures	17,166,00		(626.00)	16,540.00	9,260,00
			RJE - 6	(626,00)		50 170 00
57001	Office Supplies-Consumables	87,984.00	RJE - 6	30,625,00 30,625,00	118,609.00	58,476,00
57002	Office Supplies-Electronics	146,956,00	K2⊏ - 0	0.00	146,956,00	36,905,00
57005	Postage	27,614.00		(19,272.00)	8,342_00	7,099.00
			RJE - 5	(19,272.00)		
61005	Amortization Expense	0.00		0.00	00.0	1,945,00
61111	Office Equipment Lease	12,996.00	RJE - 5	(9,069,00)	3,927.00	(5,589.00)
Subtotal [3]	Office Supplies	292,716.00	MOE - 3	1,658.00	294,374.00	108,096.00
odbiodii [o]	оптес варуже					
Subgroup : [4]	Legal					
52201	Legal Fees	128,564,00		(25,110,00)	103,454,00	186,007,00
50003	Legal Fees - 382-394 Grand Ave, LLC	24,159.00	RJE - 6	(25,110,00) 0,00	24,159,00	0,00
52203 Subtotal [4]	Legal	152,723.00		(25,110.00)	127,613.00	186,007.00
Subgroup : [5]	Accounting/audit	51.455.00		0.00	E4 466 00	48,600,00
52202	Accounting Fees	54,466.00 54,466.00		0.00	54,466.00 54,466.00	48,600,00
Subtotal [5]	Accounting/audit	34,466,00		0.00	54,100.00	
Subgroup : [7]	Telephone					
57300	Telephone & Communications	185,888.00		(129,085.00)	56,803.00	37,894.00
			RJE - 5	(131,216,00)		
57240	Callabano	5 329 00	RJE - 5 RJE - 6	2,131,00	1.610.00	1.862.00
57310	Cellphone	5,329,00		2,131,00 (3,719,00)	1,610.00	1,862,00
57310 57320	Cellphone On-Call Answering Service	5,329,00 209,064,00	RJE - 6	2,131,00	1,610.00 63,161.00	1,862,00 14,457.00
	On-Call Answering Service	209,064,00	RJE - 6	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00)	63,161,00	14,457.00
	•	- 17	RJE - 6	2,131,00 (3,719,00) (3,719,00) (145,903,00)		
57320 Subtotal [7]	On-Call Answering Service Telephone	209,064,00	RJE - 6	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00)	63,161,00	14,457.00
57320 Subtotal [7] Subgroup : [8]	On-Call Answering Service	209,064,00	RJE - 6	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00)	63,161,00	14,457.00 54,213.00 0.00
57320 Subtotal [7]	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Security Taxes - FHC Medicare Taxes - FHC	209,064,00 400,281.00 845,806.00 204,323.00	RJE - 6	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (845,806,00) (204,323,00)	63,161,00 121,574.00 0.00 0.00	14,457.00 54,213.00 0.00 0.00
57320 Subtotal [7] Subgroup : [8] 51020 51030 51060	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Security Taxes - FHC Medicare Taxes - FHC State Unemployment Taxes	209,064,00 400,281.00 845,806.00 204,323.00 20,610.00	RJE - 6	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (845,806,00) (204,323,00) (206,10,00)	63,161.00 121,574.00 0.00 0.00 0.00	14,457.00 54,213.00 0.00 0.00 0.00
57320 Subtotal [7] Subgroup : [8] 51020 51030 51060 51090	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Security Taxes - FHC Medicare Taxes - FHC State Unemployment Taxes Worker's Comp	209,064.00 400,281.00 845,806.00 204,323.00 20,610.00 53,657.00	RJE - 6	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (845,806,00) (204,323,00) (20,610,00) (53,857,00)	63,161.00 121,574.00 0.00 0.00 0.00 0.00	14,457.00 54,213.00 0,00 0,00 0,00 0,00 0,00
57320 Subtotal [7] Subgroup : [8] 51020 51030 51060 51090 51101	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Security Taxes - FHC Medicare Taxes - FHC State Unemployment Taxes Worker's Comp Health Insurance	209,064.00 400,281.00 845,806.00 204,323.00 20,610.00 53,857.00 1,508,409.00	RJE - 6	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (845,806,00) (204,323,00) (20,610,00) (53,857,00) (1,508,409,00)	63,161.00 121,574.00 0.00 0.00 0.00	14,457.00 54,213.00 0.00 0.00 0.00
57320 Subtotal [7] Subgroup : [8] 51020 51030 51060 51090 51101 51106	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Security Taxes - FHC Medicare Taxes - FHC State Unemployment Taxes Worker's Comp	209,064.00 400,281.00 845,806.00 204,323.00 20,610.00 53,657.00	RJE - 6	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (845,806,00) (204,323,00) (20,610,00) (53,857,00) (1,508,409,00) (105,609,00) 200,715,00	0,00 0,00 0,00 0,00 0,00 0,00	14,457.00 54,213.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00
57320 Subtotal [7] Subgroup : [8] 51020 51030 51060 51090 51101	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Security Taxes - FHC Medicare Taxes - FHC State Unemployment Taxes Worker's Comp Health Insurance Disability & Life Insurance Health Insurance PR W/H Denial Insurance PR W/H	209,064.00 400,281.00 845,806.00 204,323.00 20,610.00 53,857.00 1,508,409.00 105,609.00 (200,715.00) (27,418.00)	RJE - 6	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (845,806,00) (204,323,00) (20,610,00) (53,857,00) (1,508,409,00) (105,609,00) 200,715,00 27,418,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	14,457.00 54,213.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00
57320 Subtotal [7] Subgroup : [6] 51020 51030 51060 51090 51101 51106 51111 51112 51116	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Security Taxes - FHC Medicare Taxes - FHC State Unemployment Taxes Worker's Comp Health Insurance Disability & Life Insurance Health Insurance PR WiH Dental Insurance PR WiH Disability & Life PR WiH	209,064.00 400,281.00 845,806.00 204,323.00 20,610.00 53,657.00 1,508,409.00 (200,715.00) (27,418.00) (101,379.00)	RJE - 6	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (204,323,00) (20,610,00) (33,857,00) (1,508,409,00) 200,715,00 27,418,00 101,379,00	63,161.00 121,574.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	14,457.00 54,213.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00
57320 Subtotal [7] Subgroup: [8] 51020 51030 51060 51101 51106 511111 51112	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Security Taxes - FHC Medicare Taxes - FHC State Unemployment Taxes Worker's Comp Health Insurance Disability & Life Insurance Health Insurance PR W/H Denial Insurance PR W/H	209,064.00 400,281.00 845,806.00 204,323.00 20,610.00 53,857.00 1,508,409.00 105,609.00 (200,715.00) (27,418.00)	RJE - 5	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (845,806,00) (204,323,00) (20,610,00) (33,857,00) (1,508,409,00) (105,609,00) 200,715,00 27,418,00 101,379,00 (148,448,00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	14,457.00 54,213.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00
57320 Subtotal [7] Subgroup: [8] 51020 51030 51060 51101 51106 51111 51112 51116 51116	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Security Taxes - FHC Medicare Taxes - FHC State Unemployment Taxes Worker's Comp Health Insurance Disability & Life Insurance Health Insurance PR W/H Denial Insurance PR W/H Denial Insurance PR W/H Jisability & Life PR W/H 403B-Match	209,064.00 400,281.00 845,806.00 204,323.00 20,610.00 53,657.00 1,508,409.00 (200,715.00) (27,418.00) (101,379.00)	RJE - 6	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (204,323,00) (20,610,00) (33,857,00) (1,508,409,00) 200,715,00 27,418,00 101,379,00	63,161.00 121,574.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	14,457.00 54,213.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00
57320 Subtotal [7] Subgroup : [6] 51020 51030 51060 51090 51101 51106 51111 51112 51116	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Security Taxes - FHC Medicare Taxes - FHC State Unemployment Taxes Worker's Comp Health Insurance Disability & Life Insurance Health Insurance PR WiH Dental Insurance PR WiH Disability & Life PR WiH	209,064.00 400,281.00 845,806.00 204,323.00 20,610.00 53,857.00 1,508,409.00 105,659.00 (20,715.00) (27,418.00) (101,379.00) 148,448.00	RJE - 5	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (845,806,00) (204,323,00) (20,610,00) (35,857,00) (1,508,409,00) (105,609,00) 200,715,00 27,418,00 101,379,00 (148,448,00) (148,448,00) (148,448,00) (19,203,00) (19,203,00)	63,161.00 121,574.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00	14,457.00 54,213.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00
57320 Subtotal [7] Subgroup: [8] 51020 51030 51060 51101 51106 51111 51112 51116 51116	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Security Taxes - FHC Medicare Taxes - FHC State Unemployment Taxes Worker's Comp Health Insurance Disability & Life Insurance Health Insurance PR W/H Denial Insurance PR W/H Denial Insurance PR W/H Jisability & Life PR W/H 403B-Match	209,064.00 400,281.00 845,806.00 204,323.00 20,610.00 53,857.00 1,508,409.00 105,659.00 (20,715.00) (27,418.00) (101,379.00) 148,448.00	RJE - 5 RJE - 5 RJE - 5 RJE - 4	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (845,806,00) (204,323,00) (20,610,00) (53,857,00) (15,608,00) (105,609,00) 200,715,00 27,418,00 101,379,00 (148,448,00) (19,203,00) (19,203,00) (2,303,00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	14,457.00 54,213.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00
57320 Subtotal [7] Subgroup: [8] 51020 51030 51060 51090 51101 51106 51111 51112 51116 51160 51170	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Seturity Taxes - FHC Medicare Taxes - FHC State Unemployment Taxes Worker's Comp Health Insurance Disability & Life Insurance Health Insurance PR W/H Denial Insurance PR W/H Denial Insurance PR W/H Continuing Education Employee Uniforms	209,064,00 400,281.00 845,806.00 204,323.00 20,610.00 53,857.00 1,509,000 (200,715,00) (27,418.00) (101,379.00) 148,446.00 19,203.00 2,303.00	RJE - 5 RJE - 5 RJE - 5	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (204,323,00) (20,610,00) (53,857,00) (1,508,409,00) (105,609,00) 207,715,00 27,418,00 101,379,00 (148,448,00) (148,448,00) (19,203,00) (2,303,00) (2,303,00)	63,161,00 121,574.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0	14,457.00 54,213.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00
57320 Subtotal [7] Subgroup: [8] 51020 51030 51060 51090 51101 51116 51116 51116 51170	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Security Taxes - FHC Medicare Taxes - FHC State Unemployment Taxes Worker's Comp Health Insurance Disability & Life Insurance Health Insurance PR W/H Denial Insurance PR W/H Denial Insurance PR W/H OSability & Life PR W/H 403B-Match Continuing Education	209,064,00 400,281.00 845,806,00 204,323,00 20,610,00 53,857,00 1,508,409,00 (200,715,00) (27,418,00) (101,379,00) 148,448,00 19,203,00	RJE - 5 RJE - 5 RJE - 5 RJE - 4	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (845,806,00) (204,323,00) (20,610,00) (53,857,00) (15,608,00) (105,609,00) 200,715,00 27,418,00 101,379,00 (148,448,00) (19,203,00) (19,203,00) (2,303,00)	63,161.00 121,574.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00	14,457.00 54,213.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
57320 Subtotal [7] Subgroup: [8] 51020 51030 51060 51090 51101 51106 51111 51112 51116 51160 51170	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Seturity Taxes - FHC Medicare Taxes - FHC State Unemployment Taxes Worker's Comp Health Insurance Disability & Life Insurance Health Insurance PR W/H Denial Insurance PR W/H Denial Insurance PR W/H Continuing Education Employee Uniforms	209,064,00 400,281.00 845,806.00 204,323.00 20,610.00 53,857.00 1,509,000 (200,715,00) (27,418.00) (101,379.00) 148,446.00 19,203.00 2,303.00	RJE - 5 RJE - 5 RJE - 4 RJE - 4 RJE - 4	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (845,806,00) (204,323,00) (20,610,00) (35,857,00) (1,508,409,00) (105,609,00) 200,715,00 27,418,00 101,379,00 (148,448,00) (148,448,00) (148,448,00) (19,203,00) (2,303,00) (2,303,00) (2,303,00) (20,682,00)	63,161,00 121,574.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0	14,457.00 54,213.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00
57320 Subtotal [7] Subgroup: [8] 51020 51030 51090 51101 51106 51111 51112 51116 51160 51170 51180 51355 Subtotal [8]	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Security Taxes - FHC Medicare Taxes - FHC State Unemployment Taxes Worker's Comp Health Insurance Disability & Life Insurance Health Insurance PR W/H Denial Insurance PR W/H Denial Insurance PR W/H 403B-Match Continuing Education Employee Uniforms Employee Relations-Staff Meetings Fringe Benefits and Payroll Taxes	209,064.00 400,281.00 845,806.00 204,323.00 20,610.00 53,857.00 1,508,409.00 (200,715.00) (27,418.00) (101,379.00) 148,448.00 19,203.00 2,303.00 20,682.00	RJE - 5 RJE - 5 RJE - 4 RJE - 4 RJE - 4	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (845,806,00) (204,323,00) (20,610,00) (53,857,00) (15,609,00) (200,715,00) (27,418,00) (101,379,00) (148,448,00) (19,203,00) (19,203,00) (2,303,00) (2,303,00) (2,303,00) (2,303,00) (2,0682,00) (20,682,00)	63,161.00 121,574.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	14,457.00 54,213.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subtotal [7] Subgroup: [8] 51020 51030 51060 51090 51101 51106 51111 51112 51116 51110 51180 51355 Subtotal [8] Subgroup: [9]	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Security Taxes - FHC Medicare Taxes - FHC State Unemployment Taxes Worker's Comp Health Insurance Disability & Life Insurance Health Insurance PR W/H Dental Insurance PR W/H Disability & Life PR W/H 403B-Match Continuing Education Employee Uniforms Employee Relations-Staff Meetings Fringe Benefits and Payroll Taxes Interest on Bonds / Working Capital	209,064.00 400,281.00 845,806.00 204,323.00 20,610.00 53,857.00 1,508,409.00 (200,715.00) (27,418.00) (101,379.00) 148,448.00 19,203.00 2,303.00 20,682.00	RJE - 5 RJE - 5 RJE - 4 RJE - 4 RJE - 4	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (845,806,00) (204,323,00) (20,610,00) (53,857,00) (15,609,00) (200,715,00) (27,418,00) (101,379,00) (148,448,00) (19,203,00) (19,203,00) (2,303,00) (2,303,00) (2,303,00) (2,303,00) (2,0682,00) (20,682,00)	63,161.00 121,574.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	14,457.00 54,213.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
\$7320 Subtotal [7] Subgroup: [8] 51020 51030 51060 51090 51101 51106 51111 51112 51116 51160 51170 51180 51355 Subtotal [8] Subgroup: [9] 61002	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Seturity Taxes - FHC Medicare Taxes - FHC State Unemployment Taxes Worker's Comp Health Insurance Disability & Life Insurance Health Insurance PR W/H Denial Insurance PR W/H Denial Insurance PR W/H Osability & Life PR W/H 403B-Match Continuing Education Employee Uniforms Employee Relations-Staff Meetings Fringe Benefits and Payroll Taxes Interest on Bonds / Working Capital Fees, Late Charges, Other Interest	209,064.00 400,281.00 845,806.00 204,323.00 20,610.00 53,857.00 1,508,409.00 (200,715.00) (27,418.00) (101,379.00) 148,448.00 19,203.00 2,303.00 2,303.00 20,682.00 2,599,738.00	RJE - 5 RJE - 5 RJE - 4 RJE - 4 RJE - 4	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (845,806,00) (204,323,00) (20,610,00) (53,857,00) (15,609,00) (200,715,00) 27,418,00 101,379,00 (148,448,00) (19,203,00) (23,03,00) (2,303,00) (2,303,00) (2,303,00) (2,303,00) (2,303,00) (20,682,00) (20,682,00)	63,161.00 121,574.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	14,457.00 54,213.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subtotal [7] Subgroup: [8] 51020 51030 51060 51090 51101 51106 51111 51112 51116 51110 51180 51355 Subtotal [8] Subgroup: [9]	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Security Taxes - FHC Medicare Taxes - FHC State Unemployment Taxes Worker's Comp Health Insurance Disability & Life Insurance Health Insurance PR W/H Dental Insurance PR W/H Disability & Life PR W/H 403B-Match Continuing Education Employee Uniforms Employee Relations-Staff Meetings Fringe Benefits and Payroll Taxes Interest on Bonds / Working Capital	209,064.00 400,281.00 845,806.00 204,323.00 20,610.00 53,857.00 1,508,409.00 (200,715.00) (27,418.00) (101,379.00) 148,448.00 19,203.00 2,303.00 20,682.00	RJE - 5 RJE - 5 RJE - 4 RJE - 4 RJE - 4	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (845,806,00) (204,323,00) (20,610,00) (1508,409,00) (105,609,00) (105,609,00) (20,715,00) 27,418,00 (114,448,00) (148,448,00) (148,448,00) (19,203,00) (2,303,00) (2,303,00) (2,303,00) (20,682,00) (20,682,00) (2,599,738,00)	63,161,00 121,574.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00	14,457.00 54,213.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00
\$7320 Subtotal [7] Subgroup: [8] 51020 51030 51060 51090 51101 51112 51116 51116 51170 51180 51355 Subtotal [8] Subgroup: [9] 61002 Subtotal [9] Subgroup: [11]	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Security Taxes - FHC Medicare Taxes - FHC State Unemployment Taxes Worker's Comp Health Insurance Disability & Life Insurance Health Insurance PR W/H Denial Insurance PR W/H Denial Insurance PR W/H Osability & Life PR W/H 4038-Match Continuing Education Employee Uniforms Employee Relations-Staff Meetings Fringe Benefits and Payroll Taxes Interest on Bonds / Working Capital Fees, Late Charges, Other Interest Interest on Bonds / Working Capital Contractual Labor	209,064.00 400,281.00 845,806.00 204,323.00 20,610.00 53,857.00 1,508,409.00 (200,715.00) (27,418.00) (101,379.00) 148,448.00 19,203.00 2,303.00 2,303.00 20,682.00 2,599,738.00 8,431.00 8,431.00	RJE - 5 RJE - 5 RJE - 4 RJE - 4 RJE - 4	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (284,323,00) (20,610,00) (204,323,00) (20,610,00) (1508,409,00) (105,609,00) (105,609,00) (20,715,00) 27,418,00 (114,448,00) (148,448,00) (148,448,00) (19,203,00) (2,303,00) (2,303,00) (2,303,00) (20,682,00) (20,682,00) (2,599,738,00)	63,161,00 121,574,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	14,457.00 54,213.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00
57320 Subtotal [7] Subgroup: [8] 51020 51030 51090 51101 51106 51111 51112 51116 51160 51170 51180 51355 Subtotal [8] Subgroup: [9] 61002 Subtotal [9] Subgroup: [11] 52000	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Security Taxes - FHC Medicare Taxes - FHC State Unemployment Taxes Worker's Comp Health Insurance Disability & Life Insurance Health Insurance PR WH Denial Insurance PR WH Denial Insurance PR WH Onisability & Life PR W/H 403B-Match Continuing Education Employee Uniforms Employee Relations-Staff Meetings Fringe Benefits and Payroll Taxes Interest on Bonds / Working Capital Fees, Late Charges, Other Interest Interest on Bonds / Working Capital Contractual Labor Temporary Services	209,064.00 400,281.00 845,806.00 204,323.00 20,610.00 53,857.00 1,508,409.00 (200,715.00) (27,418.00) (101,379.00) 148,448.00 2,303.00 2,682.00 2,599,738.00 8,431.00 8,431.00	RJE - 5 RJE - 5 RJE - 4 RJE - 4 RJE - 4	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (845,806,00) (204,323,00) (20,610,00) (35,857,00) (1,508,409,00) (105,609,00) 200,715,00 27,418,00 101,379,00 (148,448,00) (148,448,00) (148,448,00) (2,303,00) (2,303,00) (2,303,00) (2,303,00) (2,303,00) (2,303,00) (2,303,00) (2,303,00) (2,303,00) (2,599,738,00)	63,161.00 121,574.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	14,457.00 54,213.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
\$7320 Subtotal [7] Subgroup: [8] 51020 51030 51060 51090 51101 51112 51116 51116 51170 51180 51355 Subtotal [8] Subgroup: [9] 61002 Subtotal [9] Subgroup: [11]	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Security Taxes - FHC Medicare Taxes - FHC State Unemployment Taxes Worker's Comp Health Insurance Disability & Life Insurance Health Insurance PR W/H Denial Insurance PR W/H Denial Insurance PR W/H Osability & Life PR W/H 4038-Match Continuing Education Employee Uniforms Employee Relations-Staff Meetings Fringe Benefits and Payroll Taxes Interest on Bonds / Working Capital Fees, Late Charges, Other Interest Interest on Bonds / Working Capital Contractual Labor	209,064.00 400,281.00 845,806.00 204,323.00 20,610.00 53,857.00 1,508,409.00 (200,715.00) (27,418.00) (101,379.00) 148,448.00 19,203.00 2,303.00 2,303.00 20,682.00 2,599,738.00 8,431.00 8,431.00	RJE - 5 RJE - 5 RJE - 4 RJE - 4 RJE - 4	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (284,323,00) (20,610,00) (204,323,00) (20,610,00) (1508,409,00) (105,609,00) (105,609,00) (20,715,00) 27,418,00 (114,448,00) (148,448,00) (148,448,00) (19,203,00) (2,303,00) (2,303,00) (2,303,00) (20,682,00) (20,682,00) (2,599,738,00)	63,161,00 121,574,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	14,457.00 54,213.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00
57320 Subtotal [7] Subgroup: [8] 51020 51030 51090 51101 51106 51111 51112 51116 51160 51170 51180 51355 Subtotal [8] Subgroup: [9] 61002 Subtotal [9] Subgroup: [11] 52000	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Security Taxes - FHC Medicare Taxes - FHC State Unemployment Taxes Worker's Comp Health Insurance Disability & Life Insurance Health Insurance PR WH Denial Insurance PR WH Denial Insurance PR WH Onisability & Life PR W/H 403B-Match Continuing Education Employee Uniforms Employee Relations-Staff Meetings Fringe Benefits and Payroll Taxes Interest on Bonds / Working Capital Fees, Late Charges, Other Interest Interest on Bonds / Working Capital Contractual Labor Temporary Services	209,064.00 400,281.00 845,806.00 204,323.00 20,610.00 53,857.00 1,508,409.00 (200,715.00) (27,418.00) (101,379.00) 148,448.00 2,303.00 2,682.00 2,599,738.00 8,431.00 8,431.00	RJE - 5 RJE - 5 RJE - 4 RJE - 4 RJE - 4	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (845,806,00) (204,323,00) (20,610,00) (35,857,00) (1,508,409,00) (105,609,00) 200,715,00 27,418,00 (148,448,00) (19,203,00) (2,303,00) (2,303,00) (2,303,00) (2,303,00) (2,303,00) (2,303,00) (2,303,00) (2,303,00) (2,303,00) (2,303,00) (2,303,00) (2,303,00) (2,599,738,00)	63,161.00 121,574.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	14,457.00 54,213.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subtotal [7] Subgroup: [8] 51020 51030 51060 51090 51101 51106 51111 51112 51116 51160 51170 51180 51355 Subtotal [8] Subgroup: [9] 61002 Subtotal [9] Subgroup: [11] 52000 52101	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Security Taxes - FHC Medicare Taxes - FHC State Unemployment Taxes Worker's Comp Health Insurance Disability & Life Insurance Health Insurance PR WH Denial Insurance PR WH Denial Insurance PR WH Denial Insurance PR WH Continuing Education Employee Uniforms Employee Relations-Staff Meetings Fringe Benefits and Payroll Taxes Interest on Bonds / Working Capital Fees, Late Charges, Other Interest Interest on Bonds / Working Capital Contractual Labor Temporary Services Consulting & Other Personnel	209,064,00 400,281.00 845,806.00 204,323.00 20,610.00 53,857.00 1,508,409.00 (202,715.00) (27,418.00) (101,379.00) 148,446.00 19,203.00 2,303.00 2,682.00 2,599,738.00 8,431.00 8,431.00 10,888.00 2,658,458.00	RJE - 5 RJE - 5 RJE - 4 RJE - 4 RJE - 4 RJE - 4	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (845,806,00) (204,323,00) (20,610,00) (33,857,00) (15,609,00) (20,715,00 27,418,00 101,379,00 (148,448,00) (19,203,00) (23,03,00) (23,03,00) (23,03,00) (23,03,00) (23,03,00) (23,03,00) (23,03,00) (23,03,00) (25,187,00) 0,00 (25,187,00) (25,187,00) (25,187,00) (25,187,00)	63,161,00 121,574,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	14,457.00 54,213.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00
Subtotal [7] Subgroup: [8] 51020 51030 51060 51090 51101 51106 51111 51112 51116 51160 51170 51180 51355 Subtotal [8] Subgroup: [9] 61002 Subtotal [9] Subgroup: [11] 52000 52101 52105 57330	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Security Taxes - FHC Medicare Taxes - FHC State Unemployment Taxes Worker's Comp Health Insurance Disability & Life Insurance Health Insurance PR WH Denial Insurance PR WH Denial Insurance PR WH Denial Insurance PR WH Continuing Education Employee Uniforms Employee Relations-Staff Meetings Fringe Benefits and Payroll Taxes Interest on Bonds / Working Capital Fees, Late Charges, Other Interest Interest on Bonds / Working Capital Contractual Labor Temporary Services Consults Interpretation Services	209,064,00 400,281.00 845,806.00 204,323.00 20,610.00 53,857.00 1,508,409.00 (200,715,00) (27,418.00) (101,379.00) 148,448.00 19,203.00 2,303.00 20,682.00 2,599,738.00 8,431.00 8,431.00 10,888.00 2,658,458.00 0.00 119,390.00	RJE - 5 RJE - 5 RJE - 4 RJE - 4 RJE - 4	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (845,806,00) (204,323,00) (20,610,00) (53,857,00) (1,508,409,00) (105,609,00) (20,715,00) 27,418,00 (101,379,00) (148,448,00) (148,448,00) (19,203,00) (2,303,00) (2,303,00) (2,303,00) (2,303,00) (2,303,00) (20,682,00) (20,682,00) (20,582,00) (2,599,738,00)	63,161.00 121,574.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	14,457.00 54,213.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subtotal [7] Subgroup: [8] 51020 51030 51090 51090 51101 51106 51111 51112 51116 51160 51170 51180 51355 Subtotal [8] Subgroup: [9] 61002 Subtotal [9] Subgroup: [11] 52000 52101	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Security Taxes - FHC Medicare Taxes - FHC Medicare Taxes - FHC State Unemployment Taxes Worker's Comp Health Insurance Disability & Life Insurance Health Insurance PR WH Denial Insurance PR WH Denial Insurance PR WH Obisability & Life PR W/H 403B-Match Continuing Education Employee Uniforms Employee Relations-Staff Meetings Fringe Benefits and Payroll Taxes Interest on Bonds / Working Capital Fees, Late Charges, Other Interest Interest on Bonds / Working Capital Contractual Labor Temporary Services Consulting & Other Personnel eConsults	209,064,00 400,281.00 845,806,00 204,323.00 20,610.00 53,857.00 1,508,409.00 (200,715,00) (27,418.00) (101,379.00) 148,448.00 2,599,738.00 8,431.00 8,431.00 10,888.00 2,658,458.00 0.00	RJE - 5 RJE - 5 RJE - 4 RJE - 4 RJE - 4 RJE - 4	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (845,806,00) (204,323,00) (20,610,00) (33,857,00) (15,609,00) (20,715,00 27,418,00 101,379,00 (148,448,00) (19,203,00) (23,03,00) (23,03,00) (23,03,00) (23,03,00) (23,03,00) (23,03,00) (23,03,00) (23,03,00) (25,187,00) 0,00 (25,187,00) (25,187,00) (25,187,00) (25,187,00)	63,161.00 121,574.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	14,457.00 54,213.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subtotal [7] Subgroup: [8] 51020 51030 51030 51060 51090 51101 51106 51111 51116 51160 51170 51180 51355 Subtotal [8] Subgroup: [9] 61002 Subtotal [9] Subgroup: [11] 52000 52101 52105 57330 Subtotal [11]	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Security Taxes - FHC Medicare Taxes - FHC State Unemployment Taxes Worker's Comp Health Insurance Disability & Life Insurance Health Insurance PR WH Denial Insurance PR WH Denial Insurance PR WH Denial Insurance PR WH Continuing Education Employee Uniforms Employee Relations-Staff Meetings Fringe Benefits and Payroll Taxes Interest on Bonds / Working Capital Fees, Late Charges, Other Interest Interest on Bonds / Working Capital Contractual Labor Temporary Services Consults Interpretation Services	209,064,00 400,281.00 845,806.00 204,323.00 20,610.00 53,857.00 1,508,409.00 (200,715,00) (27,418.00) (101,379.00) 148,448.00 19,203.00 2,303.00 20,682.00 2,599,738.00 8,431.00 8,431.00 10,888.00 2,658,458.00 0.00 119,390.00	RJE - 5 RJE - 5 RJE - 4 RJE - 4 RJE - 4 RJE - 4	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (845,806,00) (204,323,00) (20,610,00) (53,857,00) (1,508,409,00) (105,609,00) (20,715,00) 27,418,00 (101,379,00) (148,448,00) (148,448,00) (19,203,00) (2,303,00) (2,303,00) (2,303,00) (2,303,00) (2,303,00) (20,682,00) (20,682,00) (20,582,00) (2,599,738,00)	63,161,00 121,574,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	14,457.00 54,213.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subtotal [7] Subgroup: [8] 51020 51030 51060 51090 51101 51106 51111 51112 51116 51160 51170 51180 51355 Subtotal [8] Subgroup: [9] 61002 Subtotal [9] Subgroup: [11] 52000 52101 52105 57330	On-Call Answering Service Telephone Fringe Benefits and Payroll Taxes Social Security Taxes - FHC Medicare Taxes - FHC State Unemployment Taxes Worker's Comp Health Insurance Disability & Life Insurance Health Insurance PR W/H Dental Insurance PR W/H Dental Insurance PR W/H Oash-Match Continuing Education Employee Uniforms Employee Relations-Staff Meetings Fringe Benefits and Payroll Taxes Interest on Bonds / Working Capital Fees, Late Charges, Other Interest Interest on Bonds / Working Capital Contractual Labor Temporary Services Consults Interpretation Services Contractual Labor	209,064,00 400,281.00 845,806.00 204,323.00 20,610.00 53,857.00 1,508,409.00 (200,715,00) (27,418.00) (101,379.00) 148,448.00 19,203.00 2,303.00 20,682.00 2,599,738.00 8,431.00 8,431.00 10,888.00 2,658,458.00 0.00 119,390.00	RJE - 5 RJE - 5 RJE - 4 RJE - 4 RJE - 4 RJE - 4	2,131,00 (3,719,00) (3,719,00) (145,903,00) (145,903,00) (278,707,00) (845,806,00) (204,323,00) (20,610,00) (53,857,00) (1,508,409,00) (105,609,00) (20,715,00) 27,418,00 (101,379,00) (148,448,00) (148,448,00) (19,203,00) (2,303,00) (2,303,00) (2,303,00) (2,303,00) (2,303,00) (20,682,00) (20,682,00) (20,582,00) (2,599,738,00)	63,161.00 121,574.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	14,457.00 54,213.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0

57390	Software Support	157,722,00		(110,072,00)	47,650,00	36,744.00
	**		RJE - 5	(110,072.00)		
Subtotal [12]	Computer/IT	157,722.00	12	(110,072.00)	47,650.00	37,079.00
Subgroup : [13]	HR/Training/Education					-1707.00
51250	Conference & Training	14,267,00		0.00	14,267.00	34,787,00
57500	Education Malerials	676,00	V=	0.00	676,00	403,00
Subtotal [13]	HR/Training/Education	14,943.00		0,00	14,943.00	35,190.00
0.1	December 1991					
Subgroup : [14]	Dues/Subscriptions/Licenses	22,400,00		(15,633,00)	6,767,00	23,190.00
51190	Licensing	22,400,00	RJE - 5		6,767,00	23,150,00
F4.400	Marsharship Fare	49,452,00	Kan - S	(15,633,00) (34,512.00)	14,940.00	38,360,00
51400	Membership Fees	45,432,00	RJE+5	(34,512,00)	14,340,00	45,550,55
54101	Subscriptions	1,124,00	NOL	(784,00)	340.00	581.00
34101	Subscriptions	1,124,00	RJE - 5	(784.00)		
54102	Credentialing	9,552,00	1102	(9,086,00)	466,00	602,00
34102	Orederinaning	0,542,55	RJE + 5	(1,076.00)		
			RJE-6	(8,010.00)		
Subtotal [14]	Dues/Subscriptions/Licenses	82,528.00	V=	(60,015.00)	22,513.00	62,733.00
			_			
Subgroup : [15]	Marketing/Lobbying/Bad Debt					
52103	Lobbying	20,250,00		0.00	20,250.00	20,000.00
58000	Fundraising	1,383,00		0,00	1,383,00	567.00
58100	Marketing Events	2,713,00		0.00	2,713.00	1,304.00
58200	Advertising	114,551.00		0.00	114,551.00	9,466.00
58500	Recruitment	136,184,00		(95,041,00)	41,143.00	83,414.00
			RJE - 5	(95,041,00)		
59207	Reserve for Bad Debt - Patient Fees	555,538,00		127,643.00	683,181.00	137,306,00
			RJE - 6	127,643.00		
Subtotal [15]	Marketing/Lobbying/Bad Debt	830,619,00		32,602.00	863,221.00	252,057.00
					=	
Subgroup : [16]	Other Supplies					
52102	Architecture Fees	25,176.00		(17,570,00)	7,606.00	0.00
			RJE - 5	(17,570,00)		
57003	Payroll Services	34,686,00		(23,943,00)	10,743,00	10,155.00
			RJE-5	(24,817.00)		
			RJE - 6	874.00		
57100	Bank Charges	16,882,00		(11,782,00)	5,100,00	5,294.00
			RJE - 5	(11,782,00)		
57200	Printing & Reproduction	38,822.00		(27,093,00)	11,729,00	5,313,00
			RJE - 5	(27,093,00)		
57350	Electronic Claims	11,904.00		(B,308.00)	3,596.00	3,662.00
			RJE - 5	(8,308.00)		
57375	Medical Billing	475,00		(331,00)	144.00	918.00
			RJE - 5	(331,00)	2.00	404.00
60010	Donations	0.00	8	0.00	0.00	191,00
	No. 11	72.067.00	RJE - 5	0.00	72 267 00	(204.00)
65001	Miscellaneous	73,267,00	RJE -5	0,00	73,267.00	(204.00)
65001 65002	Miscellaneous - RW Emergency Assistance	58,821,00	RJE - 5	0,00 0,00	58,821.00	15,047.00
65001 65002 69500	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments	58,821,00 0.00	RJE-5	0,00 0,00 0,00	58,821.00 0.00	15,047,00 17,480,00
65001 65002	Miscellaneous - RW Emergency Assistance	58,821,00	RJE-5	0,00 0,00	58,821.00	15,047.00
65001 65002 69500 Subtotal [16]	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies	58,821,00 0.00 260,033.00	RJE-5	0,00 0,00 0.00 (69,027,00)	58,821.00 0.00 171,006.00	15,047,00 17,480,00 57,856.00
65001 65002 69500	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments	58,821,00 0.00	RJE - 5	0,00 0,00 0,00	58,821.00 0.00	15,047,00 17,480,00
65001 65002 69500 Subtotal [16] Total [FORM A - H]	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost	58,821,00 0.00 260,033.00 12,132,620.00	RJE - 5	0,00 0,00 0.00 (69,027,00)	58,821.00 0.00 171,006.00	15,047,00 17,480,00 57,856.00
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A]	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Re	58,821,00 0.00 260,033.00 12,132,620.00	RJE - 5	0,00 0,00 0.00 (69,027,00)	58,821.00 0.00 171,006.00	15,047,00 17,480,00 57,856.00
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - 1]	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt R Medicaid - Services Excluding Dental, Mental	58,821,00 0.00 260,033,00 12,132,620.00	RJE - 5	0,00 0,00 0.00 (89,027,00) (1,238,569,00)	58,821.00 0.00 171,006.00 10,894,051.00	15,047.00 17,480.00 57,856.00 6,544,803.00
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Re Medicaid - Services Excluding Dental, Mental Medicaid FQHC Revenue	58,821,00 0.00 250,033.00 12,132,620.00 eserve)	RJE-5	0,00 0.00 0.00 (69,027,00) (1,238,569.00)	58,821.00 0.00 171,006.00	15,047.00 17,480.00 57,856.00 6,544,803.00
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203 48304	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Re Medicald - Services Excluding Dental, Mental Medicaid FQHC Revenue Adj-Medicaid FQHC Contra Revenue	58,821,00 0.00 260,033,00 12,132,620,00 eserve) (12,309,770,00) 1,272,347,00	RJE-5	0,00 0,00 0,00 (89,027.00) (1,238,569.00)	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00	15,047,00 17,480,00 57,856,00 6,544,803,00 (9,038,001,00) 1,496,680,00
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Re Medicaid - Services Excluding Dental, Mental Medicaid FQHC Revenue	58,821,00 0.00 260,033,00 12,132,620,00 eserve) (12,309,770,00) 1,272,347,00	RJE - 5	0,00 0.00 0.00 (69,027,00) (1,238,569.00)	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00)	15,047.00 17,480.00 57,856.00 6,544,803.00
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203 48304 Subtotal [1 - I]	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt R. Medicaid - Services Excluding Dental, Mental Medicaid FQHC Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental	58,821,00 0.00 260,033,00 12,132,620,00 eserve) (12,309,770,00) 1,272,347,00	RJE-5	0,00 0,00 0,00 (89,027.00) (1,238,569.00)	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00	15,047,00 17,480,00 57,856,00 6,544,803,00 (9,038,001,00) 1,496,680,00
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203 48304 Subtotal [1 - I] Subgroup : [2 - I]	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Re Medicald - Services Excluding Dental, Mental Medicaid FQHC Revenue Adj-Medicaid FQHC Contra Revenue	58,821,00 0.00 260,033,00 12,132,620,00 eserve) (12,309,770,00) 1,272,347,00	RJE-5	0,00 0,00 0,00 (89,027.00) (1,238,569.00)	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00	15,047,00 17,480,00 57,856,00 6,544,803,00 (9,038,001,00) 1,496,680,00
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203 48304 Subtotal [1 - I]	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Re Medicald - Services Excluding Dental, Mental Medicaid FQHC Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental	58,821,00 0.00 260,033,00 12,132,620,00 eserve) (12,309,770,00) 1,272,347,00 (11,037,423,00)	RJE-5	0,00 0,00 0,00 (89,027.00) (1,238,569.00)	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00 (11,037,423.00)	15,047,00 17,480,00 57,856,00 6,544,803,00 (9,038,001,00) 1,496,680,00 (7,541,321,00)
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203 48304 Subtotal [1 - I] Subgroup : [2 - I] 48209	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Rt Medicaid - Services Excluding Dental, Mental Medicaid FQHC Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private Insurance Revenue	58,821,00 0.00 260,033,00 12,132,620,00 eserve) (12,309,770,00) 1,272,347,00 (11,037,423,00)	RJE - 5	0,00 0.00 0.00 (89,027.00) (1,238,569.00) 0,00 0,00	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00 (11,037,423.00)	15,047.00 17,480.00 57,856.00 6,544,803.00 (9,038,001.00) 1,496,680.00 (7,541,321.00)
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203 48304 Subtotal [1 - I] Subgroup : [2 - I] 48209	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Re Medicaid - Services Excluding Dental, Mental Medicaid FQHC Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private Insurance Revenue Adj-Private Insurance Revenue	58,821,00 0.00 260,033,00 12,132,620,00 serve) (12,309,770,00) 1,272,347,00 (11,037,423,00) (2,546,959,00) 911,423,00	RJE - 5	0,00 0.00 0.00 (69,027.00) (1,238,569.00) 0.00 0.00 0.00	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00 (11,037,423.00) (2,546,959.00) 911,423.00	15,047,00 17,480,00 57,856,00 6,544,803,00 (9,038,001,00) 1,496,680,00 (7,541,321,00)
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203 48304 Subtotal [1 - I] Subgroup : [2 - I] 48209	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Re Medicaid - Services Excluding Dental, Mental Medicaid FQHC Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private Insurance Revenue Adj-Private Insurance Revenue	58,821,00 0.00 260,033,00 12,132,620,00 serve) (12,309,770,00) 1,272,347,00 (11,037,423,00) (2,546,959,00) 911,423,00	RJE - 5	0,00 0.00 0.00 (69,027.00) (1,238,569.00) 0.00 0.00 0.00	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00 (11,037,423.00) (2,546,959.00) 911,423.00	15,047,00 17,480,00 57,856,00 6,544,803,00 (9,038,001,00) 1,496,680,00 (7,541,321,00) (1,607,579,00) 623,210,00 (\$84,369,00)
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - 1] 48203 48304 Subtotal [1 - 1] Subgroup : [2 - 1] 48209 48309 Subtotal [2 - 1]	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Rt Medicaid - Services Excluding Dental, Mental Medicaid FQHC Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private Insurance Revenue Adj-Private Insurance-contra Private - Services Excluding Dental, Mental	58,821,00 0.00 260,033,00 12,132,620,00 serve) (12,309,770,00) 1,272,347,00 (11,037,423,00) (2,546,959,00) 911,423,00	RJE - 5	0,00 0.00 0.00 (69,027.00) (1,238,569.00) 0.00 0.00 0.00	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00 (11,037,423.00) (2,546,959.00) 911,423.00	15,047,00 17,480,00 57,856,00 6,544,803,00 (9,038,001,00) 1,496,680,00 (7,541,321,00)
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203 48304 Subtotal [1 - I] Subgroup : [2 - I] 48209 48309 Subtotal [2 - I] Subgroup : [3 - I]	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Re Medicaid - Services Excluding Dental, Mental Medicaid FQHC Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private Insurance Revenue Adj-Private Insurance-contra Private - Services Excluding Dental, Mental Medicare - Services Excluding Dental, Mental	58,821,00 0.00 260,033,00 12,132,620,00 eserve) (12,309,770,00) 1,272,347,00 (11,037,423,00) (2,546,959,00) 911,423,00 (1,635,536,00)	RJE - 5	0,00 0.00 (89,027.00) (1,238,569.00) 0,00 0,00 0,00 0,00 0,00	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00 (11,037,423.00) (2,546,959,00) 911,423.00 (1,635,536.00) (639,892.00) 388,938.00	15,047.00 17,480.00 57,856.00 6,544,803.00 (9,038,001.00) 1,496,680.00 (7,541,321.00) (1,607,579.00) 623,210.00 (584,369.00) (689,965.00)
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203 48304 Subtotal [1 - I] Subgroup : [2 - I] 48209 48309 Subtotal [2 - I] Subgroup : [3 - I]	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Re Medicaid - Services Excluding Dental, Mental Medicaid FQHC Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private Insurance Revenue Adj-Private Insurance-contra Private - Services Excluding Dental, Mental Medicare - Services Excluding Dental, Mental Medicare - Services Excluding Dental, Mental	58,821,00 0.00 260,033,00 12,132,620,00 eserve) (12,309,770,00) 1,272,347,00 (11,037,423,00) (2,546,959,00) 911,423,00 (1,635,536,00)	RJE - 5	0,00 0.00 0.00 (89,027.00) (1,238,569.00) 0.00 0.00 0.00 0.00	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00 (11,037,423.00) (2,546,959.00) 911,423.00 (1,639,892.00)	15,047,00 17,480,00 57,856,00 6,544,803,00 (9,038,001,00) 1,496,680,00 (7,541,321,00) (1,807,579,00) 823,210,00 (584,369,00)
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203 48304 Subtotal [1 - I] Subgroup : [2 - I] 48209 48309 Subtotal [2 - I] Subgroup : [3 - I] 48208 48305	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Rt Medicaid - Services Excluding Dental, Mental Medicaid FQHC Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private Insurance-contra Private - Services Excluding Dental, Mental Medicare - Services Excluding Dental, Mental Medicare - Services Excluding Dental, Mental Medicare - FQHC Revenue Adj-Medicare FQHC Revenue	58,821,00 0.00 260,033,00 12,132,620,00 serve) (12,309,770,00) 1,272,347,00 (11,037,423,00) (2,546,959,00) 911,423,00 (1,635,536,00) (639,892,00) 386,938,00	RJE-5	0,00 0.00 (89,027.00) (1,238,569.00) 0,00 0,00 0,00 0,00 0,00	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00 (11,037,423.00) (2,546,959,00) 911,423.00 (1,635,536.00) (639,892.00) 388,938.00	15,047.00 17,480.00 57,856.00 6,544,803.00 (9,038,001.00) 1,496,680.00 (7,541,321.00) (1,607,579.00) 623,210.00 (584,369.00) (689,965.00)
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203 48304 Subtotal [1 - I] Subgroup : [2 - I] 48209 48309 Subtotal [2 - I] Subgroup : [3 - I] 48208 48305 Subtotal [3 - I] Subgroup : [4 - I]	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Re Medicaid - Services Excluding Dental, Mental Medicaid FQHC Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private Insurance-contra Private - Services Excluding Dental, Mental Medicare - Services Excluding Dental, Mental Medicare - Services Excluding Dental, Mental Medicare FQHC Revenue Adj-Medicare FQHC-contra Medicare - Services Excluding Dental, Mental Self-Pay - Services Excluding Dental, Mental	58,821,00 0.00 260,033,00 12,132,620,00 eserve) (12,309,770,00) 1,272,347,00 (11,037,423,00) (2,546,959,00) 911,423,00 (1635,536,00) (639,892,00) 386,938,00 (250,954,00)	RJE - 5	0,00 0.00 0.00 (89,027.00) (1,238,569.00) 0,00 0,00 0,00 0,00 0,00 0,00 0,00	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00 (11,037,423.00) (2,546,959.00) 911,423.00 (1,535,535.00) (639,892.00) 388,938.00 (250,954.00)	15,047,00 17,480,00 57,856,00 6,544,803,00 (9,038,001,00) 1,496,680,00 (7,541,321,00) (1,807,579,00) 623,210,00 (584,369,00) (689,965,00) 106,435,00 (583,530,00)
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203 48304 Subtotal [1 - I] Subgroup : [2 - I] 48209 48309 Subtotal [2 - I] Subgroup : [3 - I] 48208 48305 Subtotal [3 - I] Subgroup : [4 - I] Subgroup : [4 - I] 48210	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Re Medicaid - Services Excluding Dental, Mental Medicaid FQHC Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private Insurance Revenue Adj-Private Insurance-contra Private - Services Excluding Dental, Mental Medicare - Services Excluding Dental, Mental Medicare - FQHC Revenue Adj-Medicare FQHC Revenue Adj-Medicare FQHC Revenue Adj-Medicare FQHC-contra Medicare - Services Excluding Dental, Mental Self-Pay - Services Excluding Dental, Mental Patient Fees Revenue	58,821,00 0,00 260,033,00 12,132,620,00 serve) (12,309,770,00) 1,272,347,00 (11,037,423,00) (2,546,959,00) 911,423,00 (1,635,536,00) (639,892,00) 386,938,00 (250,954,00)	RJE - 5	0,00 0.00 (89,027.00) (1,238,569.00) 0.00 0.00 0.00 0.00 0.00	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00 (11,037,423.00) (2,546,959.00) 911,423.00 (1,635,536.00) (639,892.00) 388,938.00 (250,954.00)	15,047,00 17,480,00 57,856,00 6,544,803,00 (9,038,001,00) 1,496,680,00 (7,541,321,00) (1,607,579,00) 623,210,00 (584,369,00) (689,965,00) 106,435,00 (583,530,00)
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203 48304 Subtotal [1 - I] Subgroup : [2 - I] 48209 48309 Subtotal [2 - I] Subgroup : [3 - I] 48208 48305 Subtotal [3 - I] Subgroup : [4 - I] 48210 48210	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Re Medicaid - Services Excluding Dental, Mental Medicaid FQHC Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private Insurance Revenue Adj-Private Insurance-contra Private - Services Excluding Dental, Mental Medicare - Services Excluding Dental, Mental Self-Pay - Services Excluding Dental, Mental Pallent Fees Revenue Adj-Patient Fees-contra	58,821,00 0.00 260,033,00 12,132,620,00 eserve) (12,309,770,00) 1,272,347,00 (11,037,423,00) (2,546,959,00) 911,423,00 (1,635,536,00) (639,892,00) 386,938,00 (250,954,00) (2,317,439,00) 1,499,548,00	RJE-5	0,00 0.00 (69,027.00) (1,238,569.00) (1,238,569.00) 0.00 0.00 0.00 0.00 0.00	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00 (11,037,423.00) (2,546,959.00) 911,423.00 (1,635,536.00) (639,892.00) 380,938.00 (250,954.00) (2,317,439.00) 1,499,548.00	15,047,00 17,480,00 57,856,00 6,544,803,00 (9,038,001,00) 1,496,680,00 (7,541,321,00) (1,807,579,00) 623,210,00 (584,369,00) (689,965,00) 106,435,00 (583,530,00) (2,482,763,00) 1,798,056,00
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203 48304 Subtotal [1 - I] Subgroup : [2 - I] 48209 48309 Subtotal [2 - I] Subgroup : [3 - I] 48208 48305 Subtotal [3 - I] Subgroup : [4 - I] Subgroup : [4 - I] 48210	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Re Medicaid - Services Excluding Dental, Mental Medicaid FQHC Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private Insurance Revenue Adj-Private Insurance-contra Private - Services Excluding Dental, Mental Medicare - Services Excluding Dental, Mental Medicare - FQHC Revenue Adj-Medicare FQHC Revenue Adj-Medicare FQHC Revenue Adj-Medicare FQHC-contra Medicare - Services Excluding Dental, Mental Self-Pay - Services Excluding Dental, Mental Patient Fees Revenue	58,821,00 0,00 260,033,00 12,132,620,00 serve) (12,309,770,00) 1,272,347,00 (11,037,423,00) (2,546,959,00) 911,423,00 (1,635,536,00) (639,892,00) 386,938,00 (250,954,00)	RJE-5	0,00 0.00 (89,027.00) (1,238,569.00) 0.00 0.00 0.00 0.00 0.00	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00 (11,037,423.00) (2,546,959.00) 911,423.00 (1,635,536.00) (639,892.00) 388,938.00 (250,954.00)	15,047,00 17,480,00 57,856,00 6,544,803,00 (9,038,001,00) 1,496,680,00 (7,541,321,00) (1,607,579,00) 623,210,00 (584,369,00) (689,965,00) 106,435,00 (583,530,00)
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203 48304 Subtotal [1 - I] Subgroup : [2 - I] 48209 948309 Subtotal [2 - I] Subgroup : [3 - I] 48208 48305 Subtotal [3 - I] Subgroup : [4 - I] 48208 48305 Subtotal [4 - I] 8210 48310 Subtotal [4 - I]	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Re Medicaid - Services Excluding Dental, Mental Medicaid FQHC Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private Insurance-contra Private - Services Excluding Dental, Mental Medicare - Services Excluding Dental, Mental Medicare - FQHC Revenue Adj-Medicare FQHC Revenue Adj-Medicare FQHC-contra Medicare - Services Excluding Dental, Mental Self-Pay - Services Excluding Dental, Mental Patient Fees Revenue Adj-Patient Fees Revenue Adj-Patient Fees Revenue Adj-Patient Fees Revenue Adj-Patient Fees Revenue Self-Pay - Services Excluding Dental, Mental	58,821,00 0,00 260,033,00 12,132,620,00 eserve) (12,309,770,00) 1,272,347,00 (11,037,423,00) (2,546,959,00) 911,423,00 (1639,892,00) 386,938,00 (250,954,00) (2,317,439,00) 1,499,548,00 (817,891,00)	RJE - 5	0,00 0.00 (89,027,00) (1,238,569.00) (1,238,569.00) 0.00 0.00 0.00 0.00 0.00 0.00	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00 (11,037,423.00) (2,546,959.00) 911,423.00 (1,635,536.00) (639,892.00) 388,938.00 (250,954.00) (2,317,439.00) 1,499,548.00 (817,891.00)	15,047,00 17,480,00 57,856,00 6,544,803,00 (9,038,001,00) 1,496,680,00 (7,541,321,00) (1,807,579,00) 623,210,00 (584,369,00) (689,965,00) (583,530,00) (2,482,763,00) 1,798,056,00 (684,707,00)
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203 48304 Subtotal [1 - I] Subgroup : [2 - I] 48209 48309 Subtotal [2 - I] Subgroup : [3 - I] 48208 48305 Subtotal [3 - I] Subgroup : [4 - I] 48210 48210	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Re Medicaid - Services Excluding Dental, Mental Medicaid FQHC Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private Insurance Revenue Adj-Private Insurance-contra Private - Services Excluding Dental, Mental Medicare - Services Excluding Dental, Mental Self-Pay - Services Excluding Dental, Mental Pallent Fees Revenue Adj-Patient Fees-contra	58,821,00 0,00 260,033,00 12,132,620,00 eserve) (12,309,770,00) 1,272,347,00 (11,037,423,00) (2,546,959,00) 911,423,00 (1639,892,00) 386,938,00 (250,954,00) (2,317,439,00) 1,499,548,00 (817,891,00)	RJE-5	0,00 0.00 (69,027.00) (1,238,569.00) (1,238,569.00) 0.00 0.00 0.00 0.00 0.00	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00 (11,037,423.00) (2,546,959.00) 911,423.00 (1,635,536.00) (639,892.00) 380,938.00 (250,954.00) (2,317,439.00) 1,499,548.00	15,047,00 17,480,00 57,856,00 6,544,803,00 (9,038,001,00) 1,496,680,00 (7,541,321,00) (1,807,579,00) 623,210,00 (584,369,00) (689,965,00) 106,435,00 (583,530,00) (2,482,763,00) 1,798,056,00
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203 48304 Subtotal [1 - I] Subgroup : [2 - I] 48209 9 Subtotal [2 - I] Subgroup : [3 - I] 48208 48305 Subtotal [3 - I] Subgroup : [4 - I] 48210 48310 Subtotal [4 - I] Total [FORM E - A]	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Re Medicaid - Services Excluding Dental, Mental Medicaid FQHC Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private insurance Revenue Adj-Private insurance-contra Private - Services Excluding Dental, Mental Medicare - Services Excluding Dental, Mental Medicare - Services Excluding Dental, Mental Medicare FQHC Revenue Adj-Medicare FQHC-contra Medicare - Services Excluding Dental, Mental Patient Fees Revenue Adj-Patient Fees-contra Self-Pay - Services Excluding Dental, Mental Patient Fees Revenue Adj-Patient Fees-contra Self-Pay - Services Excluding Dental, Mental FQHC Operating Revenue (Net of Bad Debt Re	58,821,00 0,00 260,033,00 12,132,620,00 eserve) (12,309,770,00) 1,272,347,00 (11,037,423,00) (2,546,959,00) 911,423,00 (1639,892,00) 386,938,00 (250,954,00) (2,317,439,00) 1,499,548,00 (817,891,00)	RJE-5	0,00 0.00 (89,027,00) (1,238,569.00) (1,238,569.00) 0.00 0.00 0.00 0.00 0.00 0.00	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00 (11,037,423.00) (2,546,959.00) 911,423.00 (1,635,536.00) (639,892.00) 388,938.00 (250,954.00) (2,317,439.00) 1,499,548.00 (817,891.00)	15,047,00 17,480,00 57,856,00 6,544,803,00 (9,038,001,00) 1,496,680,00 (7,541,321,00) (1,807,579,00) 623,210,00 (584,369,00) (689,965,00) (583,530,00) (2,482,763,00) 1,798,056,00 (684,707,00)
65001 65002 65500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203 48304 Subtotal [1 - I] Subgroup : [2 - I] 48209 948309 Subtotal [2 - I] Subgroup : [3 - I] 48208 48305 Subtotal [3 - I] Subgroup : [4 - I] 48208 48305 Subtotal [4 - I] Total [FORM E - A] Group : [FORM E - B]	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Re Medicaid - Services Excluding Dental, Mental Medicaid FQHC Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private Insurance Revenue Adj-Private Insurance-contra Private - Services Excluding Dental, Mental Medicare - Services Excluding Dental, Mental Medicare - FQHC Revenue Adj-Medicare FQHC Revenue Adj-Medicare FQHC-contra Medicare - Services Excluding Dental, Mental Self-Pay - Services Excluding Dental, Mental Patient Fees Revenue Adj-Patient Fees Revenue Adj-Patient Fees Revenue Adj-Patient Fees Revenue Revenue (Net of Bad Debt Re FQHC Other Revenue	58,821,00 0,00 260,033,00 12,132,620,00 12,132,620,00 (12,309,770,00) 1,272,347,00 (11,037,423,00) (2,546,959,00) 911,423,00 (1,635,536,00) (639,892,00) 386,938,00 (250,954,00) (2,317,439,00) 1,499,546,00 (817,891,00)	RJE - 5	0,00 0.00 (89,027,00) (1,238,569.00) (1,238,569.00) 0.00 0.00 0.00 0.00 0.00 0.00	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00 (11,037,423.00) (2,546,959.00) 911,423.00 (1,635,536.00) (639,892.00) 388,938.00 (250,954.00) (2,317,439.00) 1,499,548.00 (817,891.00)	15,047,00 17,480,00 57,856,00 6,544,803,00 (9,038,001,00) 1,496,680,00 (7,541,321,00) (1,807,579,00) 623,210,00 (584,369,00) (689,965,00) (583,530,00) (2,482,763,00) 1,798,056,00 (684,707,00)
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203 48304 Subtotal [1 - I] Subgroup : [2 - I] 48209 48309 Subtotal [2 - I] Subgroup : [3 - I] 48208 48305 Subtotal [3 - I] Subgroup : [4 - I] 48210 48210 Subtotal [4 - I] Total [FORM E - A] Group : [FORM E - B] Subgroup : [1 - I]	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Re Medicaid - Services Excluding Dental, Mental Medicaid FQHC Contra Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private Insurance Revenue Adj-Private Insurance-contra Private - Services Excluding Dental, Mental Medicare - Services Excluding Dental, Mental Self-Pay - Services Excluding Dental, Mental Self-Pay - Services Excluding Dental, Mental Patient Fees Revenue Adj-Patient Fees Revenue Adj-Patient Fees Revenue Rolf-Pay - Services Excluding Dental, Mental FQHC Operating Revenue (Net of Bad Debt Re FQHC Other Revenue Contributions - Services Excluding Dental, Mental	58,821,00 0,00 260,033,00 12,132,620,00 12,132,620,00 (12,309,770,00) 1,272,347,00 (11,037,423,00) (2,546,959,00) 911,423,00 (16,35,536,00) (639,892,00) 388,938,00 (250,954,00) (2,317,439,00) 1,499,548,00 (817,891,00)	RJE-5	0,00 0.00 (69,027.00) (1,238,569.00) (1,238,569.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.00	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00 (11,037,423.00) (2,546,959.00) 911,423.00 (1,635,536.00) (639,892.00) 388,936.00 (250,954.00) (2,317,439.00) 1,499,548.00 (817,891.00)	15,047,00 17,480,00 57,856,00 6,544,803,00 (9,038,001,00) 1,496,680,00 (7,541,321,00) (1,807,579,00) 823,210,00 (984,369,00) (689,965,00) 106,435,00 (583,530,00) (2,482,763,00) 1,798,056,00 (684,707,00)
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203 48304 Subtotal [1 - I] Subgroup : [2 - I] 48209 48309 Subtotal [2 - I] Subgroup : [3 - I] 48208 48305 Subtotal [3 - I] Subgroup : [4 - I] 48210 48310 Subtotal [4 - I] Total [FORM E - A] Group : [FORM E - B] Subgroup : [1 - I] 48997	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt R. Medicaid - Services Excluding Dental, Mental Medicaid FQHC Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Medicare - Services Excluding Dental, Mental Self-Pay - Services Excluding Dental, Mental Patient Fees-Revenue Adj-Patient Fees-Contra Self-Pay - Services Excluding Dental, Mental FQHC Operating Revenue (Net of Bad Debt Re FQHC Other Revenue Contributions - Services Excluding Dental, Mec	58,821,00 0,00 260,033,00 12,132,620,00 12,132,620,00 1,272,347,00 (11,037,423,00) (2,546,959,00) 911,423,00 (1,635,536,00) (259,954,00) (250,954,00) (2,317,439,00) 1,499,548,00 (817,891,00)	RJE-5	0,00 0.00 (89,027.00) (1,238,569.00) (1,238,569.00) 0,00 0,00 0,00 0,00 0,00 0,00 0,00	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00 (11,037,423.00) (2,546,959.00) 911,423.00 (1,835,535.00) (250,954.00) (2,317,439.00) 1,499,548.00 (817,891.00) (13,741,804.00)	15,047,00 17,480,00 57,856,00 6,544,803,00 (9,038,001,00) 1,496,680,00 (7,541,321,00) (884,369,00) (689,965,00) 106,435,00 (583,530,00) (2,482,763,00) (684,707,00) (9,793,927,00)
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203 48304 Subtotal [1 - I] Subgroup : [2 - I] 48209 48309 Subtotal [2 - I] Subgroup : [3 - I] 48208 48305 Subtotal [3 - I] Subgroup : [4 - I] 48210 48210 Subtotal [4 - I] Total [FORM E - A] Group : [FORM E - B] Subgroup : [1 - I]	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Re Medicaid - Services Excluding Dental, Mental Medicaid FQHC Contra Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private Insurance Revenue Adj-Private Insurance-contra Private - Services Excluding Dental, Mental Medicare - Services Excluding Dental, Mental Self-Pay - Services Excluding Dental, Mental Self-Pay - Services Excluding Dental, Mental Patient Fees Revenue Adj-Patient Fees Revenue Adj-Patient Fees Revenue Rolf-Pay - Services Excluding Dental, Mental FQHC Operating Revenue (Net of Bad Debt Re FQHC Other Revenue Contributions - Services Excluding Dental, Mental	58,821,00 0,00 260,033,00 12,132,620,00 12,132,620,00 1,272,347,00 (11,037,423,00) (2,546,959,00) 911,423,00 (1,635,536,00) (259,954,00) (250,954,00) (2,317,439,00) 1,499,548,00 (817,891,00)	RJE - 5	0,00 0.00 (69,027.00) (1,238,569.00) (1,238,569.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.00	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00 (11,037,423.00) (2,546,959.00) 911,423.00 (1,635,536.00) (639,892.00) 388,936.00 (250,954.00) (2,317,439.00) 1,499,548.00 (817,891.00)	15,047,00 17,480,00 57,856,00 6,544,803,00 (9,038,001,00) 1,496,680,00 (7,541,321,00) (1,807,579,00) 823,210,00 (984,369,00) (689,965,00) 106,435,00 (583,530,00) (2,482,763,00) 1,798,056,00 (684,707,00)
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203 48304 Subtotal [1 - I] Subgroup : [2 - I] 48209 48309 Subtotal [2 - I] Subgroup : [3 - I] 48208 48305 Subtotal [3 - I] Subgroup : [4 - I] 48210 Subjotal [4 - I] Total [FORM E - A] Group : [FORM E - B] Subgroup : [1 - I] 49997 Subtotal [1 - I]	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Re Medicaid - Services Excluding Dental, Mental Medicaid FQHC Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private Insurance Revenue Adj-Private Insurance-contra Private - Services Excluding Dental, Mental Medicare - Services Excluding Dental, Mental Self-Pay - Services Excluding Dental, Mental Patient Fees Revenue Adj-Patient Fees-contra Self-Pay - Services Excluding Dental, Mental FQHC Operating Revenue (Net of Bad Debt Re FQHC Other Revenue Contributions - Services Excluding Dental, Me	58,821,00 0,00 260,033,00 12,132,620,00 12,132,620,00 1,272,347,00 (11,037,423,00) (2,546,959,00) 911,423,00 (1,635,536,00) (259,954,00) (250,954,00) (2,317,439,00) 1,499,548,00 (817,891,00)	RJE-5	0,00 0.00 (89,027.00) (1,238,569.00) (1,238,569.00) 0,00 0,00 0,00 0,00 0,00 0,00 0,00	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00 (11,037,423.00) (2,546,959.00) 911,423.00 (1,835,535.00) (250,954.00) (2,317,439.00) 1,499,548.00 (817,891.00) (13,741,804.00)	15,047,00 17,480,00 57,856,00 6,544,803,00 (9,038,001,00) 1,496,680,00 (7,541,321,00) (884,369,00) (689,965,00) 106,435,00 (583,530,00) (2,482,763,00) (684,707,00) (9,793,927,00)
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group: [FORM E - A] Subgroup: [1 - I] 48203 48304 Subtotal [1 - I] Subgroup: [2 - I] 48209 48309 Subtotal [2 - I] Subgroup: [3 - I] 48208 48305 Subtotal [3 - I] Subgroup: [4 - I] 48210 48310 Subtotal [4 - I] Total [FORM E - A] Group: [FORM E - B] Subgroup: [1 - I] 49997 Subtotal [1 - I] Subgroup: [2 - I]	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt R. Medicaid - Services Excluding Dental, Mental Medicaid FQHC Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Medicare - Services Excluding Dental, Mental Self-Pay - Services Excluding Dental, Mental Patient Fees Revenue Adj-Patient Fees-contra Self-Pay - Services Excluding Dental, Mental FQHC Other Revenue Contributions - Services Excluding Dental, Me Grants - Services Excluding Dental, Mental	58,821,00 0,000 260,033,00 12,132,620,00 12,132,620,00 1,272,347,00 (11,037,423,00) (2,546,959,00) 911,423,00 (16,35,536,00) (259,954,00) (259,954,00) (2,317,439,00) 1,499,548,00 (817,891,00) (13,741,804,00)	RJE-5	0,00 0.00 0.00 (89,027.00) (1,238,569.00) 0,00 0,00 0,00 0,00 0,00 0,00 0,00	58,821.00 0.00 171,006.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00 (11,037,423.00) (2,546,959.00) 911,423.00 (1,639,892.00) 388,938.00 (250,964.00) (2,317,439.00) 1,499,548.00 (817,891.00) (13,741,804.00)	15,047,00 17,480,00 57,856,00 6,544,803,00 (9,038,001,00) 1,496,680,00 (7,541,321,00) (884,369,00) (689,965,00) 106,435,00 (583,530,00) (2,482,763,00) (684,707,00) (9,793,927,00) (138,921,00)
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203 48304 Subtotal [1 - I] Subgroup : [2 - I] 48209 48309 Subtotal [2 - I] Subgroup : [3 - I] 48208 48305 Subtotal [3 - I] Subgroup : [4 - I] 48210 Subjotal [4 - I] Total [FORM E - A] Group : [FORM E - B] Subgroup : [1 - I] 49997 Subtotal [1 - I]	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Re Medicaid - Services Excluding Dental, Mental Medicaid FQHC Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private Insurance Revenue Adj-Private Insurance-contra Private - Services Excluding Dental, Mental Medicare - Services Excluding Dental, Mental Self-Pay - Services Excluding Dental, Mental Patient Fees Revenue Adj-Patient Fees-contra Self-Pay - Services Excluding Dental, Mental FQHC Operating Revenue (Net of Bad Debt Re FQHC Other Revenue Contributions - Services Excluding Dental, Me	58,821,00 0,00 260,033,00 12,132,620,00 12,132,620,00 1,272,347,00 (11,037,423,00) (2,546,959,00) 911,423,00 (1,635,536,00) (259,954,00) (250,954,00) (2,317,439,00) 1,499,548,00 (817,891,00)		0,00 0.00 (89,027.00) (1,238,569.00) (1,238,569.00) 0,00 0,00 0,00 0,00 0,00 0,00 0,00	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00 (11,037,423.00) (2,546,959.00) 911,423.00 (1,835,535.00) (250,954.00) (2,317,439.00) 1,499,548.00 (817,891.00) (13,741,804.00)	15,047,00 17,480,00 57,856,00 6,544,803,00 (9,038,001,00) 1,496,680,00 (7,541,321,00) (884,369,00) (689,965,00) 106,435,00 (583,530,00) (2,482,763,00) (684,707,00) (9,793,927,00)
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203 48304 Subtotal [1 - I] Subgroup : [2 - I] 48209 48309 Subtotal [2 - I] Subgroup : [3 - I] 48208 48305 Subtotal [3 - I] Subgroup : [4 - I] 48210 Subjotal [4 - I] Total [FORM E - A] Group : [FORM E - B] Subgroup : [1 - I] 49997 Subtotal [1 - I] Subgroup : [2 - I] 40000	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Re Medicaid - Services Excluding Dental, Mental Medicaid FQHC Contra Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private Insurance Revenue Adj-Private Insurance-contra Private - Services Excluding Dental, Mental Medicare - Services Excluding Dental, Mental Patient Fees Revenue Adj-Patient Fees Revenue Adj-Patient Fees Revenue Contributions - Services Excluding Dental, Mental FQHC Other Revenue Contributions - Services Excluding Dental, Me Contributions - Services Excluding Dental, Me Grants - Services Excluding Dental, Mental Federal Grant Revenue	58,821,00 0,00 260,033,00 12,132,620,00 12,132,620,00 (12,309,770,00) 1,272,347,00 (11,037,423,00) (2,546,959,00) 911,423,00 (16,35,536,00) (539,892,00) 386,938,00 (250,954,00) (2,317,439,00) 1,499,548,00 (817,891,00) (13,741,804,00) (13,741,804,00) (140,453,00)	RJE - 5	0,00 0.00 0.00 (89,027.00) (1,238,569.00) 0,00 0,00 0,00 0,00 0,00 0,00 0,00	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00 (11,037,423.00) (2,546,959.00) 911,423.00 (1,635,536.00) (639,892.00) 388,938.00 (250,954.00) (2,317,439.00) 1,499,548.00 (817,891.00) (13,741,804.00) (124,262.00) (124,262.00)	15,047,00 17,480,00 57,856,00 6,544,803,00 (9,038,001,00) 1,496,680,00 (7,541,321,00) (1,807,579,00) 823,210,00 (984,369,00) (689,965,00) 106,435,00 (583,530,00) (2,482,763,00) 1,798,056,00 (684,707,00) (138,921,00) (138,921,00)
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group: [FORM E - A] Subgroup: [1 - I] 48203 48304 Subtotal [1 - I] Subgroup: [2 - I] 48209 48309 Subtotal [2 - I] Subgroup: [3 - I] 48208 48305 Subtotal [3 - I] Subgroup: [4 - I] 48210 48310 Subtotal [4 - I] Total [FORM E - A] Group: [FORM E - B] Subgroup: [1 - I] 49997 Subtotal [1 - I] Subgroup: [2 - I]	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt R. Medicaid - Services Excluding Dental, Mental Medicaid FQHC Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Medicare - Services Excluding Dental, Mental Self-Pay - Services Excluding Dental, Mental Patient Fees Revenue Adj-Patient Fees-contra Self-Pay - Services Excluding Dental, Mental FQHC Other Revenue Contributions - Services Excluding Dental, Me Grants - Services Excluding Dental, Mental	58,821,00 0,000 260,033,00 12,132,620,00 12,132,620,00 1,272,347,00 (11,037,423,00) (2,546,959,00) 911,423,00 (16,35,536,00) (259,954,00) (259,954,00) (2,317,439,00) 1,499,548,00 (817,891,00) (13,741,804,00)	RJE - 6	0,00 0.00 (89,027.00) (1,238,569.00) (1,238,569.00) 0,00 0,00 0,00 0,00 0,00 0,00 0,00	58,821.00 0.00 171,006.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00 (11,037,423.00) (2,546,959.00) 911,423.00 (1,639,892.00) 388,938.00 (250,964.00) (2,317,439.00) 1,499,548.00 (817,891.00) (13,741,804.00)	15,047,00 17,480,00 57,856,00 6,544,803,00 (9,038,001,00) 1,496,680,00 (7,541,321,00) (884,369,00) (689,965,00) 106,435,00 (583,530,00) (2,482,763,00) (684,707,00) (9,793,927,00) (138,921,00)
65001 65002 65500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203 48304 Subtotal [1 - I] Subgroup : [2 - I] 48209 48305 Subtotal [2 - I] Subgroup : [4 - I] 48208 48305 Subtotal [3 - I] Subgroup : [4 - I] 48210 48310 Subtotal [4 - I] Total [FORM E - A] Group : [FORM E - B] Subgroup : [1 - I] 49997 Subtotal [1 - I] Subgroup : [2 - I] 40000	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Re Medicaid - Services Excluding Dental, Mental Medicaid FQHC Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private Insurance-Contra Private - Services Excluding Dental, Mental Medicare - Services Excluding Dental, Mental Medicare - FQHC Revenue Adj-Medicare FQHC Revenue Adj-Medicare FQHC-Contra Medicare - Services Excluding Dental, Mental Self-Pay - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Self-Pay - Services Excluding Dental, Mental FQHC Operating Revenue (Net of Bad Debt Re FQHC Other Revenue Contributions - Services Excluding Dental, Mental Contributions - Services Excluding Dental, Mental FQHC Other Revenue Contributions - Services Excluding Dental, Mental Faderal Grant Revenue State Grant Revenue	58,821,00 0,00 260,033,00 12,132,620,00 12,132,620,00 (12,309,770,00) 1,272,347,00 (11,037,423,00) (2,546,959,00) 911,423,00 (1639,892,00) 386,938,00 (250,954,00) (2,317,439,00) 1,499,548,00 (817,891,00) (13,741,804,00) (140,453,00) (140,453,00) (6,958,879,00) (4,890,198,00)		0,00 0,00 0,00 (89,027,00) (1,238,569,00) 0,00 0,00 0,00 0,00 0,00 0,00 0,00	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00 (11,037,423.00) (2,546,959.00) 911,423.00 (1,635,536.00) (639,892.00) 388,938.00 (250,954.00) (2,17,439.00) 1,499,548.00 (817,891.00) (13,741,804.00) (124,262.00) (127,17,203.00) (1,338,686.00)	15,047,00 17,480,00 57,856,00 6,544,803,00 (9,038,001,00) 1,496,680,00 (7,541,321,00) (1,807,579,00) 823,210,00 (984,369,00) (689,965,00) 106,435,00 (583,530,00) (2,482,763,00) 1,798,056,00 (684,707,00) (138,921,00) (138,921,00)
65001 65002 69500 Subtotal [16] Total [FORM A - H] Group : [FORM E - A] Subgroup : [1 - I] 48203 48304 Subtotal [1 - I] Subgroup : [2 - I] 48209 48309 Subtotal [2 - I] Subgroup : [3 - I] 48208 48305 Subtotal [3 - I] Subgroup : [4 - I] 48210 Subjotal [4 - I] Total [FORM E - A] Group : [FORM E - B] Subgroup : [1 - I] 49997 Subtotal [1 - I] Subgroup : [2 - I] 40000	Miscellaneous - RW Emergency Assistance Gain/Loss on Investments Other Supplies Overhead - Administrative Cost FQHC Operating Revenue (Net of Bad Debt Re Medicaid - Services Excluding Dental, Mental Medicaid FQHC Contra Revenue Adj-Medicaid FQHC Contra Revenue Medicaid - Services Excluding Dental, Mental Private - Services Excluding Dental, Mental Private Insurance Revenue Adj-Private Insurance-contra Private - Services Excluding Dental, Mental Medicare - Services Excluding Dental, Mental Patient Fees Revenue Adj-Patient Fees Revenue Adj-Patient Fees Revenue Contributions - Services Excluding Dental, Mental FQHC Other Revenue Contributions - Services Excluding Dental, Me Contributions - Services Excluding Dental, Me Grants - Services Excluding Dental, Mental Federal Grant Revenue	58,821,00 0,00 260,033,00 12,132,620,00 12,132,620,00 (12,309,770,00) 1,272,347,00 (11,037,423,00) (2,546,959,00) 911,423,00 (16,35,536,00) (539,892,00) 386,938,00 (250,954,00) (2,317,439,00) 1,499,548,00 (817,891,00) (13,741,804,00) (13,741,804,00) (140,453,00)	RJE - 6	0,00 0.00 (89,027.00) (1,238,569.00) (1,238,569.00) 0,00 0,00 0,00 0,00 0,00 0,00 0,00	58,821.00 0.00 171,006.00 10,894,051.00 (12,309,770.00) 1,272,347.00 (11,037,423.00) (2,546,959.00) 911,423.00 (1,635,536.00) (639,892.00) 388,938.00 (250,954.00) (2,317,439.00) 1,499,548.00 (817,891.00) (13,741,804.00) (124,262.00) (124,262.00)	15,047,00 17,480,00 57,856,00 6,544,803,00 (9,038,001,00) 1,496,680,00 (7,541,321,00) (1,807,579,00) 623,210,00 (584,369,00) (689,965,00) 106,435,00 (583,530,00) (2,482,763,00) 1,798,056,00 (684,707,00) (3,793,927,00) (138,921,00) (8,132,593,00) (8,132,593,00)

52250 Subtotal [2 - l]	Subcontracts (Grants) Grants - Services Excluding Dental, Mental	(6,250,00) (12,474,572.00)	_	0.00 (2,323,414.00)	(6,250,00) (14,797,986.00)	0.00 (10,965,384.00)
Subgroup : [3 - I] 49995	Interest - Services Excluding Dental, Mental Interest Income	(38,462,00)	RJE - 6	14,019,00 14,019,00	(24,443,00)	(51,894,00)
Subtotal [3 - I]	Interest - Services Excluding Dental, Mental	(38,462.00)	NJE - 0	14,019.00	(24,443.00)	(51,894.00)
Subgroup : [5 - 1] 49700 Subtotal [5 - 1]	Rent - Services Excluding Dental, Mental Pharmacy Rental Income Rent - Services Excluding Dental, Mental	(8,262.00) (8,262.00)	5 <u>-</u> -	0.00	(8,262.00) (8,262.00)	(6,885.00) (6,885.00)
Subgroup : [8 - 1] 42230	Other - Services Ecxluding Dental, Mental WIC Food Benefits - Donated	0.00	RJE - 6	(1,032,528,00) (1,032,528,00)	(1,032,528,00)	(1,214,770.00)
42231	Donated Services & Supplies	0.00	RJE - 6	(2,858,283,00) (2,858,283,00)	(2,858,283,00)	(976,006,00)
48211 49000 49510 49999	Cancer Screening Revenue Prescription Benefit Program DSS Meaningful Use Incentive / PCMH+ Other Revenue	(16,596,00) (3,515,071,00) (1,046,906,00) (2,607,647,00)	RJE - 6	0.00 0.00 0.00 2,358,400,00 2,368,400,00	(16,596,00) (3,515,071,00) (1,046,906,00) (249,247,00)	(38,818,00) (3,774,094,00) (657,849,00) (66,643,00)
70000	Unrealized loss (gain) on value of investments	0.00	RJE - 6	(8,796,00) (8,796,00)	(8,796.00)	0,00
70001	Realized loss (gain) on value of investments	0.00	RJE - 6	(2,674.00)	(2,674.00)	0,00
Subtotal [8 - I]	Other - Services Ecxluding Dental, Mental	(7,186,220.00)	NOE - 0	(1,543,881.00)	(8,730,101.00)	(6,728,180.00)
Total [FORM E - B]	FQHC Other Revenue	(19,847,969.00)	-	(3,837,085.00)	(23,685,054.00)	(17,891,264.00)
	NET (INCOME) LOSS	0.00	-	0.00	0.00	0.00
	Surn of Account Groups	(5,957,686.00)		31,119.00	(5,926,567.00)	(3,411,912.00)

Fair Haven Community Health Clinic, Inc Client: FQHC - Fair Haven Community Health Clinic, Inc. Engagement: Period Ending: 6/30/2021 Trial Balance: A.01 - TB Workpaper: H.01 - Combined Journal Entries Report -W/P Ref Debit Credit Description Account Reclassifying Journal Entry H.03a Reclassifying Journal Entry JE # 1
To reclass dental salaries and supplies into correct lines of cost report 337.704.00 50015 Salaries - Dentists 120,430.00 Salaries - Dental Hygienists 50050 94,316.00 50065 Salaries - Dental Assistants 35,219 00 50110 Salaries - Patient Services Support 67.444.00 Salaries - Dental Support Staff 50115 57.669.00 Salaries - Management & Admin Support 50140 81,749 00 57575 Dental Supplies 13,428.00 57576 Dental Lab Expenses 712,782.00 Marcum 101 Dental Compensation Marcum 102 Dental Other 95,177.00 807.959.00 807,959.00 Reclassifying Journal Entry JE # 2 H.02b To reclass Patient service support salairies to Dental and Mental Health 123,596,00 Marcum 109 Patient Service Support - Mental Health 48,743,00 Patient Service Support - Dental Marcum 145 172,339,00 Salaries - Patient Services Support 50110 172,339.00 172,339.00 Total H.02b Reclassifying Journal Entry JE # 3 To reclass part of enabling salaries to mental health Enabling - Mental Health 107 077 00 Marcum 110 107.077.00 50100 Salaries - Enabling 107,077,00 107,077.00 H-02b Reclassifying Journal Entry JE # 4 To reclass fringe benefits by salary account 200.715.00 51111 Health Insurance PR W/H 27,418,00 51112 Dental Insurance PR W/H 101,379.00 51116 Disability & Life PR W/H 425,397.00 Marcum 111 Fringe Benefits - Physicians Marcum 112 Fringe Benefits - Physician Assistants 15.212.00 207,748 00 Marcum 113 Fringe Benefits - Nurse Practicioner 78,125,00 Marcum 114 Fringe Benefits - Nurse Midwives 69,536,00 Marcum 115 Fringe Benefits - Nurse LPN Fringe Benefits - Norse RNs 237,486.00 Marcum 116 Fringe Benefits - Clinical Assistants 167.951.00 Marcum 117 13,454 00 Fringe Benefits - Lab Marcum 118 96,515,00 Marcum 119 Fringe Benefits - enabling 910.00 Marcum 120 Fringe Benefits - Educators 117,182.00 Fringe Benefits - patient services support Marcum 121 55,396.00 Fringe Benefits - Dentists Marcum 122 19,755,00 Marcum 124 Fringe Benefits - Dental Hygienists 15,471,00 Marcum 125 Fringe Benefits - Dental Assistants Fringe Benefits - Dental Support Staff 11,241.00 Marcum 126 54 015 00 Marcum 127 Fringe Benefits - Psychologisl Fringe Benefits - 8H Clinician 70,612 00 Marcum 128 8,938.00 Marcum 129 Fringe Benefits - Psychiatrists 14,953 00 Fringe Benefits - Medical Records Marcum 130 19.052.00 Fringe Benefits - Referrals Marcum 131 Fringe Benefits - Front Desk 124,399.00 Marcum 132 74,774 00 Marcum 133 Fringe Benefits - Billing 313,945,00 Marcum 134 Fringe Benefits - Management and Admin Support Fringe Benefits - Information Technology 39,715.00 Marcum 135 Marcum 136 Fringe Benefits - Finance 86 225 00 34,840.00 Marcum 137 Fringe Benefits - Facilities 7,996.00 Marcum 138 Fringe Benefits - Patient Service Support - Dental 20,274.00 Fringe Benefits - Patient Service Support - Mental Health Marcum 139 17,565.00 Fringe Benefits - Enabling Salaries - Mental Health Marcum 140 36,039.00 Fringe Benefits - WIC Marcum 146 38,037 00 Fringe Benefits - Call Center Marcum 147 10,538.00 50180 Accrued Vaccation 728,288.00 Social Security Taxes - FHC 51020 204.323.00 Medicare Taxes - FHC 51030 20,610.00 State Unemployment Taxes 51060 53,857,00 51090 Worker's Comp 1,508,409.00 51101 Health Insurance 105,609.00 51106 Disability & Life Insurance 148,448.00 51160 403B-Match 19,203.00 51170 Continuing Education 2,303 00 51180 Employee Uniforms

				20,682.00
51355	Employee Relations-Staff Meelings Fringe Benefits - Dental Compensation			20,002.00
Marcum 123 Total	Filinge Bettellis - Dettal Compensation		2,822,270.00	2,822,270,00
			-	
Reclassifying Journa		H_02b		
	and Office Expenses based on an allocation of percentage of salary		1,413,804.00	
Marcum 141 Marcum 142	Occupancy and Office Expenses - Medical Occupancy and Office Expenses - Dental		107,723 00	
Marcum 143	Occupancy and Office Expenses - Bental Occupancy and Office Expenses - Mental Health		168,067,00	
51190	Licensing			15,633,00
51400	Membership Fees			34,512.00
52102	Architecture Fees			17,570.00
54101	Subscriptions			784,00
54102	Credentialing			1,076,00
55000	Cleaning Service			95,202 00
55001	Building Rent			525,095,00
55005	Building Maintenance & Repair			22,173 00 20,797 00
55006	Plowing			20,797.00
55010	Vehicle Expenditures-Agency vehicles only			922.00
55015	Pest Service Waste Removal			8,079,00
55020 55050	Security			116,676.00
55199	Electric			73,959 00
55200	Oil			2,848.00
55300	Gas			13,312.00
5540 0	Water			3,733.00
55500	Sewer			2,068.00
57003	Payroll Services			24,817,00
57005	Postage			19,272,00
57100	Bank Charges			11,782,00
5720 0	Printing & Reproduction			27,093.00
57300	Telephone & Communications			131,216.00 3,719.00
57310	Cellphone			145,903.00
57320	On-Call Answering Service Interpretation Services			83,321.00
57330 57350	Electronic Claims			8,308,00
57375	Medical Billing			331.00
57390	Software Support			110,072.00
57400	Equip Maintenance & Repairs			45,983.00
58500	Recruitment			95,041,00
60001	Interest - Mortgage & Line of Credit			17,827,00
64444				9,069,00
61111	Office Equipment Lease			9,069,00
60010	Office Equipment Lease Donations			9,069,00
60010 Marcum 144			4 699 504 00	
60010	Donations		1,689,594.00	1,689,594.00
60010 Marcum 144 T otal	Donations Occupancy and Office Expenses - Other	A 07-	1,689,594.00	
60010 Marcum 144 Total Reclassifying Journa	Donations Occupancy and Office Expenses - Other Il Entry JE # 8	A.02a	1,689,594.00	
60010 Marcum 144 Total Reclassifying Journa To adjust trial balance	Donations Occupancy and Office Expenses - Other Il Entry JE # 6 expense and revenue accounts based on updated TB provided by client	A.02a		
60010 Marcum 144 Total Reclassifying Journa To adjust Irial balance 41000	Donations Occupancy and Office Expenses - Other Il Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue	A.02a	3,551,512.00	
60010 Marcum 144 Total Reclassifying Journa To adjust Irial balance 41000 49995	Donations Occupancy and Office Expenses - Other If Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income	A.02a		
60010 Marcum 144 Total Reclassifying Journa To adjust Irial balance 41000 49995 49997	Donations Occupancy and Office Expenses - Other Il Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue	А.02а	3,551,512.00 14,019.00	
60010 Marcum 144 Total Reclassifying Journa To adjust Irial balance 41000 49995	Donations Occupancy and Office Expenses - Other If Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions	A.02a	3,551,512.00 14,019.00 16,191.00	
60010 Marcum 144 Total Reclassifying Journa To adjust trial balance 41000 49995 49997 49999	Donations Occupancy and Office Expenses - Other Il Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue	A.02a	3,551,512.00 14,019,00 16,191.00 2,358,400,00	
60010 Marcum 144 Total Reclassifying Journa To adjust trial balance 41000 49995 49997 49999 50095	Donations Occupancy and Office Expenses - Other If Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue Salaries-Psychologist	A.02a	3,551,512.00 14,019.00 16,191,00 2,358,400.00 176,201,00 10,538,00 24,00	
60010 Marcum 144 Total Reclassifying Journa To adjust trial balance 41000 49995 49997 49999 50095 50180	Donations Occupancy and Office Expenses - Other If Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue Salaries-Psychologist Accrued Vaccation	A.02a	3,551,512.00 14,019.00 16,191.00 2,358,400.00 176,201.00 10,538.00 24.00 14,263.00	
60010 Marcum 144 Total Reclassifying Journa To adjust trial balance 41000 49995 49997 49999 50095 50180 51300 55001 55050	Donations Occupancy and Office Expenses - Other If Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue Salaries-Psychologist Accrued Vaccation Employee Travel Transportation Building Rent Security	A.02a	3,551,512.00 14,019.00 16,191.00 2,358,400,00 176,201,00 10,538,00 24.00 14,263,00 23,406.00	
60010 Marcum 144 Total Reclassifying Journa To adjust trial balance 41000 49995 49997 49999 50095 50180 51300 55001 55050 57001	Donations Occupancy and Office Expenses - Other If Entry JE # 6 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue Salaries-Psychologist Accrued Vaccation Employee Travel Transportation Building Rent Security Office Supplies-Consumables	A.02a	3,551,512,00 14,019,00 16,191,00 2,358,400,00 176,201,00 10,538,00 24,00 14,263,00 23,406,00 30,625,00	
60010 Marcum 144 Total Reclassifying Journa To adjust trial balance 41000 49995 49997 49999 50095 50180 51300 55001 55050 57001 57003	Donations Occupancy and Office Expenses - Other If Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue Salaries-Psychologist Accrued Vaccation Employee Travel Transportation Building Rent Security Office Supplies-Consumables Payroll Services	A.02a	3,551,512.00 14,019.00 16,191,00 2,358,400.00 176,201,00 10,538.00 24,00 14,263.00 23,406.00 30,625.00 874,00	
60010 Marcum 144 Total Reclasalfying Journa To adjust trial balance 41000 419995 419997 419999 50095 50180 51300 55001 55001 55050 57001 57003 57300	Donations Occupancy and Office Expenses - Other If Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue Salaries-Psychologist Accrued Vaccation Employee Travel Transportation Building Rent Security Office Supplies-Consumables Payroll Services Telephone & Communications	A.02a	3,551,512.00 14,019.00 16,191.00 2,358,400,00 176,201.00 10,538.00 24,00 14,263.00 23,406.00 30,625.00 874,00 2,131.00	
60010 Marcum 144 Total Reclassifying Journa To adjust trial balance 41000 49995 49997 49999 50095 50180 51300 55001 55050 57001 57003 57300 57575	Donations Occupancy and Office Expenses - Other If Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue Salaries-Psychologist Accrued Vaccation Employee Travel Transportation Building Rent Security Office Supplies-Consumables Payroll Services Telephone & Communications Dental Supplies	А.02а	3,551,512.00 14,019.00 16,181.00 2,358,400,00 176,201.00 10,538,00 24.00 14,263.00 23,406.00 30,625.00 674.00 2,131.00	
60010 Marcum 144 Total Reclassifying Journa To adjust trial balance 41000 49995 49997 49999 50095 50180 51300 55001 55050 57001 57003 57300 57575 57600	Donations Occupancy and Office Expenses - Other If Entry JE # 6 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue Salaries-Psychologist Accrued Vaccation Employee Travel Transportation Building Rent Security Office Supplies-Consumables Payroll Services Telephone & Communications Dental Supplies Medical Supplies Medical Supplies	А.02а	3,551,512,00 14,019,00 16,191,00 2,358,400,00 176,201,00 10,538,00 24,00 14,263,00 23,406,00 30,625,00 674,00 2,184,00 2,184,00	
60010 Marcum 144 Total Reclasalfying Journa To adjust trial balance 41000 49995 49997 49999 50095 50180 51300 55001 55060 57001 57003 57300 57575 57560 59000	Donations Occupancy and Office Expenses - Other If Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue Salaries-Psychologist Accrued Vaccation Employee Travel Transportation Building Rent Security Office Supplies-Consumables Payroll Services Telephone & Communications Dental Supplies Medical Supplies Prescription Benefit Program - Expense	A.02a	3,551,512.00 14,019.00 16,191.00 2,358,400.00 176,201.00 10,538.00 24.00 14,263.00 23,406.00 30,625.00 674,00 2,131.00 2,184.00 626.00 9,391.00	
60010 Marcum 144 Total Reclasalfying Journa To adjust trial balance 41000 49995 49997 49999 50095 50180 51300 55001 55001 57001 57003 57300 57575 57600 59000 59001	Donations Occupancy and Office Expenses - Other All Entry JE # 6 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue Salaries-Psychologist Accrued Vaccation Employee Travel Transportation Building Rent Security Office Supplies-Consumables Payroll Services Telephone & Communications Dental Supplies Medical Supplies Medical Supplies Medical Supplies Persoription Benefit Program - Expense Depreciation	A.02a	3,551,512,00 14,019,00 16,191,00 2,358,400,00 176,201,00 10,538,00 24,00 14,263,00 23,406,00 30,625,00 674,00 2,184,00 2,184,00	
60010 Marcum 144 Total Reclassifying Journa To adjust trial balance 41000 49995 49997 49999 50095 50180 51300 55001 55050 57001 57003 57300 57575 57600 59000 59001 59207	Donations Occupancy and Office Expenses - Other If Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue Salaries-Psychologist Accrued Vaccation Employee Travel Transportation Building Rent Security Office Supplies-Consumables Payroll Services Telephone & Communications Dental Supplies Medical Supplies Medical Supplies Prescription Benefit Program - Expense Depreciation Reserve for Bad Debt - Patient Fees	A.02a	3,551,512.00 14,019.00 16,191.00 2,358,400,00 176,201,00 10,538.00 24.00 14,263.00 23,406.00 30,625.00 874.00 2,131.00 2,184.00 626.00 9,391.00 19,490.00	
60010 Marcum 144 Total Reclassifying Journa To adjust trial balance 41000 49995 49997 49999 50095 50180 51300 55001 55050 57001 57003 57300 57575 57600 59000 59001 59207 69000	Donations Occupancy and Office Expenses - Other If Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue Salaries-Psychologist Accrued Vaccation Employee Travel Transportation Building Rent Security Office Supplies-Consumables Payroll Services Telephone & Communications Dental Supplies Medical Supplies Prescription Benefit Program - Expense Depreciation Reserve for Bad Debt - Patient Fees Donated Salaries	A.02a	3,551,512.00 14,019.00 16,181.00 2,358,400.00 176,201.00 10,538,00 24.00 14,263.00 23,406.00 30,625.00 874.00 2,131.00 2,184.00 626.00 9,391.00 19,490.00 127,643.00	
60010 Marcum 144 Total Reclasalfying Journa To adjust trial balance 41000 49995 49997 49999 50095 50180 51300 55001 55050 57001 57003 57700 57755 57600 59000 59001 59207 69000 69001	Donations Occupancy and Office Expenses - Other All Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue Salaries-Psychologist Accrued Vaccation Employee Travel Transportation Building Rent Security Office Supplies-Consumables Payroll Services Telephone & Communications Dental Supplies Medical Supplies Medical Supplies Prescription Benefit Program - Expense Depreciation Reserve for Bad Debt - Patient Fees Donated Salaries Donated Lab	A.02a	3,551,512.00 14,019.00 16,191.00 2,358,400.00 176,201.00 10,538.00 24.00 14,263.00 23,406.00 30,625.00 674,00 2,131.00 2,184.00 626.00 9,391.00 19,490.00 1,776,43.00 1,194,739.00	
60010 Marcum 144 Total Reclassifying Journa To adjust trial balance 41000 419995 49997 49999 50095 50180 51300 55001 55050 57001 57001 57003 57300 57575 57600 59000 59001 59207 69000 69001 69002	Donations Occupancy and Office Expenses - Other If Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue Salaries-Psychologist Accrued Vaccation Employee Travel Transportation Building Rent Security Office Supplies-Consumables Payroll Services Telephone & Communications Dental Supplies Medical Supplies Medical Supplies Persoription Benefit Program - Expense Depreciation Reserve for Bad Debt - Patient Fees Donated Salaries Donated Salaries Donated Lab Donated Rent	A.02a	3,551,512.00 14,019.00 16,191.00 2,385,400,00 176,201.00 10,538.00 24,00 14,263.00 23,406.00 30,625.00 874,00 2,131.00 2,184.00 626.00 9,391.00 19,490.00 127,643.00 1,194,739.00 22,800.00	
60010 Marcum 144 Total Reclasalfying Journa To adjust trial balance 41000 49995 49997 49999 50095 50180 51300 55001 55050 57001 57003 57700 57755 57600 59000 59001 59207 69000 69001	Donations Occupancy and Office Expenses - Other All Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue Salaries-Psychologist Accrued Vaccation Employee Travel Transportation Building Rent Security Office Supplies-Consumables Payroll Services Telephone & Communications Dental Supplies Medical Supplies Medical Supplies Prescription Benefit Program - Expense Depreciation Reserve for Bad Debt - Patient Fees Donated Salaries Donated Lab	A.02a	3,551,512.00 14,019.00 16,191.00 2,358,400,00 176,201,00 10,538,00 24.00 14,263,00 23,406.00 30,625.00 874,00 2,131.00 2,184.00 626.00 9,391,00 19,490.00 127,643,00 1,194,739.00 22,800.00 33,700.00	1,889,594.00
60010 Marcum 144 Total Reclassifying Journa To adjust trial balance 41000 49995 49997 49999 50095 50180 51300 55001 55060 57001 57003 57300 57675 57600 59000 59001 59207 69000 69001 69002 69003	Donations Occupancy and Office Expenses - Other If Entry JE # 6 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue Salaries-Psychologist Accrued Vaccation Employee Travel Transportation Building Rent Security Office Supplies-Consumables Payroll Services Telephone & Communications Dental Supplies Medical Supplies Medical Supplies Prescription Benefit Program - Expense Depreciation Reserve for Bad Debt - Patient Fees Donated Lab Donated Hab Donated Rent Donated Medical Supplies	A.02a	3,551,512,00 14,019,00 16,191,00 2,358,400,00 176,201,00 10,538,00 24,00 24,00 23,406,00 30,625,00 674,00 2,131,00 2,184,00 626,00 9,391,00 19,490,00 127,643,00 1,194,739,00 22,800,00 33,700,00 1,607,043,00	1,889,594.00 5,758,324.00
60010 Marcum 144 Total Reclasalfying Journa To adjust trial balance 41000 49995 49997 49999 50095 50180 51300 55001 55050 57001 57003 57700 57705 57600 59000 59001 59207 69000 69001 69001 69002 69003 69100	Donations Occupancy and Office Expenses - Other It Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue Salaries-Psychologist Accrued Vaccation Employee Travel Transportation Building Rent Security Office Supplies-Consumables Payroll Services Telephone & Communications Dental Supplies Medical Supplies Medical Supplies Prescription Benefit Program - Expense Depreciation Reserve for Bad Debt - Patient Fees Donated Salaries Donated Rent Donated Medical Supplies Donated Medical Supplies Donated Medical Supplies Donated Medical Supplies	A.02a	3,551,512,00 14,019,00 16,191,00 2,358,400,00 176,201,00 10,538,00 24,00 24,00 23,406,00 30,625,00 674,00 2,131,00 2,184,00 626,00 9,391,00 19,490,00 127,643,00 1,194,739,00 22,800,00 33,700,00 1,607,043,00	1,889,584.00 5,758,324.00 1,032,528.00
60010 Marcum 144 Total Reclasalfying Journa To adjust trial balance 41000 41000 49995 49997 49999 50095 50180 51300 55001 55001 57001 57003 57730 57757 57600 59000 59001 59207 69000 69001 69002 69001 69002 69100 40000	Donations Occupancy and Office Expenses - Other All Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue Salaries-Psychologist Accrued Vaccation Employee Travel Transportation Building Rent Security Office Supplies-Consumables Payroll Services Telephone & Communications Dental Supplies Medical Supplies Medical Supplies Medical Supplies Prescription Benefit Program - Expense Depreciation Reserve for Bad Debt - Patient Fees Donated Salaries Donated Rent Donated Medic Supplies Donated Rent Donated Medic Food Benefits Federal Grant Revenue	A.02a	3,551,512,00 14,019,00 16,191,00 2,358,400,00 176,201,00 10,538,00 24,00 24,00 23,406,00 30,625,00 674,00 2,131,00 2,184,00 626,00 9,391,00 19,490,00 127,643,00 1,194,739,00 22,800,00 33,700,00 1,607,043,00	5,758,324.00 1,032,528.00 2,858,283.00
60010 Marcum 144 Total Reclassifying Journa To adjust trial balance 41000 49995 49997 49999 50095 50180 51300 55001 55001 57001 57003 67300 57575 57600 59000 59001 59207 69000 69001 69002 69003 69100 40000 42230	Donations Occupancy and Office Expenses - Other If Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue Salaries-Psychologist Accrued Vaccation Employee Travel Transportation Building Rent Security Office Supplies-Consumables Payroll Services Telephone & Communications Dental Supplies Medical Supplies Prescription Benefit Program - Expense Depreciation Reserve for Bad Debt - Patient Fees Donated Salaries Donated Salaries Donated Rent Donated Medical Supplies Donated Wic Food Benefits Federal Grant Revenue Wic Food Benefits - Donated	A.02a	3,551,512,00 14,019,00 16,191,00 2,358,400,00 176,201,00 10,538,00 24,00 24,00 23,406,00 30,625,00 674,00 2,131,00 2,184,00 626,00 9,391,00 19,490,00 127,643,00 1,194,739,00 22,800,00 33,700,00 1,607,043,00	5,758,324.00 1,032.528.00 2,858.233.00 116,602.00
60010 Marcum 144 Total Reclassifying Journa To adjust trial balance 41000 419995 49997 49999 50095 50180 51300 55001 55050 57001 57001 57003 57300 57575 57600 59000 59001 59207 69000 69001 69002 69003 69100 40000 42230 42231 43000 50090	Donations Occupancy and Office Expenses - Other If Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue Salaries-Psychologist Accrued Vaccation Employee Travel Transportation Building Rent Security Office Supplies-Consumables Payroll Services Telephone & Communications Dental Supplies Medical Supplies Medical Supplies Prescription Benefit Program - Expense Depreciation Reserve for Bad Debt - Patient Fees Donated Salaries Donated Salaries Donated Mactical Supplies Donated Medical Supplies Donated Medical Supplies Donated Tab Donated Mic Food Benefits Federal Grant Revenue WiC Food Benefits - Donated Donated Services & Supplies Private Grant Revenue WiC Food Benefits - Donated Donated Services & Supplies Private Grant Revenue Salaries - BH Clinician	A.02a	3,551,512,00 14,019,00 16,191,00 2,358,400,00 176,201,00 10,538,00 24,00 24,00 23,406,00 30,625,00 674,00 2,131,00 2,184,00 626,00 9,391,00 19,490,00 127,643,00 1,194,739,00 22,800,00 33,700,00 1,607,043,00	5,758,324.00 1,032,528.00 2,858,283.00 116,602.00 176,201.00
60010 Marcum 144 Total Reclassifying Journa To adjust trial balance 41000 49995 49997 49999 50095 50180 51300 55001 55060 57001 57003 57300 57300 57475 57600 59000 69001 69001 69002 69003 69100 40000 42230 42231 43000 50090 51020	Donations Occupancy and Office Expenses - Other If Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue Salaries-Psychologist Accrued Vaccation Employee Travel Transportation Building Rent Security Office Supplies-Consumables Payroll Services Telephone & Communications Dental Supplies Medical Supplies Prescription Benefit Program - Expense Depreciation Reserve for Bad Debt - Patient Fees Donated Salaries Donated Lab Donated Rent Donated Medical Supplies Donated Services & Supplies Privale Grant Revenue Salaries - BH Clinician Social Security Taxes - FHC	A.02a	3,551,512,00 14,019,00 16,191,00 2,358,400,00 176,201,00 10,538,00 24,00 24,00 23,406,00 30,625,00 674,00 2,131,00 2,184,00 626,00 9,391,00 19,490,00 127,643,00 1,194,739,00 22,800,00 33,700,00 1,607,043,00	5,758,324.00 1,032,528.00 2,858,283.00 116,602.00 175,201.00
60010 Marcum 144 Total Reclasalfying Journa To adjust trial balance 41000 49995 49997 49999 50095 50180 51300 55001 55050 57001 57003 57700 577003 57755 57600 59000 69001 69002 69001 69002 69003 69100 40000 42230 42231 43000 50090 51020 52101	Donations Occupancy and Office Expenses - Other It Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue Salaries-Psychologist Accrued Vaccation Employee Travel Transportation Building Rent Security Office Supplies-Consumables Payroll Services Telephone & Communications Dental Supplies Medical Supplies Prescription Benefit Program - Expense Depreciation Reserve for Bad Debt - Patient Fees Donated Salaries Donated Rent Donated Medical Supplies Donated Medical Supplies Donated Medical Supplies Donated Medical Supplies Donated Rent Donated Rent Donated Rent Donated Services & Supplies Donated Services & Supplies Private Grant Revenue WIC Food Benefits - Donated Donated Services & Supplies Private Grant Revenue Salaries - BH Clinician Sodal Security Taxes - FHC Corsulting & Other Personnel	A.02a	3,551,512,00 14,019,00 16,191,00 2,358,400,00 176,201,00 10,538,00 24,00 24,00 23,406,00 30,625,00 674,00 2,131,00 2,184,00 626,00 9,391,00 19,490,00 127,643,00 1,194,739,00 22,800,00 33,700,00 1,607,043,00	5,758,324.00 1,032,528.00 2,958,233.00 116,602.00 176,201.00 117,518.00 25,187.00
60010 Marcum 144 Total Reclasalfying Journa To adjust trial balance 41000 410995 49997 49999 50095 50180 51300 55001 55001 57001 57003 577300 57575 57600 59000 59001 59207 69000 69001 69002 69001 69002 69003 69100 40000 42230 42231 43000 50090 51020 52101 52201	Donations Occupancy and Office Expenses - Other If Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue Salaries-Psychologist Accrued Vaccation Employee Travel Transportation Building Rent Security Office Supplies-Consumables Payroll Services Telephone & Communications Dental Supplies Medical Supplies Medical Supplies Prescription Benefit Program - Expense Depreciation Reserve for Bad Debt - Patient Fees Donated Salaries Donated Rent Donated Medical Supplies Donated Medical Supplies Donated Rent Donated Medical Supplies Donated Rent Donated Medical Supplies Private Grant Revenue WIC Food Benefits Federal Grant Revenue Salaries - BH Clinician Social Security Taxes - FHC Consulting & Other Personnel Legal Fees	A.02a	3,551,512,00 14,019,00 16,191,00 2,358,400,00 176,201,00 10,538,00 24,00 24,00 23,406,00 30,625,00 674,00 2,131,00 2,184,00 626,00 9,391,00 19,490,00 127,643,00 1,194,739,00 22,800,00 33,700,00 1,607,043,00	5,758,324.00 1,032.528.00 2,858,283.00 116,602.00 117,518.00 25,187.00 25,110.00
60010 Marcum 144 Total Reclassifying Journa To adjust trial balance 41000 419995 49997 49999 50095 50180 51300 55001 57001 57003 57300 57575 57600 59000 59001 59207 69000 69001 69002 69001 69002 69003 69100 40000 42230 42231 43000 50090 51020 52101 52201 52101	Donations Occupancy and Office Expenses - Other If Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue Salaries-Psychologist Accrued Vaccation Employee Travel Transportation Building Rent Security Office Supplies-Consumables Payroll Services Telephone & Communications Dental Supplies Medical Supplies Prescription Benefit Program - Expense Depreciation Reserve for Bad Debt - Patient Fees Donated Salaries Donated Salaries Donated Benefit Septiment Donated Medical Supplies Donated Medical Supplies Donated Microad Benefits Federal Grant Revenue WIC Food Benefits - Donated Donated Security Taxes - FHC Corosulting & Other Personnel Legal Fees Credentialing	A.02a	3,551,512,00 14,019,00 16,191,00 2,358,400,00 176,201,00 10,538,00 24,00 24,00 23,406,00 30,625,00 674,00 2,131,00 2,184,00 626,00 9,391,00 19,490,00 127,643,00 1,194,739,00 22,800,00 33,700,00 1,607,043,00	5,758,324.00 1,032,528.00 2,858,283.00 116,602.00 117,518.00 25,187.00 25,110.00 8,010.00
60010 Marcum 144 Total Reclasalfying Journa To adjust trial balance 41000 49995 49997 49999 50095 50180 55001 55050 57001 55050 57001 57003 57700 57705 57600 59001 69001 69001 69002 69001 69002 69003 69100 40000 42230 42231 43000 50090 51020 52101 52201 54102 55005	Donations Occupancy and Office Expenses - Other It Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue Salaries-Psychologist Accrued Vaccation Employee Travel Transportation Building Rent Security Office Supplies-Consumables Payroll Services Telephone & Communications Dental Supplies Medical Supplies Prescription Benefit Program - Expense Depreciation Reserve for Bad Debt - Patient Fees Donated Salaries Donated Rent Donated Rent Donated Medical Supplies Donated Medical Supplies Donated Medical Supplies Donated Rent Donated Medical Supplies Donated Services & Supplies Privale Grant Revenue WIC Food Benefits - Donated Donated Services & Supplies Privale Grant Revenue Salaries - BH Clinician Social Security Taxes - FHC Consulting & Other Personnel Legal Fees Credentialing Building Maintenance & Repair	A.02a	3,551,512,00 14,019,00 16,191,00 2,358,400,00 176,201,00 10,538,00 24,00 24,00 23,406,00 30,625,00 674,00 2,131,00 2,184,00 626,00 9,391,00 19,490,00 127,643,00 1,194,739,00 22,800,00 33,700,00 1,607,043,00	5,758,324.00 1,032,528.00 2,858,283.00 116,602.00 176,201.00 117,518.00 25,187.00 25,110.00 8,010.00 87,350.00
60010 Marcum 144 Total Reclassifying Journa To adjust trial balance 41000 419995 49997 49999 50095 50180 51300 55001 57001 57003 57300 57575 57600 59000 59001 59207 69000 69001 69002 69001 69002 69003 69100 40000 42230 42231 43000 50090 51020 52101 52201 52101	Donations Occupancy and Office Expenses - Other If Entry JE # 8 expense and revenue accounts based on updated TB provided by client State Grant Revenue Interest Income Contributions Other Revenue Salaries-Psychologist Accrued Vaccation Employee Travel Transportation Building Rent Security Office Supplies-Consumables Payroll Services Telephone & Communications Dental Supplies Medical Supplies Prescription Benefit Program - Expense Depreciation Reserve for Bad Debt - Patient Fees Donated Salaries Donated Salaries Donated Benefit Septiment Donated Medical Supplies Donated Medical Supplies Donated Microad Benefits Federal Grant Revenue WIC Food Benefits - Donated Donated Security Taxes - FHC Corosulting & Other Personnel Legal Fees Credentialing	A.02a	3,551,512,00 14,019,00 16,191,00 2,358,400,00 176,201,00 10,538,00 24,00 24,00 23,406,00 30,625,00 674,00 2,131,00 2,184,00 626,00 9,391,00 19,490,00 127,643,00 1,194,739,00 22,800,00 33,700,00 1,607,043,00	5,758,324.00 1,032,528.00 2,858,283.00 116,602.00 117,518.00 25,187.00 25,110.00 8,010.00

	70001	Realized loss (gain) on value of investments		2,674.00
Total			10,248,328.00	10,217,209.00
		Total Reclassifying Journal Entry	15,847,567.00	15,816,448.00
		Total All Journal Entries	15,847,567.00	15,816,448.00

FAIR HAVEN COMMUNITY HEALTH CLINIC MEDICARE COST REPORT PACKAGE FYE JUNE 30, 2021

In Lieu of Form CMS-224-14 Health Financial Systems This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting FORM APPROVED OMB NO. 0938-1298 period being deemed overpayments (42 USC 1395g). APPROVAL EXPIRES 03-31-2022 Run Date Time: 3/9/2022 2:44 pm FAIR HAVEN COMMUNITY HEALTH CLINIC Period: From: 07/01/2020 MCRIF32 224-14 06/30/2021 Version: 4.5.173.0 07-1817 CCN:

FEDERALLY QUALIFIED	HEALTH CENTE	ER COST REPC	ORT CERTIFICATION	DNA NC
SETTLEMENT SUMMARY	7			

Worksheet S Parts I, II & III

SETTLEMENT SUMM	IARY		Parts 1, 11	& 111
PART I - COST REPORT S	TATUS			
Provider use only	X Electronically prepared Manually prepared cost		Time:	
		t report enter the number of times the provider res ater "F" for full, "L" for low, or "N" for no utilization		
Contractor use only	5. [1] Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Recieved: 7. Contractor No.: 8. [] Initial Report for this Provider CCN 9. [] Final Report for this Provider CCN		
DARTH CERTIFICATIO	V.			

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT, DIRECTLY OR INDIRECTLY, OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FAIR HAVEN COMMUNITY HEALTH CLINIC. (Provider Name(s) and Number(s)) for the cost reporting period beginning 0/0/10/2020 and ending 06/30/2021 and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC	
1	2	SIGNATURE STATEMENT	
1		I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	
2 Printed Name			- :
3 Title	BU S BEST R		
4 Signature Date			
T III - SETTLEMENT SUMMARY			
		Title XVIII	
		1.00	
FOHC		56,120	1.00

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1298. The time required to complete this information collection is estimated 58 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any connents concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

	Health Financial Syster	ns				
	FAIR HAVEN C	OMMUNITY HEALTH CLINIC	Perio	d:	Run Date Time:	3/9/2022 2:44 pm
Ш			From	: 07/01/2020	MCRIF32	224-14
	CCN:	07-1817	To:	06/30/2021	Version:	4.5.173,0

FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Worksheet S-1

				FICATION [Type of control	
			Provider CCN	CBSA	Date Certified	(see instructions)						
		Sue Name 1.00								4.00	5.00	
1.00	Site Name:	FAIR HAVEN COMMUNITY	HEALTH CLIN	IC				07-1817	35300	01/08/1971	1	1,00
2.00	Street:	374 GRAND AVENUE	P.O. Box:		U III=			Williams				2.00
3,00	City:	NEW HAVEN	State:	CT	Zip Code:	06513	County:	NEW HAVEN		ignation - Enter "F U" for urban:	t" for nmal U	3,00
4,00	Cost Reporting	Period (mm/dd/yyyy)	From:	07/01/2020		06/30/2021	10 11 21	S HILL STORY	X 1000 2			4_00
5.00	Is this FQHC p	art of an entity that owns, leases or	controls multiple	FQHCs? Ent	er "Y" for y	es or "N" for 1	o. If yes,	enter the entity's u	iformation below.	N		5.00
5.00	Name of Entity	:										6.00
7.00	Street:		P.O. Box:		HRSA Aw	ard Number:				MIX.		7.00
8.00	City:		State:		Zip Code:							8.00
9,00	Is this FQHC p "Y for yes or "N	QFIC part of a chain organization as defined in §2150 of CMS Pub. 15-1 that claims home office costs in a Home Office Cost Statement? Enter N es or "N" for no in column 1. If yes, enter the chain organization's information below.										9.00
10,00	Name of Chain	Organization										10.00
11,00	Street:	1			Ban Sall Jan		11.00					
12,00	City:						12.00					
Consc	olidated Cost Re	port										
								Y/N	Date Requested	Date Approved	Number of FQHCs	
								1,00	2,00	3,00	4,00	
13,00	100 Is this FQHC filing a consolidated cost report per CMS Pub. 100-04, chapter 9, §30.8? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, complete columns 2 through 4, and line 14, beginning with subscripted line 14.01. If column 1 is no, leave line 14 blank, (see instructions)										11	13.00
			Site Name					CCN	CBSA	Date Requested	Date Approved	
			1.00					2,00	3,00	4.00	5.00	
14,00	FQHC Site Info	ornation:							U-H-III	SUBJECT I		14.0
14.01									35300	01/01/1978	01/01/1978	14.0
14.02									35300	01/01/1982	01/01/1982	14.0
14.03									35300	09/01/1992	09/01/1992	14_0
14.04									35300	01/01/2014	01/01/2014	14.0
14.05									35300	07/01/2011	07/01/2011	14.0
14.06									35300	02/11/2015	02/11/2015	14.0
14.07									35300	05/16/2016	05/16/2016	14.0
14.08									35300	10/27/2016	10/27/2016	14.0
14.09									35300	02/12/2018	02/12/2018	14.0
14,10									35300	02/12/2018	02/12/2018	14.1
14.11 FHC 35 WHEELBARROW LANE									35300	02/12/2018	02/12/2018	14.1
FQH	C Operations								1,00	2.00	3.00	1
15.00		rganization is this FQHC? If you o	perate as more tha	in one sub-typ	e of an orga	nization enter	only the a	oplicable alpha	1	Λ		15.0
16,00												16-0
17.00										02/22/2018	5 IH80CS00741-17- 00	17.0
Medic	cal Malpractice								Y			
18,00	Did this FQHC submit an initial deeming or annual redeeming application for medical malpractice coverage under the FTCA with HRSA? Enter "Y" for yes or "N" for no in column 1, If column 1 is yes, enter the effective date of coverage in column 2.									01/01/2020		18.0
19.00									N 0	W STATE		19.0
20.00	Is the malpracti	he malpractice insurance a claims-made or occurrence policy? Enter "1" for claims-made or "2" for occurrence policy									0.161	20,0
									Premiums	Paid Losses	Self Insurance	-
21,00		l malpractice premiums, paid losses							0	C	0	_
22,00	22.00 Are malpractice premiums, paid losses or self-insurance reported in a cost center other than Administrative and General? Enter "Y" for yes or "N" for no. (see instructions)											22,0
Intern	s and Residents								N			
23.00	Is this FQHC involved in training residents in an approved GME program in accordance with 42 CFR 405.2468(f)? Enter "Y" for yes "N" for no											23.0

ricain rinancial systems											
	FAIR HAVEN CO	MMUNITY HEALTH CLINIC	Perioc	l:		Run Date Time:	3/9/2022 2:44 pm				
			From:	07/01	/2020	MCRIF32	224-14				
	CCN:	07-1817	To:	06/30	/2021	Version:	4.5.173.0				



FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Worksheet S-1 Part I

		Premiums	Paid Losses	Self Insurance	
24:00	Is this FQHC involved in training residents in an unapproved GME program? Enter "Y" for yes or "N" for no.	N			24.00
25.00	Did this FQHC receive a Primary Care Residency Expansion (PCRE) grant authorized under Part C of Title VII of the PHS Act from HRSA? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of primary care FTE residents that your FQHC trained in this cost reporting period for which your FQHC received PCRE funding and in column 3, enter the total number of visits performed by residents funded by the PCRE grant in this cost reporting period. (see instructions)	N	0.00	0	25.00
26.00	Did this FQHC receive a Teaching Health Center development grant authorized under Part C of Title VII of the PHS Act from HRSA? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of FTE residents that your FQHC trained and received funding through your THC grant in this cost reporting period and in column 3, enter the total number of visits performed by residents funded by the THC grant in this cost reporting period. (see instructions)	N	0.00	0	26.00
Capita	ll Related Costs - Ownership/Lease of Building				
27.00	Do you own or lease the building or office space occupied by your FQHC, or is the building or office space provided at no cost to the FQHC? Enter "1" for owned, "2" for leased, or "3" for space provided at no cost in column 1. If you enter "2" in column 1, enter the amount of rent/lease expense in column 2.	1	0		27,00
				1.00	
Contr	act Labor Cost				
28.00	Do you use contract labor to provide medical and/or mental health services to your patients? Enter "Y" for yes or "N" for no in column 1	4		Y	28.00

FAIR HAVEN COMMUNITY HEALTH CLINIC Run Date Time: 3/9/2022 2:44 pm Period: From: 07/01/2020 To: 06/30/2021 MCRIF32 224-14 Version: 4.5.173.0 CCN: 07-1817



FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 071805

Worksheet S-1 Part II

Clinic I

		ALLY QUALIFIED HEALTH CENTER CONSOLIDATED COST REPORT PA						Type of control			V/I		
		Site Name					Date Certified (see instructions)			Decertification	Date of CHOW		
			1.00				2 00		3,00	4.00	5,00	6.00	
1,00	Site Name:	FAIR HAVEN CHC AT BELI	LA VISTA				01/01/19	78	1				1,0
2,00	Street:	339 EASTERN STREET	P.O. Box:							L Part Care		H 7109 E	2.0
3.00	City:	NEW HAVEN	State:	CT	Zip Code:	06513	County:	NE	W HAVEN		ignation - Enter "I U" for urban:	R" for rural U	3.0
FQH	C Operation	s											
										1,00	2,00	3.00	
4.00	What type of organization is this FQHC? If you operate as more than one sub-type of an organization enter only the applicable alpha characters in column 2, (see instructions)									1	Λ		4.0
5.00	Did this FQHC receive a grant under §330 of the PHS Act during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete line 6.									Y			5.0
6.00	If the response to line 5 is yes, indicate in column 1, the type of HRSA grant that was awarded (see instructions). Enter the date of the grant award in column 2 and enter the grant award number in column 3, If you received more than one grant subscript this line accordingly.									1	02/22/2018	5 H80CS00741-17 00	6.0
Medi	cal Malpract												
7.00		Did this FQHC submit an initial deeming or annual redeeming application for medical malpractice coverage under the FTCA with HRSA? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the effective date of coverage in column 2.								Y	01/01/2020		7.0
8.00		Does this FQHC carry commercial malpractice insurance? Enter "Y" for yes or "N" for no.										Side III	8.0
9.00	Is the malp	Is the malpractice insurance a claims-made or occurrence policy? Enter "1" for claims-made or "2" for occurrence policy.								0			9.0
										Premiums	Paid Losses	Self Insurance	
10.00	List amoun	ts of malpractice premiums, paid	losses or self-insura	nce in the a	pplicable colur	nns.				0	0	(0 10.0
Interr	ns and Resid												
11,00	"N" for no.)? Er	nter "Y" for yes or	N			11.0
12.00	Is this FQI-	IC involved in training residents i	n an unapproved G	ME program	m? Enter "Y"	for yes or "N	I" for no.			N			12.0
13.00	Did this FQHC receive a Primary Care Residency Expansion (PCRE) grant authorized under Part C of Title VII of the PHS Act from HRSA? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of primary care FTE residents that your FQHC trained in this cost reporting period for which your FQHC received PCRE funding and in column 3, enter the total number of visits performed by residents funded by the PCRE grant in this cost reporting period. (see instuctions)								N	0.00	,	13.0	
14,00	Did this FQHC receive a Teaching Health Center development grant authorized under Part C of Title VII of the PHS Act from HRSA? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of FTE residents that your FQHC trained and received funding through your THC grant in this cost reporting period and in column 3, enter the total number of visits performed by residents funded by the THC grant in this cost reporting period. (see instructions)								N	0.00		0 14.0	
Capit		osts - Ownership/Lease of Bui											
15,00	FQHC? En	n or lease the building or office s iter "1" for owned, "2" for leased, rent/lease expense in column 2	pace occupied by yo , or "3" for space pr	ur FQHC, ovided at n	or is the buildi o cost in colum	ng or office nn 1. If you	space provi enter "2" in	ded a colur	t no cost to the	2	4,800		15.0
												1.00	0
Contr	act Labor Co	ost		_									_

Health Financial Systems			In Lie
FAIR HAVEN COMMUNITY HEALTH CLINIC	Period:	Run Date Time:	3/9/2022 2:44 pm
	Erom 07/01/2020	MCRIE32	224-14

224-14 4.5.173.0 CCN: 06/30/2021 Version: 07-1817



FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 071806

Worksheet S-1 Part II

Clinic II

	T	LLY QUALIFIED HEALTH							Type of control		V/I		
			Site Name				Date Certi	fied		Date Decertified	Decertification	Date of CHOW	
_	†		1.00				2.00		3.00	4.00	5,00	6,00	
1.00	Site Name:	WILBUR CROSS HIGH SCHO	OOL				01/01/19	82	1				1.0
2.00	Street:	181 MITCHELL DRIVE	P.O. Box:					100					2,0
3.00	City:	NEW HAVEN	State:	СТ	Zip Code:	06513-2515	County:	NE	W HAVEN		ignation - Enter "F U" for urban:	R" for rural U	3.0
FQH	Operations	s											
										1.00	2.00	3.00	
l:00	characters is	of organization is this FQHC? If y n column 2 (see instructions)	•							1	Λ		4.0
5.00	complete lin									Y			5.0
6.00	If the respo grant award accordingly.	onse to line 5 is yes, indicate in col I in column 2 and enter the grant a	umn 1, the type of ward number in co	HRSA grant olumn 3. If y	that was aw ou received	arded (see ins more than on	tructions). l e grant subs	Enter	the date of the this line	1	02/22/2018	5 H80CS00741-17- 00	6.0
Medi	al Malpracti												
7.00		QHC submit an initial deeming or ater "Y" for yes or "N" for no in c								Y	01/01/2019		7.0
8.00		QHC carry commercial malpracti								N_		0. [82]	8.0
9.00	Is the malps	ractice insurance a claims-made or	occurrence policy:	y.	0			9.0					
										Premiums	Paid Losses	Self Insurance	
10.00	List amount	ts of malpractice premiums, paid l	osses or self-insura	nce in the ap	plicable colu	ımns.				0	0	0	10,0
	s and Reside												
11.00	Is this FQH "N" for no.	IC involved in training residents in	an approved GM	E program ir	accordance	with 42 CFR	405_2468(6)? Er	iter "Y" for yes or	N			11.0
12.00		IC involved in training residents in								N	kikemiilii j	1 1 2 2 2 2	12.0
13.00	HRSA? Ent FQHC train visits perfor	QHC receive a Primary Care Resid ter "Y" for yes or "N" for no in co ned in this cost reporting period for med by residents funded by the P	olumn 1. If yes, ent or which your FQF CRE grant in this o	er in column IC received I cost reporting	2 the numb PCRE funding period (se	per of primary ng and in colu e instuctions)	mn 3, enter	eside the t	nts that your otal number of	N	0.00	0	13.0
14.00	Enter "Y" for	OHC receive a Teaching Health Co for yes or "N" for no in column 1, ading through your THC grant in aded by the THC grant in this co	If yes, enter in col this cost reporting	umn 2 the nu period and is	imber of FI i column 3,	E residents th	at your FQ	HC t	rained and	N	0.00	0	14.0
Capit		osts - Ownership/Lease of Buil											
15.00	FQHC? En	n or lease the building or office sp iter "1" for owned, "2" for leased, rent/lease expense in column 2.	or "3" for space pr	our FQHC, o ovided at no	r is the build cost in colu	ling or office mn 1. If you	space provi enter "2" in	ded a colur	t no cost to the nn 1, enter the	2	1		15.0
												1.00	
	act Labor Co												
		contract labor to provide medica	2007276094	1.1	The second secon	4.15	18 C 377 -	1976, 1986	C C+0 1			N	16.0

FAIR	HAVEN	COMMUN	VITY	HEALTH	CLINIC	
CCN:		07-181	7			

Run Date Time: Period: From: 07/01/2020 MCRIF32 06/30/2021 Version: To:

3/9/2022 2:44 pm 224-14 4.5.173.0



FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 071807

Worksheet S-1 Part II

Clinic III

									Type of control		V/I		
			Site Name				Date Certifi	ied	(see instructions)	Date Decertified	Decertification	Date of CHOW	
			1.00				2.00		3.00	4.00	5.00	6,00	
1.00	Site Name:	FAIR HAVEN K-8 SCHOOL					09/01/199)2	1				1.0
2.00	Street:	164 GRAND AVENUE	P.O. Box:				V = 9		ellerin its	- NO 11- 12			2,0
3.00	City:	NEW HAVEN	State:	CT	Zip Code:	06513	County:	NEV	VHAVEN		gnation - Enter "R J" for urban:	" for rural U	3,0
FQH	C Operation	s											
										1.00	2.00	3.00	
4.00		of organization is this FQHC? If you column 2, (see instructions)	you operate as more	than one s	sub-type of an o	organization	n enter only th	ае ар	plicable alpha	1	Λ		4.0
5.00	Did this FQ complete lin	DHC receive a grant under \$330 o ne 6.	f the PHS Act durin	g this cost	reporting pend	d? Enter "	Y" for yes or	"N"	for no. If yes,	Y			5.0
6.00	If the respo grant award accordingly	onse to line 5 is yes, indicate in col I in column 2 and enter the grant :	lumn 1, the type of I award number in co	HRSA gran lumn 3. If	it that was awar you received m	ded (see in ore than or	structions). E ne grant subsc	nter (cript t	the date of the this line	1	02/22/2018	5 H80CS00741-17- 00	6,0
Medie	al Malpracti												_
7.00	Did this FQ HRSA? En	QHC submit an initial deeming or iter "Y" for yes or "N" for no in o	annual redeeming a column 1. If column	pplication 1 is yes, e	for medical mal iter the effectiv	practice co	verage under overage in col	the F umn	TCA with 2.	Y	01/01/2020		7.0
8,00	Does this F	QHC carry commercial malpracti	ice insurance? Enter	"Y" for yo		N			8.0				
9.00	Is the malp	ractice insurance a claims-made o	r occurrence policy?	/.	0			9.0					
										Premiums	Paid Losses	Self Insurance	
10.00	List amount	ts of malpractice premiums, paid	losses or self-insurar	nce in the a	pplicable colur	nns.				0	0	0	10.0
	s and Resid												
11.00	Is this FQH "N" for no.	IC involved in training residents is	n an approved GMI	E program	in accordance v	with 42 CFI	R 405.2468(f)	P En	ter "Y" for yes or	N			11.0
12.00	Is this FQH	IC involved in training residents i	n an unapproved G	ME progra	m? Enter "Y" (for yes or "I	N" for no.			N			12.0
13.00	Did this FQ HRSA? Ent FQHC train	PHC receive a Primary Care Resid ter "Y" for yes or "N" for no in co ned in this cost reporting period for med by residents funded by the F	lency Expansion (PC olumn 1. If yes, ente or which your FQH	CRE) grant er in colum C received	authorized und n 2 the numbe PCRE funding	der Part C o er of primar gand in col	of Title VII of y care FTE re umn 3, enter (sider	nts that your	N	0.00	0	13.0
14.00	Enter "Y" for	OHC receive a Teaching Health Coryes or "N" for no in column 1 inding through your THC grant in inded by the THC grant in this co	. If yes, enter in column this cost reporting p	nnn 2 the i period and	number of FTE in column 3, er	E residents (hat your FQF	IC tr	rained and	N	0.00	.0	14.0
Capit		osts - Ownership/Lease of Bui											_
15.00	FQHC? En	n or lease the building or office sp ter "1" for owned, "2" for leased, rent/lease expense in column 2.								2	1		15.0
-73	min/mit Of t	tent, tense expense of conditor 2.									-		
												1.00)
Contr	act Labor Co	ost											
		contract labor to provide medica	Land for montal hor	tata and an	a social construction		VIII Commence	пълп	Consultation of the Consul	1		N	16.0

realth Patientena	Systems			
FAIR HAVE	N COMMUNITY HEALTH CLINIC	Period:	Run Date Time:	3/9/2022 2:44 pm
		From: 07/01/2020	MCRIF32	224-14
CNI-	07-1817	To: 06/30/2021	Version:	4.5.173.0

FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 071899

Worksheet S-1 Part II

Clinic IV

									Type of control		V/1		
			Site Name				Date Certi	fied	(see instructions)	Date Decertified	Decertification	Date of CHOW	
			1.00				2.00		3,00	4.00	5,00	6.00	
1.00	Site Name:	JOHN MARTINEZ SCHOO)L				01/01/20)14	1				1,0
2.00	Street:	100 JAMES STREET	P.O. Box:				multi-				TISH ASSEMBLE	PROPERTY.	2.0
3,00	City:	NEW HAVEN	State:	CT	Zip Code:	06513-4222	County:	NE	W HAVEN		ignation - Enter "I U" for urban:	R" for rural U	3.0
FQH	Operation					**							
										1.00	2,00	3,00	
4.00		of organization is this FQHC? In column 2. (see instructions)	f you operate as more	than one s	ub-type of an	organization	enter only	the a	pplicable alpha	1	Λ		4.00
5.00	Did this FQ complete lir	PHC receive a grant under §330 ne 6.	of the PHS Act durin	g this cost	reporting per	iod? Enter "Y	(" for yes o	r "N'	for no. If yes,	Y			5.0
6.00		nse to line 5 is yes, indicate in c in column 2 and enter the gran				•				1	02/22/2018	5 H80CS00741-17- 00	6.0
Medic	al Malpracti												
7.00		PHC submit an initial deeming of ter "Y" for yes or "N" for no in								Y	01/01/2020		7.0
8.00	Does this F	QHC carry commercial malpra	ctice insurance? Enter	"Y" for yes	s or "N" for r	10.				N		STVITO	8.0
9.00	Is the malpr	actice insurance a claims-made	or occurrence policy?	y.	0			9.0					
										Premiums	Paid Losses	Self Insurance	
10.00	List amount	s of malpractice premiums, pai	d losses or self-insura	nce in the a	pplicable colu	ımns.				0	0	0	10.0
	s and Reside	COLORS CO.											
11.00	Is this FQH "N" for no.	C involved in training residents	s in an approved GMI	E program i	n accordance	with 42 CFR	405,2468(f)? E1	nter "Y" for yes or	N			11.0
12.00		C involved in training residents								N	III II KEH EL		12.0
13.00	HRSA? Ent FQHC train	PHC receive a Primary Care Res er "Y" for yes or "N" for no in ted in this cost reporting period med by residents funded by the	column 1. If yes, enter for which your FQH	er in colum C received	n 2 the numb PCRE fundir	er of primary ng and in colu	care FTE i	eside	nts that your	N	0.00	0	13.0
14.00	Enter "Y" for	HC receive a Teaching Health or yes or "N" for no in column dding through your THC grant inded by the THC grant in this o	1. If yes, enter in coli in this cost reporting	ımn 2 the n period and i	umber of FT n column 3, e	E residents th	at your FQ	HC t	rained and	И	0.00	0	14.0
Capita		osts - Ownership/Lease of Br											
15.00	FQHC? En	n or lease the building or office ter "1" for owned, "2" for lease ent/lease expense in column 2								2	1		15.0
												1.00	
Contra	ct Labor Co	est											
		contract labor to provide medi-										N	16.0

3/9/2022 2:44 pm FAIR HAVEN COMMUNITY HEALTH CLINIC Run Date Time: Period: From: 07/01/2020 MCRIF32 224-14 06/30/2021 4.5.173.0 To: Version: 07-1817

FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 071900

Worksheet S-1 Part II

Clinic V

			Site Nan					Date Certific		Type of control	Date Decertified	V/I Decertification	Date of CHOW	
	-		1.00	ıc		_		2.00	u (3.00	4.00	5.00	6.00	-
2720	o: N	CI DITTON ANT COLLOOK						07/01/2011	-	1	4.00	3.00	0,00	1.0
1.00	Site Name:	THE PARTY OF THE P				-		07/01/2011		aite and a second				2.0
2.00	Street:	293 CLINTON AVENUE	P.O. Bo	_	T 17 /	c 1 1	04542 0014	I.	112382	HAVEN	In	gnation - Enter "R	" for rural U	3.0
3.00	City:	NEW HAVEN	State:	C	ı zıp c	Code:	06513-2814	County: N	AT246	HMVEN		J" for urban:	e for rural	
FQH	C Operation	S												
											1.00	2.00	3.00	
4.00	7.1	of organization is this FQHC? n column 2 (see instructions)	If you operate as 1	nore than o	one sub-type	of an	organization	enter only the	е арр	dicable alpha	1	Λ		4.0
5.00	Did this FQ complete lir	QHC receive a grant under §33 ne 6.	00 of the PHS Act	luring this	cost reportir	ng peri	od? Enter "Y	" for yes or "	'N" 6	or no. If yes,	Y			5.0
6.00		onse to line 5 is yes, indicate in I in column 2 and enter the gra									1	02/22/2018	5 H80CS00741-17- 00	6.0
Medi	al Malpracti	ice												
7.00		QHC submit an initial deeming ster "Y" for yes or "N" for no				Y	01/01/2020		7.0					
8.00		OHC carry commercial malpi									N			8.0
9.00	Is the malpi	ractice insurance a claims-mad	le or occurrence po		0			9.0						
	-										Premiums	Paid Losses	Self Insurance	
10.00	List amount	ts of malpractice premiums, p	aid losses or self-in	surance in	the applicabl	le colu	mus.				0	0	0	10.0
	s and Resid										16			
11.00	Is this FQH "N" for no.	IC involved in training resider	its in an approved	GME prog	ram in accor	dance	with 42 CFR	405.2468(f)?	Ento	er "Y" for yes or	N			11.0
12.00	Is this FQI-	IC involved in training resider	nts in an unapprove	d GME pr	ogram? Ente	er "Y"	for yes or "N	" for no.			N			12.0
13.00	HRSA? Ent FQHC train	QHC receive a Primary Care R ter "Y" for yes or "N" for no in med in this cost reporting perion med by residents funded by the	in column 1. If yes, od for which your I	enter in co QHC rece	olumn 2 the ived PCRE	numb fundin	er of primary g and in colu	care FTE res	ident	ts that your	N	0.00	0	13.0
14.00	Enter "Y" f	OHC receive a Teaching Healt for yes or "N" for no in column nding through your THC grant anded by the THC grant in this	nn 1. If yes, enter in t in this cost report	column 2 ing period	the number and in colun	of FTI	E residents th	at your FQH	C tra	ined and	N	0.00	.0	14.0
		osts - Ownership/Lease of												1
15.00	FQHC? En	n or lease the building or offic iter "1" for owned, "2" for leas	sed, or "3" for space	y your FQI e provided	HC, or is the	e buildi n colur	ng or office s nn 1. If you e	pace provide nter "2" in co	d at 1 olum	no cost to the n 1, enter the	2	1		15.0
	amount of r	rent/lease expense in column	2.										HISTORY INST	-
													1.00	
Contr	act Labor Co	ost												_
	Dantotterna	contract labor to provide me	dieal and/or menta	health sec	vices to vous	rnatie	tra Enter "V	" for yes or "	N" fe	or no in column	1.		N	16.0

FAIR HAVEN COMMUNITY HEALTH CLINIC

CCN: 07-1817 Period:

Run Date Time: From: 07/01/2020 MCRIF32 To: 06/30/2021 Version:

3/9/2022 2:44 pm 224-14 4.5.173.0



FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 071909

Worksheet S-1 Part II

Clinic VI

Part I	I - FEDERA	LLY QUALIFIED HEALTH	CENTER CONS	OLIDATE	D COST R	EPORT PAR	TICIPAN	l ID	ENTIFICATION	I DATA			
			Site Name				Date Certi	fied	Type of control (see instructions)	Date Decertified	V/I Decertification	Date of CHOW	
			1.00				2.00		3,00	4.00	5_00	6.00	
1.00	Site Name:	FAIR HAVEN CHC AT 50 G	RAND				02/11/20	15	1				1.00
2.00	Street:	50 GRAND AVENUE	P.O. Box:				SOL N						2.00
3.00	City:	NEW HAVEN	State:	CT	Zip Code:	06513-3949	County:	NE	WHAVENN		ignation - Enter "F U" for urban:	t" for rural U	3.00
FQH	C Operation									41700	2.00	2.00	1
										1.00	2,00	3.00	1.00
4.00	characters in	of organization is this FQHC? If it column 2, (see instructions)								1	Λ		4.00
5,00	Did this FC complete lin	DHC receive a grant under §330 one 6	of the PI-IS Act duri	ng this cost :	reporting per	nod? Enter "	" for yes or	r "N"	for no. If yes,	Y			5,00
6.00	If the respo grant award accordingly.	nse to line 5 is yes, indicate in co in column 2 and enter the grant	lumn 1, the type of award number in co	HRSA gran olumn 3, If y	t that was aw ou received	arded (see ins more than on	tructions). E e grant subs	eript	the date of the this line	1	02/22/2018	5 H80CS00741-17- 00	6,00
Medic	al Malpracti	ce											
7.00		QHC submit an initial deeming or ter "Y" for yes or "N" for no in (Y	01/01/2020		7.00
8:00	Does this F	QHC carry commercial malpract	ice insurance? Ente		N	SHEET ST		8.00					
9.00		ractice insurance a claims-made o		y-	0		عتدان و بإقام	9.00					
	·		*							Premiums	Paid Losses	Self Insurance	
10.00	List amoun	ts of malpractice premiums, paid	losses or self-insura	ince in the a	pplicable col	umns.				0	0	0	10.00
Intern	s and Resid	ents									6		
11,00	Is this FQH	IC involved in training residents i	in an approved GM	E program i	n accordance	e with 42 CFR	. 405,2468(f))? Er	nter "Y" for yes or	N			11.00
12,00	Is this FQH	IC involved in training residents i	in an unapproved C	ME prograt	n? Enter "Y	" for yes or "N	l" for no.			N			12.00
13,00	HRSA? Ent FQHC train	OHC receive a Primary Care Resider "Y" for yes or "N" for no in cled in this cost reporting period formed by residents funded by the l	olumn 1. If yes, ent for which your FQI	er in columi IC received	o 2 the numb PCRE fundi	ber of primary ng and in colu	care FIE r	eside	nts that your	N	000	0	13.00
14,00	Enter "Y" f	IHC receive a Teaching Health C or yes or "N" for no in column 1 ading through your THC grant in nded by the THC grant in this co	If yes, enter in col this cost reporting	umn 2 the n period and i	umber of Fl in column 3,	l'E residents th	nat your FQ	t OH	rained and	N	0.00	0	14.00
Capit	al Related Co	osts - Ownership/Lease of Bui	lding										
15.00	FQHC? En	n or lease the building or office s ter "1" for owned, "2" for leased tent/lease expense in column 2								2	64,700		15.00
												1.00	
Contr	act Labor Co	ost											
16.00	Do you use	contract labor to provide medica	l and/or mental he	alth services	to your pati	ents? Enter "Y	" for yes or	"N"	for no in column			Y	16.00

FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 071925

Worksheet S-1 Part II

Clinic VII

									Type of control		V/I		
			Site Name				Date Certifi	ied		Date Decertified		Date of CHOW	
			1.00				2.00		3,00	4.00	5.00	6.00	
1.00	Site Name:	FAIR HAVEN CHC AT EAST HA	VEN				05/16/201	16	1				1.0
2.00	Street:	370 HEMMINGWAY AVENUE	P.O. Box:		THE PERSON				THE RESIDENCE OF THE PARTY OF T				2,0
3,00	City:	EAST HAVEN	State:	CT	Zip Code:	06513-2463	County:	NEV	V HAVEN		ignation - Enter "F U" for urban:	R" for rural U	3.0
QH	C Operations	í e											
										1:00	2.00	3.00	-
,00	characters is	of organization is this FQHC? If you on column 2. (see instructions)	•							1	Λ		4.0
5.00	Did this FQ complete lin	HC receive a grant under §330 of the te 6.	PHS Act durir	g this cost	reporting per	iod? Enter "	" for yes or	"N"	for no. 1f yes,	Y			5.0
5,00		nse to line 5 is yes, indicate in column in column 2 and enter the grant award								1	02/22/2018	5 I-I80CS00741-17- 00	6.0
Medio	al Malpracti												
7.00	Did this FQ HRSA? En	HC submit an initial deeming or annu ter "Y" for yes or "N" for no in coluπ	al redeeming a in 1. If column	pplication f 1 is yes, en	or medical m	alpractice cov ive date of co	erage under verage in col	the F umn	TCA with	Y	01/01/2020		7.0
3.00	Does this F	QHC carry commercial malpractice in	surance? Enter		N		a note loge	8.0					
0.00	Is the malpr	actice insurance a claims-made or occ	urrence policy?	y	0			9,0					
										Premiums	Paid Losses	Self Insurance	
0.00	List amount	s of malpractice premiums, paid losses	s or self-insura	nce in the a	pplicable col	ımııs.				0	0	0	10.0
nterr	s and Reside	ents											
11,00	Is this FQH "N" for no.	C involved in training residents in an	approved GMI	E program i	n accordance	with 42 CFR	. 405,2468(f)	P En	ter "Y" for yes or	N			11.0
2.00	ls this FQH	C involved in training residents in an	unapproved G	ME progra	n? Enter "Y"	for yes or "N	I" for no.			N		II AUST COLO	12.0
13.00	HRSA? Ent FQHC train	HC receive a Primary Care Residency or "Y" for yes or "N" for no in colum ed in this cost reporting period for wh med by residents funded by the PCRE	n 1. If yes, ento nich your FQH	r in colum C received	n 2 the numb PCRE fundii	per of primary ng and in colu	care FTE re	side	nts that your	N	0.00	0	13.0
14.00	Enter "Y" for received fun residents fun	HC receive a Teaching Health Center or yes or "N" for no in column 1. If ye iding through your THC grant in this ended by the THC grant in this cost rep	es, enter in colo cost reporting corting period.	imn 2 the i	umber of FI in column 3,	E residents th	nat your FQI	IC tı	rained and	N	0,00	0	14.0
Capit		osts - Ownership/Lease of Building											
5,00	FQHC? En	or lease the building or office space of ter "1" for owned, "2" for leased, or "3"								2	38,332		15.0
_	anount of t	ent/lease expense in column 2.											
												1.00	
	act Labor Co					10000		120900					Les
	ID	contract labor to provide medical and	for mental her	th services	to your pate	water Enter "N	Inches or	1. P. 1 14	for no in column	1		N	16.0



FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 071927

Worksheet S-1 Part II

Clinic VIII

				Date Certific	ed	Type of control (see instructions)	Date Decertified	V/I Decertification	Date of CHOW				
			1.00				2.00		3.00	4.00	5.00	6.00	
1.00	Site Name:	FAIR HAVEN CHC INC N	AAAS				10/27/201	6	1				1.0
2.00	Street:	426 EAST STREET	P.O. Box:		100 50	E 4 Kg 14			THE REST			STATE OF STATE OF	2.0
3.00	City	NEW HAVEN	State:	СТ	Zip Code:	06511-5018	County: 1	NEV	WHAVEN		gnation - Enter "F J" for urban:	R" for rural U	3.0
FQH	C Operation	s											
										1.00	2.00	3.00	
4.00	characters is	of organization is this FQHC? n column 2. (see instructions)								1	Α		4.0
5.00	complete lis									Y			5.0
6.00	If the respo grant award accordingly	nse to line 5 is yes, indicate in in column 2 and enter the gra	column 1, the type of ant award number in co	HRSA grant lumu 3, Jf y	that was awa ou received (arded (see ins more than on	tructions). Er e grant subsc	nter ript	the date of the this line	1	02/22/2018	5 H80CS00741-17- 00	6.0
Medi	cal Malpract	ice											
7.00		PHC submit an initial deeming iter "Y" for yes or "N" for no								Y	01/01/2020		7.0
8.00	Does this F	QHC carry commercial malpi	ractice insurance? Ente	"Y" for yes	or "N" for 1	10.				N			8.0
9,00	Is the malp	ractice insurance a claims-mad	le or occurrence policy	Enter "1"	or claims-ma	ide or "2" for	occurrence p	olic	y-	0		A A XI III	9.0
										Premiums	Paid Losses	Self Insurance	
10-00	List amount	ts of malpractice premiums, p	aid losses or self-insum	nce in the aj	oplicable colu	imns,				0	0	0	10.0
Intern	s and Resid	ents											
11.00	Is this FQH "N" for no.	[C involved in training resider	its in an approved GM	E program i	n accordance	with 42 CFR	(405,2468(f)?	En	iter "Y" for yes or	N			11.0
12.00	Is this FQF	IC involved in training resider	its in an unapproved G	ME program	n? Enter "Y"	for yes or "N	I" for no.			N			12.0
13.00	HRSA? Ent FQHC train	PIC receive a Primary Care R ter "Y" for yes or "N" for no it ned in this cost reporting perion med by residents funded by t	in column 1. If yes, ent od for which your FQF	er in column C received	2 the numb PCRE fundir	per of primary ng and in colu	care FTE re	side	nts that your	N	0.00	0	13.0
14.00	Enter "Y" f	HC receive a Teaching Healt or yes or "N" for no in colum ding through your THC gran nded by the THC grant in this	nn 1. If yes, enter in col it in this cost reporting	ama 2 the a period and i	umber of FT n column 3,	E residents tl	hat your FQF	IC t	rained and	N	0.00	.0	14.0
Capit		osts - Ownership/Lease of											
15.00	FQHC? En	n or lease the building or offic ter "1" for owned, "2" for lea rent/lease expense in column	sed, or "3" for space pa	ur FQHC, o ovided at no	or is the build cost in colu	ling or office imn 1. If you	space provide enter "2" in c	ed at	t no cost to the mn 1, enter the	3	0		15.0
												1.00	
C	act Labor Co	ost											
		contract labor to provide me						_				N	16.0

CCN:

FAIR HAVEN COMMUNITY HEALTH CLINIC Period:

Period: Run Date Time: From: 07/01/2020 MCRIF32 To: 06/30/2021 Version: 3/9/2022 2:44 pm **224-14** 4.5.173.0



FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

07-1817

Component CCN: 071934

Worksheet S-1 Part II

Clinic IX

			Site Name				Date Certified	Type of control (see instructions)	Date Decertified	V/I Decertification	Date of CHOW	
			1.00				2.00	3.00	4.00	5.00	6.00	
1.00	Site Name:	FHC 67 HUDSON STREET					02/12/2018	1				1,00
2.00	Street:	67 HUDSON STREET	P.O. Box:			x= 11=11						2.0
3.00	City:	EAST HAVEN	State:	CT	Zip Code:	06512	County: N	EW HAVEN		ignation - Enter "l U" for urbau:	t for rural U	3.0
FQH	Operation	s										
									1.00	2.00	3.00	
4.00	characters is	of organization is this FQHC? In column 2. (see instructions)							1	Λ		4.0
5.00	complete lii								Y			5.0
6.00	If the respo grant award accordingly.	onse to line 5 is yes, indicate in o I in column 2 and enter the gran	column 1, the type of I nt award number in co	IRSA gran lumn 3. If	t that was awar you received m	ded (see in ore than or	structions). Ente ne grant subscrip	er the date of the ot this line	1	02/12/2018	5 H80CS00741-17- 00	6.00
Medic	al Malpract	ice										
7.00	HRSA? En	QHC submit an initial deeming of hter "Y" for yes or "N" for no in	n column 1. If column	1 is yes, er	iter the effectiv	e date of co			Y	01/01/2020		7.00
8.00	Does this F	QHC carry commercial malpra	etice insurance? Enter		N	U. 0.5. 38		8.00				
9.00	Is the malp:	ractice insurance a claims-made	or occurrence policy?	icy.	0	E 10 S 12 R		9.0				
									Premiums	Paid Losses	Self Insurance	
10.00	List amoun	ts of malpractice premiums, pai	id losses or self-insurar	nce in the a	pplicable colun	nns.			0	0	0	10.0
	s and Resid								4			
11.00	Is this FQH "N" for no.	IC involved in training resident	s in an approved GMI	E program	in accordance v	with 42 CFI	R 405.2468(f)? I	Enter "Y" for yes or				11.00
12.00		IC involved in training resident							N			12.00
13.00	HRSA? Ent FQHC train	QHC receive a Primary Care Re- ter "Y" for yes or "N" for no in ned in this cost reporting perioc rmed by residents funded by the	i column 1. If yes, ente I for which your FQH	r in colum C received	n 2 the numbe PCRE funding	r of primar and in col	y care FTE residumn 3, enter the	dents that your	N	0.00	0	13.00
14.00	Enter "Y" for received for residents for	OHC receive a Teaching Health for yes or "N" for no in column inding through your THC grant inded by the THC grant in this	 If yes, enter in cold in this cost reporting period. 	ımn 2 the 1 period and	umber of FTE in column 3, er	residents t	hat your FQHC	trained and	N	0.00	0	14.00
Capit	al Related C	osts - Ownership/Lease of B	uilding									
15.00	FQHC? En	n or lease the building or office iter "1" for owned, "2" for lease rent/lease expense in column 2	ed, or "3" for space pro	ur FQHC, ovided at n	or is the buildir o cost in colum	ng or office in 1. If you	space provided enter "2" in col	at no cost to the umn 1, enter the	3	0		15.00
	amount or	rent/wase expense in commit 2										
											1.00	
	act Labor Co											
16.00	Do you use	contract labor to provide medi	ical and/or mental hea	Ith services	to your patien	its? Enter "	Y" for yes or "N	" for no in column	1.		Y	16.0

3/9/2022 2:44 pm 224-14 FAIR HAVEN COMMUNITY HEALTH CLINIC Run Date Time: Period: From: 07/01/2020 MCRIF32 To: 06/30/2021 Version: 4.5.173.0 07-1817



FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 071935

Worksheet S-1 Part II

Clinic X

	T	LLY QUALIFIED HEALTH							Type of control		V/I		
			Site Name				Date Certi	fied	(see instructions)	Date Decertified	Decertification	Date of CHOW	
			1,00				2.00		3.00	4.00	5,00	6.00	
.00	Site Name:	FHC 14 SYCAMORE WAY					02/12/20	18	1				1.0
2,00	Street:	14 SYCAMORE WAY	P.O. Box:					JE.			Yaran an		2.0
3,00	City:	BRANFORD	State:	СТ	Zip Code:	06405	County:	NE	W HAVEN		ignation - Enter "I U" for urban:	t" for rural U	3.0
-QH	Operation	s											
										1.00	2,00	3.00	
1.00	characters is	of organization is this FQHC? If in column 2. (see instructions)								1	Λ		4.0
5.00	Did this FC complete lin	QHC receive a grant under §330 ne 6.	of the PI-IS Act durin	g this cost i	eporting pend	od? Enter"	Y" for yes o	r "N"	for no. If yes,	Y			5.0
5.00	If the respo grant award accordingly	onse to line 5 is yes, indicate in co I in column 2 and enter the grant	olumn 1, the type of l t award number in co	HRSA grant lumn 3. If y	that was awar ou received m	rded (see in: nore than on	structions). I ne grant subs	Enter cript	the date of the this line	1	02/12/2018	5 H80CS00741-17- 00	6.0
Medi	al Malpract									112			
7,00	Did this FQ HRSA? En	QHC submit an initial deeming o hter "Y" for yes or "N" for no in	r annual redeeming a column 1. If column	pplication for 1 is yes, en	or medical ma ter the effectiv	lpractice co ve date of co	verage under overage in co	the l	FTCA with 12.	Y	01/01/2020		7.0
3.00		QHC carry commercial malprac								N	32 3 Tel 12		8.0
00,	Is the malp	ractice insurance a claims-made	or occurrence policy?	Enter "1" f	or claims-mad	le or "2" for	occurrence	polic	у.	0			9.0
										Premiums	Paid Losses	Self Insurance	_
0.00	List amoun	ts of malpractice premiums, paid	l losses or self-insura	nce in the ap	oplicable colur	nns				0	0	0	10.0
nterr	s and Resid												
1.00	"N" for no.)? Er	nter "Y" for yes or	N			11.0
2.00	Is this FQL	IC involved in training residents	in an unapproved G	ME progran	n? Enter "Y"	for yes or "1	N" for no.			N	matini / europe		12.0
13.00	HRSA? En	OHC receive a Primary Care Resi ter "Y" for yes or "N" for no in ned in this cost reporting period med by residents funded by the	column 1. If yes, ento for which your FQH	r in column C received	i 2 the numbe PCRE funding	er of primar g and in coli	y care FTE i imn 3, enter	eside	nts that your	N	0,00	0	13.0
4.00	Did this FQ Enter "Y" f received fur	OHC receive a Teaching Health (for yes or "N" for no in column ading through your THC grant in anded by the THC grant in this c	Center development (1. If yes, enter in colo n this cost reporting (grant author umn 2 the n period and i	ized under Pa umber of FTE n column 3, e	rt C of Title E residents t	VII of the l hat your FQ	J-IC t	rained and	N	0.00	0	14.0
Capit		osts - Ownership/Lease of Bu											
5.00	FQHC? En	n or lease the building or office stater "1" for owned, "2" for leased rent/lease expense in column 2	space occupied by yo d, or "3" for space pr	ur FQHC, o ovided at no	or is the buildi o cost in colun	ng or office nn 1. If you	space provi enter "2" in	ded a colui	t no cost to the mn 1, enter the	3	0		15.0
												1.00	
Contr	act Labor Co	ost											
		contract labor to provide medic						_				Y	16.0

FAIR HAVEN COMMUNITY HEALTH CLINIC

CCN:

77-1817 From: To:

Period: Run Date Time: From: 07/01/2020 MCRIF32 To: 06/30/2021 Version: 3/9/2022 2:44 pm 224-14 4.5.173.0



FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 071936

Worksheet S-1 Part II

Clinic XI

Part I	I - FEDERA	LLY QUALIFIED HEALTH CE	ENTER CONS	OLIDATE	ED COST REA	PURITA	KIICIPAN	עוו		VDAIA	V/1		r
			Site Name				Date Certi	fied	/	Date Decertified	Decertification	Date of CHOW	
			1.00				2.00		3.00	4.00	5,00	6,00	
1.00	Site Name:	FHC 35 WHEELBARROW LAN	B				02/12/20)18	1				1.0
2.00	Street:	35 WHEELBARROW LANE	P.O. Box:				aver a little						2,0
3.00	City:	EASTHAVEN	State:	CT	Zip Code:	06513	County:	NE	WHAVEN		ignation - Enter "I U" for urban:	" for rural U	3.0
FQH	C Operation	s						_		1.00	2.00	3.00	
4.00	2.1	of organization is this FQHC? If you n column 2. (see instructions)	operate as more	than one s	ub-type of an o	organizatio	n enter only	the a	pplicable alpha	1	٨		4.0
5.00	complete lin									Y			5.0
6.00	If the respo grant award accordingly	onse to line 5 is yes, indicate in colurr I in column 2 and enter the grant awa	in 1, the type of 1 ard number in co	-IRSA gran lumn 3. If	t that was awar you received m	ded (see in ore than or	structions). I ne grant subs	Enter	the date of the this line	1	02/12/2018	5 H80CS00741-17- 00	6.00
Medic	al Maipract	ice											
7.00		QHC submit an initial deeming or an iter "Y" for yes or "N" for no in coli								Y	01/01/2020		7.00
8,00	Does this F	QHC carry commercial malpractice	insurance? Enter	"Y" for ye	s or "N" for no).				N			8.00
9.00	Is the malpi	ractice insurance a claims-made or or	currence policy?	Enter "1"	for claims-mad	e or "2" fo	r occurrence	polic	у.	0		Estotions 1	9.0
										Premiums	Paid Losses	Self Insurance	
10.00	List amoun	ts of malpractice premiums, paid loss	ses or self-insurai	nce in the a	pplicable colun	nns.				0	0	0	10.0
Intern	s and Resid												
11.00	Is this FQH "N" for no	IC involved in training residents in a	n approved GMI	E program :	in accordance v	with 42 CF	R 405.2468(f)? E1	nter "Y" for yes or	N			11.0
12.00		IC involved in training residents in a								N			12,0
13.00	HRSA? Ent FQHC train visits perfor	QHC receive a Primary Care Residen- ter "Y" for yes or "N" for no in colu- ned in this cost reporting period for armed by residents funded by the PCI	mn 1. If yes, ento which your FQH VE grant in this c	r in colum C received ost reporti	n 2 the numbe PCRE funding ng period. (see	r of primar and in col instuctions	ry care FTE : umn 3, enter)	the t	nts that your otal number of	N	0.00	0	13.00
14.00	Enter "Y" f	OHC receive a Teaching Health Cent for yes or "N" for no in column 1. If nding through your THC grant in thi unded by the THC grant in this cost o	yes, enter in coh s cost reporting j	ımı 2 the r period and	umber of FTE in column 3, er	residents	that your FQ	(HC t	rained and	N	0.00	0	14.0
Capit		osts - Ownership/Lease of Buildi											_
15.00	FQHC? En	n or lease the building or office spac ster "1" for owned, "2" for leased, or tent/lease expense in column 2.	e occupied by yo "3" for space pr	ur FQHC, ovided at 11	or is the building cost in colum	ng or office an 1. If you	space provi enter "2" in	ded a colui	t no cost to the nn 1, enter the	3	0		15.0
												1.00	
Contr	act Labor Co	ost											
-	Tax to the same of	contract labor to provide medical ar	of Jan manual bas	1th contion	to the section	- 212 H	NOTE CO. CO.	795279	for no in column	1		Y	16.0

07-1817

CCN:

FAIR HAVEN COMMUNITY HEALTH CLINIC

Period: Run Date Time: From: 07/01/2020 MCRIF32 To: 06/30/2021 Version: 3/9/2022 2:44 pm **224-14** 4.5.173.0



FEDERALLY QUALIFIED HEALTH CENTER REIMBURSEMENT QUESTIONNAIRE

Worksheet S-2

	ler Organization :	See State St			Y/N	Date	V/I	
					1.00	2,00	3,00	
1.00	Has the FQHC c	hanged ownership immediately prior to the beginning of the cost reporting structions)	period? If yes, enter the date of the	e change in	N			1.0
2,00		erminated participation in the Medicare program? If yes, enter in column 2 or involuntary. (see instructions)	the date of termination and in colu	ımı 3, "V" for	N			2.0
3.00	medical supply co	olved in business transactions, including management contracts, with indivi- ompanies) that are related to the provider or its officers, medical staff, manag- ownership, control, or family and other similar relationships? (see instructions)	gement personnel, or members of	offices, drug or the board of	N			3.0
Finan	cial Data and Rep	oorts						
	T T			Y/N	Туре	Date	Y/N	
				1.00	2,00	3.00	4.00	
4.00	"C" for Compiled	the financial statements prepared by a Certified Public Accountant? Column I, or "R" for Reviewed. Submit complete copy or enter date available in column total expenses and total revenues different from those on the filed financial	umn 3. (mm/dd/yyyy) Column 4:	Y	Λ	06/30/2021	N	4.0
Appro	ved Educational							
- Addison	T					Y/N	Y/N	
						1.00	2,00	
5.00	Are costs for Into	rn-Resident programs claimed on the current cost report?				N		5.0
6.00		sident program initiated or renewed in the current cost reporting period? If	ves, see instructions.			N	AND EVENIENCE	6.0
7.00		irectly assigned to cost centers other than Allowable GME Costs on Works				N		7.0
Bad D		,						
-	N. S. B. S.						Y/N	
							1.00	
8.00	Is the FOHC see.	king reimbursement for bad debts? If yes, see instructions.					N	8.0
9.00		I the FQHC's bad debt collection policy change during this cost reporting p	eriod? If yes, submit copy				N	9.0
		re patient coinsurance amounts waived? If yes, see instructions.					N	10.0
	Report Data	· · · · · · · · · · · · · · · · · · ·						
						Y/N	Date	
						1.00	2.00	
11.00	Was the cost repo	ort prepared using the PS&R Report only? If column 1 is yes, enter the paid	-through date of the PS&R Repor	t used in colum	12. (see	N		11.0
12,00	Was the cost repo	ort prepared using the PS&R Report for totals and the FQFIC's records for ans)	nllocation? If column 1 is yes, ente	r the paid-throu	gh date in column	N		12.0
13.00		yes, were adjustments made to PS&R Report data for additional claims that t? If yes, see instructions.	have been billed but are not inclu	ded on the PS&	R Report used to	N		13.0
14.00		yes, were adjustments made to PS&R Report data for corrections of other I	S&R Report information? If yes,	see instructions	N.	N		14.0
15.00		yes, were adjustments made to PS&R Report data for Other?				N	TA TEL	15,0
	Describe the other							
16.00	Was the cost repo	ort prepared using only the FQHC's records? If yes, see instructions,				Y		16.0
Cost I	Report Preparer C	ontact Information						_
17.00	First Name:	MATTHEW Last name:	BAVOLACK	Title:	PRINCIPAL			17.0
	Employer	MARCUM LLP						18.00
18.00								19.00

FAIR HAVEN COMMUNITY HEALTH CLINIC

Period: Run Date Time: 3/9/2022 2:44 pm
From: 07/01/2020 MCRIF32 224-14
CCN: 07-1817

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MCRIF32 Version: 4.5,173.0



FEDERALLY QUALIFIED HEALTH CENTER DATA

Worksheet S-3 Part I

		CENTER					Total All	
		CCN	Title V	Title XVIII	Title XIX	Other	Patients	
		0	1.00	2,00	3,00	4.00	5,00	
1,00	Medical Visits (07-1817 - FAIR HAVEN COMMUNITY HEALTH CLINIC)	07-1817	0	1,509	12,597	11,461	25,567	1,00
1,01	Medical Visits (07-1805 - FAIR HAVEN CHC AT BELLA VISTA)	07-1805	0	236	321	1,381	1,938	1.01
1,02	Medical Visits (07-1806 - WILBUR CROSS HIGH SCHOOL)	07-1806	- 0	0	305	238	543	1.02
1.03	Medical Visits (07-1807 - FAIR HAVEN K-8 SCHOOL)	07-1807	- 0	0	167	56	223	1,03
1.04	Medical Visits (07-1899 - JOHN MARTINEZ SCHOOL)	07-1899	0	0	119	48	167	1.04
1.05	Medical Visits (07-1900 - CLINTON AVE SCHOOL)	07-1900	0	0	173	116	289	1,05
1,06	Medical Visits (07-1909 - FAIR HAVEN CHC AT 50 GRAND)	07-1909	0	91	8,491	3,439	12,021	1.00
1.07	Medical Visits (07-1925 - FAIR HAVEN CHC AT EAST HAVEN)	07-1925	0	0	0	0	0	1.0
1.08	Medical Visits (07-1927 - FAIR HAVEN CHC INC MAAS)	07-1927	0	8	151	30	189	1.08
1.09	Medical Visits (07-1934 - FHC 67 HUDSON STREET)	07-1934	0	0	403	244	647	1.09
1.10	Medical Visits (07-1935 - FHC 14 SYCAMORE WAY)	07-1935	0	44	76	13	133	1.10
1.11	Medical Visits (07-1936 - FFIC 35 WHEELBARROW LANE)	07-1936	0	2	262	414	678	1,1
2.00	Total Medical Visits		0	1,890	23,065	17,440	42,395	2.00
3.00	Mental Health Visits (07-1817 - FAIR HAVEN COMMUNITY HEALTH CLINIC)	07-1817	0	434	6,339	1,688	8,461	3.00
3.01	Mental Health Visits (07-1805 - FAIR HAVEN CHC AT BELLA VISTA)	07-1805	0	72	174	246	492	3.0
3.02	Mental Health Visits (07-1806 - WILBUR CROSS HIGH SCHOOL)	07-1806	0	0	83	657	740	3.0
3.03	Mental Health Visits (07-1807 - FAIR HAVEN K-8 SCHOOL)	07-1807	0	0	0	0	0	3,0
3.04	Mental Health Visits (07-1899 - JOHN MARTINEZ SCHOOL)	07-1899	0	0	153	301	454	3.0
3.05	Mental Health Visits (07-1900 - CLINTON AVE SCHOOL)	07-1900	0	0	0	0	0	3.0.
3.06	Mental Health Visits (07-1909 - FAIR HAVEN CHC AT 50 GRAND)	07-1909	0	87	455	180	722	3.0
3.07	Mental Health Visits (07-1925 - FAIR HAVEN CHC AT EAST HAVEN)	07-1925	0	28	163	46	237	3.0
3.08	Mental Health Visits (07-1927 - FAIR HAVEN CHC INC MAAS)	07-1927	0	0	0	0	0	3.08
3.09	Mental Health Visits (07-1934 - FHC 67 HUDSON STREET)	07-1934	- 0	0	0	0	0	3.0
3.10	Mental Health Visits (07-1935 - FHC 14 SYCAMORE WAY)	07-1935	0	0	0	0	0	3.1
3.11	Mental Health Visits (07-1936 - FHC 35 WHEELBARROW LANE)	07-1936	0	0	0	0	0	3.1
4.00	Total Mental Health Visits		0	621	7,367	3,118	11,106	4.0
5.00	Number of Visits Performed by Interns and Residents (07-1817 - FAIR HAVEN COMMUNITY HEALTH CLINIC)	07-1817	0	0	0	0	0	5,00
5.01	Number of Visits Performed by Interns and Residents (07-1805 - FAIR HAVEN CHC AT BELLA VISTA)	07-1805	0	0	0	0	0	5.0
5.02	Number of Visits Performed by Interns and Residents (07-1806 - WILBUR CROSS HIGH SCHOOL)	07-1806	0	0	0	0	0	5.0
5,03	Number of Visits Performed by Interns and Residents (07-1807 - FAIR HAVEN K-8 SCHOOL)	07-1807	0	0	0	0	0	5.03
5.04	Number of Visits Performed by Interns and Residents (07-1899 - JOHN MARTINEZ SCHOOL)	07-1899	0	0	0	0	0	5.0
5,05	Number of Visits Performed by Interns and Residents (07-1900 - CLINTON AVE SCHOOL)	07-1900	0	0	0	0	0	5.0
5,06	Number of Visits Performed by Interns and Residents (07-1909 - FAIR HAVEN CHC AT 50 GRAND)	07-1909	0	0	0	0	0	5,0
5.07	Number of Visits Performed by Interns and Residents (07-1925 - FAIR HAVEN CHC AT EAST HAVEN)	07-1925	0	0	0	0	0	5.0
5.08	Number of Visits Performed by Interns and Residents (07-1927 - FAIR HAVEN CHC INC MAAS)	07-1927	0	0	0	0	0	5.0
5,09	Number of Visits Performed by Interns and Residents (07-1934 - FHC 67 HUDSON STREET)	07-1934	0	0	0	0	0	5.09
5.10	Number of Visits Performed by Interns and Residents (07-1935 - FHC 14 SYCAMORE WAY)	07-1935	0	0	0	0	0	5.10
5.11	Number of Visits Performed by Interns and Residents (07-1936 - FHC 35 WHEELBARROW LANE)	07-1936	0	0	0	0	0	5.1
6.00	Total Number of Visits Performed by Interns and Residents		0	0	0	0	0	6.00

CCN:

3/9/2022 2:44 pm 224-14 FAIR HAVEN COMMUNITY HEALTH CLINIC Run Date Time: Period: From: 07/01/2020 MCRIF32 To: 06/30/2021 Version: 4.5.173.0

FEDERALLY QUALIFIED HEALTH CENTER DATA

07-1817

Worksheet S-3 Parts II & III

		Contract Labor	Benefit Cost	
		1.00	2,00	
1.00	Total facility contract labor and benefit cost	75,362	1,508,441	1.00
2,00	Physician	75,362	488,105	2,00
3.00	Physician Assistant	0	13,925	3.00
4.00	Nurse Practitioner	0	237,413	4.00
5.00	Visiting Registered Nurse	0	273,485	5.00
6.00	Visiting Licensed Practical Nurse	0	73,835	6,00
7,00	Certified Nurse Midwife	0	89,967	7.00
8,00	Clinical Psychologist	0	31,741	8.00
9.00	Clinical Social Worker	0	107,992	9.00
10.00	Laboratory Technician	0	15,493	10.00
11.00	Reg Dietician/Cert DSMT/MNT Educator	0	0	11,00
12.00	Physical Therapist	0	0	12.00
13.00	Occupational Therapist	0	0	13,00
14.00	Other Allied Health Personnel	0	176,485	14.00
15.00	Interns & Residents		0	15,00

		Number of Er	nployees (Full Time E	quivalent)	
	Enter the number of hours in your normal work week: 40.00	Staff	Contract	Total	
		1.00	2.00	3.00	
16.00	Physician (Enter the number of hours in your normal work week in column 0.)	13.71	0.36	14.07	16.00
17.00	Physician Assistant	0.78	0,00	0.78	17.00
18.00	Nurse Practitioner	9.80	0,00	9.80	18.00
19.00	Visiting Registered Nurse	15.96	0,00	15.96	19.00
20.00	Visiting Licensed Practical Nurse	5.02	0.00	5.02	20.00
21.00	Certified Nurse Midwife	4.10	0.00	4.10	21.00
22,00	Clinical Psychologist	2.63	0.00	2.63	22.00
23.00	Clinical Social Worker	6.02	0.00	6.02	23.00
24.00	Laboratory Technician	0,80	0.00	0.80	24.00
25.00	Reg Dietician/Cert DSMT/MNT Educator	0,00	0.00	0.00	25.00
26.00	Physical Therapist	0.00	0.00	0.00	26.00
27.00	Occupational Therapist	0,00	0.00	0.00	27,00
28,00	Other Allied Health Personnel	2.67	0.00	2.67	28:00
29.00	Interns & Residents	0.00	_V_=1 = 3///2	0.00	29.00

FAIR HAVEN COMMUNITY HEALTH CLINIC

CCN:

07-1817

Period:

Run Date Time: From: 07/01/2020 MCRIF32 To: 06/30/2021 Version:

3/9/2022 2:44 pm **224-14** 4.5.173.0



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

		Cost Center Description (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUSTMENTS		
			1.00	2,00	3.00	4.00	5_00	6,00.	7.00	
GENE	ERAL S	ERVICE COST CENTERS								
1.00	0100	CAP REL COSTS-BLDG & FIX		149,137	149,137	0		0		1,00
2.00	0200	CAP REL COSTS-MVBLE EQUIP		707,756	707,756	.0		0		2.00
3.00	0300	EMPLOYEE BENEFITS	0	2,274,103	2,274,103	-1,508,441	765,662			3,00
4.00	0400	ADMINISTRATIVE & GENERAL SERVICES	3,633,488	2,608,773	6,242,261	-140,282	6,101,979		5,456,881	4.00
5_00	0500	PLANT OPERATION & MAINTENANCE	212,391	459,641	672,032	0				5,00
6.00	0600	JANITORIAL	0	112,452	112,452	0		0		
7,00	0700	MEDICAL RECORDS	207,298	0		0				7.00
8.00		SUBTOTAL - ADMINISTRATIVE OVERHEAD	4,053,177	6,311,862	10,365,039		8,716,316			
9.00	0900	PHARMACY	0	1,350,951	1,350,951	- 0				9,00
10.00	1000	MEDICAL SUPPLIES	0	333,034	333,034	0		.0		_
11.00	1100	TRANSPORTATION	_ 0	25,168	25,168					_
12,00	1200	OTHER GENERAL SERVICE (SPECUFY)	0	0	0	0		0		1200
13,00		SUBTOTAL - TOTAL OVERHEAD	4,053,177	8,021,015	12,074,192	-1,648,723	10,425,469	-645,098	9,780,371	13.00
DIRE	CT CAI	RE COST CENTERS								
23,00	2300	PHYSICIAN	2,583,871	0		488,105				
24,00	2400	PHYSICIAN SERVICES UNDER AGREEMENT	Kultura	75,362				0		
25,00	2500	PHYSICIAN ASSISTAN'T	73,714	0				0		-
26.00	2600	NURSE PRACTITIONER	1,256,789	0		237,413		0		26,00
27.00	2700	VISITING REGISTERED NURSE	1,447,744	0		273,485	1,721,229	0		_
28,00	2800	VISITING LICENSED PRACTICAL NURSE	390,858	0		73,835				_
29.00	2900	CERTIFIED NURSE MIDWIFE	476,259	0		89,967		-		_
30,00	3000	CLINICAL PSYCHOLOGIST	168,027	0		31,741				-
31.00	3100	CLINICAL SOCIAL WORKER	571,673	0		107,992	679,665			
32.00	3200	LABORATORY TECHNICIAN	82,015	286,700	368,715	15,493				_
33,00	3300	REG DIETICIAN/CERT DSMT/MNT EDUCATOR	0	0	0					-
34.00	3400	PHYSICAL THERAPIST	0	0	- 0					2 17
35.00	3500	OCCUPATIONAL THERAPIST	0	0						_
36.00	3600	OTHER ALLIED HEALTH PERSONNEL	934,253	0	934,253	176,485				
37.00	180	SUBTOTAL - DIRECT PATIENT CARE SERVICES	7,985,203	362,062	8,347,265	1,508,441	9,855,706	0	9,855,706	37.00
REIM	BURSA	ABLE PASS THROUGH COSTS								_
47.00	4700	ALLOWABLE GME COSTS	0	0						_
48,00	4800	PNEUMOCOCCAL VACCINES & MED SUPPLIES	0	1,025						-
49,00	4	INFLUENZA VACCINES & MED SUPPLIES	0	50,010		_ 0		-		_
49.10	4910	COVID-19 VACCINES & MED SUPPLIES	0	0					140,282	_
49.11	4911	MONOCLONAL ANTIBODY PRODUCTS	0	0					0	49-11
50.00		SUBTOTAL - REIMBURSABLE PASS THROUGH COSTS	0	51,035	51,035	140,282	191,317	0	191,317	50,00
OTHE	ER FQI	HC SERVICES						r		T
60.00	6000	MEDICARE EXCLUDED SERVICES	0]	0						_
61.00	6100	DIAGNOSTIC & SCREENING LAB TESTS	0	0		-				01100
62,00	6200	RADIOLOGY - DIAGNOSTIC	0	0						62,00
63.00	6300	PROSTHETIC DEVICES	0	0	- 0	- 0	0			
64.00	6400	DURABLE MEDICAL EQUIPMENT	0	0		.0				64.00
65,00	6500	AMBULANCE SERVICES	0	C						_
66.00	6600	TELEHEALTH	0	C	0					_
67,00	6700	DRUGS CHARGED TO PATIENTS	0	0	0					_
68.00	6800	CHRONIC CARE MANAGEMENT	0	C	0					_
69,00	6900	OTHER (SPECIFY)	0	0	.0					_
70.00		SUBTOTAL - OTHER FQHC SERVICES	0]	0	0	0	0	0	0	70.00
NON	REIMB	BURSABLE COST CENTERS								_
77,00	7700	RETAIL PHARMACY	0	0						_
78.00	7800	NONALLOWABLE GME COSTS	0	C		1			-	_
79,00	7900	DENTAL	713,862	100,648	814,510	- 0				_
79.01	7901	WTC	219,696	3,159	222,855					
79.02	7902	PEER COUNSELING	0	C	C	1077				-
12100				103,807	1,037,365	0	1,037,365	0		80.00

Health Financial Systems In Lieu of Form CMS-224-14

FAIR HAVEN COMMUNITY HEALTH CLINIC

Period:
From: 07/01/2020
CCN:

07-1817

Run Date Time: 3/9/2022 2:44 pm
MCRIF32
224-14
Version:
4.5.173.0

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

100.00	TOTAL (SUM OF LINES 13, 37, 50, 70 AND 80)	12,971,938	8,537,919	21,509,857	0	21,509,857	-645,098	20,864,759 100.00

In Lieu of Form CMS-224-14 Health Financial Systems

FAIR HAVEN COMMUNITY HEALTH CLINIC

07-1817

Run Date Time: Period: From: 07/01/2020 MCRIF32 06/30/2021 Version: To:

3/9/2022 2:44 pm 224-14 4.5.173.0



RECLASSIFICATIONS

CCN:

Worksheet A-1

	Increases			Decreases			
	Cost Center	Line No.	Amount (2)	Cost Center	Line No.	Amount (2)	
	2.00	3.00	4.00	5,00	6.00	7.00	
A - RI	ECLASSIFICATIONS						
1.00	PHYSICIAN	23.00	488,105	EMPLOYEE BENEFITS	3,00	1,508,441	1,00
2.00	PHYSICIAN ASSISTANT	25.00	13,925		0.00	0	2.00
3.00	NURSE PRACTITIONER	26.00	237,413		0.00	0	3.00
4.00	VISITING REGISTERED NURSE	27.00	273,485		0,00	0	4.00
5.00	VISITING LICENSED PRACTICAL NURSE	28,00	73,835		0.00	0	5.00
6.00	CERTIFIED NURSE MIDWIFE	29.00	89,967		0.00	0	6.00
7.00	CLINICAL PSYCHOLOGIST	30.00	31,741		0.00	0	7.00
8.00	CLINICAL SOCIAL WORKER	31.00	107,992		0.00	0	8.00
9.00	LABORATORY TECHNICIAN	32,00	15,493		0.00	0	9.00
10.00	OTHER ALLIED HEALTH PERSONNEL	36,00	176,485		0.00	0	10.00
B - T	RECLASS COVID VACCINE EXPENSES						
1.00	COVID-19 VACCINES & MED SUPPLIES	49.10	140,282	ADMINISTRATIVE & GENERAL SERVICES	4.00	140,282	1,00
100.00	GRAND TOTALS	S-U).U	1,648,723			1,648,723	100:00

⁽¹⁾ A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4 and 7 to Worksheet A, column 4, lines as appropriate.

Health Financial Systems In Lieu of Form CMS-224-14

Trement t maniem against					
FAIR HAVEN CO	MMUNITY HEALTH CLINIC	Period	l:	Run Date Time:	3/9/2022 2:44 pm
		From:	07/01/2020	MCRIF32	224-14
CCN:	07-1817	To:	06/30/2021	Version:	4.5.173.0



ADJUSTMENTS TO EXPENSES

Worksheet A-2

				EXPENSE CLASSIFICATION ON WORKSH TO/FROM WHICH THE AMOUNT IS TO BE A		
	Descriptions (1)	(2) BASIS/CODE	AMOUNT	COST CENTER	LINE#	
		1.00	2.00	3.00	4.00	
1.00	Investment income - buildings and fixtures (chapter 2)		0	CAP REL COSTS-BLDG & FIX	1.00	1.00
2.00	Investment income - movable equipment (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00	Investment income - other (chapter 2)		0		0.00	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0,00	12.1
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00	Rental of building or office space to others (chapter 8)		0		0,00	6.00
7.00	Related organization transactions (chapter 10)	Wkst. A-2-1	0			7,00
8.00	Sale of drugs to other than patients		0		0.00	8.00
9.00	Vending machines		0		0.00	9,00
10.00	Practitioner assigned by Public Health Service		0		0.00	10.00
11.00	Depreciation - buildings and fixtures		0	CAP REL COSTS-BLDG & FIX	1.00	11.00
12.00	Depreciation - movable equipment		0	CAP REL COSTS-MVBLE EQUIP	2.00	
13.00	RCE adjustment to teaching physicians'cost		0	ALLOWABLE GME COSTS	47.00	13.00
14.00	LOBBYING	Λ	-20,250	ADMINISTRATIVE & GENERAL SERVICES	4.00	14.00
14.01	BAD DEBT	Λ	-535,480	ADMINISTRATIVE & GENERAL SERVICES	4.00	14.01
14.02	LATE FEES, PENALTIES	Λ	-7,395	ADMINISTRATIVE & GENERAL SERVICES	4.00	14,02
14.03	MARKETING EVENTS	Α	-2,586	ADMINISTRATIVE & GENERAL SERVICES	4.00	14-03
14.04	MISCELLANEOUS EXPENSE	A	-72,932	ADMINISTRATIVE & GENERAL SERVICES	4.00	14.04
14.05	FOOD FOR MEETINGS	Λ	-5,405	ADMINISTRATIVE & GENERAL SERVICES	4,00	14.05
14.06	FUNDRAISING	Λ	=1,050	ADMINISTRATIVE & GENERAL SERVICES	4.00	14.06
50.00	TOTAL (sum of lines 1 thru 49)		-645,098	100× = 1000		50.00

⁽¹⁾ Description - all line references in this column pertain to CMS Pub. 15-1.

⁽²⁾ Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

⁽³⁾ Additional adjustments may be made on lines 14 thru 49 and subscripts thereof.

CCN:

FAIR HAVEN COMMUNITY HEALTH CLINIC

07-1817

Period: From: 07/01/2020 MCRIF32 To: 06/30/2021 Version:

Run Date Time:

3/9/2022 2:44 pm **224-14** 4.5.173.0



CALCULATION OF FEDERALLY QUALIFIED HEALTH CENTER COSTS

Worksheet B Parts I & II

									Total Visits	
	Position	From Wkst. A.		Total Medical & Mental Health Visits by Practitioner	Other Direct Care Costs (see instructions)	General Service Cost (see instructions)	Total Costs by Practitioner		Medical Visits by Practitioner	
		0	1.00	2.00	3.00	4.00	5,00	6,00	7.00	
,00	PHYSICIAN	23,00	3,071,976	20,213	1,075,197	2,811,203	6,958,376	344,25	19,948	1,0
2.00	PHYSICIAN SERVICES UNDER AGREEMENT	24.00	75,362	864	45,959	82,239	203,560	235.60	864	2.0
.00	PHYSICIAN ASSISTANT	25,00	87,639	2,374	126,281	145,008	358,928	151.19	2,374	3.0
00	NURSE PRACTITIONER	26.00	1,494,202	14,683	781,038	1,542,294	3,817,534	260.00	11,239	4,0
5.00	VISITING REGISTERED NURSE	27.00	1,721,229	1,688	89,790	1,227,617	3,038,636	1,800.14	1,688	5,0
.00.	VISITING LICENSED PRACTICAL NURSE	28,00	464,693	609	32,395	336,956	834,044	1,369.53	609	6.0
7.00	CERTIFIED NURSE MIDWIFE	29.00	566,226	5,673	301,766	588,377	1,456,369	256.72	5,673	7.5
3.00	CLINICAL PSYCHOLOGIST	30.00	199,768	3,243	172,506	252,350	624,624	192.61	0	8.0
0.00	CLINICAL SOCIAL WORKER	31.00	679,665	4,154	220,965	610,501	1,511,131	363.78	0	9.0
10.00	REG DIETICIAN/CERT DSMT/MNT EDUCATOR	33.00	0	0	0	0	0	0.00	0	10.0
11.00	TOTALS	U., O. J. H. S. O.	8,360,760	53,501	2,845,897	7,596,545	18,803,202	(2.0 DE 10	42,395	11.0
2.00	UNIT COST MULTIPLIER		Es particular	E HALL THE	53.193342	0.677860		- 12419		12.0
3.00	TOTAL COST PER VISIT	100				IID		351.46		13.0
		Total Visits	Title XV	/III Visits	Title XV	III Costs		"		
		Mental Health		Mental Health		Mental Health				
	Position	Visits by	Medical Visits	Visits by	Medical Cost	Cost by				
		Practitioner	by Practitioner		by Practitioner					
		8.00	9.00	10.00	11.00	12.00				
1.00	PHYSICIAN	265	1,044	58	359,397	19,967				1.0
2,00	PHYSICIAN SERVICES UNDER AGREEMENT	0	124	0	29,214	0				2.0
.00	PHYSICIAN ASSISTANT	0	208	0	31,448	0	The Storm	4	The Distriction	3,0
.00	NURSE PRACTITIONER	3,444	395	0	102,700	0	TIME HILLS		NO POLICE	4.0
		0	46	0	82,806	0				5.0
	VISITING REGISTERED NURSE	0	10							_
5.00	VISITING REGISTERED NURSE VISITING LICENSED PRACTICAL NURSE	0		0	34,238	0				6,0
00					34,238 12,323	0				_
5.00 5.00 7.00	VISITING LICENSED PRACTICAL NURSE	0	25	0						6,0 7,0 8,0
5.00 5.00 7.00 8.00	VISITING LICENSED PRACTICAL NURSE CERTIFIED NURSE MIDWIFE	0	25 48	199	12,323	0				7.0
5.00 6.00 7.00 8.00 2.00	VISITING LICENSED PRACTICAL NURSE CERTIFIED NURSE MIDWIFE CLINICAL PSYCHOLOGIST	0 0 3,243	25 48 0	0 199 364	12,323 0	0 38,329 132,416				7.0
5.00 5.00 7.00 8.00 9.00	VISITING LICENSED PRACTICAL NURSE CERTIFIED NURSE MIDWIFE CLINICAL PSYCHOLOGIST CLINICAL SOCIAL WORKER	0 0 3,243 4,154	25 48 0	0 199 364 0	12,323 0	0 38,329 132,416				7.0 8.0 9.0
5.00 6.00 7.00 8.00 2.00	VISITING LICENSED PRACTICAL NURSE CERTIFIED NURSE MIDWIFE CLINICAL PSYCHOLOGIST CLINICAL SOCIAL WORKER REG DIETICIAN/CERT DSMT/MNT EDUCATOR	0 0 3,243 4,154	25 48 0 0	0 199 364 0	12,323 0 0 0	0 38,329 132,416 0				7.0 8.0 9.0 10.0

Health Financial Systems

3/9/2022 2:44 pm **224-14** 4.5.173.0 FAIR HAVEN COMMUNITY HEALTH CLINIC Period: Run Date Time: From: 07/01/2020 MCRIF32 To: 06/30/2021 Version: 07-1817



COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

Worksheet B-1

-		PNEUMOCOCCAL. VACCINES	INFLUENZA VACCINES	COVID-19 VACCINES	MONOCLONAL ANTIBODY PRODUCTS	
-		1.00	2.00	2.01	2.02	
1,00	Health care staff cost (from Worksheet A, column 7, sum of lines 23, and 25 through 36)	9,780,344	9,780,344	9,780,344	9,780,344	1.00
2.00	Ratio of staff time to total health care staff time	0.000000	0.000000	0.000000	0.000000	2,00
3.(X)	Total health care staff cost (line 1 x line 2)	0	0	0	0	3,00
4.00	Injections/Infusions and related medical supplies cost (from Worksheet A, column 7, lines 48, 49, 49.10, and 49.11, respectively)	1,025	50,010	140,282	0	4.00
5,00	Direct cost of pneumococcal and influenza vaccine (line 3 + line 4)	1,025	50,010	140,282	0	5,00
6.00	Total cost of the FQHC (from Worksheet A, column 7, line 100, minus Worksheet A, column 7, line 8)	12,793,541	12,793,541	12,793,541	12,793,541	6_00
7.00	Total administrative overhead (from Worksheet A, column 7, line 8)	8,071,218	8,071,218	8,071,218	8,071,218	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 / line 6)	0.000080	0,003909	0,010965	0.000000	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	646	31,550	88,501	0	9.00
10.00	Total cost of injections/infusions and their administration (sum of lines 5 and 9)	1,671	81,560	228,783	0	10.00
11.00	Total number of injections/infusions (from your records)	86	4,254	20,417	0	11.00
12.00	Cost per injections/infusions (line 10 / line 11)	19.43	19.17	11.21	0.00	12.00
13.00	Number of injections/infusions administered to Original Medicare beneficiaries	6	87	4,847	0	13.00
13.01	Number of COVID-19 injections/infusions administered to MA enrollees			0	0	13.01
14.00	Cost of injections/infusions and their administration costs furnished to Medicare beneficiaries (line 12 times the sum of lines 13 and 13.01, as applicable)	117	1,668	54,335	0	14.00
15.00	Total cost of injections/infusions and their administration costs (sum of columns 1, 2, 2,01 and 2.02, line 10)	312,014				15.00
16.00	Total Medicare cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01 and 2.02, line 14) (transfer this amount to Worksheet E, line 3)	56,120				16,00

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CALCULATION OF REIMBURSEMENT SETTLEMENT

Worksheet E

		1.00	
1.00	FQHC PPS Amount	221,666	1.00
2.00	Direct graduate medical education payments (from Worksheet B, Part II, line 14, column 5)	0	2.00
3.00	Medicare cost of vaccines and their administration (From Worksheet B-1, line 16)	56,120	3.00
4.00	Medicare advantage supplemental payments (for information only)	0	4.00
5.00	Total (sum of amounts on lines 1 through 3)	277,786	5.00
6.00	Primary payer payments	0	6.00
7.00	Total amount payable for program beneficiaries (line 5 minus line 6)	277,786	7.00
8.00	Coinsurance billed to program beneficiaries	0	8.00
9.00	Net Medicare reimbursement excluding bad debts (line 7 minus line 8)	277,786	9.00
10.00	Allowable bad debts (see instructions)	0	10,00
11,00	Adjusted reimbursable bad debts (see instructions)	0	11.00
12.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	12.00
13.00	Subtotal (line 9 plus line 11)	277,786	13.00
13.50	Demonstration payment adjustment amount before sequestration	0	13.50
14.00	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	0	14.00
15.00	Amount due FQHC prior to the sequestration adjustment (see instructions)	277,786	15.00
16.00	Sequestration adjustment (see instructions)	0	16.00
16.25	Sequestration for non-claims based amounts (see instructions)	0	16.23
16.50	Demonstration payment adjustment amount after sequestration		16.50
17.00	Amount due FQHC after sequestration adjustment (see instructions)	277,786	17.00
18.00	Interim payments	221,666	18.00
19.00	Tentative settlement (for contractor use only)	0	19.00
20.00	Balance due FQHC/program (line 17 minus lines 18 and 19)	56,120	20,00
21.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	21.00

In Lieu of Form CMS-224-14

FAIR HAVEN COMMUNITY HEALTH CLINIC

CCN: 07-1817

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ANALYSIS OF PAYMENTS TO THE FEDERALLY QUALIFIED HEALTH CENTER FOR SERVICES RENDERED

Worksheet E-1

		mm/dd/yyyy	Amount	
		1.00	2,00	
1.00	Total interim payments paid to FQHC	10 mg 37 374	221,666	1.0
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If no write "NONE" or enter a zero	one,	0	2.0
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show deech payment, If none, write "NONE" or enter a zero. (1)	te of		3,0
Progr	gram to Provider			
3.01			0	3.0
3.02			0	3.0
3.03			0	3.0
3.04			0	3.0
3.05			0	3.0
Provi	ider to Program			
3.50			0	3.
3.51			0	3.5
3.52			0	3
3.53			0	3.
3.54			0	3.
3.99	Subtotal (sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98))		0	3.9
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E, line 18)		221,666	4.0
TOB	BE COMPLETED BY CONTRACTOR			
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)	0 70 00		5.0
Progr	ram to Provider			
5.01			0	5.0
5.02			0	5.0
5.03			0	5,0
Provi	ider to Program			
5.50			0	5,5
5.51			0	5.5
5.52			0	5.5
5.99	Subrotal (sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0	5.9
6.00	Determined net settlement amount (balance due) based on the cost report (1)			6.0
6.01	SETILEMENT TO PROVIDER		56,120	6.0
6.02	SETTLEMENT TO PROGRAM		0	6.
7.00	Total Medicare program liability (see instructions)		277,786	7.0
	Name of Contractor Contractor Numb		nm/dd/yyyy)	
	0 1.00	2	00	
8.00	Name of Contractor On lines 3, 5, and 6, where an amount is due FQHC to program, show the amount and date on which the FQHC agrees to the amount of repayment, even to			8.0

⁽¹⁾ On lines 3, 5, and 6, where an amount is due FQHC to program, show the amount and date on which the FQHC agrees to the amount of repayment, even though total repayment is not accomplished until a later date.

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STATEMENT OF REVENUE AND EXPENSES

Worksheet F-1

		Title XVIII	Title XIX			
		Medicare	Medicaid	Other	Total	
		1,00	2.00	3.00	4.00	
1.00	Gross patient revenues	576,09	7,819,838	23,019,487	31,415,416	1.0
				1.00	2.00	
2.00	Less: Allowances and discounts on patients' accounts				2,638,594	2,0
3.00	Net patient revenues (Line 1 minus line 2)			11 12	28,776,822	3.0
4,00	Operating expenses (From Worksheet A, column 3, line 100)				21,509,857	4.0
5.00	Additions to operating expenses (Specify)			0	-00% (E.)	5,0
6.00				0		6.0
7.00				0		7.0
8,00				0		8.0
9.00				0	1984 J. J. M.	9.0
10.00	Total additions (sum of lines 5 through 9)		ii.		0	10.0
11.00	Subtractions from operating expenses (specify)			0	- P III 588	11.0
12.00	A STATE OF THE STA			0		12,0
13.00				0		13.0
14.00				0		14.0
15.00				0		15.00
16.00	Total subtractions (sum of lines 11 through 15)			Mall Time	0	16.0
17.00	Total operating expenses (sum of line 4, plus line 10, minus line 16)				21,509,857	17.0
18.00	Ner income from service to patients (Line 3 minus line 17)			7 7 00	7,266,965	18.0
Other	income:					
19.00	Contributions, donations, bequests, etc.			0		19.0
20.00	Income from investments			0	Ø_200	20,0
21.00	Purchase discounts			0		21.0
22.00	Rebates and refunds of expenses			0	I KWA	22.0
23.00	Sale of Medical and Nursing Supplies to other than patients			0		23.0
24.00	Sale of durable medical equipment to other than patients			0		24.0
25.00	Sale of drugs to other than patients			0	USS ICH	25.0
26.00	Sale of medical records and abstracts			0		26.0
27.00	Government Appropriations			0	2/0-2/15	27.0
28.00	Other revenues (Specify)			0	300	28.0
28.50	COVID-19 PHE Funding			0		28.5
29.00				0		29.0
30.00				0		30.0
31.00				0		31.0
32.00	Total Other Income (Sum of lines 19 through 31)				0	32.0
33.00	Net Income or Loss for the period (Line 18 plus line 32)				7,266,965	33.00

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FAIR HAVEN COMMUNITY HEALTH CLINIC

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Edit Listing

Edits

Worksheet, Program, Provider	Line	Column	Explanation	Error	CMS
Informational Edits		171			
S-2	16.00	1.00	Edit is for information only.	9000	60316S
Edit Totals	Totals				
Level I Edits	0	OT E O L			
Level II Edits	0				Wild B
Serious Edits	0	(Table 1980)		W Well Div	
Warning Edits	0				
Informational Edits	1				March 1
STAR Edits	0				
Total Edits	1				

Health Financial Systems

224-14

FAIR HAVEN COMMUNITY HEALTH CLINIC

CCN:

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CMS Edit Descriptions

Edits

Code	Description
50316S	CMS Edit: [60316S] Submit detailed documentation of the system used to support the data reported
	on the cost report. If detail documentation was previously supplied, submit only necessary updated documentation with the cost report.
	The minimum requirements are:
	* Internal records supporting program utilization statistics, charges, prevailing rates and payment information broken into each Medicare bill type in a manner consistent with the PS&R report.
	* A reconciliation of remittance totals to the providers internal records.
	* The name of the system used and system maintainer (vendor or FQHC). If the FOHC maintained the system, include date of last software update.

Health Financial Systems

224-14

FAIR HAVEN COMMUNITY HEALTH CLINIC

071817

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HCRIS Edit Listing

HCRIS Edits

Worksheet, Program, Provider	Line	Column	Explanation	Error	CMS
Edit Totals	Totals				
HCRIS Consistency Edits	0			Land Date of Co.	
HCRIS Relational Edits	0	in'i binisa sa			
HCRIS Serious Edits	0			والمراجعة المراجعة	
HCRIS Warning Edits	0	or the Local Court			
HCRIS Informational Edits	0				
Total Edits	0				

ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Medicare Cost Report CMS Form 224-14 (the "Cost Report") for Fair Haven Community Health Clinic, Inc. for the year ended June 30, 2021, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The Center for Medicare and Medicaid Services (CMS) from data provided to us by the management of Fair Haven Community Health Clinic, Inc. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by CMS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of Fair Haven Community Health Clinic, Inc. and CMS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT March 2, 2022 Fair Haven Community Health Clinic, Inc. Table of Contents FYE 6/30/2021

A. FINANCIAL

Description	<u>Location</u>
Trial Balance Grouping	A-1
Reclass	A-2
Adjustments to Expenses	A-3
Visits by Practitioner	A-4
Visits by Location	A-5
Vaccines	A-6
Payments Received	A-7

Client:	Fair Haven Community Health Clinic, Inc

Engagement: Medicare - Fair Haven CHC 2021 Cost Report

Period Ending: 6/30/2021

Trial Balance:

Workpaper: C.01 - Work Papers

Account	Description	FINAL
		6/30/2021

Group : [A]	General Service Cost Centers	
Subgroup : [1.00]	Cap Rel Costs-BLDG and Fix	ĺ
55001	Building Rent	149,137.00
69002	Donated Rent	0.00
Subtotal [1.00]	Cap Rel Costs-BLDG and Fix	149,137.00
Subgroup : [2.00]	Cap Rel Costs - Movable	
55600	Property Tax	0.00
59001	Depreciation	697,674.00
61111	Office Equipment Lease	10,082.00
Subtotal [2.00]	Cap Rel Costs - Movable	707,756.00
Subgroup : [3.00-B]	Employee Benefits Other	
51020	Social Security Taxes - FHC	817,450.00
51030	Medicare Taxes - FHC	197,566.00
51060	State Unemployment Taxes	15,066.00
51090	Worker's Comp	46,213.00
51101	Health Insurance	1,194,069.00
51102	Dental Insurance	56,850.00
51106	Disability & Life Insurance	84,237.00
51111	Health Insurance PR W/H	(191,233.00)
51112	Dental Insurance PR W/H	(26,120.00)
51116	Disability & Life PR W/H	(98,102.00)
51160	403B-Match	143,666.00
51170	Continuing Education	15,182.00
51180	Employee Uniforms	2,017.00
51355	Employee Relations-Staff Meetings	17,242.00
Subtotal [3.00-B]	Employee Benefits Other	2,274,103.00

C. hanner . [4 00 A]	Admin and Conoral Companyation	
ubgroup : [4.00-A] 0100	Admin and General Compensation Salaries - Enabling	664,459.00
0105	Salaries-Educator	5,546.00
110	Salaries - Patient Services Support	751,975.00
0130	Salaries - Front Desk	491,172.00
)135	Salaries - Billing	0.00
140	Salaries - Management & Admin Support	1,396,369.00
1150	Salaries - Information Technology	242,109.00
1160	Salaries - Finance	0.00
	Accrued Vacation	0.00
)180	Salaries - Call Center	81,858.00
0190		3,633,488.00
ubtotal [4.00-A]	Admin and General Compensation	3,033,400.00
bgroup : [4.00-B]	Admin and General Other	7-3
190	Licensing	17,772.00
250	Conference & Training	12,860.00
400	Membership Fees	43,505.00
000	Temporary Services	10,888.00
101	Consulting & Other Personnel	554,184.00
102	Architecture Fees	17,710.00
103	Lobbying	20,250.00
201	Legal Fees	128,564.00
202	Accounting Fees	46,610.00
203	Legal Fees - 382-394 Grand Ave. LLC	24,159.00
00	Insurance	76,927.00
101	Subscriptions	827.00
02	Credentialing	1,269.00
000	Office Supplies- Fixtures	8,503.00
001	Office Supplies-Consumables	69,323.00
002	Office Supplies-Electronics	119,053.00
003	Payroll Services	34,686.00
04	Supplies-Software	0.00
005	Postage	21,549.00
100	Bank Charges	13,021.00
200	Printing & Reproduction	29,537.00
300	Telephone & Communications	121,360.00
310	Cellphone	5,329.00
320	On-Call Answering Service	140,644.00
350 350	Electronic Claims	0.00
375	Medical Billing	390.00
390	Software Support	122,574.00
500	Education Materials	676.00
	Food for Clients	13,749.00
525		5,405.00
530	Food for Meetings	1,050.00
000	Fundraising Marketing Events	2,586.00
100	Marketing Events	2,566.00 112,768.00
200	Advertising	112,700.00

E0E00	Recruitment	120 872 00
58500 59207	Reserve for Bad Debt - Patient Fees	130,873.00 535,480.00
60001		25,544.00
60010	Interest - Mortgage & Line of Credit Donations	0.00
		7,395.00
61002	Fees, Late Charges, Other Interest	0.00
61005	Amortization Expense Miscellaneous	
65001		72,932.00
65002	Miscellaneous - RW Emergency Assistance	58,821.00
69000	Donated Salaries	0.00
69500	Gain/Loss on Investments	0.00
Subtotal [4.00-B]	Admin and General Other	2,608,773.00
Subgroup : [5.00-A]	Plant Op and Maint. Comp.	0.0
50170	Salaries - Facilities	212,391.00
Subtotal [5.00-A]	Plant Op and Maint. Comp.	212,391.00
oubtotal joiloo / ij	Tame of and manufacture.	
Subgroup : [5.00-B]	Plant Op and Maint. Other	100
55005	Building Maintenance & Repair	117,215.00
55006	Plowing	29,800.00
55010	Vehicle Expenditures-Agency vehicles only	1,691.00
55015	Pest Service	1,320.00
55020	Waste Removal	11,576.00
55050	Security	141,568.00
55199	Electric	80,057.00
55200	Oil	4,080.00
55300	Gas	12,600.00
55400	Water	5,350.00
55500	Sewer	2,963.00
Subgroup : [6.00-A]	Janitorial Compensation	-
Subtotal [6.00-A]	Janitorial Compensation	0.00
Subgroup : [6.00-B]	Janitorial Other	
55000	Cleaning Service	112,452.00
Subtotal [6.00-B]	Janitorial Other	112,452.00
Subgroup : [7.00-A]	Medical Records Comp.	
50120	Salaries - Medical Records	91,155.00
Subgroup : [9.00-A]	Pharmacy Compensation	III
Subtotal [9.00-A]	Pharmacy Compensation	0.00
Cantotti [0.00-71]	i maniady domponoudon	0.00
Subgroup : [9.00-B]	Pharmacy Other	1
58990	Rx-Contraceptives	(2,088.00)
55550	To Contidooparoo	(2,000.00)

Subgroup : [10.00-A]	Medical Supplies Comp.	
Subtotal [10.00-A]	Medical Supplies Comp.	0.00
IN NAV DOC 71 III HERROTTEN BET	720 98 7420 124 200 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Subgroup : [10.00-B]	Medical Supplies Other	60.00
52104	Teleretinopathy	60.00 0.00
52105	eConsults	24,228.00
56000 57330	Program Supplies Interpretation Services	70,827.00
57600	Medical Supplies	237,919.00
Subgroup : [11.00-A]	Transportation Compensation	207,510.00
Subtotal [11.00-A]	Transportation Compensation	0.00
	Transportation compensation	
Subgroup : [11.00-B]	Transportation Other	
51300	Employee Travel Transportation	(450.00)
Subgroup : None		
Subtotal : None		0.00
Total [A]	General Service Cost Centers	12,074,192.00
Group : [B]	Direct Care Cost Centers	
Subgroup : [23.00-A]	Physician Compensation	
6 V	5/ : 6 11 1 4 - 011 -	
Subgroup : [24.00-B]	Physician Svcs Under Agree Other	0.00
Subtotal [24.00-B]	Physician Svcs Under Agree Other	0.00
Subgroup : [25.00-B]	Physician Asst Other	
Subtotal [25.00-B]	Physician Asst Other	0.00
Subgroup : [26.00-B]	Nurse Practitioner Other	
Subtotal [26.00-B]	Nurse Practitioner Other	0.00
Marie Service Auri	Was the second s	ı
Subgroup : [27.00-B]	Visiting RN Other	0.00
Subtotal [27.00-B]	Visiting RN Other	0.00
Subgroup : [28.00-B]	Visiting LPN Other	
Subtotal [28.00-B]	Visiting LPN Other	0.00
Subgroup : [29.00-B]	CNM Other	
Subtotal [29.00-B]	CNM Other	0.00
	*	
Subgroup: [30.00-A]	Clinical Psychologist Compensation	

Subgroup : [30.00-B]	Clinical Psychologist Other	
Subtotal [30.00-B]	Clinical Psychologist Other	0.00
Subtotal [50.00-D]	Cililical F sychologist Other	
Subgroup : [31.00-B]	Clinical Social Worker Other	
Subtotal [31.00-B]	Clinical Social Worker Other	0.00
Subtotal [32.00-B]	Lab Technician Other	286,700.00
Subgroup : [33.00-A]	Dietician Compensation	
Subtotal [33.00-A]	Dietician Compensation	0.00
Subtotal [35.00-A]	Occupational Therapist Compensation	0.00
Subgroup : [35.00-B]	Occupational Therapist Other	
Subtotal [35.00-B]	Occupational Therapist Other	0.00
Subgroup : [36.00-B]	Other Allied Health Other	
Subtotal [36.00-B]	Other Allied Health Other	0.00
		·
Subtotal [47.00]	Allowable GME Costs	0.00
		-
Subgroup : [48.00]	Pneumococcal Vaccines and Supplies	
Marcum 108	Pneumococcal Vaccine expense	1,025.00
Subgroup : [49.00]	Influenza Vaccines and Supplies	
57610	Flu Vaccines	50,010.00
Subtotal [69.00-B]	Other FQHC Services Other	0.00
		-
Subgroup : None		
Subtotal : None		0.00
Total [D]	Other FQHC Services	0.00
C	Newsight Coat Contage	
Group : [E] Subgroup : [77.00-A]	Nonreimbursable Cost Centers Dental Compensation	
50015	Salaries - Dentists	0.00
50050	Salaries - Dental Hygienists	0.00
50065	Salaries - Dental Assistants	0.00
50115	Salaries - Dental Assistants Salaries - Dental Support Staff	1,080.00
Marcum 101		712,782.00
	Dental Compensation	713,862.00
Subtotal [77.00-A]	Dental Compensation	713,802.00
Subgroup : [77.00-B]	Dental Other	
57575	Dental Supplies	0.00
57576	Dental Lab Expenses	0.00
Marcum 102	Dental Other	100,648.00
Subtotal [77.00-B]	Dental Other	100,648.00
		

Subgroup: [78.00-A] WIC Compensation Marcum 103 WIC Compensation Subtotal [78.00-A] WIC Compensation	219,696.00
·	210 606 00
Subtotal [78.00-A] WIC Compensation	
	219,696.00
Subgroup : [78.00-B] WIC Expenses Other	
69100 Donated WIC Food Benefits	0.00
Marcum 104 WIC Other	3,159.00
Subtotal [78.00-B] WIC Expenses Other	3,159.00
Subgroup : [79.00-A] Peer Counsel Compensation	
Marcum 105 Peer Counseling Compensation	0.00
Subgroup : [80.00-B] Head Start Other	
Subtotal [80.00-B] Head Start Other	0.00
Subgroup : None	
Subtotal : None	0.00
Total [E] Nonreimbursable Cost Centers	1,037,365.00
Group : [F] Revenues	
Subgroup : [1.00-A] Medicare Revenue	511
48208 Medicare FQHC Revenue	(576,091.00)
Subtotal [1.00-A] Medicare Revenue	(576,091.00)
Subgroup : [1.00-B] Medicaid Revenue	
48203 Medicaid FQHC Revenue	(7,819,838.00)
Subtotal [1.00-B] Medicaid Revenue	(7,819,838.00)
Subgroup : [1.00-C] Other Revenue	
40000 Federal Grant Revenue	(6,958,879.00)
41000 State Grant Revenue	(4,890,198.00)
42230 WIC Food Benefits - Donated	0.00
42231 Donated Services & Supplies	0.00
	(302,591.00)
43000 Private Grant Revenue	/1 7E7 107 00°
	(1,757,167.00)
48209 Private Insurance Revenue	(1,757,187.00) (2,068,367.00) (16,596.00)
48209 Private Insurance Revenue 48210 Patient Fees Revenue	(2,068,367.00 (16,596.00
48209 Private Insurance Revenue 48210 Patient Fees Revenue 48211 Cancer Screening Revenue	(2,068,367.00)

49995	Interest Income	(30,109.00)
49997	Contributions	(140,453.00)
49999	Other Revenue	(2,607,497.00)
52250	Subcontracts (Grants)	(6,250.00)
Subtotal [1.00-C]	Other Revenue	(23,019,487.00)
48305	Adj-Medicare FQHC-contra	354,425.00
48309	Adj-Private Insurance-contra	555,803.00
48310	Adj-Patient Fees-contra	1,307,379.00
Subtotal [2.00]	Allowances/Discounts	2,638,594.00
Subgroup : None		
Subtotal : None		0.00
Total [F]	Revenues	(28,776,822.00)

Reclass #1

To reclass fringe benefits based on % to total of salaries

Line Number	Line Name	<u>Debit</u>	Credit
3.00	Fringe Benefits & Payroll Taxes		1,508,441
23.00	Physician	488,105	
25.00	Physician Assistant	13,925	
26.00	Nurse Practitioner	237,413	
27.00	Visiting RNs	273,485	
28.00	Visiting LPNs	73,835	
29.00	Certified Nurse Midwife	89,967	
30.00	Clinical Psychologist	31,741	
31.00	Clinical Social Worker	107,992	
32.00	Laboratory Technician	15,493	
36.00	Other Allied Health	176,485	

Line Number	Line Name	Adjustment	<u>Basis</u>
4.00	Lobbying	(20,250)	Α
4.00	Bad Debt	(535,480)	Α
4.00	Late Fees, Penalties	(7,395)	Α
4.00	Marketing Events	(2,586)	Α
4.00	Miscellaneous Expenses	(72,932)	Α
4.00	Food for Meetings	(5,405)	Α
4.00	Fundraising	(1,050)	Α

Total (645,098)

,		Medical Visits		Mental Health		
		Total	Total	Total	Total	
PBC	FTEs	Medicare Visits	All Visits	Medicare Visits	All Visits	
Physicians	13.71	1,168	20,812	58	265	
Physician Services under Agreement		-		ė.		
Physician Assistants	0.78	208	2,374	=) <u>(-</u>	
Nurse Practitioners	9.80	395	11,239	50	3,444	
Nurse - RN	15.96	46	1,688	25	575	
Nurse - LPN	5.02	25	609	221	345	
Nurse - CNM	4.10	48	5,673		15	
Clinical Psychologist	2.63	-	×	199	3,243	
Clinical Social Worker	6.02	.55	<u> </u>	373	4,154	
Lab Tech.	0.80		*	(*)	: **	
Other	2.67	<u>~</u>	2	37	16	
Total	61.49	1,890	42,395	630	11,106	

Ties to Worksheet B, Parts I & II

Visits

	7/1/20-6	/30/21
Provider #07-1817	Medical	Mental Health
Title V	2	
Title XVIII	1,509	434
Title XIX	12,597	6,339
Other	11,461	1,688
Total	25,567	8,461
	7/1/20-6	/30/21
Provider #07-1805	Medical	Mental Health
Title V	8	(3)
Title XVIII	236	72
Title XIX	321	174
Other	1,381	246
Total	1,938	492
	7/1/20-6	/30/21
Provider #07-1806	Medical	Mental Health
Title V	×	
Title XVIII		72.
Title XIX	305	83
Other	238	657
Total	543	740
	7/1/20-6	/30/21
Provider #07-1807	Medical	Mental Health
Title V		
Title XVIII	€	5.80
Title XIX	167	.9
Other	56	(*)
Total	223	-
	7/1/20-6	/30/21
Provider #07-1899	Medical	Mental Health
Title V		
Title XVIII	*	
Title XIX	119	153
Other	48	301
Total	167	454
	7/1/20-6	/30/21
Provider #07-1900	Medical	Mental Health
Title V	_	e**
Title XVIII		
Title XIX	173	100
Other	116	
Total	289	
	7/1/20-6	/30/21
Provider #07-1909	Medical	Mental Health
Title V	_	
Title XVIII	91	87
Title XIX	8,491	455
Other	3,439	180
Total	12,021	722
	7/1/20-6	/30/21
Provider #07-1925	Medical	Mental Health
Title V		9
•		

Title XVIII	5.	28		
Title XIX	8	163		
Other		46		
Total	51	237		
	7/1/20-6	3/30/21		
Provider #07-1927	Medical	Mental Health		
Title V	<u>.</u>	82)		
Title XVIII	8			
Title XIX	151			
Other	30			
Total	189	3/		
	7/1/20-6	5/30/21		
Provider #07-1934	Medical	Mental Health		
Title V	뵻	3437		
Title XVIII				
Title XIX	403			
Other	244	540		
Total	647	3		
	7/1/20-6/30/21			
Provider #07-1935	Medical	Mental Health		
Title V				
Title XVIII	44			
Title XIX	76			
Other	13			
Total	133	(a)		
	7/1/20-6	3/30/24		
Provider #07-1936	Medical	Mental Health		
Title V	•	380		
Title XVIII	2	2		
Title XIX	262			
Other	414			
Total	678 -			

Note: All visits were taken from the Provider's reports Ties without exception to S-3, Part 1

Fair Haven Community Health Clinic, Inc. Administering of Drug Recluses FYE 6/30/2021

A-6

Hours	Pneumococcal	Influenza	COVID
Number of Vaccines Administered	86	4,254	20,417
Time Spent per Shot (5 Minutes)	0.08	0.08	0.08
Total Hours Spent Administering Vaccines	7.17	354.50	1,701.42
Total Hours for All Visits	127,899	127,899	127,899
Percent Spent on Vaccine	0.000056	0.002772	0.013303
_			
Expenses	Pneumococcal	Influenza	COVID
Number of Vaccines Administered	86	4,254	20,417
Amount per Vaccine	11.92	11.76	6.87
Total Expense Associated with Vaccines	\$ 1,025.00	\$ 50,010	140,282
Number of Medicare Vaccines Administered	6	87	4,847

Note: All figures above were provided by client via questionnaire.

Fair Haven Community Health Clinic, Inc. FYE 6/30/2021 Analysis of Revenue Received

A-7

7/1/2020 - 6/30/2021

Provider #07-1817 (Includes all locations)

Medicare Payments
Co-Insurance
MSP Payments
Sequestration
Total Payments Paid to Provider

221,666

221,666

Total Interim Payments Payable

221,666

Note: No PS&R Received From Client Therefore We Will Offset Payments to Create No Settlement. Only settlement will relate to Vaccines

Client: Fair Haven Community Health Clinic, Inc
Engagement: Medicare - Fair Haven CHC 2021 Cost Report
Period Ending: 6/30/2021

Period Ending:	6/30/2021				N.S. ST.
Trial Balance	A.01 - TB	UNADJ JE Ref#	RJE	FINAL	1st PP-FINAL
Account	Description		KJE		The second second
jin " s jiëv		6/30/2021		6/30/2021	6/30/2020
10001	Webster Operating Account	5,704,651.00		5,704,651,00	716,162.00
11001	New Haven Bank Account	1,094,201.00		1,094,201,00	610,480.00
11002	Petty Cash	750,00		750,00	750.00
11003	Cash on Hand - Patient Fees	700_00		700.00	700.00
11006	Webster FSA DC Account	16,610.00		16,610.00	26,611.00
11100	Webster PPP Account formerly CDBG	1,000.00		1,000.00	2,559,758.00
11502	Investments - Fidelity Hightower	1,567,178.00		1,567,178.00	1,444,629.00 778,844.00
11505	New Haven CDARS Program	1,762,103.00		1,762,103.00 19,731.00	19,731.00
13005 13501	Security Deposits	19,731.00 72,169.00		72.169.00	63,137.00
14001	Prepaid Expense Due From LLC Woolsey	134,379.00		134,379.00	124,379.00
14001	Due from LLC 382-394	149,768.00		149,768.00	99,768.00
15000	CHN	83,333.00		83,333.00	83,333.00
16000	A/R - State Grants	184,139.00		184,139.00	893,204,00
16100	A/R Federal Grants	807,236.00		807,236.00	675,041.00
16202	A/R - Private Grants	6,505.00		6,505.00	6,505.00
16203	A/R - EPIC - Medicaid	815,843,00		815,843.00	304,941.00
16208	A/R - EPIC - Medicare	86,818.00		86,818.00	240,740,00
16209	A/R - EPIC - Private Insurance	332,819.00		332,819,00	121,996,00
16210	A/R - EPIC - Patient Fees	274,663.00		274,663.00	333,274.00
16900	A/R - Other	28,310.00		28,310.00	67,492.00
17001	Land	212,000.00		212,000.00	212,000.00
17002	Buildings	6,056,280,00		6,056,280.00	6,056,280.00
17003	Equipment	2,914,569.00		2,914,569.00	2,522,798.00
17101	Capital Leases	70,916.00		70,916.00	70,916.00
17105	Leasehold Improvements	712,473,00		712,473.00	712,473.00
17110	Improvements - Bella Vista	56,285.00		56,285.00	56,285.00
17115	Improvements - Wilbur Cross School	1,400.00		1,400.00 246,548.00	1,400,00 246,548.00
17116	Leasehold Improvements - East Haven	246,548.00 945,562.00		945,562.00	945,562.00
17117 17118	Leasehold Improvements- 50 Grand Ave Leasehold Improvements- 50 Grand Dental	709,785.00		709,785.00	709,785,00
17119	Leasehold Improvements - East Haven HS	133,550,00		133,550.00	133,550.00
17119	Leasehold Improvements - East Haven MS	5,830.00		5,830.00	5,830.00
17121	Leashold Improvements - Branford	2,307,192.00		2,307,192.00	2,257,546.00
17200	Amortized Expenses	16,981.00		16,981.00	16,981.00
17501	Accumulated Depreciation	(7,037,481.00)		(7,037,481.00)	(6,131,422.00)
17510	Accumulated amortization costs	(6,457.00)		(6,457.00)	(6,457.00)
17564	Construction in Progress374 Grand	17,014.00		17,014.00	0.00
17565	CIP - 83 Woolsey	116,000.00		116,000.00	116,000.00
17567	Construction in Progress - 374 Lobby	1,236,739.00		1,236,739.00	586,513.00
17569	CIP 374 Isolation Room	7,398,00		7,398,00	0.00
17571	CIP Bella Vista	468,814.00		468,814.00	0.00
20000	Accounts Payable	(171,470,00)		(171,470 00)	(894,971.00)
21002	Accrued Expenses	(51,110,00)		(51,110 00) (473,708 00)	(158,287.00) (361,814.00)
21004	Accrued Payroll	(473,708.00) (766,341.00)		(766,341.00)	(766,341.00)
21006 21010	Accrued Vacation Payable Federal W/H Payable	(6,626.00)		(6,626.00)	311.00
21020	Social Security Payable	(120,383.00)		(120,383.00)	(20,195,00)
21030	Medicare Payable	(4,454.00)		(4,454.00)	(4,996.00)
21040	Federal Tax Payable	184.00		184.00	184.00
21050	State W/H Payable	(2,425,00)		(2,425.00)	(180.00)
21080	Pension Payable	4,123.00		4,123.00	1,960.00
21090	CT Paid Family Leave Payable	(167.00)		(167.00)	0.00
21101	Loan Repayment 403b	(767.00)		(767.00)	(980.00)
21105	Wage Garnishment	5,090.00		5,090.00	780.00
22001	Allowance for Bad Debt	(229,595,00)		(229,595.00)	(229,595.00)
22510	Deferred Revenue - Federal Grants	0.00		0.00	(189,818.00)
22513	Deferred Revenue - Private Grants	(1,056,100.00)		(1,056,100.00)	(940,947.00)
22600	Deferred Rent	(102,502.00)		(102,502.00)	(102,502.00)
22700	Refundable Security Deposits	(4,131,00)		(4,131_00)	(4,131_00)
23010	Advanced Service Payments	(10,974.00)		(10,974.00)	(215,997,00)
23030	Refundable Advanced Payments	(7,029,00)		(7,029.00) (496,873.00)	0.00 0.00
23515	Due to/ Due from NHPCC	(496,873.00)		(430,073,00)	0,00

Account	Description	UNADJ	JE Ref# RJE	FINAL	1st PP-FINAL
		6/30/2021		6/30/2021	6/30/2020
26060	Start Bank Loan	(155,502,00)		(155,502.00)	(163,232.00)
26070	GNHCLF Loan	(277, 107 00)		(277,107.00)	(292,118.00)
26170	PPP - Paycheck Protection Program Loan	0.00		0.00	(891,830.00)
30000 40000	Net Assets Federal Grant Revenue	(12,448,751,00) (6,958,879,00)		(12,448,751,00)	(8,132,593.00)
41000	State Grant Revenue	(4,890,198.00)			(2,709,562,00)
42230	WIC Food Benefits - Donated	0.00			(1,214,770,00)
42231	Donated Services & Supplies	0.00		0.00	(976,006,00)
43000	Private Grant Revenue	(619,245.00)	316,654.00	(302,591.00)	(123,229.00)
48203 48208	Medicaid FQHC Revenue Medicare FQHC Revenue	(12,309,770.00) (639,892.00)	4,489,932.00 63,801.00	(576,091.00)	(9,038,001.00) (689,965.00)
48209	Private Insurance Revenue	(2,546,959.00)	789,772.00	(1,757,187.00)	
48210	Patient Fees Revenue	(2,317,439 00)	249,072.00		(2,482,763,00)
48211	Cancer Screening Revenue	(16,596.00)		(16,596.00)	(38,818.00)
48304	Adj-Medicaid FQHC Contra Revenue	1,272,347_00	(851,360.00)		1,496,680.00
48305	Adj-Medicare FQHC-contra	388,938.00	(34,513.00)		106,435.00 823,210.00
48309 48310	Adj-Private Insurance-contra Adj-Patient Fees-contra	911,423.00 1,499,548.00	(355,620.00) (192,169.00)	·	1,798,056.00
49000	Prescription Benefit Program	(3,515,071.00)	85,721.00	(3,429,350.00)	
49510	DSS Meaningful Use Incentive / PCMH+	(1,046,906.00)	234,896.00	(812,010.00)	(657,849.00)
49700	Pharmacy Rental Income	(8,262 00)	8,262,00	0.00	(6,885.00)
49995	Interest Income	(38,462.00)	8,353.00	(30,109.00)	(51,894.00)
49997	Contributions	(140,453.00)	150.00	(140,453.00) (2,607,497.00)	(138,921.00) (66,643.00)
49999 50010	Other Revenue Salaries - Physicians	(2,607,647,00) 2,593,275.00	(9,404.00)		2,217,445.00
50015	Salaries - Dentists	337,704.00	(337,704.00)		(347.00)
50020	Salaries - Nurse Practitioners	1,266,469.00	(9,680.00)		1,242,458.00
50025	Salaries - Physician Assistants	92,734,00	(19,020.00)		47,553.00
50030	Salaries - Nurse Midwives	476,259.00		476,259.00	491,199.00
50040	Salaries - Nurses LPN	423,899.00	(33,041.00)		545,548.00 1,154,625.00
50045 50050	Salaries-Nurses RN Salaries - Dental Hygienists	1,447,744.00 120,430.00	(120,430.00)	1,447,744.00 0.00	(255.00)
50060	Salaries - Clinical Assistants	1,023,852.00	(89,599.00)		869,606.00
50065	Salaries - Dental Assistants	94,316.00	(94,316,00)		(301.00)
50070	Salaries - Lab	82,015.00		82,015.00	74,614.00
50080	Salaries - Nutritionists	141,334.00	(141,334.00)		0.00
50090	Salaries - BH Clinician	606,663.00 54,488.00	(34,990.00)	571,673.00 54,488.00	546,894.00 39,512.00
50094 50095	Salaries-Psychiatrist Salaries-Psychologist	153,080.00	(39,541.00)		139,281.00
50100	Salaries - Enabling	732,449.00	(67,990.00)		908,495.00
50105	Salaries-Educator	5,546.00		5,546.00	4,461.00
50110	Salaries - Patient Services Support	928,050.00	(176,075.00)		364,082.00
50115	Salaries - Dental Support Staff	68,524.00	(67,444.00)		(1,020.00)
50120	Salaries - Medical Records Salaries - Referrals	91,155.00 116,143.00		91,155.00 116,143.00	56,698.00 106,844.00
50125 50130	Salaries - Releifais Salaries - Front Desk	758,354.00	(267,182.00)		1,000,352.00
50135	Salaries - Billing	455,834.00	(455,834.00)		429,015.00
50140	Salaries - Management & Admin Support	1,913,850.00	(517,481.00)		1,678,704.00
50150	Salaries - Information Technology	242,109.00	(505.000.00)	242,109.00	240,227.00
50160	Salaries - Finance	525,639.00	(525,639.00)		478,846.00 148,688.00
50170 50190	Salaries - Facilities Salaries - Call Center	212,391.00 231,878.00	(150,020.00)	212,391.00 81,858.00	0.00
51020	Social Security Taxes - FHC	845,806.00	(28,356.00)		717,013.00
51030	Medicare Taxes - FHC	204,323.00	(6,757,00)		179,125.00
51060	State Unemployment Taxes	20,610.00	(5,544.00)		171,912.00
51090	Worker's Comp	53,857.00	(7,644.00)		76,351.00
51101	Health Insurance .	1,508,409.00	(314,340.00)		1,712,577.00
51102 51106	Dental Insurance Disability & Life Insurance	70,862.00 105,609.00	(14,012.00) (21,372.00)		43,275.00 108,110.00
51111	Health Insurance PR W/H	(200,715.00)	9,482.00	(191,233.00)	(255,507.00)
51112	Dental Insurance PR W/H	(27,418.00)	1,298.00	(26,120.00)	(35,185.00)
51116	Disability & Life PR W/H	(101,379.00)	3,277.00	(98,102,00)	(99,090.00)
51160	403B-Match	148,448.00	(4,782.00)		127,530.00
51170	Continuing Education	19,203.00	(4,021.00)		18,296.00 1,597.00
51180 51190	Employee Uniforms Licensing	2,303.00 22,400.00	(286,00) (4,628,00)	•	23,190.00
51250	Conference & Training	14,267.00	(1,407.00)		34,787.00
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Account	Description	UNADJ JE Ref	# RJE	FINAL	1st PP-FINAL
		6/30/2021		6/30/2021	6/30/2020
51300	Employee Travel Transportation	(450,00)		(450,00)	24,594.00
51303	Transportation	67,139.00	(41,521.00)	25,618.00	6,793.00
51355 51400	Employee Relations-Staff Meetings	20,682.00 49,952.00	(3,440.00) (6,447.00)	17,242.00 43,505 ₋ 00	21,806.00 38,360.00
52000	Membership Fees Temporary Services	21,830.00	(10,942 00)	10,888.00	13,369.00
52101	Consulting & Other Personnel	2,735,395.00	(2,181,211.00)	554,184.00	387,491.00
52102	Architecture Fees	25,176.00	(7,466.00)	17,710.00	0.00
52103	Lobbying	20,250.00		20,250,00	20,000.00 930.00
52104 52105	Teleretinopathy eConsults	60,00 0.00		60.00 0.00	11,931.00
52201	Legal Fees	128,564.00		128,564.00	186,007.00
52202	Accounting Fees	54,466.00	(7,856.00)	46,610.00	48,600.00
52203	Legal Fees - 382-394 Grand Ave, LLC	24,159.00		24,159.00	0.00
52250	Subcontracts (Grants)	(6,250,00)	(22 220 00)	(6,250.00) 76,927.00	0.00 73,575,00
53100 54101	Insurance Subscriptions	100,247.00 1,124.00	(23,320.00) (297.00)	827.00	1,820.00
54102	Credentialing	9,552.00	(8,283.00)	1,269.00	1,889,00
55000	Cleaning Service	136,413.00	(23,961.00)	112,452.00	114,964.00
55001	Building Rent	738,143.00	(589,006.00)	149,137.00	356,263,00
55005 55006	Building Maintenance & Repair	119,881.00 29,800.00	(2,666.00)	117,215.00 29,800.00	107,555.00 10,625.00
55010	Plowing Vehicle Expenditures-Agency vehicles only	2,009.00	(318.00)	1,691.00	684.00
55015	Pest Service	1,320.00	(,	1,320.00	1,555.00
55020	Waste Removal	11,576.00		11,576.00	11,736.00
55050	Security	143,778.00	(2,210.00)	141,568.00	122,485.00
55199 55200	Electric Oil	105,975.00 4,080.00	(25,918.00)	80,057.00 4,080.00	115,855.00 7,433.00
55300	Gas	19,075.00	(6,475,00)	12,600.00	18,694.00
55400	Water	5,350,00		5,350,00	6,189.00
55500	Sewer	2,963.00		2,963.00	2,304.00
55600	Property Tax	0.00	(204.00)	0.00	3,787.00 66,391.00
56000 57000	Program Supplies Office Supplies- Fixtures	24,529.00 17,166.00	(301.00) (8,663.00)	24,228.00 8,503.00	9,260,00
57001	Office Supplies- Consumables	88,159.00	(18,836.00)	69,323.00	58,476.00
57002	Office Supplies-Electronics	146,956.00	(27,903.00)	119,053.00	36,905.00
57003	Payroll Services	34,686.00		34,686.00	31,814.00
57004	Supplies-Software	0.00 27,614.00	(6,065.00)	0.00 21,549.00	335.00 22,243.00
57005 57100	Postage Bank Charges	16,882.00	(3,861.00)	13,021.00	16,585.00
57200	Printing & Reproduction	39,396.00	(9,859.00)	29,537.00	16,647.00
57300	Telephone & Communications	188,320.00	(66,960.00)	121,360.00	118,723.00
57310	Cellphone	6,508.00	(1,179.00)	5,329.00	5,835.00
57320 57320	On-Call Answering Service	210,632.00 127,573.00	(69,988.00) (56,746.00)	140,644.00 70,827.00	45,292.00 17,888.00
57330 57350	Interpretation Services Electronic Claims	11,904.00	(11,904.00)	0.00	11,474.00
57375	Medical Billing	475.00	(85,00)	390.00	2,875.00
57390	Software Support	164,640.00	(42,066.00)	122,574.00	115,123.00
57400	Equip Maintenance & Repairs	65,888.00	(14,467.00)	51,421.00 676.00	52,386,00 403,00
57500 57525	Education Materials Food for Clients	676.00 13,773.00	(24.00)	13,749.00	14,988.00
57530	Food for Meetings	5,405.00	(21.00)	5,405.00	5,394.00
57575	Dental Supplies	45,849.00	(45,849.00)	0.00	50.00
57576	Dental Lab Expenses	13,428.00	(13,428.00)	0.00	0.00
57600 57640	Medical Supplies	303,570,00 51,737.00	(65,651.00) (1,727.00)	237,919.00 50,010.00	155,984.00 43,705.00
57610 57700	Flu Vaccines Lab Tests	286,700,00	(1,727.00)	286,700.00	0.00
58000	Fundraising	1,383.00	(333.00)	1,050.00	567,00
58100	Marketing Events	2,713.00	(127.00)	2,586.00	1,304.00
58200	Advertising	114,551.00	(1,783.00)	112,768.00	9,466.00
58500	Recruitment Rx-Contraceptives	136,184.00 (2,026.00)	(5,311.00) (62.00)	130,873.00 (2,088.00)	83,414.00 2,002.00
58990 59000	Prescription Benefit Program - Expense	1,384,882.00	(31,843.00)	1,353,039.00	1,333,724.00
59001	Depreciation	906,059.00	(208,385.00)	697,674.00	705,794.00
59207	Reserve for Bad Debt - Patient Fees	555,538.00	(20,058.00)	535,480.00	430,188.00
60001	Interest - Mortgage & Line of Credit	25,544.00		25,544.00 0.00	25,171.00 600.00
60010 61002	Donations Fees, Late Charges, Other Interest	0.00 8,431.00	(1,036.00)	7,395.00	2,083.00
01002	, coo, Late Offergoo, Office Interest	-, .0 1.00	(1,000.00)	.,	,

Account	Description	UNADJ	JE Ref#	RJE	FINAL	1st PP-FINAL
		6/30/2021			6/30/2021	6/30/2020
61005	Amortization Expense	0.00			0.00	1,945.00
61111	Office Equipment Lease	12,996.00		(2,914.00)	10,082.00	(17,512,00)
65001	Miscellaneous	73,267.00		(335.00)	72,932.00	(641,00)
65002	Miscellaneous - RW Emergency Assistance	58,821.00			58,821.00	47,143.00
69000	Donated Salaries	0.00			0.00	275,021.00
69002	Donated Rent	0.00			0,00	33,700.00
69003	Donated Medical Supplies	0.00			0.00	667,284.00
69100	Donated WIC Food Benefits	0.00			0.00	1,214,770.00
69500	Gain/Loss on Investments	0.00			0.00	17,480.00
Marcum 101	Dental Compensation	0,00		712,782,00	712,782.00	807,632.00
Marcum 102	Dental Other	0.00		100,648.00	100,648.00	116,237.00
Marcum 103	WIC Compensation	0.00		219,696.00	219,696.00	203,181.00
Marcum 104	WIC Other	0.00		3,159.00	3,159.00	42,504.00
Marcum 105	Peer Counseling Compensation	0.00			0.00	36,943.00
Marcum 106	Peer Counseling Other	0.00			0.00	7,963.00
Marcum 107	Contract Physician	0.00		75,362.00	75,362.00	52,041.00
Marcum 108	Pneumococcal Vaccine expense	0.00		1,025.00	1,025.00	0.00
Total		0.00		(1,309,279.00)	(1,309,279.00)	0.00