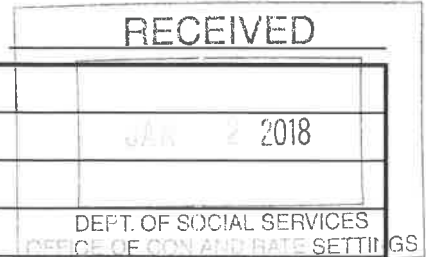


**STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
55 FARMINGTON AVENUE HARTFORD, CONNECTICUT 06105**

**ANNUAL REPORT  
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)**

Date Submitted: 12/27/17 Date Received: \_\_\_\_\_



|                  |  |
|------------------|--|
| 1. FQHC Name     | Generations Family Health Center, Inc. |
| Street Address   | 40 Mansfield Avenue                    |
| City, State, ZIP | Willimantic, CT 06226                  |
| Telephone Number | 860-450-7471                           |
| Contact Person   | Debra Daviau Savoie                    |
| Title            | Chief Financial Officer                |

|                                   |  |
|-----------------------------------|--|
| 2. FQHC Medicaid Provider Number: | 3. Reporting Period:                     |
| Medical <u>4235695</u>            | From <u>7/1/2016</u> To <u>6/30/2017</u> |
| Dental <u>4235687</u>             |  |
| Mental Health <u>8003942</u>      |  |
| Other (Specify) _____             |  |

4. Type of Control (Check One Only)

NONPROFIT ORGANIZATION

GOVERNMENT

STATE  DISTRICT  OTHER

COUNTY  CITY

5. FQHC Owned By:

\_\_\_\_\_

**CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC**

I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By  
Generations Family Health Center, Inc. 4235695  
(FQHC Name)

For the Reporting Period Beginning 7/1/2016 and Ending 6/30/2017 and That to the Best of My Knowledge and Belief It is a True, Correct and Complete Statement Prepared From the Books and Records of the FQHC In Accordance With Applicable Instructions, Except as Noted:

|   |              |
|---|--------------|
| 6. Signature (Officer or Administrator of FQHC) | Printed Name |
|   | Arvind Shaw  |
| Title   | Date         |
| CEO   | 12/27/2017   |

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

|                          |  |                     |
|--------------------------|--|---------------------|
| <b>Reporting Period:</b> | From <u>7/1/2016</u>                   | To <u>6/30/2017</u> |
| <b>FQHC Name:</b>        | Generations Family Health Center, Inc. |                     |

**7. Service Sites:** List all service sites of the FQHC, including all FQHC-certified sites and any other non-FQHC service sites. Indicate whether the service site is FQHC certified. If a site or sites are not FQHC-certified, the associated costs should be reported on Form A-4 as non-allowable costs.

| Provider Name  | Location  | FQHC Certified<br>Yes/ No | Clinic/Provider No. |
|--|---|---------------------------|---------------------|
| GFHC, Inc.   | 40 Mansfield Avenue, Willimantic, CT<br>06226-2018        | Yes                       | See Page 1          |
| GFHC, Inc.   | 42 Reynolds Street, Danielson, CT<br>06239-2917           | Yes                       | See Page 1          |
| GFHC, Inc.   | 330 Washington Street, STE 510,<br>Norwich, CT 06360-2733 | Yes                       | See Page 1          |
| GFHC, Inc.   | 202 Pomfret Street, Putnam, CT<br>06260-1833              | Yes                       | See Page 1          |
| GFHC, Inc., Across the Smiles<br>Mobile Dental                     | Mobile Dental Van Site, Danielson,<br>CT 06239-3005       | Yes                       | See Page 1          |
| GFHC, Inc., School Based Health<br>Center at Putnam Public Schools | 35 Wicker Street, Putnam, CT 06260-<br>1443               | Yes                       | See Page 1          |
| GFHC, Inc., Backus Mobile Van                                      | 330 Washington Street, Norwich, CT<br>06360-2700          | Yes                       | See Page 1          |
|  |   |                           |                     |
|  |   |                           |                     |
|  |   |                           |                     |
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|  |   |                           |                     |
|  |   |                           |                     |
|  |   |                           |                     |

**8. Related Parties:** Related party information is reported on the following, which accompanies this cost report submission:  
**See note below**

Select One:

|   |  |
|---|--|
| C. Not applicable. The FQHC does not have any related party individuals or organizations. |  |
|---|--|

**Generations Holdings, Inc. is a related organization that is a supporting company for GFHC, Inc. that was structured to accommodate New Market Tax Credits for the building of GFHC's new facility in Willimantic. The only transaction between the two companies is rent payable to Generations Holdings from GFHC. On the advice of our auditors we did not include this transaction on the Medicare report because it cancels out on the Consolidated Audited Financial Statements.**

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

Reporting Period: From 7/1/2016 To 6/30/2017

FQHC Name: Generations Family Health Center, Inc.

**Form A-1 (Direct Health Care Cost)**

| <b>RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES</b>               |                    |                  |                  |                   |  |                                 |                          |
|---|--------------------|------------------|------------------|-------------------|--|---------------------------------|--------------------------|
| <b>COST CENTER</b>  | I                  | II               | III              | IV                | V                                      | VI                              | VII                      |
| <b>A. DIRECT HEALTH CARE COST<br/>(Excluding Dental, Mental Health &amp; Other)</b> | Salaried Personnel | Other Costs      | Total            | Reclassifications | Reclassified Trial Balance (Col 3 & 4) | Adjustments Increase (Decrease) | Net Expenses (Col 5 & 6) |
| <b>1. Staff Cost</b>  |                    |                  |                  |                   |  |                                 |                          |
| a. Physician  | 1,486,913          | 0                | 1,486,913        | 407,022           | 1,873,936                              |                                 | 1,873,936                |
| b. Physician Assistant  | 1,188,742          |                  | 1,188,742        | 329,839           | 1,518,580                              |                                 | 1,518,580                |
| c. Nurse (APRN, Midwife, RN)  |                    |                  |                  |                   |  |                                 |                          |
| d. Other - Specify  |                    |                  |                  |                   |  |                                 |                          |
| LPN   | 377,778            |                  | 377,778          | 104,821           | 482,599                                |                                 | 482,599                  |
| Medical Assistant   | 940,686            |                  | 940,686          | 261,011           | 1,201,697                              |                                 | 1,201,697                |
| Care Facilitator/ Home Visitor  | 672,908            |                  | 672,908          | 196,711           | 859,618                                |                                 | 859,618                  |
| Other Direct Staff Contracted   |                    | 1,572            | 1,572            |                   | 1,572                                  |                                 | 1,572                    |
|   |                    |                  |                  |                   |  |                                 |                          |
|   |                    |                  |                  |                   |  |                                 |                          |
|   |                    |                  |                  |                   |  |                                 |                          |
|   |                    |                  |                  |                   |  |                                 |                          |
|   |                    |                  |                  |                   |  |                                 |                          |
|   |                    |                  |                  |                   |  |                                 |                          |
|   |                    |                  |                  |                   |  |                                 |                          |
|   |                    |                  |                  |                   |  |                                 |                          |
|   |                    |                  |                  |                   |  |                                 |                          |
| <b>e. Subtotal Direct Health Care Cost</b>  | <b>4,647,027</b>   | <b>1,572</b>     | <b>4,648,599</b> | <b>1,289,404</b>  | <b>5,938,003</b>                       | <b>0</b>                        | <b>5,938,003</b>         |
| <b>2. Other Direct Health Care Cost</b>   |                    |                  |                  |                   |  |                                 |                          |
| a. Medical Supplies   |                    | 537,824          | 537,824          |                   | 537,824                                | (261,885)                       | 275,939                  |
| b. Transportation   |                    | 58,836           | 58,836           |                   | 58,836                                 |                                 | 58,836                   |
| c. Depreciation - Medical Equipment   |                    | 3,718            | 3,718            |                   | 3,718                                  |                                 | 3,718                    |
| d. Professional Liability Insurance   |                    | 31,931           | 31,931           |                   | 31,931                                 |                                 | 31,931                   |
| e. Laboratory   |                    |                  |                  |                   |  |                                 |                          |
| f. Radiology  |                    |                  |                  |                   |  |                                 |                          |
| g. Physician-Administered Drugs   |                    |                  |                  |                   |  |                                 |                          |
| h. Other - Specify  |                    |                  |                  |                   |  |                                 |                          |
| See detail Crosswalk tab Column S   |                    | 587,672          | 587,672          |                   | 587,672                                |                                 | 587,672                  |
|   |                    |                  |                  |                   |  |                                 |                          |
|   |                    |                  |                  |                   |  |                                 |                          |
|   |                    |                  |                  |                   |  |                                 |                          |
| <b>i. Subtotal Other Direct Health Care Cost</b>                                    | <b>0</b>           | <b>1,219,981</b> | <b>1,219,981</b> | <b>0</b>          | <b>1,219,981</b>                       | <b>(261,885)</b>                | <b>958,096</b>           |
| <b>3. TOTAL DIRECT HEALTH CARE COST (1e &amp; 2i)</b>                               | <b>4,647,027</b>   | <b>1,221,553</b> | <b>5,868,580</b> | <b>1,289,404</b>  | <b>7,157,984</b>                       | <b>(261,885)</b>                | <b>6,896,099</b>         |

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

Reporting Period: From 7/1/2016 To 6/30/2017

FQHC Name: Generations Family Health Center, Inc.

Form A-2 (Direct Dental Care Cost)

| RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES |                         |                   |                  |                         |   |                                       |                                 |
|--|-------------------------|-------------------|------------------|-------------------------|---|---------------------------------------|---------------------------------|
| COST CENTER  | I<br>Salaried Personnel | II<br>Other Costs | III<br>Total     | IV<br>Reclassifications | V<br>Reclassified Trial Balance (Col 3 & 4) | VI<br>Adjustments Increase (Decrease) | VII<br>Net Expenses (Col 5 & 6) |
| <b>B. DIRECT DENTAL CARE COST</b>                              |                         |                   |                  |                         |   |                                       |                                 |
| <b>1. Staff Cost</b>   |                         |                   |                  |                         |   |                                       |                                 |
| a. Dentist   | 691,443                 |                   | 691,443          | 191,854                 | 883,297                                     |                                       | 883,297                         |
| b. Dental Hygienist  | 376,630                 |                   | 376,630          | 104,503                 | 481,133                                     |                                       | 481,133                         |
| c. Other - Specify   | 290,912                 | 7,713             | 298,625          | 80,719                  | 379,344                                     |                                       | 379,344                         |
|  |                         |                   | 0                |                         | 0   |                                       | 0                               |
|  |                         |                   | 0                |                         | 0   |                                       | 0                               |
|  |                         |                   | 0                |                         | 0   |                                       | 0                               |
|  |                         |                   | 0                |                         | 0   |                                       | 0                               |
|  |                         |                   | 0                |                         | 0   |                                       | 0                               |
|  |                         |                   | 0                |                         | 0   |                                       | 0                               |
|  |                         |                   | 0                |                         | 0   |                                       | 0                               |
|  |                         |                   | 0                |                         | 0   |                                       | 0                               |
|  |                         |                   | 0                |                         | 0   |                                       | 0                               |
|  |                         |                   | 0                |                         | 0   |                                       | 0                               |
| <b>d. Subtotal Direct Dental Care Cost</b>                     | <b>1,358,985</b>        | <b>7,713</b>      | <b>1,366,698</b> | <b>377,076</b>          | <b>1,743,773</b>                            | <b>0</b>                              | <b>1,743,773</b>                |
| <b>2 Other Direct Dental Care Cost</b>                         |                         |                   |                  |                         |   |                                       |                                 |
| a. Dental Supplies   |                         | 237,214           | 237,214          |                         | 237,214                                     |                                       | 237,214                         |
| b. Transportation  |                         | 8,143             | 8,143            |                         | 8,143                                       |                                       | 8,143                           |
| c. Depreciation - Dental Equipment                             |                         | 34,583            | 34,583           |                         | 34,583                                      |                                       | 34,583                          |
| d. Professional Liability Insurance                            |                         | 7,145             | 7,145            |                         | 7,145                                       |                                       | 7,145                           |
| e. Other - Specify   |                         | 395,724           | 395,724          |                         | 395,724                                     |                                       | 395,724                         |
|  |                         |                   | 0                |                         | 0   |                                       | 0                               |
|  |                         |                   | 0                |                         | 0   |                                       | 0                               |
|  |                         |                   | 0                |                         | 0   |                                       | 0                               |
|  |                         |                   | 0                |                         | 0   |                                       | 0                               |
| <b>f. Subtotal Other Direct Dental Care Cost</b>               | <b>0</b>                | <b>682,809</b>    | <b>682,809</b>   | <b>0</b>                | <b>682,809</b>                              | <b>0</b>                              | <b>682,809</b>                  |
| <b>3 TOTAL DIRECT DENTAL CARE COST (1d &amp; 2f)</b>           |                         |                   |                  |                         |   |                                       |                                 |
|  | <b>1,358,985</b>        | <b>690,522</b>    | <b>2,049,507</b> | <b>377,076</b>          | <b>2,426,583</b>                            | <b>0</b>                              | <b>2,426,583</b>                |

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

Reporting Period: From 7/1/2016 To 6/30/2017

FQHC Name: Generations Family Health Center, Inc.

Form A-3 (Direct Mental Health Care Cost)

| RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES |                         |                   |              |                         |  |  |                                    |
|--|-------------------------|-------------------|--------------|-------------------------|--|--|------------------------------------|
| COST CENTER  | Salaried Personnel<br>I | Other Costs<br>II | Total<br>III | Reclassifications<br>IV | Reclassified Trial Balance<br>(Col 3 & 4)<br>V | Adjustments Increase<br>(Decrease)<br>VI | Net Expenses<br>(Col 5 & 6)<br>VII |
| <b>C. DIRECT MENTAL HEALTH CARE COST</b>                       |                         |                   |              |                         |  |  |                                    |
| <b>1. Staff Cost</b>   |                         |                   |              |                         |  |  |                                    |
| a. Psychologist  | 285,852                 |                   | 0            | 79,315                  | 0  |  | 0                                  |
| b. Social Worker   | 320,947                 | 92,178            | 413,125      | 89,053                  | 502,177  |  | 365,167                            |
| c. Other - Specify   | 152,057                 | 0                 | 152,057      | 42,191                  | 194,248  |  | 502,177                            |
| Psychiatrist   | 4,269                   |                   | 4,269        | 1,185                   | 5,454  |  | 194,248                            |
| Psychiatric APRN   | 261,314                 |                   | 261,314      | 72,506                  | 333,820  |  | 5,454                              |
| BH Clinician MSW   | 80,965                  |                   | 80,965       | 22,465                  | 103,430  |  | 333,820                            |
| BH Clinician Other Licensed                                    | 55,868                  |                   | 55,868       | 15,502                  | 71,369   |  | 103,430                            |
| BH LPN   |                         |                   | 0            |                         | 0  |  | 71,369                             |
| BH Care Coordinator  |                         |                   | 0            |                         | 0  |  | 0                                  |
|  | 1,161,272               | 92,178            | 1,253,450    | 322,217                 | 1,575,667                                      | 0  | 1,575,667                          |
| <b>d. Subtotal Direct Mental Health Care Cost</b>              |                         |                   |              |                         |  |  |                                    |
| <b>2. Other Direct Mental Health Care Cost</b>                 |                         |                   |              |                         |  |  |                                    |
| a. Medical Supplies  |                         | 857               | 857          |                         | 857  |  | 857                                |
| b. Transportation  |                         | 3,779             | 3,779        |                         | 3,779  |  | 3,779                              |
| c. Depreciation - Mental Health Equipment                      |                         | 0                 | 0            |                         | 0  |  | 0                                  |
| d. Professional Liability Insurance                            |                         | 5,636             | 5,636        |                         | 5,636  |  | 5,636                              |
| e. Other - Specify   |                         | 211,721           | 211,721      |                         | 211,721  |  | 211,721                            |
| See detail Crosswalk tab Column AE                             |                         |                   | 0            |                         | 0  |  | 0                                  |
|  |                         |                   | 0            |                         | 0  |  | 0                                  |
|  |                         |                   | 0            |                         | 0  |  | 0                                  |
| <b>f. Subtotal Other Direct Mental Health Care Cost</b>        | 0                       | 221,992           | 221,992      | 0                       | 221,992  | 0  | 221,992                            |
| <b>3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d &amp; 2f)</b>   | 1,161,272               | 314,170           | 1,475,442    | 322,217                 | 1,797,659                                      | 0  | 1,797,659                          |
| <b>D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES</b>      | 7,167,284               | 2,226,245         | 9,393,529    | 1,988,697               | 11,382,225                                     | (261,885)                                | 11,120,340                         |

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

Reporting Period: From 7/1/2016 To 6/30/2017

FQHC Name: Generations Family Health Center, Inc.

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

| COST CENTER   | Salaried Personnel | Other Costs      | Total            | Reclassifications | Reclassified Trial Balance (Col 3 & 4) | Adjustments Increase (Decrease) | Net Expenses (Col 5 & 6) |
|---|--------------------|------------------|------------------|-------------------|--|---------------------------------|--------------------------|
|   | I                  | II               | III              | IV                | V                                      | VI                              | VII                      |
| <b>E. NON-ALLOWABLE DIRECT OTHER SERVICE COST</b>       |                    |                  |                  |                   |  |                                 |                          |
| <b>1. Service</b>                                       |                    |                  |                  |                   |  |                                 |                          |
| a. Clinical Diagnostic Lab                              |                    |                  | 0                |                   | 0                                      |                                 | 0                        |
| b. Radiology  |                    |                  | 0                |                   | 0                                      |                                 | 0                        |
| c. Prescription Drugs/Pharmacy                          |                    | 264,155          | 264,155          |                   | 264,155                                | (264,155)                       | 0                        |
| d. Battered Women                                       |                    |                  | 0                |                   | 0                                      |                                 | 0                        |
| e. Homeless   |                    |                  | 0                |                   | 0                                      |                                 | 0                        |
| f. WIC  |                    |                  | 0                |                   | 0                                      |                                 | 0                        |
| g. Non-FQHC Sites                                       |                    |                  | 0                |                   | 0                                      |                                 | 0                        |
| h. Other - Specify                                      |                    |                  | 0                |                   | 0                                      |                                 | 0                        |
|   |                    |                  | 0                |                   | 0                                      |                                 | 0                        |
|   |                    |                  | 0                |                   | 0                                      |                                 | 0                        |
|   |                    |                  | 0                |                   | 0                                      |                                 | 0                        |
|   |                    |                  | 0                |                   | 0                                      |                                 | 0                        |
|   |                    |                  | 0                |                   | 0                                      |                                 | 0                        |
|   |                    |                  | 0                |                   | 0                                      |                                 | 0                        |
|   |                    |                  | 0                |                   | 0                                      |                                 | 0                        |
| <b>i. Total Non-Allowable Direct Other Service Cost</b> | <b>0</b>           | <b>264,155</b>   | <b>264,155</b>   | <b>0</b>          | <b>264,155</b>                         | <b>(264,155)</b>                | <b>0</b>                 |
| <b>F. TOTAL DIRECT COST (D+E1i)</b>                     | <b>7,167,284</b>   | <b>2,490,400</b> | <b>9,657,684</b> | <b>1,988,697</b>  | <b>11,646,381</b>                      | <b>(526,040)</b>                | <b>11,120,341</b>        |

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

Reporting Period: From 7/1/2016 To 6/30/2017  
 FQHC Name: Generations Family Health Center, Inc.

Form A-5 (Overhead Cost)

| RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES |                    |                  |                   |                    |  |                                 |                          |
|--|--------------------|------------------|-------------------|--------------------|--|---------------------------------|--------------------------|
| COST CENTER  | Salaried Personnel | Other Costs      | Total             | Reclassifications  | Reclassified Trial Balance (Col 3 & 4) | Adjustments Increase (Decrease) | Net Expenses (Col 5 & 6) |
|  | I                  | II               | III               | IV                 | V                                      | VI                              | VII                      |
| <b>G. OVERHEAD - FACILITY COST</b>                             |                    |                  |                   |                    |  |                                 |                          |
| a. Rent  |                    | 96,020           | 96,020            |                    | 96,020                                 |                                 | 96,020                   |
| b. Insurance   |                    | 35,758           | 35,758            |                    | 35,758                                 |                                 | 35,758                   |
| c. Interest on Mortgage or Loans                               |                    | 0                | 0                 |                    | 0                                      |                                 | 0                        |
| d. Utilities   |                    | 73,982           | 73,982            |                    | 73,982                                 |                                 | 73,982                   |
| e. Depreciation - Building                                     |                    | 479,221          | 479,221           |                    | 479,221                                |                                 | 479,221                  |
| f. Depreciation - Equipment                                    |                    | 393              | 393               |                    | 393                                    |                                 | 393                      |
| g. Housekeeping & Maintenance                                  |                    | 177,865          | 177,865           |                    | 177,865                                |                                 | 177,865                  |
| h. Other (Specify)   |                    | 2,991            | 2,991             |                    | 2,991                                  |                                 | 2,991                    |
|  |                    | 0                | 0                 |                    | 0                                      |                                 | 0                        |
|  |                    | 0                | 0                 |                    | 0                                      |                                 | 0                        |
|  |                    | 0                | 0                 |                    | 0                                      |                                 | 0                        |
|  |                    | 0                | 0                 |                    | 0                                      |                                 | 0                        |
| <b>i. Subtotal Overhead - Facility Cost</b>                    | <b>0</b>           | <b>866,230</b>   | <b>866,230</b>    | <b>0</b>           | <b>866,230</b>                         | <b>0</b>                        | <b>866,230</b>           |
| <b>H. OVERHEAD - ADMINISTRATIVE COST</b>                       |                    |                  |                   |                    |  |                                 |                          |
| a. Office Salaries   | 4,889,400          |                  | 4,889,400         | 1,356,655          | 6,246,055                              |                                 | 6,246,055                |
| b. Depreciation - Office Equipment                             |                    | 121,190          | 121,190           |                    | 121,190                                |                                 | 121,190                  |
| c. Office Supplies   |                    | 65,840           | 65,840            |                    | 65,840                                 |                                 | 65,840                   |
| d. Legal   |                    | 14,944           | 14,944            |                    | 14,944                                 |                                 | 14,944                   |
| e. Accounting  |                    | 60,750           | 60,750            |                    | 60,750                                 |                                 | 60,750                   |
| f. Insurance   |                    | 43,934           | 43,934            |                    | 43,934                                 |                                 | 43,934                   |
| g. Telephone   |                    | 13,031           | 13,031            |                    | 13,031                                 |                                 | 13,031                   |
| h. Fringe Benefits & Taxes                                     |                    | 3,345,352        | 3,345,352         | (3,345,352)        | 0                                      |                                 | 0                        |
| i. Interest - Capital Loans                                    |                    | 267,587          | 267,587           |                    | 267,587                                |                                 | 267,587                  |
| j. Other (Specify)   |                    | 445,071          | 445,071           |                    | 445,071                                | (146,628)                       | 298,444                  |
|  |                    | 0                | 0                 |                    | 0                                      |                                 | 0                        |
|  |                    | 0                | 0                 |                    | 0                                      |                                 | 0                        |
|  |                    | 0                | 0                 |                    | 0                                      |                                 | 0                        |
| <b>k. Subtotal Overhead - Administrative Cost</b>              | <b>4,889,400</b>   | <b>4,377,698</b> | <b>9,267,098</b>  | <b>(1,988,697)</b> | <b>7,278,401</b>                       | <b>(146,628)</b>                | <b>7,131,774</b>         |
| <b>l. TOTAL OVERHEAD COST (Gi+Hk)</b>                          | <b>4,889,400</b>   | <b>5,243,929</b> | <b>10,133,328</b> | <b>(1,988,697)</b> | <b>8,144,632</b>                       | <b>(146,628)</b>                | <b>7,998,004</b>         |
| <b>J. GRAND TOTAL COSTS<sup>2</sup> (F+I)</b>                  | <b>12,056,684</b>  | <b>7,734,329</b> | <b>19,791,012</b> | <b>-</b>           | <b>19,791,012</b>                      | <b>(672,668)</b>                | <b>19,118,345</b>        |

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

STATE OF CONNECTICUT  
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|                   |  |                     |
|-------------------|--|---------------------|
| Reporting Period: | From <u>7/1/2016</u>                   | To <u>6/30/2017</u> |
| FQHC Name:        | Generations Family Health Center, Inc. |                     |

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

| HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER                            |                      |                    |                   |                               |                                 |  |
|--|----------------------|--------------------|-------------------|-------------------------------|---------------------------------|--|
| HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other) | Specialty<br>I       | Compensation<br>II | Encounters<br>III | Total Employee Hours and FTEs |                                 |  |
|  |                      |                    |                   | Employee<br>Total Hours<br>IV | FTEs<br>(2080 hrs = 1 FTE)<br>V |  |
| <i>Provide itemized de-identified list (e.g., Physician 1)</i>                                   | General Practitioner | 125,000            | 1,500             | 1,040                         | 0.50                            |  |
| <b>A.</b>  |                      |                    |                   |                               |                                 |  |
| 1.   |                      |                    |                   |                               | 0.00                            |  |
| 2.   |                      |                    |                   |                               | 0.00                            |  |
| 3. <b>Please see Form B4</b>   |                      |                    |                   |                               | 0.00                            |  |
| 4.   |                      |                    |                   |                               | 0.00                            |  |
| 5.   |                      |                    |                   |                               | 0.00                            |  |
| 6.   |                      |                    |                   |                               | 0.00                            |  |
| 7.   |                      |                    |                   |                               | 0.00                            |  |
| 8.   |                      |                    |                   |                               | 0.00                            |  |
| 9.   |                      |                    |                   |                               | 0.00                            |  |
| 10.  |                      |                    |                   |                               | 0.00                            |  |
| <b>Total Physician Encounters, Staff Hours and FTEs</b>  |                      | 0                  | 0                 | 0                             | 0.00                            |  |
| <b>B.</b>  |                      |                    |                   |                               |                                 |  |
| <b>PHYSICIAN ASSISTANT</b>   |                      |                    |                   |                               |                                 |  |
| 1.   |                      |                    |                   |                               | 0.00                            |  |
| 2.   |                      |                    |                   |                               | 0.00                            |  |
| 3.   |                      |                    |                   |                               | 0.00                            |  |
| 4.   |                      |                    |                   |                               | 0.00                            |  |
| 5.   |                      |                    |                   |                               | 0.00                            |  |
| <b>Total Physician Assistant Encounters, Hours and FTEs</b>                                      |                      | 0                  | 0                 | 0                             | 0.00                            |  |



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| <b>Reporting Period:</b> | From <u>7/1/2016</u>                   | To <u>6/30/2017</u> |
| <b>FQHC Name:</b>        | Generations Family Health Center, Inc. |                     |

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

| HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER                            |                           |                    |                   |                               |                                 |
|--|---------------------------|--------------------|-------------------|-------------------------------|---------------------------------|
| HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other) | Specialty<br>I            | Compensation<br>II | Encounters<br>III | Total Employee Hours and FTEs |                                 |
|  |                           |                    |                   | Employee<br>Total Hours<br>IV | FTEs<br>(2080 hrs = 1 FTE)<br>V |
| <i>Provide itemized de-identified list (e.g., Physician 1)</i>                                   | General Practitioner      | 125,000            | 1,500             | 1,040                         | 0.50                            |
| <b>C.</b>  |                           |                    |                   |                               |                                 |
| 1.   | NURSE (APRN, MIDWIFE, RN) |                    |                   |                               | 0.00                            |
| 2.   | Please see Form B4        |                    |                   |                               | 0.00                            |
| 3.   |                           |                    |                   |                               | 0.00                            |
| 4.   |                           |                    |                   |                               | 0.00                            |
| 5.   |                           |                    |                   |                               | 0.00                            |
| <b>Total Nurse Practitioner</b>  |                           |                    |                   | 0                             | 0                               |
|  |                           |                    |                   |                               |                                 |
| <b>D.</b>  |                           |                    |                   |                               |                                 |
| <b>PHYSICIAN SERVICES UNDER CONTRACT</b>   |                           |                    |                   |                               |                                 |
| 1.   |                           |                    |                   |                               | 0.00                            |
| 2.   |                           |                    |                   |                               | 0.00                            |
| 3.   |                           |                    |                   |                               | 0.00                            |
| 4.   |                           |                    |                   |                               | 0.00                            |
| 5.   |                           |                    |                   |                               | 0.00                            |
| <b>Total Physician Services Under Contract</b>   |                           |                    |                   | 0                             | 0                               |
|  |                           |                    |                   |                               |                                 |
| <b>E.</b>  |                           |                    |                   |                               |                                 |
| <b>OTHER HEALTH CARE PRACTITIONER</b>  |                           |                    |                   |                               |                                 |
| 1.   |                           |                    |                   |                               | 0.00                            |
| 2.   |                           |                    |                   |                               | 0.00                            |
| 3.   |                           |                    |                   |                               | 0.00                            |
| <b>Total Other Health Care Practitioner</b>  |                           |                    |                   | 0                             | 0                               |

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| Reporting Period: | From <u>7/1/2016</u>                   | To <u>6/30/2017</u> |
| FQHC Name:        | Generations Family Health Center, Inc. |                     |

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

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

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| Reporting Period: | From <u>7/1/2016</u>                   | To <u>6/30/2017</u> |
| FQHC Name:        | Generations Family Health Center, Inc. |                     |

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

| MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER |              |            |                               |                         |
|--|--------------|------------|-------------------------------|-------------------------|
| MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs                   | Compensation | Encounters | Total Employee Hours and FTEs |                         |
|  |              |            | Employee Total Hours          | FTEs (2080 hrs = 1 FTE) |
| <i>Provide itemized de-identified list (e.g., Psychologist 1)</i>                | 125,000      | 1,500      | 1,040                         | 0.50                    |
| <b>A.</b>  |              |            |                               |                         |
| 1.   |              |            |                               | 0.00                    |
| 2. <b>Please see Form B4</b>   |              |            |                               | 0.00                    |
| 3.   |              |            |                               | 0.00                    |
| 4.   |              |            |                               | 0.00                    |
| 5.   |              |            |                               | 0.00                    |
| <b>Total Psychologist Encounters, Staff Hours and FTEs</b>                       | 0            | 0          | 0                             | 0.00                    |
| <b>B.</b>  |              |            |                               |                         |
| <b>SOCIAL WORKER</b>   |              |            |                               |                         |
| 1.   |              |            |                               | 0.00                    |
| 2.   |              |            |                               | 0.00                    |
| 3.   |              |            |                               | 0.00                    |
| 4.   |              |            |                               | 0.00                    |
| 5.   |              |            |                               | 0.00                    |
| <b>Total Social Worker Encounters, Hours and FTEs</b>                            | 0            | 0          | 0                             | 0.00                    |
| <b>C.</b>  |              |            |                               |                         |
| <b>OTHER MENTAL HEALTH PRACTITIONER</b>  |              |            |                               |                         |
| 1.   |              |            |                               | 0.00                    |
| 2.   |              |            |                               | 0.00                    |
| 3.   |              |            |                               | 0.00                    |
| 4.   |              |            |                               | 0.00                    |
| 5.   |              |            |                               | 0.00                    |
| <b>Total Other Mental Health Practitioner Encounters, Hours and FTEs</b>         | 0            | 0          | 0                             | 0.00                    |

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Reporting Period: From 7/1/2016 To 6/30/2017  
 FQHC Name: Generations Family Health Center, Inc.

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

| SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE |                         |                    |                |                |          |            |               |                         |                          |
|--|-------------------------|--------------------|----------------|----------------|----------|------------|---------------|-------------------------|--------------------------|
| SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE | Number of Practitioners | Compensation Range |                |                | Turnover |            |               | Employee Hours and FTEs |                          |
|  |                         | Total Compensation | High           | Low            | Hires    | Departures | Encounters    | Employee Total Hours    | FTEs (2,080 hrs = 1 FTE) |
| <b>A. HEALTH CARE PRACTITIONERS</b>                                    | <b>4</b>                | <b>500,000</b>     | <b>150,000</b> | <b>100,000</b> | <b>2</b> | <b>1</b>   | <b>10,000</b> | <b>8,320</b>            | <b>4.00</b>              |
| 1. PHYSICIAN   | 12                      | 1,862,870          | 335,504        | 181,437        | 0        | 1          | 24,546        | 17,974                  | 8.64                     |
| 2. PHYSICIAN ASSISTANT   |                         |                    |                |                |          |            |               |                         | 0.00                     |
| 3. NURSE (APRN, MIDWIFE, RN)   | 20                      | 1,505,385          | 127,500        | 83,000         | 7        | 4          | 32,197        | 27,224                  | 13.09                    |
| 4. PHYSICIAN SERVICES UNDER CONTRACT                                   |                         |                    |                |                |          |            |               |                         | 0.00                     |
| 5. OTHER HEALTH PROFESSIONALS  |                         |                    |                |                |          |            |               |                         | 0.00                     |
| 6. OTHER ALLIED HEALTH PROFESSIONALS                                   |                         |                    |                |                |          |            |               |                         | 0.00                     |
| 7. OTHER HEALTH CARE PRACTITIONERS                                     |                         |                    |                |                |          |            |               |                         | 0.00                     |
| <b>Total Health Care</b>   | <b>32</b>               | <b>3,368,255</b>   |                |                | <b>7</b> | <b>5</b>   | <b>56,743</b> | <b>45,198</b>           | <b>21.73</b>             |
| <b>B. DENTAL PRACTITIONERS</b>   |                         |                    |                |                |          |            |               |                         |                          |
| 1. DENTIST   | 8                       | 794,533            | 176,159        | 109,000        | 3        | 2          | 11,863        | 12,279                  | 5.90                     |
| 2. DENTAL HYGIENIST  | 5                       | 387,873            | 87,718         | 70,048         | 0        | 0          | 8,167         | 10,040                  | 4.83                     |
| 3. OTHER DENTAL PRACTITIONERS  |                         |                    |                |                |          |            |               |                         | 0.00                     |
| <b>Total Dental</b>  | <b>13</b>               | <b>1,182,406</b>   |                |                | <b>3</b> | <b>2</b>   | <b>20,030</b> | <b>22,319</b>           | <b>10.73</b>             |
| <b>C. MENTAL HEALTH PRACTITIONERS</b>                                  |                         |                    |                |                |          |            |               |                         |                          |
| 1. PSYCHIATRIST  | 2                       | 321,233            | 389,730        | 291,200        | 1        | 1          | 2,892         | 1,693                   | 0.81                     |
| 2. PSYCHIATRIST SERVICES UNDER CONTRACT                                | 1                       | 92,178             |                |                |          |            | 423           |                         | 0.00                     |
| 3. LICENSED CLINICAL SOCIAL WORKER                                     | 7                       | 353,276            | 91,469         | 52,000         | 1        | 2          | 4,956         | 11,008                  | 5.29                     |
| 4. PSYCHIATRIC APRN  | 2                       | 180,641            | 139,171        | 135,200        | 0        | 0          | 3,529         | 2,627                   | 1.26                     |
| 5. OTHER MENTAL HEALTH PRACTITIONERS                                   | 7                       | 288,842            | 63,946         | 45,000         | 2        | 2          | 3,779         | 10,816                  | 5.20                     |
| <b>Total Mental Health</b>   | <b>19</b>               | <b>1,236,170</b>   |                |                | <b>4</b> | <b>5</b>   | <b>15,579</b> | <b>26,144</b>           | <b>12.56</b>             |

STATE OF CONNECTICUT  
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|                   |  |          |    |           |
|-------------------|--|----------|----|-----------|
| Reporting Period: | From                                   | 7/1/2016 | To | 6/30/2017 |
| FQHC Name:        | Generations Family Health Center, Inc. |          |    |           |

Form C (Cost Adjustment & Allocation)

| COST ADJUSTMENT AND ALLOCATION |  |             |
|--------------------------------|--|-------------|
| A.                             | Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII) | 11,120,340  |
| B.                             | Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII) | 0           |
| C.                             | Total Direct Costs (A+B)   | 11,120,341  |
| D.                             | Portion of Title XIX Services (A/C)                              | 100.00%     |
| E.                             | Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)            | 7,998,004   |
| F.                             | Overhead Cost Applicable to Title XIX Services (DxE)             | 7,998,004   |
| G.                             | Total Title XIX Services Cost (A+F)                              | 19,118,344  |
| H.                             | Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)         | 5,735,503   |
| I.                             | Cost Adjustment (Lower of H-F or Zero)                           | (2,262,501) |
| J.                             | Allowable Title XIX Overhead Cost (F+I)                          | 5,735,503   |
| K.                             | Direct Costs   |             |
|                                | 1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)       | 6,896,099   |
|                                | 2. Dental Services (P4 - Form A-2, Line B3, Col. VII)            | 2,426,583   |
|                                | 3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)     | 1,797,659   |
|                                | 4. Total Direct Costs (K1 thru K3)                               | 11,120,340  |
| L.                             | Direct Costs as a % of Total                                     |             |
|                                | 1. Health Care Services (K1/K4)                                  | 62.01%      |
|                                | 2. Dental Services (K2/K4)                                       | 21.82%      |
|                                | 3. Mental Health Services (K3/K4)                                | 16.17%      |
| M.                             | Allocated Allowable Overhead Cost                                |             |
|                                | 1. Health Care Services (JxL1)                                   | 3,556,585   |
|                                | 2. Dental Services (JxL2)  | 1,251,487   |
|                                | 3. Mental Health Services (JxL3)                                 | 927,431     |
|                                | 4. Total Allowable Title XIX Overhead Cost (M1 thru M3)          | 5,735,503   |

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| Reporting Period: | From <u>7/1/2016</u>                   | To <u>6/30/2017</u> |
| FQHC Name:        | Generations Family Health Center, Inc. |                     |

Form D (Allowable Cost per Encounter)

**ALLOWABLE COST PER ENCOUNTER**

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

|   |            |
|---|------------|
| A. Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII) | 6,896,099  |
| B. Allowable Overhead Cost (P13 - Form C, Line M1)            | 3,556,585  |
| C. Total Allowable Health Care Cost (A+B)                     | 10,452,684 |
| D. Encounters (P12 - Form B-4, Health Care Total)             | 56,743     |
| E. Allowable Health Care Cost Per Encounter (C/D)             | 184.21     |

**II. Dental**

|   |           |
|---|-----------|
| A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII) | 2,426,583 |
| B. Allowable Overhead Cost (P13 - Form C, Line M2)            | 1,251,487 |
| C. Total Allowable Dental Cost (A+B)                          | 3,678,070 |
| D. Encounters (P12 - Form B-4, Dental Total)                  | 20,030    |
| E. Allowable Dental Cost Per Encounter (C/D)                  | 183.63    |

**III. Mental Health**

|  |           |
|--|-----------|
| A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII) | 1,797,659 |
| B. Allowable Overhead Cost (P13 - Form C, Line M3)                   | 927,431   |
| C. Total Allowable Mental Health Cost (A+B)                          | 2,725,090 |
| D. Encounters (P12 - Form B-4, Mental Health Total)                  | 15,579    |
| E. Allowable Mental Health Cost Per Encounter (C/D)                  | 174.92    |

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FQHC Name: Generations Family Health Center, Inc.

Form E (Revenues)

| REVENUES   |   | I   | II        | III           | IV        | V                         |
|--|---|---|-----------|---------------|-----------|---------------------------|
|  |   | Excluding Dental,<br>Mental Health &<br>Other | Dental    | Mental Health | Other     | Total<br>(Col. I thru IV) |
| <b>A. Operating Revenue</b>  |   |   |           |               |           |                           |
| 1.   | Medicaid  | 4,739,465                                     | 2,115,915 | 1,757,236     |           | 8,612,616                 |
| 2.   | Private   | 1,555,544                                     | 327,412   | 338,116       |           | 2,221,072                 |
| 3.   | Medicare  | 1,803,935                                     |           | 403,397       |           | 2,207,332                 |
| 4.   | Patient Cash/Self Pay                           | 293,761                                       | 67,340    | 38,649        |           | 399,750                   |
| 5.   | Other - Specify Allowance for Doubtful Accounts | (304,599)                                     | (58,519)  | (47,184)      |           | (410,302)                 |
| 6.   | Total (1 thru 5)                                | 8,088,106                                     | 2,452,148 | 2,490,214     | 0         | 13,030,468                |
| <b>B. Other Revenue</b>  |   |   |           |               |           |                           |
| 1.   | Contributions                                   | 261,885                                       |           |               |           | 261,885                   |
| 2.   | Grants  | 3,986,935                                     | 942,978   | 479,816       | 387,251   | 5,409,728                 |
| 3.   | Interest  |   |           |               | 4,450     | 4,450                     |
| 4.   | Donations                                       |   |           |               | 424,875   | 424,875                   |
| 5.   | Other - Specify DPH Bonding Grant               |   |           |               | 138,142   | 138,142                   |
| 6.   | Other - Specify Medicaid Meaningful Use         |   |           |               | 20,040    | 20,040                    |
| 7.   | Other - Specify Fees Collected - Records        |   |           |               | 12,541    | 12,541                    |
| 8.   | Other - Specify Miscellaneous Revenue           |   |           |               | 1,128,270 | 1,128,270                 |
| 9.   | Other - Specify Pharmacy Revenue                |   |           |               |           | 0                         |
| 10.  | Other - Specify                                 |   |           |               |           | 0                         |
| 11.  | Total (1 thru 10)                               | 4,248,820                                     | 942,978   | 479,816       | 2,115,569 | 7,787,183                 |
| <b>C. Other Revenue (Include revenue generated by non-approved FQHC sites)</b> |   |   |           |               |           |                           |
| 1.   | Other - Specify                                 |   |           |               |           | 0                         |
| 2.   | Other - Specify                                 |   |           |               |           | 0                         |
| 3.   | Other - Specify                                 |   |           |               |           | 0                         |
| 4.   | Other - Specify                                 |   |           |               |           | 0                         |
| 5.   | Other - Specify                                 |   |           |               |           | 0                         |
| 6.   | Other - Specify                                 |   |           |               |           | 0                         |
| 7.   | Total (1 thru 7)                                | 0   | 0         | 0             | 0         | 0                         |
| <b>D.</b>  | <b>Total Revenue (A6+B11+C7)</b>                | 12,336,926                                    | 3,395,126 | 2,970,029     | 2,115,569 | 20,817,651                |

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| Reporting Period: | From                                   | 7/1/2016 | To | 6/30/2017 |
| FQHC Name:        | Generations Family Health Center, Inc. |          |    |           |

Form F (Grants and Contributions)

**GRANTS AND CONTRIBUTIONS (EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)**

| A.        | Contributions  | ACTUAL           |
|-----------|--|------------------|
|           | 1. Services ( <i>Excluding Dental, Mental Health and Other</i> ) | 261,885          |
|           | 2. Dental  |                  |
|           | 3. Mental Health   |                  |
|           | 4. Other - Specify _____   |                  |
|           | Other - Specify _____  |                  |
|           | Other - Specify _____  |                  |
|           | Other - Specify _____  |                  |
|           | Other - Specify _____  |                  |
|           | 5. Total (1 thru 4)  | <b>261,885</b>   |
| <b>B.</b> | <b>Grants (<i>Excluding PHS</i>)</b>                             |                  |
|           | 1. Services ( <i>Excluding Dental, Mental Health and Other</i> ) | 1,191,153        |
|           | 2. Dental  | 47,330           |
|           | 3. Mental Health   | 164,911          |
|           | 4. Other - Specify _____   |                  |
|           | Other - Specify _____  |                  |
|           | Other - Specify _____  |                  |
|           | Other - Specify _____  |                  |
|           | Other - Specify _____  |                  |
|           | 5. Total (1 thru 4)  | <b>1,403,393</b> |



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

|                   |  |          |    |           |
|-------------------|--|----------|----|-----------|
| Reporting Period: | From                                   | 7/1/2016 | To | 6/30/2017 |
| FQHC Name:        | Generations Family Health Center, Inc. |          |    |           |

Form G (Cost Disallowance and Offset)

| COST DISALLOWANCE AND OFFSET |   |         |                  |
|------------------------------|---|---------|------------------|
| <b>A.</b>                    | <b>Cost Disallowance</b>  |         |                  |
|                              | 1. Entertainment  |         | *See Note Below* |
|                              | 2. Fines and penalties  |         |                  |
|                              | 3. Bad debt   |         |                  |
|                              | 4. Cost of actions to collect receivables   |         |                  |
|                              | 5. Advertising, except for recruitment of personnel   | 82,473  |                  |
|                              | 6. Contingent reserves  |         |                  |
|                              | 7. Legal, Accounting and professional services incurred in connection with rehearing, arbitration, or judicial proceedings pertaining to the reimbursement approved by the Commissioner |         |                  |
|                              | 8. Fundraising  |         |                  |
|                              | 9. Amortization of goodwill   |         |                  |
|                              | 10. Directors fees  |         |                  |
|                              | 11. Contributions   |         |                  |
|                              | 12. Membership dues for public relations  |         |                  |
|                              | 13. Cost not related to patient care  | 18,150  |                  |
|                              | 14. Interest  | 267,587 |                  |
|                              | 15. Pass through expenses   |         |                  |
|                              | 16. Total (1 thru 15)   |         |                  |
| <b>B.</b>                    | <b>Cost Offset (Expense Recovery)</b>   |         |                  |
|                              | 1. Refunds - Medicaid Outreach  |         |                  |
|                              | 2. Rent Income  |         |                  |
|                              | 3. In-Kind Medical Supplies   | 261,885 |                  |
|                              | 4. In-Kind Dental Supplies  |         |                  |
|                              | 5. In-Kind Computer Supplies  |         |                  |
|                              | 6. In-Kind Advertising  |         |                  |
|                              | 7. Total (1 thru 6)   |         |                  |
| <b>C.</b>                    | <b>Total Cost Disallowance and Offset (A16+B7)</b>  |         | <b>630,095</b>   |

Note: Bad debt is no longer recorded as an expense, it is now an offset to revenue per FASB regulation ASU 2011-07. See Form E.