

**STATE OF CONNECTICUT**  
**DEPARTMENT OF SOCIAL SERVICES**  
**55 FARMINGTON AVENUE HARTFORD, CONNECTICUT 06106**  
**ANNUAL REPORT**  
**FEDERALLY QUALIFIED HEALTH CENTER (FQHC)**

RECEIVED

FEB 28 2018

MYERS & STAUFFER LC

Date Submitted: 2/27/2017 Date Received: \_\_\_\_\_

1. FQHC Name	SOUTHWEST CHC INC.		
Street Address	46 ALBION ST		
City, State, ZIP	BRIDGEPORT , CT 06605		
Telephone Number	203 332 3505		
Contact Person	DIMITRI HRISOVULOS		
Title	CHIEF FINANCIAL OFFICER		

2. FQHC Medicaid Provider Number: <table style="width: 100%;"> <tr> <td style="width: 60%;">Medical</td> <td style="width: 40%;">4236130</td> </tr> <tr> <td>Dental</td> <td>4236122</td> </tr> <tr> <td>Mental Health</td> <td>4236148</td> </tr> <tr> <td>Other (Specify)</td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Medical	4236130	Dental	4236122	Mental Health	4236148	Other (Specify)				3. Reporting Period: From <u>8/1/2016</u> To <u>7/31/2017</u>
Medical	4236130										
Dental	4236122										
Mental Health	4236148										
Other (Specify)											

4. Type of Control (Check One Only)

NONPROFIT ORGANIZATION

GOVERNMENT

STATE                       DISTRICT                       OTHER

COUNTY                       CITY

5. FQHC Owned By:

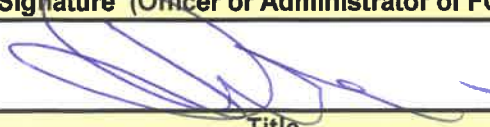
**CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC**

I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By

SOUTHWEST CHC INC. 4236130

(FQHC Name)

For the Reporting Period Beginning 8/1/2016 and Ending 7/31/2017 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
	DIMITRI HRISOVULOS
Title	Date
CFO	2/27/2018

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

Reporting Period:	From <u>8/1/2016</u>	To <u>7/31/2017</u>
FQHC Name:	SOUTHWEST CHC 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 Yes/ No	Clinic/Provider No.
SOUTHWEST CHC INC	46 ALBION ST,Bridgeport	Yes	4236130
SOUTHWEST CHC INC	968 FAIRFIELD AVE , Bridgeport	Yes	4236130
SOUTHWEST CHC INC	510 CLINTON Ave , Bridgeport	Yes	4236130
SOUTHWEST CHC INC	1046 FAIRFIELD AVE , Bridgeport	Yes	4236130
SOUTHWEST CHC INC	743 SOUTH AVE , Bridgeport	Yes	4236130
SOUTHWEST CHC INC	495 JANE ST,BRIDGEPORT	Yes	4236130
SOUTHWEST CHC INC	130 EZRA AVE.,BRIDGEPORT	Yes	4236130
SOUTHWEST CHC INC	690 ARCTRIC ST.,BRIDGEPORT	Yes	4236130
SOUTHWEST CHC INC	392 PROSPECT ST.,BRIDGEPORT	Yes	4236130
SOUTHWEST CHC INC	1 LINCOLN BLVD.,BRIDGEPORT	Yes	4236130
SOUTHWEST CHC INC	606 HOWARD AVE.,BRIDGEPORT	Yes	4236130
SOUTHWEST CHC INC	425 THORME ST.,BRIDGEPORT	Yes	4236130
SOUTHWEST CHC INC	680 PARK AVE.,BRIDGEPORT	Yes	4236130
SOUTHWEST CHC INC	651 STATE ST.,BRIDGEPORT	Yes	4236130
SOUTHWEST CHC INC	50 NICHOLS AVE., FAIRFIELD	Yes	4236130
SOUTHWEST CHC INC	1181 FAIRFIELD AVE.,BRIDGEPORT	Yes	4236130
SOUTHWEST CHC INC	1124 IRANISTAN AVE.,BRIDGEPORT	Yes	4236130
SOUTHWEST CHC INC	300 LAUREL AVE,BRIDGEPORT	Yes	4236130
SOUTHWEST CHC INC	1020 FAIRFIELD AVE ,BRIDGEPORT	No	

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

<b>Select One:</b>	
C. Not applicable. The FQHC does not have any related party individuals or organizations.	







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

Reporting Period: From 8/1/2016 To 7/31/2017  
 FQHC Name: SOUTHWEST CHC INC.

Form A-4 (Non-Allowable Direct Other Service 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>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		275,343	275,343		275,343	(275,343)	0
d. Battered Women			0		0		0
e. Homeless		26,930	26,930		26,930	(26,930)	0
f. WIC	408,470	92,977	501,447	81,541	582,988	(582,988)	0
g. Non-FQHC Sites			0		0		0
h. Other - Specify							
ACA Outreach	109,210		109,210	21,801	131,011	(131,011)	0
SNAP	35,027	107	35,134	6,992	42,126	(42,126)	0
CSSD Judicial Branch	77,288		77,288	15,429	92,717	(92,717)	0
Medicaid Outreach DSS	32,041		32,041	6,396	38,437	(38,437)	0
DPH Aids	122,643	9,450	132,093	24,483	156,576	(156,576)	0
PART D	32,388	2,276	34,664	6,465	41,129	(41,129)	0
<b>i. Total Non-Allowable Direct Other Service Cost</b>	<b>817,067</b>	<b>407,083</b>	<b>1,224,150</b>	<b>163,107</b>	<b>1,387,257</b>	<b>(1,387,257)</b>	<b>0</b>
<b>F. TOTAL DIRECT COST (D+E1I)</b>	<b>11,140,943</b>	<b>1,664,354</b>	<b>12,805,297</b>	<b>2,224,019</b>	<b>15,029,316</b>	<b>(1,387,257)</b>	<b>13,642,059</b>

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

Reporting Period: From 8/1/2016 To 7/31/2017

FQHC Name: SOUTHWEST CHC INC.

Form A-5 (Overhead Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	I	II	III	IV	V	VI	VII
OVERHEAD - FACILITY COST	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
<b>G. OVERHEAD - FACILITY COST</b>							
a. Rent		37,400	37,400		37,400		37,400
b. Insurance		127,379	127,379		127,379		127,379
c. Interest on Mortgage or Loans		281,813	281,813		281,813		281,813
d. Utilities		225,167	225,167		225,167		225,167
e. Depreciation - Building		684,869	684,869		684,869		684,869
f. Depreciation - Equipment		0	0		0		0
g. Housekeeping & Maintenance	107,150	352,796	459,946	21,390	481,336		481,336
h. Other (Specify)							
Trash & Hazardous Material removal		48,199	48,199		48,199		48,199
Security		314,797	314,797		314,797		314,797
		0	0		0		0
		0	0		0		0
		0	0		0		0
<b>I. Subtotal Overhead - Facility Cost</b>	<b>107,150</b>	<b>2,072,420</b>	<b>2,179,570</b>	<b>21,390</b>	<b>2,200,960</b>	<b>0</b>	<b>2,200,960</b>
<b>H. OVERHEAD - ADMINISTRATIVE COST</b>							
a. Office Salaries	4,253,828	7,254	4,261,082	848,173	5,110,253		5,110,253
b. Depreciation - Office Equipment		525,716	525,716		525,716		525,716
c. Office Supplies		143,261	143,261		143,261		143,261
d. Legal		29,706	29,706		29,706		29,706
e. Accounting		48,647	48,647		48,647		48,647
f. Insurance		6,099	6,099		6,099		6,099
g. Telephone		130,275	130,275		130,275		130,275
h. Fringe Benefits & Taxes		3,094,582	3,094,582	(3,094,582)	0		0
i. Interest - Capital Loans		8,753	8,753		8,753		8,753
j. Other (Specify)							
Equip. Maint		46,704	46,704		46,704		46,704
Equip. Lease		40,451	40,451		40,451		40,451
Postage		16,420	16,420		16,420		16,420
Recruitment		0	0		0		0
Dues		40,601	40,601		40,601		40,601
Subscriptions		8,583	8,583		8,583		8,583
Public Information		25,311	25,311		25,311		25,311
Licenses and Fees		25,017	25,017		25,017		25,017
Printing		28,920	28,920		28,920		28,920
Travel, Conf. & Meetings		49,220	49,220		49,220		49,220
Staff Training		5,441	5,441		5,441		5,441
IT Costs		242,287	242,287		242,287		242,287
Payroll Serv		56,828	56,828		56,828		56,828
Electronic Clearing House Fees		47,489	47,489		47,489		47,489
Bank Charges		10,008	10,008		10,008		10,008
Staff Dev't., Apprec. & Other		73,778	73,778		73,778		73,778
<b>k. Subtotal Overhead - Administrative Cost</b>	<b>4,253,828</b>	<b>4,711,351</b>	<b>8,965,177</b>	<b>(2,245,409)</b>	<b>6,719,768</b>	<b>0</b>	<b>6,719,768</b>
<b>I. TOTAL OVERHEAD COST (G+H+K)</b>	<b>4,360,976</b>	<b>6,783,771</b>	<b>11,144,747</b>	<b>(2,224,019)</b>	<b>8,920,728</b>	<b>0</b>	<b>8,920,728</b>
<b>J. GRAND TOTAL COSTS<sup>2</sup> (F+I)</b>	<b>15,501,919</b>	<b>8,448,125</b>	<b>23,950,044</b>	<b>(1,387,257)</b>	<b>23,950,044</b>	<b>0</b>	<b>22,852,787</b>

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

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

Reporting Period: From 8/1/2016 To 7/31/2017

FQHC Name: SOUTHWEST CHC 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 I	Compensation II	Encounters III	Total Employee Hours and FTEs	
				Employee Total Hours IV	FTEs (1820 hrs = 1 FTE) V
<i>Provide itemized de-identified list (e.g., Physician 1)</i>	<b>General Practitioner</b>	<b>125,000</b>	<b>1,500</b>	<b>1,040</b>	<b>0.50</b>
<b>A. PHYSICIAN</b>					
1. Physician 1	Internist		2,492	1,120	0.62
2. Physician 2	Internist		26	54	0.03
3. Physician 3	Internist		2,498	1,450	0.80
4. Physician 4	Ob/Gyn		2,334	1,413	0.78
5. Physician 5	Ob/Gyn		3,059	1,755	0.96
6. Physician 6	Ob/Gyn		665	541	0.30
7. Physician 7	Family Pract.		3,828	1,820	1.00
8. Physician 8	Pediatrician		3,288	1,703	0.94
9. Physician 9	Internist		4,189	1,820	1.00
10. Physician 10	Internist		2,709	1,274	0.70
11. Physician 11	Pediatrician		346	364	0.20
12. Physician 12	Pediatrician		3,498	1,820	1.00
Physician 13	Pediatrician		2,343	678	0.37
Physician 14	Internist		5,499	1,820	1.00
Physician 15	Ob/Gyn		1,333	632	0.35
13. Physician 16	Internist		3,453	1,820	1.00
<b>Total Physician Encounters, Staff Hours and FTEs</b>		<b>0</b>	<b>41,560</b>	<b>20,084</b>	<b>11.05</b>
<b>B. PHYSICIAN ASSISTANT</b>					
1. PHYSICIAN ASSISTANT 1	Ob/Gyn		2,157	1,107	0.61
2. PHYSICIAN ASSISTANT 2	Pediatrics		3,323	1,502	0.83
3. PHYSICIAN ASSISTANT 3	IM		2,227	1,315	0.72
4.					0.00



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

Reporting Period:	From <u>8/1/2016</u>	To <u>7/31/2017</u>
FQHC Name:	SOUTHWEST CHC INC.	

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty	Compensation	Encounters	Total Employee Hours and FTEs	
				Employee Total Hours	FTEs (1820 hrs = 1 FTE)
5.					0.00
<b>Total Physician Assistant Encounters, Hours and FTEs</b>		0	7,707	3,924	2.16

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

Reporting Period:	From <u>8/1/2016</u>	To <u>7/31/2017</u>
FQHC Name:	SOUTHWEST CHC 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	Compensation	Encounters	Total Employee Hours and FTEs		
				Employee Total Hours	FTEs (1820 hrs = 1 FTE)	
<i>Provide itemized de-identified list (e.g., Physician 1)</i>	<b>I</b> General Practitioner	<b>II</b> 125,000	<b>III</b> 1,500	<b>IV</b> 1,040	<b>V</b> 0.50	
<b>C.</b>						
NURSE (APRN, MIDWIFE, RN)						
1. APRN 1	Fam.NP		794	471	0.26	
2. APRN 2	Ped.NP		797	601	0.33	
3. APRN 3	Ped.NP		1,547	1,703	0.94	
4. APRN 4	Ped.NP		2,082	1,820	1.00	
5. APRN 5	Ped.NP		1,930	1,820	1.00	
6. APRN 6	Ped.NP		1,360	1,601	0.88	
7. APRN 7	Fam.NP		2,019	1,820	1.00	
8. APRN 8	Fam.NP		2,557	1,820	1.00	
9. APRN 9	Ped.NP		792	964	0.53	
10. APRN 10	Fam.NP		1,832	988	0.54	
11. APRN 11	Ped.NP		2,201	1,820	1.00	
12. APRN 12	Fam.NP		535	227	0.12	
13. MID WIFE	Ob/Gyn		2,009	1,092	0.60	
<b>Total Nurse Practitioner</b>		<b>0</b>	<b>20,455</b>	<b>16,747</b>	<b>9.20</b>	
<b>D.</b>						
PHYSICIAN SERVICES UNDER CONTRACT						
1. PODIATRIST	Md		406	280	0.15	
<b>Total Physician Services Under Contract</b>		<b>0</b>	<b>406</b>	<b>280</b>	<b>0.15</b>	
<b>E.</b>						
OTHER HEALTH CARE PRACTITIONER						
1. NUTRITION/DIETICIAN			1,372	1,820	1.00	
<b>Total Other Health Care Practitioner</b>		<b>0</b>	<b>1,372</b>	<b>1,820</b>	<b>1.00</b>	

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

Reporting Period: From 8/1/2016 To 7/31/2017

FQHC Name: SOUTHWEST CHC 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 II	Encounters III	Total Employee Hours and FTEs	
			Employee Total Hours IV	FTEs (1820 hrs = 1 FTE) V
<i>Provide itemized de-identified list (e.g., Dentist 1)</i>				
<b>A.</b>			<b>1,500</b>	<b>1,040</b>
<b>DENTIST</b>				
1. DENTIST 1		3,044	1,820	1.00
2. DENTIST 2		1,916	1,820	1.00
3. DENTIST 3		2,538	1,750	0.96
4. DENTIST 4		1,624	1,092	0.60
5. DENTIST 5		2,822	1,820	1.00
<b>Total Dentist Encounters, Staff Hours and FTEs</b>		<b>0</b>	<b>11,944</b>	<b>8,302</b>
<b>B.</b>				
<b>DENTAL HYGIENIST</b>				
1. HYGIENIST 1		1,322	1,820	1.00
2. HYGIENIST 2		1,242	1,820	1.00
3. HYGIENIST 3		1,544	1,820	1.00
4. HYGIENIST 4		1,320	1,820	1.00
5. HYGIENIST 5		984	1,456	0.80
<b>Total Dental Hygienist Encounters, Hours and FTEs</b>		<b>0</b>	<b>8,736</b>	<b>4.80</b>
<b>C.</b>				
<b>OTHER DENTAL PRACTITIONER</b>				
1. DENTIST CONTRACTED		2,599	1,580	0.87
2. DENTIST CONTRACTED		1,995	1,288	0.71
<b>Total Other Dental Practitioner Encounters, Hours and FTEs</b>		<b>0</b>	<b>4,594</b>	<b>2,868</b>
				<b>1.58</b>

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

Reporting Period:	From <u>8/1/2014</u>	To <u>7/31/2015</u>
FQHC Name:	SOUTHWEST CHC 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 II	Encounters III	Total Employee Hours and FTEs	
			Employee Total Hours IV	FTEs (1820 hrs = 1 FTE) V
<i>Provide itemized de-identified list (e.g., Psychologist 1)</i>	125,000	1,500	1,040	0.50
<b>A. PSYCHOLOGIST</b>				
1. Psychiatrist 1		1,339	808	0.44
2. Psychiatrist 2		2,354	1,246	0.68
3. Psychiatrist 3		1,333	884	0.49
4.				0.00
5.				0.00
<b>Total Psychologist Encounters, Staff Hours and FTEs</b>	<b>0</b>	<b>5,026</b>	<b>2,938</b>	<b>1.61</b>
<b>B. SOCIAL WORKER</b>				
1. PSYC APRN 1		1,259	819	0.45
2. SOCIAL WORKER 1		804	1,820	1.00
3. SOCIAL WORKER 2		851	1,820	1.00
4. SOCIAL WORKER 3		1,246	1,820	1.00
5. PSYC APRN 2		2,745	1,820	1.00
6. SOCIAL WORKER 4		877	1,820	1.00
7. SOCIAL WORKER 5		922	1,820	1.00
8. SOCIAL WORKER 6		917	1,757	0.97
9. SOCIAL WORKER 7		427	926	0.51
10. SOCIAL WORKER 8		799	1,820	1.00
11. SOCIAL WORKER 9		1,197	1,672	0.92
12. SOCIAL WORKER 10		496	1,031	0.57
13. SOCIAL WORKER 11		689	1,820	1.00
14. SOCIAL WORKER 12		747	1,820	1.00
15. SOCIAL WORKER 13		731	1,820	1.00
16. SOCIAL WORKER 14		1,056	1,820	1.00
17. SOCIAL WORKER 15		739	1,820	1.00
18. SOCIAL WORKER 16		1,026	1,820	1.00
19. SOCIAL WORKER 17		354	1,820	1.00
20. SOCIAL WORKER 18		656	1,820	1.00
21. SOCIAL WORKER 19		1,021	1,820	1.00
22. SOCIAL WORKER 20		443	1,820	1.00
23. PSYC APRN 3		176	267	0.15
<b>Total Social Worker Encounters, Hours and FTEs</b>	<b>0</b>	<b>20,178</b>	<b>37,412</b>	<b>20.57</b>
<b>C. OTHER MENTAL HEALTH PRACTITIONER</b>				
1. SAC 1		1,741	1,820	1.00
2. SAC 2		882	1,820	1.00
3. SAC 3		179	385	0.21
4. SAC 4		369	392	0.22
5. SAC 5		216	560	0.31
6. SAC 6		2,051	1,820	1.00
7. SAC 7		7	7	0.00
8. SAC 8		2,114	1,820	1.00
9. SAC 9		1,008	1,820	1.00
10. SAC 10		2,093	1,820	1.00
11. SAC 11		1,112	1,820	1.00
12. SAC 12		755	1,820	1.00
13. SAC 13		919	1,820	1.00
14. SAC 14		980	1,610	0.88
15. SAC 15		746	1,820	1.00
<b>Total Other Mental Health Practitioner Encounters, Hours and FTEs</b>	<b>0</b>	<b>15,172</b>	<b>21,154</b>	<b>11.62</b>

Reporting Period: From 8/1/2016 To 7/31/2017

FQHC Name: **SOUTHWEST CHC INC.**

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

**SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE**

SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	Number of Practitioners	Total Compensation	Compensation Range		Turnover			Employee Hours and FTEs	
			High	Low	Hires	Departures	Encounters	Employee Total Hours	FTEs (1,820 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	16	2,350,849	286,400	155,000	3	2	41,560	20,084	11.04
2. PHYSICIAN ASSISTANT	3	321,801	134,000	110,000			7,707	3,924	2.16
3. NURSE (APRN, MIDWIFE, )	13	1,064,056	130,000	88,000	4	4	20,455	16,747	9.20
4. PHYSICIAN SERVICES UNDER CONTRACT	1	21,120	127,400	127,400			406	280	0.15
5. OTHER HEALTH PROFESSIONALS									0.00
6. OTHER ALLIED HEALTH PROFESSIONALS	1	70,314	70,314	70,314			1,372	1,820	1.00
7. OTHER HEALTH CARE PRACTITIONERS									0.00
<b>Total Health Care</b>	<b>34</b>	<b>3,828,140</b>			<b>7</b>	<b>6</b>	<b>71,500</b>	<b>42,855</b>	<b>23.55</b>
<b>B. DENTAL PRACTITIONERS</b>									
1. DENTIST	5	656,421	150,000	118,000	2	3	11,944	8,302	4.56
2. DENTAL HYGIENIST	5	310,432	66,000	62,000			6,412	8,736	4.80
3. OTHER DENTAL PRACTITIONERS	2	296,730	156,000	156,000			4,594	2,868	1.58
<b>Total Dental</b>	<b>12</b>	<b>1,263,583</b>			<b>2</b>	<b>3</b>	<b>22,950</b>	<b>19,906</b>	<b>10.94</b>
<b>C. MENTAL HEALTH PRACTITIONERS</b>									
1. PSYCHIATRIST	3	466,210	260,000	230,000			5,026	2,938	1.61
2. PSYCHOLOGIST	0								0.00
3. LICENSED CLINICAL SOCIAL WORKER	7	428,741	76,000	62,000	4	8	5,900	11,846	6.51
4. PSYCHIATRIC APRN	3	222,019	163,800	145,000			4,180	2,906	1.60
5. OTHER MENTAL HEALTH PRACTITIONERS	14	1,037,991	76,000	60,000	2	2	10,098	22,660	12.45
<b>Total Mental Health</b>	<b>27</b>	<b>2,154,961</b>			<b>6</b>	<b>10</b>	<b>25,204</b>	<b>40,350</b>	<b>22.17</b>

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

Reporting Period:	From	8/1/2016	To	7/31/2017
FQHC Name:	SOUTHWEST CHC INC.			

Form C (Cost Adjustment & Allocation)

<b>COST ADJUSTMENT AND ALLOCATION</b>
---------------------------------------

A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	13,642,059
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	-
C.	<b>Total Direct Costs (A+B)</b>	<b>13,642,059</b>
D.	Portion of Title XIX Services (A/C)	100.00%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	8,920,728
F.	Overhead Cost Applicable to Title XIX Services (DxE)	8,920,728
G.	<b>Total Title XIX Services Cost (A+F)</b>	<b>22,562,787</b>
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	6,768,836
I.	Cost Adjustment (Lower of H-F or Zero)	(2,151,892)
J.	<b>Allowable Title XIX Overhead Cost (F+I)</b>	<b>6,768,836</b>
K.	<b>Direct Costs</b>	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	8,005,871
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	2,275,284
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	3,360,904
	4. Total Direct Costs (K1 thru K3)	13,642,059
L.	<b>Direct Costs as a % of Total</b>	
	1. Health Care Services (K1/K4)	58.69%
	2. Dental Services (K2/K4)	16.68%
	3. Mental Health Services (K3/K4)	24.64%
M.	<b>Allocated Allowable Overhead Cost</b>	
	1. Health Care Services (JxL1)	3,972,630
	2. Dental Services (JxL2)	1,129,042
	3. Mental Health Services (JxL3)	1,667,841
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	6,769,513

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

Reporting Period:	From <u>8/1/2016</u>	To <u>7/31/2017</u>
FQHC Name:	SOUTHWEST CHC INC.	

Form D (Allowable Cost per Encounter)

ALLOWABLE COST PER ENCOUNTER	
<b>I. Health Care Cost (Excluding Dental and Mental Health)</b>	
A. Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII)	8,005,871
B. Allowable Overhead Cost (P13 - Form C, Line M1)	3,972,630
C. Total Allowable Health Care Cost (A+B)	11,978,501
D. Encounters (P12 - Form B-4, Health Care Total)	71,500
E. Allowable Health Care Cost Per Encounter (C/D)	167.53
<b>II. Dental</b>	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	2,275,284
B. Allowable Overhead Cost (P13 - Form C, Line M2)	1,129,042
C. Total Allowable Dental Cost (A+B)	3,404,326
D. Encounters (P12 - Form B-4, Dental Total)	22,950
E. Allowable Dental Cost Per Encounter (C/D)	148.34
<b>III. Mental Health</b>	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	3,360,904
B. Allowable Overhead Cost (P13 - Form C, Line M3)	1,667,841
C. Total Allowable Mental Health Cost (A+B)	5,028,745
D. Encounters (P12 - Form B-4, Mental Health Total)	40,374
E. Allowable Mental Health Cost Per Encounter (C/D)	124.55

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

Reporting Period: From 8/1/2016 To 7/31/2017  
 FQHC Name: SOUTHWEST CHC INC.

REVENUES		I	II	III	IV	V
		Excluding Dental, Mental Health & Other	Dental	Mental Health	Other	Total (Col. I thru IV)
<b>A.</b>	<b>Operating Revenue</b>					
1.	Medicaid	6,497,255	1,780,263	3,979,525		12,257,043
2.	Private	551,545	191,596	104,748		847,889
3.	Medicare	799,077		550,091		1,349,168
4.	Patient Cash/Self Pay	187,125	387,520	4,285		578,930
5.	Other - Specify DHMAS, State Judiciary			198,252		198,252
6.	Total (1 thru 5)	8,035,002	2,359,379	4,836,901	0	15,231,282
<b>B.</b>	<b>Other Revenue</b>					
1.	Contributions					0
2.	Grants	2,331,617	1,321,250	233,162	109,844	3,995,873
3.	Interest					0
4.	Donations					
5.	Other - Specify Contracts	441,981	10,398	424,255	31,640	31,640
6.	Other - Specify Private Foundation Grants			67,500	1,502,501	2,379,135
7.	Other - Specify Pharmacy				86,500	154,000
8.	Other - Specify EHR Incentives				561,867	561,867
9.	Other - Specify Misc. Income				85,000	85,000
10.	Other - Specify State Bonding				34,729	34,729
11.	Total (1 thru 10)	2,773,598	1,331,648	724,917	2,478,815	7,308,978
<b>C.</b>	<b>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>	10,808,600	3,691,027	5,561,818	2,478,815	22,540,260



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

Reporting Period:	From	8/1/2016	To	7/31/2017
FQHC Name:	SOUTHWEST CHC 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> )	
	2. Dental	
	3. Mental Health	
	4. Other - Specify <u>                    Pharmaceuticals/Vaccines                    </u>	810,569
	Other - Specify <u>                    Occupancy/Shelters                    </u>	39,492
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	<b>850,061</b>
<b>B.</b>	<b>Grants (<i>Excluding PHS</i>)</b>	
	1. Services ( <i>Excluding Dental, Mental Health and Other</i> )	
	2. Dental	
	3. Mental Health	
	4. Other - Specify <u>                    CHN Grant                    </u>	166,389
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	<b>166,389</b>

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

Reporting Period: From 8/1/2016 To 7/31/2017  
 FQHC Name: SOUTHWEST CHC INC.

Form G (Cost Disallowance and Offset)

**COST DISALLOWANCE AND OFFSET**

A.	Cost Disallowance	
1.	Entertainment	
2.	Fines and penalties	
3.	Bad debt	192,601
4.	Cost of actions to collect receivables	
5.	Advertising, except for recruitment of personnel	
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	
14.	Interest	
15.	Pass through expenses (WIC Food Benefits)	2,585,010
16.	<b>Total (1 thru 15)</b>	<b>2,777,611</b>
<b>B.</b>	<b>Cost Offset (<i>Expense Recovery</i>)</b>	
1.	Refunds - Medicaid Outreach and Non-Billable Services	1,387,257
2.	Rent Income	
3.	In-Kind Medical Supplies	
4.	In-Kind Dental Supplies	
5.	In-Kind Computer Supplies	
6.	In-Kind Advertising	
7.	<b>Total (1 thru 6)</b>	<b>1,387,257</b>
<b>C.</b>	<b>Total Cost Disallowance and Offset (A16+B7)</b>	<b>4,164,868</b>



TRIAL BALANCE AS OF 7/31/2017

			Reported on FORM A				
Account	Description	Balance	A- 1	A- 2	A- 3	A- 4	A- 5
5010	Physicians/Medical	2,350,849	Row 1a Col I				
5010	Physicians/Psych	466,210			Row 1a Col I		
5015	APRN	857,457	Row 1c Col I				
5015	Phys. Asst	321,801	Row 1b Col I				
5020	Nurses	1,949,322	Row 1c Col I				
5030	Medical Assistants	480,916	Row 1d Col I				
5035	Dentists	656,421		Row 1a Col I			
5040	Dental Hygienists	310,432		Row 1b Col I			
5041	Dental asst.	344,165		Row 1c Col I			
5042	Dental admin.	187,655					Row Ha Col I
5045	Psychiatric APRN	222,019			Row 1c Col I		
5050	Certified Dietician	70,314	Row 1d Col I				
5050	Nutrition (WIC)	250,559				Row 1e Col I	
5055	Social service professionals	1,441,847			Row 1b Col I		
5056	Substance Abuse Cnslrs	488,467			Row 1c Col I		
5057	Case Managers /BH	141,472			Row 1c Col I		
5057	Case Managers / Medical	222,184	Row 1d Col I				
5058	Enabling / ACA Outreach	109,210				Row 1h Col I	
5058	Enabling /SNAP	26,505				Row 1h Col I	
5058	Enabling / CSSD	77,288				Row 1h Col I	
5058	Enabling / Part D	32,388				Row 1h Col I	
5058	Enabling / Medicaid Outreach	32,041				Row 1h Col I	
5058	Enabling /AIDS Test & Educ.	122,643				Row 1h Col I	
5060	Fiscal	364,588					Row Ha Col I
5065	Administrative, Patient Support	1,706,036					Row Ha Col I
5065	Administrative, clerical,other WIC	157,911				Row 1e Col I	
5066	Administrative, Patient Billing & Other Services	754,180					Row Ha Col I
5067	Administration	1,261,367					Row Ha Col I
5067	Administrative, clerical,other SNAP	8,522				Row 1h Col I	
5075	Maintenance	107,150					Row Gg Col I
5110	Fica	1,080,415					Row Hh Col II
5115	State unemployment insurance	99,288					Row Hh Col II
5120	Workers Compensation	203,882					Row Hh Col II
5125	Disability insurance	27,289					Row Hh Col II
5130	Health insurance	1,495,603					Row Hh Col II
5131	Health insurance /Medical Waiver	53,613					Row Hh Col II
5135	Life insurance	17,540					Row Hh Col II
5140	Employee Retirement	98,970					Row Hh Col II
5190	Other	17,982					Row Hh Col II
5212	Consult fees - Med.Spcl.Podiatry	21,120	Row 1a Col II				
5212	Consult fees - Med.Spcl.Optomtrist	26,930	Row 1a Col II			Row 1e Col II	
5213	Consult fees - Fam.Nurse Practitioner	15,075	Row 1c Col II				
5215	Consult fees - UCONN Dentists	301,481		Row 1a Col II			
5219	Consult fees - UCONN Psych.APRN	24,885			Row 1c Col II		
5230	Contract svc - Cleaning/main.	163,386					Row Gg Col II
5230	Contract svc - Cleaning/maint WIC	7,203				Row 1f Col II	
5231	Contract svc - Security	314,797					Row Gh Col II
5231	Contract svc - Security WIC	7,757				Row 1f Col II	
5232	Contract svc - Medical and Trash Removal	48,199					Row Gh Col II
5232	Contract svc - Trash Removal WIC	520				Row 1f Col II	
5240	Professional fees - legal	29,706					Row Hd Col II
5250	Professional fees - accounting	48,647					Row He Col II



TRIAL BALANCE AS OF 7/31/2017

			Reported on FORM A				
Account	Description	Balance	A- 1	A- 2	A- 3	A- 4	A- 5
5250	Professional fees - accounting / WIC	2,782				Row 1f Col II	
5260	Temp Help. Admin	616					Row Ha Col II
5265	Professional fees - Interpreting	40,466	Row 1d Col II				
5265	Professional fees - Interpreting	1,795		Row 1c Col II			
5270	Professional fees/Admin	6,638					Row Ha Col II
5310	Laboratory/ Offsite BH	11,790			Row 2a Col II		
5310	Laboratory /Dental Lab	90,917		Row 2a Col II			
5320	Pharmacy/ 340b	233,081				Row 1c Col II	
5322	Pharmacy fees	42,262				Row 1c Col II	
5410	Medical Supplies	108,129	Row 2a Col II				
5410	Medical Supplies	1,349			Row 2a Col II		
5420	Pharmaceutical Supplies (Adm.to Patients)	90,833	Row 2g Col II				
5430	Diagnostic supplies	81,299	Row 2e Col II				
5430	Diagnostic supplies	3,163			Row 2a Col II		
5440	Dental supplies	174,614		Row 2a Col II			
5460	Admin. and other supplies	61,602					Row Hc Col II
5460	Admin. and other supplies /WIC	5,392				Row 1f Col II	
5470	Housekeeping supplies	33,922					Row Gg Col II
5475	Maintenance supplies	8,622					Row Gg Col II
5480	Minor Medical equipment purchases	4,212	Row 2a Col II				
5480	Minor Dental equipment purchases	3,541		Row 2a Col II			
5480	Minor BH equipment purchases	3,988			Row 2a Col II		
5480	Minor equipment purchases	76,472					Row Hc Col II
5490	Programmatic supplies	785	Row 2a Col II				
5490	Programmatic supplies	5,187					Row Hc Col II
5510	Equipment Repairs & Maint / Medical	7,595	Row 2h Col II				
5510	Equipment Repairs & Maint /Dental	30,157		Row 2e Col II			
5510	Equipment Repairs & Maint / Other	46,704					Row Hj Col II
5520	Office Equip.Rental/Lease	40,451					Row Hj Col II
5620	Other insurance /D&O	6,099					Row Hf Col II
5620	Other insurance / Prop.& Gen.Liab.	127,379					Row Gb Col II
5620	Other insurance /WIC	2,400				Row 1f Col II	
5710	Rent	37,400					Row Ga Col II
5710	Rent WIC	44,538				Row 1f Col II	
5720	Utilities	225,167					Row Gd Col II
5720	Utilities WIC	6,036				Row 1f Col II	
5730	Repairs and maintenance / Building	146,866					Row Gg Col II
5730	Repairs and maintenance / Building WIC	1,476				Row 1f Col II	
5810	Telephone	130,275					Row Hg Col II
5810	Telephone/ WIC	1,630				Row 1f Col II	
5910	Postage	16,153					Row Hj Col II
5910	Postage / WIC	1,315				Row 1f Col II	
5911	Federal express	267					Row Hj Col II
6010	Personnel recruitment /Medical	36,870	Row 2h Col II				
6010	Personnel recruitment / Dental	4,665		Row 2e Col II			
6020	Public information	25,311					Row Hj Col II
6110	Books and subscriptions	8,583					Row Hj Col II
6120	License and fees / Medical	4,368	Row 2h Col II				
6120	License and fees / Dental	4,353		Row 2e Col II			
6120	License and fees	25,017					Row Hj Col II
6130	Organization dues	40,601					Row Hj Col II
6210	Printing and publications	28,920					Row Hj Col II



**TRIAL BALANCE AS OF 7/31/2017**

			Reported on FORM A				
Account	Description	Balance	A- 1	A- 2	A- 3	A- 4	A- 5
6310	Interest / Capital Leases	8,753					Row Hi Col II
6310	Interest /Mortgage	281,813					Row Gc Col II
6410-30	Travel - meeting & conf fees WIC	10,888				Row 1f Col II	
6410-30	Travel - meeting & conf fees SNAP	107				Row 1h Col II	
6410-30	Travel - meeting & conf fees Part D	2,276				Row 1h Col II	
6410-30	Travel - meeting & conf fees AIDS Educ	9,450				Row 1h Col II	
6410-30	Travel - meeting & conf fees	3,124			Row 2e Col II		
6410-30	Travel - meeting & conf fees	49,220					Row Hj Col II
6510	Staff training /Medical	7,980	Row 2h Col II				
6510	Staff training / BH	1,619			Row 2e Col II		
6510	Staff training / Dental	1,952		Row 2e Col II			
6510	Staff training	5,441					Row Hj Col II
6610	Uniform service / Medical	31,187	Row 2h Col II				
6610	Uniform service / Dental	2,520		Row 2e Col II			
6710	IT Costs	242,287					Row Hj Col II
6720	Payroll service	56,828					Row Hj Col II
6720	Payroll service WIC	1,040				Row 1f Col II	
6730	Electronic Billing Fees	47,489					Row Hj Col II
9610	Patient transportation	12,929	Row 2b Col II				
9810	Bank charges	10,008					Row Hj Col II
9890	Staff Development and Appreciation Costs	73,778					Row Hj Col II
9920-40	Depr exp - building	684,869					Row Ge Col II
9950	Depr exp - furn & fixtures	7,551					Row Hb Col II
9960	Depr exp - office equipment	2,370					Row Hb Col II
9961	Depr exp - computer equipment	257,720					Row Hb Col II
9962	Depr exp - Medical equipment	28,994	Row 2d Col II				
9963	Depr exp - Other equipment	16,574					Row Hb Col II
9964	Depr exp - Med.Cap.lease equipm.	12,958	Row 2d Col II				
9965	Depr exp - dental equip	86,558		Row 2c Col II			
9966	Depr exp - comp.software	241,501					Row Hb Col II
<b>Total Expenses</b>		<b>23,950,044</b>					

<b>EXPENSES REPORTED on AUDITED FS</b>		<b>\$ 27,577,716</b>
<b>RECONCILING ITEMS</b>		
Bad Debt	192,601	Non-allowable
Donated Materials & Services	850,061	Non-allowable
WIC Food Benefits	2,585,010	Offsetting entry
	<b>3,627,672</b>	
<b>RECONCILED TB</b>	<b>27,577,716</b>	

## COST REPORT

## TRIAL BALANCE AS OF 7/31/2016

COLUMN III  
GROUPED

		Account	Description	Balance	
A-1	Row 1a Col I	5010	Physicians/Medical	2,350,849	2,350,849
A-1	Row 1b Col I	5015	Phys. Asst	321,801	321,801
A-1	Row 1c Col I	5015	APRN	857,457	
A-1	Row 1c Col I	5020	Nurses	1,949,322	2,806,779
A-1	Row 1d Col I	5030	Medical Assistants	480,916	
A-1	Row 1d Col I	5050	Certified Dietician	70,314	
A-1	Row 1d Col I	5057	Case Managers / Medical	222,184	773,414
A-1	Row 1a Col II	5212	Consult fees - Med.Spcl.Podiatry	21,120	21,120
A-1	Row 1c Col II	5213	Consult fees - Fam.Nurse Practitioner	15,075	15,075
A-1	Row 1d Col II	5265	Professional fees - Interpreting	40,466	40,466
A-1	Row 2a Col II	5410	Medical Supplies	108,129	
A-1	Row 2a Col II	5490	Programmatic supplies	785	
A-1	Row 2a Col II	5480	Minor Medical equipment purchases	4,212	113,126
A-1	Row 2b Col II	9610	Patient transportation	12,929	12,929
A-1	Row 2d Col II	9962	Depr exp - Medical equipment	28,994	
A-1	Row 2d Col II	9964	Depr exp - Med.Cap.lease equipm.	12,958	41,952
A-1	Row 2e Col II	5430	Diagnostic supplies	81,299	81,299
A-1	Row 2g Col II	5420	Pharmaceutical Supplies (Adm.to Patients)	90,833	90,833
A-1	Row 2h Col II	5510	Equipment Repairs & Maint / Medical	7,595	
A-1	Row 2h Col II	6010	Personnel recruitment /Medical	36,870	
A-1	Row 2h Col II	6120	License and fees / Medical	4,368	
A-1	Row 2h Col II	6510	Staff training /Medical	7,980	
A-1	Row 2h Col II	6610	Uniform service / Medical	31,187	88,000
					<b>6,757,643</b>
A-2	Row 1a Col I	5035	Dentists	656,421	656,421
A-2	Row 1b Col I	5040	Dental Hygienists	310,432	310,432
A-2	Row 1c Col I	5041	Dental asst.	344,165	344,165
A-2	Row 1a Col II	5215	Consult fees - UCONN Dentists	301,481	301,481
A-2	Row 1c Col II	5265	Professional fees - Interpreting	1,795	1,795
A-2	Row 2a Col II	5310	Laboratory /Dental Lab	90,917	
A-2	Row 2a Col II	5440	Dental supplies	174,614	
A-2	Row 2a Col II	5480	Minor Dental equipment purchases	3,541	269,072
A-2	Row 2c Col II	9965	Depr exp - dental equip	86,558	86,558
A-2	Row 2e Col II	5510	Equipment Repairs & Maint /Dental	30,157	
A-2	Row 2e Col II	6010	Personnel recruitment / Dental	4,665	
A-2	Row 2e Col II	6120	License and fees / Dental	4,353	
A-2	Row 2e Col II	6510	Staff training / Dental	1,952	
A-2	Row 2e Col II	6610	Uniform service / Dental	2,520	43,647
					<b>2,013,571</b>
A-3	Row 1a Col I	5010	Physicians/Psych	466,210	466,210
A-3	Row 1b Col I	5055	Social service professionals	1,441,847	1,441,847
A-3	Row 1c Col I	5045	Psychiatric APRN	222,019	
A-3	Row 1c Col I	5056	Sub.Abuse Cnslrs	488,467	
A-3	Row 1c Col I	5057	Case Managers /BH	141,472	851,958
A-3	Row 1c Col II	5219	Consult fees - UCONN Psych.APRN	24,885	24,885
A-3	Row 2a Col II	5410	Clinical Supplies	1,349	
A-3	Row 2a Col II	5430	Diagnostic supplies	3,163	
A-3	Row 2a Col II	5480	Minor equipment purchases	3,988	
A-3	Row 2a Col II	5310	Laboratory/ DrugTesting Offsite BH	11,790	20,290
A-3	Row 2e Col II	6410-30	Travel - meeting & conf fees / BH	3,124	
A-3	Row 2e Col II	6510	Staff training / BH	1,619	4,743
					<b>2,809,933</b>
A-4	Row 1e Col I	5050	Nutrition (WIC)	250,559	
A-4	Row 1e Col I	5065	Administrative, clerical,other WIC	157,911	408,470
A-4	Row 1h Col I	5058	Enabling / ACA Outreach	109,210	
A-4	Row 1h Col I	5058	Enabling /SNAP	26,505	
A-4	Row 1h Col I	5067	Administrative, clerical,other /SNAP	8,522	
A-4	Row 1h Col I	5058	Enabling / CSSD	77,288	
A-4	Row 1h Col I	5058	Enabling / Part D	32,388	
A-4	Row 1h Col I	5058	Enabling / Medicaid Outreach	32,041	
A-4	Row 1h Col I	5058	Enabling /AIDS Test & Educ.	122,643	408,597
A-4	Row 1c Col II	5320	Pharmacy/ 340b	233,081	

A-4	Row 1c Col II	5322	Pharmacy fees	42,262	275,343
A-4	Row 1c Col II	5212	Consult fees - Med.Spcl.Optomtrist	26,930	26,930
A-4	Row 1f Col II	5230	Contract svc - Cleaning/maint WIC	7,203	
A-4	Row 1f Col II	5231	Contract svc - Security WIC	7,757	
A-4	Row 1f Col II	5232	Contract svc - facility /WIC	520	
A-4	Row 1f Col II	5250	Professional fees - accounting / WIC	2,782	
A-4	Row 1f Col II	5460	Admin. and other supplies /WIC	5,392	
A-4	Row 1f Col II	5620	Other insurance /WIC	2,400	
A-4	Row 1f Col II	5710	Rent WIC	44,538	
A-4	Row 1f Col II	5720	Utilities WIC	6,036	
A-4	Row 1f Col II	5730	Repairs and maintenance / WIC	1,476	
A-4	Row 1f Col II	5810	Telephone/ WIC	1,630	
A-4	Row 1f Col II	5910	Postage / WIC	1,315	
A-4	Row 1f Col II	6420	Travel - Conf.& Meetings / WIC	10,888	
A-4	Row 1f Col II	6720	Payroll service	1,040	92,977
A-4	Row 1h Col II	6420	Travel - Conf.& Meetings / SNAP	107	
A-4	Row 1h Col II	6420	Travel - Conf.& Meetings / PART D	2,276	
A-4	Row 1h Col II	6420	Travel - Conf.& Meetings / AIDS Test & Educ	9,450	11,833
					<b>1,224,150</b>
A-5	Row Gg Col I	5075	Maintenance	107,150	107,150
A-5	Row Ha Col I	5042	Dental admin.	167,655	
A-5	Row Ha Col I	5060	Fiscal	364,588	
A-5	Row Ha Col I	5065	Administrative, Patient Support	1,706,036	
A-5	Row Ha Col I	5066	Administrative, Patient Billing & Other Services	754,180	
A-5	Row Ha Col I	5067	Administration	1,261,367	4,253,826
A-5	Row Ga Col II	5710	Rent	37,400	37,400
A-5	Row Gb Col II	5620	Other insurance / Prop.& Gen.Liab.	127,379	127,379
A-5	Row Gc Col II	6310	Interest /Mortgage	281,813	281,813
A-5	Row Gd Col II	5720	Utilities	225,167	225,167
A-5	Row Ge Col II	9920-40	Depr exp - building	684,869	684,869
A-5	Row Gg Col II	5230	Contract svc - cleaning/main.	163,386	
A-5	Row Gg Col II	5470	Housekeeping supplies	33,922	
A-5	Row Gg Col II	5475	Maintenance supplies	8,622	
A-5	Row Gg Col II	5730	Repairs and maintenance / Building	146,866	352,796
A-5	Row Gh Col II	5231	Contract svc - Security	314,797	
A-5	Row Gh Col II	5232	Contract svc - Medical and Trash Removal	48,199	362,996
A-5	Row Ha Col II	5270	Professional fees/Admin- IT	6,638	
A-5	Row Ha Col II	5260	Temp Help. Admin	616	7,254
A-5	Row Hb Col II	9950	Depr exp - furn & fixtures	7,551	
A-5	Row Hb Col II	9960	Depr exp - office equipment	2,370	
A-5	Row Hb Col II	9961	Depr exp - computer equipment	257,720	
A-5	Row Hb Col II	9963	Depr exp - Other equipment	16,574	
A-5	Row Hb Col II	9966	Depr exp - comp.software	241,501	525,716
A-5	Row Hc Col II	5460	Admin. and other supplies	61,602	
A-5	Row Hc Col II	5480	Minor equipment purchases	76,472	
A-5	Row Hc Col II	5490	Programmatic supplies	5,187	143,261
A-5	Row Hd Col II	5240	Professional fees - legal	29,706	29,706
A-5	Row He Col II	5250	Professional fees - accounting	48,647	48,647
A-5	Row Hf Col II	5620	Other insurance /D&O	6,099	6,099
A-5	Row Hg Col II	5810	Telephone	130,275	130,275
A-5	Row Hh Col II	5110	Fica	1,080,415	
A-5	Row Hh Col II	5115	State unemployment insurance	99,288	
A-5	Row Hh Col II	5120	Workers Compensation	203,882	
A-5	Row Hh Col II	5125	Disability insurance	27,289	
A-5	Row Hh Col II	5130	Health insurance	1,495,603	
A-5	Row Hh Col II	5131	Health insurance /Medical Waiver	53,613	
A-5	Row Hh Col II	5135	Life insurance	17,540	
A-5	Row Hh Col II	5140	Employee Retirement	98,970	
A-5	Row Hh Col II	5190	Other	17,982	3,094,582
A-5	Row Hi Col II	6310	Interest / Capital Leases	8,753	8,753
A-5	Row Hj Col II	5510	Equipment Repairs & Maint / Other	46,704	
A-5	Row Hj Col II	5520	Office Equip.Rental/Lease	40,451	
A-5	Row Hj Col II	5910	Postage	16,153	
A-5	Row Hj Col II	5911	Federal express	267	
A-5	Row Hj Col II	6020	Public information	25,311	
A-5	Row Hj Col II	6110	Books and subscriptions	8,583	
A-5	Row Hj Col II	6120	License and fees	25,017	

A-5	Row Hj Col II	6130	Organization dues	40,601	
A-5	Row Hj Col II	6210	Printing and publications	28,920	
A-5	Row Hj Col II	6410-30	Travel,Conf.Meetings/Other	49,220	
A-5	Row Hj Col II	6510	Staff training	5,441	
A-5	Row Hj Col II	6710	IT Costs	242,287	
A-5	Row Hj Col II	6720	Payroll service	56,828	
A-5	Row Hj Col II	6730	Electronic Billing Fees	47,489	
A-5	Row Hj Col II	9810	Bank charges	10,008	
A-5	Row Hj Col II	9890	Staff Development and Appreciation Costs	73,778	717,058
					<b>11,144,747</b>
					<b>23,950,044</b>



**FRINGE BENEFIT ALLOCATION**

<i>Fica</i>	1,080,415.00
<i>State unemployment insurance</i>	99,288.00
<i>Workers Compensation</i>	203,882.00
<i>Disability insurance</i>	27,289.00
<i>Health insurance</i>	1,495,603.00
<i>Health insurance /Medical Waiver</i>	53,613.00
<i>Life insurance</i>	17,540.00
<i>Employee Retirement</i>	98,970.00
<i>Other</i>	17,982.00
	<b>3,094,582.00</b>

SALARIES		F.BENEFIT ALLOCATION		RECLASSIFICATION CLMN IV	
				FORM	ROW
Physician	2,350,849.00	15.2%	469,290	A-1	1a
Physician Asst	321,801.00	2.1%	64,240	A-1	1b
Nurse	2,806,779.00	18.1%	560,305	A-1	1c
Med.Assistants	480,916.00	3.1%	96,003	A-1	1d
Case Managers / Medical	222,184.00	1.4%	44,354	A-1	1d
Nutrition	70,314.00	0.5%	14,036	A-1	1d
Dentist	656,421.00	4.2%	131,039	A-2	1a
Dental Hygienist	310,432.00	2.0%	61,970	A-2	1b
Dental Assistants	344,165.00	2.2%	68,704	A-2	1c
Psychiatrist	466,210.00	3.0%	93,068	A-3	1-a
Social Worker	1,441,847.00	9.3%	287,830	A-3	1-b
Psych.APRN	222,019.00	1.4%	44,321	A-3	1-c
Sub.Abuse Cnslrs	488,467.00	3.2%	97,511	A-3	1-c
Case Managers /BH	141,472.00	0.9%	28,241	A-3	1-c
WIC	408,470.00	2.6%	81,541	A-4	1-f
PART D Enabling	32,388.00	0.2%	6,465	A-4	1-h
Medicaid Outreach	32,041.00	0.2%	6,396	A-4	1-h
SNAP	35,027.00	0.2%	6,992	A-4	1-h
ACA Outreach	109,210.00	0.7%	21,801	A-4	1-h
CSSD Enabling	77,288.00	0.5%	15,429	A-4	1-h
AIDS Testing & Educator	122,643.00	0.8%	24,483	A-4	1-h
Housekeeping & Maintenance	107,150.00	0.7%	21,390	A-5	G-g
Office Salaries	4,253,826.00	27.4%	849,174	A-5	H-a
Fringe Benefit and Taxes			(3,094,582)		

**15,501,919.00**

**ADJUSTMENTS**

**COLUMN VI**

Prescription Drugs/Pharmacy	\$ (275,343.00)	Offset Cost by Revenue	Non-Billable/ Program specific costs
Homeless	\$ (26,930.00)	Offset Cost by Revenue	Non-Billable/ Program specific costs
WIC	\$ (582,988.00)	Offset Cost by Revenue	Non-Billable/ Program specific costs
ACA Outreach	\$ (131,011.00)	Offset Cost by Revenue	Non-Billable/ Program specific costs
SNAP	\$ (42,126.00)	Offset Cost by Revenue	Non-Billable/ Program specific costs
CSSD/Judicial Branch	\$ (92,717.00)	Offset Cost by Revenue	Non-Billable/ Program specific costs
Medicaid Outreach /DSS	\$ (38,437.00)	Offset Cost by Revenue	Non-Billable/ Program specific costs
AIDS Testing and Educ	\$ (156,576.00)	Offset Cost by Revenue	Non-Billable/ Program specific costs
EIS PART D	\$ (41,129.00)	Offset Cost by Revenue	Non-Billable/ Program specific costs
	<b>\$ (1,387,257.00)</b>		