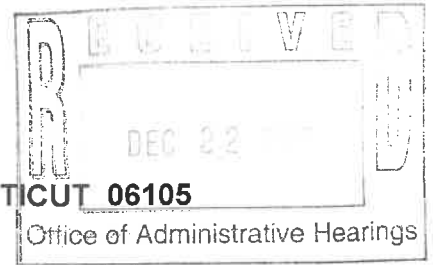


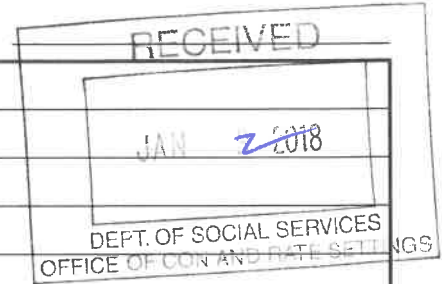
**STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
55 FARMINGTON AVENUE HARTFORD, CONNECTICUT 06105**



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

Date Submitted: December 21 2017 Date Received:

|                  |  |
|------------------|--|
| 1. FQHC Name     | <u>InterCommunity, Inc.</u>            |
| Street Address   | <u>111 Founders Plaza (Suite 1802)</u> |
| City, State, ZIP | <u>East Hartford, CT 06108</u>         |
| Telephone Number | <u>860-569-5900</u>                    |
| Contact Person   | <u>Jennifer Succi</u>                  |
| Title            | <u>Finance Manager</u>                 |



|                                   |  |
|-----------------------------------|--|
| 2. FQHC Medicaid Provider Number: | 3. Reporting Period:                     |
| Medical <u>07-1911</u>            | From <u>7/1/2016</u> To <u>6/30/2017</u> |
| Dental _____                      |  |
| Mental Health <u>07-1911</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  
InterCommunity, Inc. 07-1911  
(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    |
|   | Jeffrey Hughes  |
| Title   | Date            |
| Chief Financial Officer                         | <u>12/21/17</u> |

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: InterCommunity, 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. |
|---------------------|--|---------------------------|---------------------|
| Danilo Pangilinan   | 16 Coventry Street Hartford, CT<br>06112; 281 Main Street East Hartford, | Yes                       | 07-1911             |
| John Wenceslao      | 16 Coventry Street Hartford, CT<br>06112; 281 Main Street East Hartford, | Yes                       | 07-1911             |
| Bechara Barrak      | 16 Coventry Street Hartford, CT<br>06112; 281 Main Street East Hartford, | Yes                       | 07-1911             |
| Thomas McLarney     | 16 Coventry Street Hartford, CT<br>06112; 281 Main Street East Hartford, | Yes                       | 07-1911             |
| Maria Banevicius    | 16 Coventry Street Hartford, CT<br>06112; 281 Main Street East Hartford, | Yes                       | 07-1911             |
| Renee Simone        | 16 Coventry Street Hartford, CT<br>06112; 281 Main Street East Hartford, | Yes                       | 07-1911             |
| Nneka Mathew        | 16 Coventry Street Hartford, CT<br>06112; 281 Main Street East Hartford, | Yes                       | 07-1911             |
| Christina Morrissey | 16 Coventry Street Hartford, CT<br>06112; 281 Main Street East Hartford, | Yes                       | 07-1911             |
| Julia Roberts       | 281 Main Street East Hartford, CT<br>06118                               | Yes                       | 07-1911             |
| Janet Frazao-Conaci | 16 Coventry Street Hartford, CT<br>06112                                 | Yes                       | 07-1911             |
| Susan Morton        | 16 Coventry Street Hartford, CT<br>06112                                 | Yes                       | 07-1911             |
| Vivian Allen-Carr   | 281 Main Street East Hartford, CT<br>06118                               | Yes                       | 07-1911             |
| Erika Cruz          | 281 Main Street East Hartford, CT<br>06118                               | Yes                       | 07-1911             |
| Melissa Elek        | 281 Main Street East Hartford, CT<br>06118                               | Yes                       | 07-1911             |
| Rebecca Fennessy    | 281 Main Street East Hartford, CT<br>06118                               | Yes                       | 07-1911             |
| Kathryn McLarney    | 281 Main Street East Hartford, CT<br>06118                               | Yes                       | 07-1911             |
| Lindsay Potterton   | 16 Coventry Street Hartford, CT<br>06112; 281 Main Street East Hartford, | Yes                       | 07-1911             |
| Alexandra Solomon   | 281 Main Street East Hartford, CT<br>06118                               | Yes                       | 07-1911             |
| Jennifer Doutre     | 16 Coventry Street Hartford, CT<br>06112                                 | Yes                       | 07-1911             |
| Rebecca Rickert     | 281 Main Street East Hartford, CT<br>06118                               | Yes                       | 07-1911             |
| Lauren Millerd      | 281 Main Street East Hartford, CT<br>06118                               | Yes                       | 07-1911             |
| Kathleen Pariseau   | 281 Main Street East Hartford, CT<br>06118                               | Yes                       | 07-1911             |
| Alyse Schwartz      | 16 Coventry Street Hartford, CT<br>06112                                 | Yes                       | 07-1911             |
| Meghan Jackson      | 16 Coventry Street Hartford, CT<br>06112                                 | Yes                       | 07-1911             |

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>   |  | InterCommunity, Inc. |                     |
| Corey Johnston  | 16 Coventry Street Hartford, CT<br>06112   | Yes                  | 07-1911             |
| Jonathan Cuebas   | 281 Main Street East Hartford, CT<br>06118 | Yes                  | 07-1911             |
| Zachary Stephenson  | 16 Coventry Street Hartford, CT<br>06112   | Yes                  | 07-1911             |
| Alicia Morrell  | 16 Coventry Street Hartford, CT<br>06112   | Yes                  | 07-1911             |
| Victoria Wasilewski   | 16 Coventry Street Hartford, CT<br>06112   | Yes                  | 07-1911             |
| <b>8. Related Parties:</b> 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 7/1/2016 To 6/30/2017  
 FQHC Name: InterCommunity, Inc.

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

**RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES**

| COST CENTER   | DIRECT HEALTH CARE COST |                |                  |                   |  |                                 |                | Net Expenses (Col 5 & 6) |
|---|-------------------------|----------------|------------------|-------------------|--|---------------------------------|----------------|--------------------------|
|   | Salaried Personnel      | Other Costs    | Total            | Reclassifications | Reclassified Trial Balance (Col 2 & 4) | Adjustments Increase (Decrease) | VI             |                          |
|   | I                       | II             | III              | IV                | V                                      | VI                              | VII            |                          |
| <b>A. DIRECT HEALTH CARE COST (Excluding Dental, Mental Health &amp; Other)</b> |                         |                |                  |                   |  |                                 |                |                          |
| <b>1. Staff Cost</b>  |                         |                |                  |                   |  |                                 |                |                          |
| a. Physician  | 34,511                  | 9,371          | 43,882           | 0                 | 43,882                                 | 0                               | 43,882         | 0                        |
| b. Physician Assistant  | 403,453                 | 113,831        | 517,284          | 0                 | 517,284                                | 0                               | 517,284        | 0                        |
| c. Nurse (APRN, Midwife, RN)  | 141,119                 | 37,952         | 179,071          | 0                 | 179,071                                | 0                               | 179,071        | 0                        |
| d. Other - Specify  | 11,888                  | 3,494          | 15,380           | 0                 | 15,380                                 | 0                               | 15,380         | 0                        |
| Medical Assistant   | 23,625                  | 5,664          | 29,289           | 0                 | 29,289                                 | 0                               | 29,289         | 0                        |
| Care Coordinator  |                         |                |                  |                   |  |                                 |                |                          |
| LPN   |                         |                |                  |                   |  |                                 |                |                          |
|   |                         |                |                  |                   |  |                                 |                |                          |
|   |                         |                |                  |                   |  |                                 |                |                          |
|   |                         |                |                  |                   |  |                                 |                |                          |
|   |                         |                |                  |                   |  |                                 |                |                          |
|   |                         |                |                  |                   |  |                                 |                |                          |
|   |                         |                |                  |                   |  |                                 |                |                          |
|   |                         |                |                  |                   |  |                                 |                |                          |
| <b>e. Subtotal Direct Health Care Cost</b>                                      | <b>614,594</b>          | <b>170,312</b> | <b>784,906</b>   | <b>0</b>          | <b>784,906</b>                         | <b>0</b>                        | <b>784,906</b> | <b>0</b>                 |
| <b>2. Other Direct Health Care Cost</b>   |                         |                |                  |                   |  |                                 |                |                          |
| a. Medical Supplies   |                         | 72,045         | 72,045           |                   | 72,045                                 |                                 | 72,045         |                          |
| b. Transportation   |                         | 300            | 300              |                   | 300                                    |                                 | 300            |                          |
| c. Depreciation - Medical Equipment   |                         | 31,232         | 31,232           | (31,232)          | 0                                      |                                 | 0              |                          |
| d. Professional Liability Insurance   |                         | 9,782          | 9,782            | (9,782)           | 0                                      |                                 | 0              |                          |
| e. Laboratory   |                         |                |                  |                   |  |                                 |                |                          |
| f. Radiology  |                         |                |                  |                   |  |                                 |                |                          |
| g. Physician-Administered Drugs   |                         |                |                  |                   |  |                                 |                |                          |
| h. Other - Specify  |                         |                |                  |                   |  |                                 |                |                          |
| Operations, Maintenance   |                         | 93,268         | 93,268           |                   | 93,268                                 |                                 | 93,268         |                          |
| Janitorial Expense  |                         | 16,857         | 16,857           |                   | 16,857                                 |                                 | 16,857         |                          |
| Depreciation- Building  |                         | 80,860         | 80,860           | (80,860)          | 0                                      |                                 | 0              |                          |
| E.H.R/Computer Expense  |                         | 102,244        | 102,244          | (102,244)         | 0                                      |                                 | 0              |                          |
| Misc. Expenses  |                         | 22,449         | 22,449           | (18,062)          | 4,387                                  |                                 | 4,387          |                          |
| <b>i. Subtotal Other Direct Health Care Cost</b>                                | <b>0</b>                | <b>429,037</b> | <b>429,037</b>   | <b>(242,180)</b>  | <b>186,857</b>                         | <b>0</b>                        | <b>186,857</b> | <b>0</b>                 |
| <b>3. TOTAL DIRECT HEALTH CARE COST (1e &amp; 2i)</b>                           | <b>614,594</b>          | <b>599,349</b> | <b>1,213,943</b> | <b>(242,180)</b>  | <b>971,763</b>                         | <b>0</b>                        | <b>971,763</b> | <b>0</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: InterCommunity, Inc.

Form A-2 (Direct Dental Care Cost)

| RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES |                            |                      |              |                              |   |   |                                       |
|--|----------------------------|----------------------|--------------|------------------------------|---|---|---------------------------------------|
| COST CENTER  | I<br>Salaried<br>Personnel | II<br>Other<br>Costs | III<br>Total | IV<br>Reclass-<br>ifications | V<br>Reclassified<br>Trial Balance<br>(Col 3 & 4) | VI<br>Adjustments<br>Increase<br>(Decrease) | VII<br>Net<br>Expenses<br>(Col 5 & 6) |
| <b>B. DIRECT DENTAL CARE COST</b>                              |                            |                      |              |                              |   |   |                                       |
| <b>1. Staff Cost</b>   |                            |                      |              |                              |   |   |                                       |
| a. Dentist   |                            |                      | 0            |                              | 0   |   | 0                                     |
| b. Dental Hygienist  |                            |                      | 0            |                              | 0   |   | 0                                     |
| c. 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                                     |
|  |                            |                      | 0            |                              | 0   |   | 0                                     |
| <b>d. Subtotal Direct Dental Care Cost</b>                     | <b>0</b>                   | <b>0</b>             | <b>0</b>     | <b>0</b>                     | <b>0</b>  | <b>0</b>                                    | <b>0</b>                              |
| <b>2 Other Direct Dental Care Cost</b>                         |                            |                      |              |                              |   |   |                                       |
| a. Dental Supplies   |                            |                      | 0            |                              | 0   |   | 0                                     |
| b. Transportation  |                            |                      | 0            |                              | 0   |   | 0                                     |
| c. Depreciation - Dental Equipment                             |                            |                      | 0            |                              | 0   |   | 0                                     |
| d. Professional Liability Insurance                            |                            |                      | 0            |                              | 0   |   | 0                                     |
| e. Other - Specify   |                            |                      | 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>0</b>             | <b>0</b>     | <b>0</b>                     | <b>0</b>  | <b>0</b>                                    | <b>0</b>                              |
| <b>3 TOTAL DIRECT DENTAL CARE COST (1d &amp; 2f)</b>           | <b>0</b>                   | <b>0</b>             | <b>0</b>     | <b>0</b>                     | <b>0</b>  | <b>0</b>                                    | <b>0</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: InterCommunity, Inc.

Form A-3 (Direct Mental Health Care Cost)

| RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES |                            |                      |                  |                              |   |   |                                       |
|--|----------------------------|----------------------|------------------|------------------------------|---|---|---------------------------------------|
| C. DIRECT MENTAL HEALTH CARE COST                              |                            |                      |                  |                              |   |   |                                       |
| COST CENTER  | I<br>Salaried<br>Personnel | II<br>Other<br>Costs | III<br>Total     | IV<br>Reclass-<br>ifications | V<br>Reclassified<br>Trial Balance<br>(Col 3 & 4) | VI<br>Adjustments<br>Increase<br>(Decrease) | VII<br>Net<br>Expenses<br>(Col 5 & 6) |
| <b>1. Staff Cost</b>   |                            |                      |                  |                              |   |   |                                       |
| a. Psychologist  | 4,907                      |                      | 4,907            |                              |   |   | 4,907                                 |
| b. Social Worker   |                            | 1,464                | 1,464            |                              | 6,371   |   | 6,371                                 |
| c. Other - Specify   |                            |                      |                  |                              |   |   | 0                                     |
|  |                            |                      |                  |                              |   |   | 0                                     |
|  |                            |                      |                  |                              |   |   | 0                                     |
|  |                            |                      |                  |                              |   |   | 0                                     |
|  |                            |                      |                  |                              |   |   | 0                                     |
|  |                            |                      |                  |                              |   |   | 0                                     |
|  |                            |                      |                  |                              |   |   | 0                                     |
|  |                            |                      |                  |                              |   |   | 0                                     |
| <b>d. Subtotal Direct Mental Health Care Cost</b>              | <b>4,907</b>               | <b>1,464</b>         | <b>6,371</b>     | <b>0</b>                     | <b>6,371</b>                                      | <b>0</b>                                    | <b>6,371</b>                          |
| <b>2. Other Direct Mental Health Care Cost</b>                 |                            |                      |                  |                              |   |   |                                       |
| a. Medical Supplies  |                            |                      |                  |                              |   |   | 0                                     |
| b. Transportation  |                            |                      |                  |                              |   |   | 0                                     |
| c. Depreciation - Mental Health Equipment                      |                            |                      |                  |                              |   |   | 0                                     |
| d. Professional Liability Insurance                            |                            |                      |                  |                              |   |   | 0                                     |
| e. Other - Specify   |                            |                      |                  |                              |   |   | 0                                     |
|  |                            |                      |                  |                              |   |   | 0                                     |
|  |                            |                      |                  |                              |   |   | 0                                     |
|  |                            |                      |                  |                              |   |   | 0                                     |
| <b>f. Subtotal Other Direct Mental Health Care Cost</b>        | <b>0</b>                   | <b>0</b>             | <b>0</b>         | <b>0</b>                     | <b>0</b>  | <b>0</b>                                    | <b>0</b>                              |
| <b>3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d &amp; 2f)</b>   | <b>4,907</b>               | <b>1,464</b>         | <b>6,371</b>     | <b>0</b>                     | <b>6,371</b>                                      | <b>0</b>                                    | <b>6,371</b>                          |
| <b>D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES</b>      | <b>619,501</b>             | <b>600,813</b>       | <b>1,220,314</b> | <b>(242,180)</b>             | <b>978,134</b>                                    |   | <b>978,134</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: InterCommunity, Inc.

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

**RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES**

| COST CENTER   | I<br>Salaried<br>Personnel | II<br>Other<br>Costs | III<br>Total     | IV<br>Reclass-<br>ifications | V<br>Reclassified<br>Trial Balance<br>(Col 3 & 4) | VI<br>Adjustments<br>Increase<br>(Decrease) | VII<br>Net<br>Expenses<br>(Col 5 & 6) |
|---|----------------------------|----------------------|------------------|------------------------------|---|---|---------------------------------------|
| <b>E. NON-ALLOWABLE DIRECT OTHER SERVICE COST</b>       |                            |                      |                  |                              |   |   |                                       |
| <b>1. Service</b>                                       |                            |                      |                  |                              |   |   |                                       |
| a. Clinical Diagnostic Lab                              | 0                          |                      | 0                |                              | 0   |   | 0                                     |
| b. Radiology  | 0                          |                      | 0                |                              | 0   |   | 0                                     |
| c. Prescription Drugs/Pharmacy                          | 0                          |                      | 0                |                              | 0   |   | 0                                     |
| d. Battered Women                                       | 0                          |                      | 0                |                              | 0   |   | 0                                     |
| e. Homeless   | 0                          |                      | 0                |                              | 0   |   | 0                                     |
| f. WIC  | 0                          |                      | 0                |                              | 0   |   | 0                                     |
| g. Non-FQHC Sites                                       | 0                          |                      | 0                |                              | 0   |   | 0                                     |
| h. Other - Specify                                      | 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                |                              | 0   |   | 0                                     |
| <b>I. Total Non-Allowable Direct Other Service Cost</b> | <b>0</b>                   | <b>0</b>             | <b>0</b>         | <b>0</b>                     | <b>0</b>  | <b>0</b>                                    | <b>0</b>                              |
| <b>F. TOTAL DIRECT COST (D+E1)</b>                      | <b>619,501</b>             | <b>600,813</b>       | <b>1,220,314</b> | <b>(242,180)</b>             | <b>978,134</b>                                    | <b>-</b>                                    | <b>978,134</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: InterCommunity, Inc.

Form A-5 (Overhead Cost)

| COST CENTER                                       | I              | II             | III               | IV                                     | V                               | VI                       | VII              |
|---|----------------|----------------|-------------------|--|---------------------------------|--------------------------|------------------|
| 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   |                |                | 0                 | 12,681                                 |                                 | 12,681                   |                  |
| b. Insurance                                      |                |                | 0                 | 0                                      |                                 | 0                        |                  |
| c. Interest on Mortgage or Loans                  |                |                | 0                 | 2,977                                  |                                 | 2,977                    |                  |
| d. Utilities                                      |                |                | 0                 | 80,860                                 |                                 | 80,860                   |                  |
| e. Depreciation - Building                        |                |                | 0                 | 31,232                                 |                                 | 31,232                   |                  |
| f. Depreciation - Equipment                       |                |                | 0                 | 0                                      |                                 | 0                        |                  |
| g. Housekeeping & Maintenance                     |                |                | 0                 | 0                                      |                                 | 0                        |                  |
| h. Other (Specify)                                | 1,775          | 1,775          | 102,244           | 104,019                                |                                 | 104,019                  |                  |
|   |                |                | 0                 | 0                                      |                                 | 0                        |                  |
|   |                |                | 0                 | 0                                      |                                 | 0                        |                  |
|   |                |                | 0                 | 0                                      |                                 | 0                        |                  |
| <b>i. Subtotal Overhead - Facility Cost</b>       | <b>0</b>       | <b>1,775</b>   | <b>1,775</b>      | <b>229,994</b>                         | <b>231,769</b>                  | <b>0</b>                 | <b>231,769</b>   |
| <b>H. OVERHEAD - ADMINISTRATIVE COST</b>          |                |                |                   |  |                                 |                          |                  |
| a. Office Salaries                                | 89,381         | 89,381         | 114,663           | 114,663                                |                                 | 114,663                  |                  |
| b. Depreciation - Office Equipment                |                | 25,282         |                   |  |                                 |                          |                  |
| c. Office Supplies                                |                |                |                   | 6,716                                  |                                 | 6,716                    |                  |
| d. Legal  |                |                |                   |  |                                 |                          |                  |
| e. Accounting                                     |                |                |                   |  |                                 |                          |                  |
| f. Insurance                                      |                | 5,710          | 5,710             |  |                                 | 5,710                    |                  |
| g. Telephone                                      |                |                |                   |  |                                 |                          |                  |
| h. Advertising-Help Wanted                        |                |                |                   |  |                                 |                          |                  |
| i. Interest - Capital Loans                       |                |                |                   |  |                                 |                          |                  |
| j. Other (Specify)                                |                |                |                   |  |                                 |                          |                  |
|   |                |                | 123               | 123                                    |                                 | 123                      |                  |
|   |                |                | 3,856             | 3,856                                  |                                 | 3,856                    |                  |
|   |                | 56,628         | 56,628            | 58,119                                 |                                 | 58,119                   |                  |
|   |                | 19,874         | 19,874            | 19,874                                 |                                 | 19,874                   |                  |
|   |                | 273,256        | 273,256           | 273,256                                |                                 | 273,256                  |                  |
| <b>k. Subtotal Overhead - Administrative Cost</b> | <b>89,381</b>  | <b>380,760</b> | <b>470,131</b>    | <b>12,166</b>                          | <b>482,317</b>                  | <b>0</b>                 | <b>482,317</b>   |
| <b>l.</b>   | <b>89,381</b>  | <b>382,525</b> | <b>471,906</b>    | <b>242,180</b>                         | <b>714,086</b>                  | <b>-</b>                 | <b>714,086</b>   |
| <b>TOTAL OVERHEAD COST (G+H+K)</b>                |                |                | <b>1,692,220</b>  | <b>0</b>                               | <b>1,692,220</b>                | <b>-</b>                 | <b>1,692,220</b> |
| <b>J.</b>   | <b>708,862</b> | <b>983,338</b> | <b>1,692,220</b>  | <b>0</b>                               | <b>1,692,220</b>                | <b>-</b>                 | <b>1,692,220</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 7/1/2016 To 6/30/2017  
 FQHC Name: InterCommunity, 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 Total Hours<br>IV    | FTEs (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. PHYSICIAN</b>  |                      |                    |                   |                               |                              |
| 1. Danilo Pangiinan  | MD                   | 32,681             | 491               | 345                           | 0.17                         |
| 2. John Wenceslao  | MD                   | (2,625)            | 412               | (300)                         | (0.14)                       |
| 3. Bechara Barrak  | MD                   | (3,675)            | 393               | (420)                         | (0.20)                       |
| 4. Thomas McLarney   | MD                   | 8,130              | 0                 | 48                            | 0.02                         |
| 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>  |                      | 34,511             | 1,296             | (327)                         | (0.15)                       |
| <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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|                   |                      |              |
|-------------------|----------------------|--------------|
| Reporting Period: | From 7/1/2016        | To 6/30/2017 |
| FQHC Name:        | InterCommunity, 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. NURSE (APRN, MIDWIFE, RN)</b>  |                      |                    |                   |                               |                                 |  |
| 1. Nneka Mathew  | APRN                 | 108,637            | 2,738             | 2,070                         | 1.00                            |  |
| 2. Maria Banevicius  | APRN                 | 129,591            | 4,149             | 2,017                         | 0.97                            |  |
| 3. Christina Morrissey   | APRN                 | 116,809            | 3,620             | 1,812                         | 0.87                            |  |
| 4. Renee Simone  | APRN                 | 5,714              | 1                 | 163                           | 0.08                            |  |
| 5. Isaac Cruz  | Registered Nurse     | 2,099              | 17                | 373                           | 0.18                            |  |
| 6. Karley Wesner   | Registered Nurse     | 39,309             | 246               | 1,747                         | 0.84                            |  |
| 7. Julia Roberts   | APRN                 | 1,294              | 0                 | 43                            | 0.02                            |  |
| Total Nurse Practitioner   |                      | 403,453            | 10,771            | 8,225                         | 3.96                            |  |
| <b>D. PHYSICIAN SERVICES UNDER CONTRACT</b>  |                      |                    |                   |                               |                                 |  |
| 1.   |                      |                    |                   |                               | 0.00                            |  |
| 2.   |                      |                    |                   |                               | 0.00                            |  |
| 3.   |                      |                    |                   |                               | 0.00                            |  |
| 4.   |                      |                    |                   |                               | 0.00                            |  |
| 5.   |                      |                    |                   |                               | 0.00                            |  |
| Total Physician Services Under Contract  |                      | 0                  | 0                 | 0                             | 0.00                            |  |
| <b>E. OTHER HEALTH CARE PRACTITIONER</b>   |                      |                    |                   |                               |                                 |  |
| 1. Heather McGarr  | LPN                  | 20,497             | 182               | 749                           | 0.36                            |  |
| 2. Timothy Prevo   | LPN                  | 3,129              | 1                 | 130                           | 0.06                            |  |
| Total Other Health Care Practitioner   |                      | 23,626             | 183               | 879                           | 0.42                            |  |

STATE OF CONNECTICUT  
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|                   |                      |                     |
|-------------------|----------------------|---------------------|
| Reporting Period: | From <u>7/1/2016</u> | To <u>6/30/2017</u> |
| FQHC Name:        | InterCommunity, 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 | Encounters | Total Employee Hours and FTEs |                         |
|   |              |            | Employee Total Hours          | FTEs (2080 hrs = 1 FTE) |
|   | II           | III        | IV                            | V                       |
| <i>Provide itemized de-identified list (e.g., Dentist 1)</i>              | 125,000      | 1,500      | 1,040                         | 0.50                    |
| <b>A. DENTIST</b>   |              |            |                               |                         |
| 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. DENTAL HYGIENIST</b>  |              |            |                               |                         |
| 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. OTHER DENTAL PRACTITIONER</b>                                       |              |            |                               |                         |
| 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                    |

STATE OF CONNECTICUT  
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|                   |                      |                     |
|-------------------|----------------------|---------------------|
| Reporting Period: | From <u>7/1/2016</u> | To <u>6/30/2017</u> |
| FQHC Name:        | InterCommunity, 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<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., Psychologist 1)</i>                | 125,000            | 1,500             | 1,040                         | 0.50                            |
| <b>A. PSYCHOLOGIST</b>   |                    |                   |                               |                                 |
| 1.   |                    |                   |                               | 0.00                            |
| 2.   |                    |                   |                               | 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. SOCIAL WORKER</b>  |                    |                   |                               |                                 |
| 1. Janet Frazaco-Conaci  | 400                | 72                | 18                            | 0.01                            |
| 2. Susan Morton  | 26                 | 4                 | 4                             | 0.00                            |
| 3. Vivian Allen-Carr   | 1,015              | 72                | 26                            | 0.01                            |
| 4. Erika Cruz  | 30                 | 3                 | 1                             | 0.00                            |
| 5. Melissa Elek  | 20                 | 4                 | 1                             | 0.00                            |
| 6. Rebecca Fennessy  | 360                | 34                | 13                            | 0.01                            |
| 7. Kathryn McLarney  | 30                 | 1                 | 3                             | 0.00                            |
| 8. Lindsay Potterton   | 910                | 69                | 27                            | 0.01                            |
| 9. Alexandra Solomon   | 1,195              | 79                | 36                            | 0.02                            |
| 10. Jennifer Doutre  | 0                  | 2                 | 0                             | 0.00                            |
| 11. Rebecca Rickert  | 0                  | 9                 | 0                             | 0.00                            |
| 12. Lauren Millerd   | 0                  | 6                 | 0                             | 0.00                            |
| 13. Kathleen Pariseau  | 0                  | 7                 | 0                             | 0.00                            |
| 14. Alyse Schwartz   | 0                  | 2                 | 0                             | 0.00                            |
| 15. Meghan Jackson   | 0                  | 1                 | 0                             | 0.00                            |
| <b>Total Social Worker Encounters, Hours and FTEs</b>                            | 3,986              | 365               | 130                           | 0.06                            |
| <b>C. OTHER MENTAL HEALTH PRACTITIONER</b>                                       |                    |                   |                               |                                 |
| 1. Corey Johnston  | 300                | 56                | 15                            | 0.01                            |
| 2. Jonathan Cuebas   | 384                | 27                | 17                            | 0.01                            |
| 3. Zachary Stephenson  | 236                | 15                | 17                            | 0.01                            |
| 4. Alicia Morrell  | 0                  | 7                 | 0                             | 0.00                            |
| 5. Victoria Wasilewski   | 0                  | 1                 | 0                             | 0.00                            |
| <b>Total Other Mental Health Practitioner Encounters, Hours and FTEs</b>         | 920                | 106               | 49                            | 0.03                            |

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Reporting Period: From 7/1/2016 To 6/30/2017  
 FQHC Name: InterCommunity, 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<br>I | Total Compensation<br>II | Compensation Range |                | Turnover   |                  |                   | Employee Hours and FTEs      |                                |  |
|  |                              |                          | High<br>III        | Low<br>IV      | Hires<br>V | Departures<br>VI | Encounters<br>VII | Employee Total Hours<br>VIII | FTEs (2,080 hrs = 1 FTE)<br>IX |  |
| <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   | 4                            | 34,511                   | 1                  | 3              | 2          | 0                | 1,296             | (327)                        | (0.16)                         |  |
| 2. PHYSICIAN ASSISTANT   | 0                            |                          |                    |                |            |                  | 0                 | 0                            | 0.00                           |  |
| 3. NURSE (APRN, MIDWIFE, RN)   | 7                            | 403,453                  |                    | 4              | 2          | 1                | 10,771            | 8,225                        | 3.95                           |  |
| 4. PHYSICIAN SERVICES UNDER CONTRACT                                   | 0                            |                          |                    |                |            |                  | 0                 | 0                            | 0.00                           |  |
| 5. OTHER HEALTH PROFESSIONALS  | 6                            | 141,119                  |                    | 6              | 3          | 0                | 0                 | 7,978                        | 3.84                           |  |
| 6. OTHER ALLIED HEALTH PROFESSIONALS                                   | 4                            | 11,886                   |                    | 4              | 1          | 2                | 0                 | 858                          | 0.41                           |  |
| 7. OTHER HEALTH CARE PRACTITIONERS                                     | 2                            | 23,626                   |                    | 2              | 1          | 0                | 183               | 879                          | 0.42                           |  |
| <b>Total Health Care</b>   | <b>23</b>                    | <b>614,595</b>           |                    |                | <b>9</b>   | <b>3</b>         | <b>12,250</b>     | <b>17,613</b>                | <b>8.46</b>                    |  |
| <b>B. DENTAL PRACTITIONERS</b>   |                              |                          |                    |                |            |                  |                   |                              |                                |  |
| 1. DENTIST   |                              |                          |                    |                |            |                  |                   |                              | 0.00                           |  |
| 2. DENTAL HYGIENIST  |                              |                          |                    |                |            |                  |                   |                              | 0.00                           |  |
| 3. OTHER DENTAL PRACTITIONERS  |                              |                          |                    |                |            |                  |                   |                              | 0.00                           |  |
| <b>Total Dental</b>  | <b>0</b>                     | <b>0</b>                 |                    |                | <b>0</b>   | <b>0</b>         | <b>0</b>          | <b>0</b>                     | <b>0.00</b>                    |  |

STATE OF CONNECTICUT  
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Reporting Period: From 7/1/2016 To 6/30/2017  
 FQHC Name: InterCommunity, 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 Total Hours | Employee FTEs (2,080 hrs = 1 FTE) |             |
|  |                         |                    | High               | Low | Hires    | Departures |                      |                                   |             |
| <b>C. MENTAL HEALTH PRACTITIONERS</b>                                  |                         |                    |                    |     |          |            |                      |                                   |             |
| 1. PSYCHIATRIST  |                         |                    |                    |     |          |            |                      | 0.00                              |             |
| 2. PSYCHOLOGIST  |                         |                    |                    |     |          |            |                      | 0.00                              |             |
| 3. LICENSED CLINICAL SOCIAL WORKER                                     | 15                      | 3,986              |                    | 15  | 2        | 1          | 365                  | 130                               | 0.06        |
| 4. PSYCHIATRIC APRN  |                         |                    |                    |     |          |            |                      |                                   | 0.00        |
| 5. OTHER MENTAL HEALTH PRACTITIONERS                                   | 5                       | 920                |                    | 5   | 2        | 0          | 106                  | 49                                | 0.02        |
| <b>Total Mental Health</b>   | <b>20</b>               | <b>4,906</b>       |                    |     | <b>4</b> | <b>1</b>   | <b>471</b>           | <b>179</b>                        | <b>0.08</b> |

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

Form C (Cost Adjustment & Allocation)

**COST ADJUSTMENT AND ALLOCATION**

|    |  |           |
|----|--|-----------|
| A. | Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII) | 978,134   |
| B. | Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII) | -         |
| C. | Total Direct Costs (A+B)   | 978,134   |
| D. | Portion of Title XIX Services (A/C)                              | 100.00%   |
| E. | Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)            | 714,086   |
| F. | Overhead Cost Applicable to Title XIX Services (DxE)             | 714,086   |
| G. | Total Title XIX Services Cost (A+F)                              | 1,692,220 |
| H. | Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)         | 507,666   |
| I. | Cost Adjustment (Lower of H-F or Zero)                           | (206,420) |
| J. | Allowable Title XIX Overhead Cost (F+I)                          | 507,666   |
| K. | <b>Direct Costs</b>  |           |
|    | 1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)       | 971,763   |
|    | 2. Dental Services (P4 - Form A-2, Line B3, Col. VII)            | -         |
|    | 3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)     | 6,371     |
|    | 4. Total Direct Costs (K1 thru K3)                               | 978,134   |
| L. | <b>Direct Costs as a % of Total</b>                              |           |
|    | 1. Health Care Services (K1/K4)                                  | 99.35%    |
|    | 2. Dental Services (K2/K4)                                       | 0.00%     |
|    | 3. Mental Health Services (K3/K4)                                | 0.65%     |
| M. | <b>Allocated Allowable Overhead Cost</b>                         |           |
|    | 1. Health Care Services (JxL1)                                   | 504,366   |
|    | 2. Dental Services (JxL2)  | -         |
|    | 3. Mental Health Services (JxL3)                                 | 3,300     |
|    | 4. Total Allowable Title XIX Overhead Cost (M1 thru M3)          | 507,666   |

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Reporting Period: From 7/1/2016 To 6/30/2017  
 FQHC Name: InterCommunity, 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) | 971,763   |
| B. Allowable Overhead Cost (P13 - Form C, Line M1)            | 504,366   |
| C. Total Allowable Health Care Cost (A+B)                     | 1,476,129 |
| D. Encounters (P12 - Form B-4, Health Care Total)             | 12,250    |
| E. Allowable Health Care Cost Per Encounter (C/D)             | 120.50    |

**II. Dental**

|   |         |
|---|---------|
| A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII) | -       |
| B. Allowable Overhead Cost (P13 - Form C, Line M2)            | -       |
| C. Total Allowable Dental Cost (A+B)                          | -       |
| D. Encounters (P12 - Form B-4, Dental Total)                  | -       |
| E. Allowable Dental Cost Per Encounter (C/D)                  | #DIV/0! |

**III. Mental Health**

|  |       |
|--|-------|
| A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII) | 6,371 |
| B. Allowable Overhead Cost (P13 - Form C, Line M3)                   | 3,300 |
| C. Total Allowable Mental Health Cost (A+B)                          | 9,671 |
| D. Encounters (P12 - Form B-4, Mental Health Total)                  | 471   |
| E. Allowable Mental Health Cost Per Encounter (C/D)                  | 20.53 |



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 FQHC Name: InterCommunity, Inc.

Form E (Revenues)

| REVENUES   |                  | I                                       | II     | III           | IV     | V                      |
|--|------------------|---|--------|---------------|--------|------------------------|
|  |                  | Excluding Dental, Mental Health & Other | Dental | Mental Health | Other  | Total (Col. I thru IV) |
| <b>A. Operating Revenue</b>  |                  |   |        |               |        |                        |
| 1. Medicaid  |                  | 1,024,330                               |        | 80,987        |        | 1,105,317              |
| 2. Private   |                  | 60,593                                  |        |               |        | 60,593                 |
| 3. Medicare  |                  | 121,801                                 |        |               |        | 121,801                |
| 4. Patient Cash/Self Pay   |                  |   |        |               |        | 0                      |
| 5. Other - Specify   |                  |   |        |               |        | 0                      |
| 6. Total (1 thru 5)  |                  | 1,206,724                               | 0      | 80,987        | 0      | 1,287,711              |
| <b>B. Other Revenue</b>  |                  |   |        |               |        |                        |
| 1. Contributions   |                  |   |        |               |        | 0                      |
| 2. Grants  |                  |   |        |               | 10,000 | 10,000                 |
| 3. Interest  |                  |   |        |               |        | 0                      |
| 4. Donations   |                  |   |        |               |        | 0                      |
| 5. Other - Specify   | State Bond Funds |   |        |               | 50,871 | 50,871                 |
| 6. Other - Specify   |                  |   |        |               |        | 0                      |
| 7. Other - Specify   |                  |   |        |               |        | 0                      |
| 8. Other - Specify   |                  |   |        |               |        | 0                      |
| 9. Other - Specify   |                  |   |        |               |        | 0                      |
| 10. Other - Specify  |                  |   |        |               |        | 0                      |
| 11. Total (1 thru 10)  |                  | 0                                       | 0      | 0             | 60,871 | 60,871                 |
| <b>C. Other Revenue generated by non-approved FQHC sites (Include Other Revenue)</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. Total Revenue (A6+B11+C7)</b>  |                  | 1,206,724                               | 0      | 80,987        | 60,871 | 1,348,582              |

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:        | InterCommunity, Inc. |          |    |           |

Form F (Grants and Contributions)

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

|           | Contributions  | ACTUAL        |
|-----------|--|---------------|
| <b>A.</b> |  |               |
|           | 1. Services ( <i>Excluding Dental, Mental Health and Other</i> ) |               |
|           | 2. Dental  |               |
|           | 3. Mental Health   |               |
|           | 4. Other - Specify _____   |               |
|           | Other - Specify _____  |               |
|           | Other - Specify _____  |               |
|           | Other - Specify _____  |               |
|           | Other - Specify _____  |               |
|           | 5. Total (1 thru 4)  | <b>0</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>Hartford Health Alliance</u>               | 10,000        |
|           | Other - Specify _____  |               |
|           | Other - Specify _____  |               |
|           | Other - Specify _____  |               |
|           | Other - Specify _____  |               |
|           | 5. Total (1 thru 4)  | <b>10,000</b> |

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|                   |                      |          |    |           |
|-------------------|----------------------|----------|----|-----------|
| Reporting Period: | From                 | 7/1/2016 | To | 6/30/2017 |
| FQHC Name:        | InterCommunity, Inc. |          |    |           |

Form G (Cost Disallowance and Offset)

| COST DISALLOWANCE AND OFFSET |   |   |
|------------------------------|---|---|
| <b>A.</b>                    | <b>Cost Disallowance</b>  |   |
|                              | 1. Entertainment  |   |
|                              | 2. Fines and penalties  |   |
|                              | 3. Bad debt   |   |
|                              | 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   |   |
|                              | 16. Total (1 thru 15)   | 0 |
| <b>B.</b>                    | <b>Cost Offset (<i>Expense Recovery</i>)</b>  |   |
|                              | 1. Refunds - Medicaid Outreach  |   |
|                              | 2. Rent Income  |   |
|                              | 3. In-Kind Medical Supplies   |   |
|                              | 4. In-Kind Dental Supplies  |   |
|                              | 5. In-Kind Computer Supplies  |   |
|                              | 6. In-Kind Advertising  |   |
|                              | 7. Total (1 thru 6)   | 0 |
| <b>C.</b>                    | <b>Total Cost Disallowance and Offset (A16+B7)</b>  | 0 |