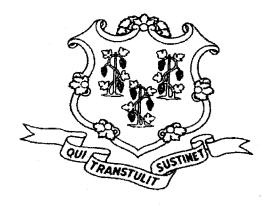
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2018

Name of Facility (as 1	icensed)			_				
Stamford Elderly Hou	,	a Scofield Ma	nor					
Address (No. & Stree	et, City, State, Z	ip Code)						
614 Scofield Road, S	tamford, CT 069	903						
Type of Facility								
Chronic and Convalescent Nursing Home only (CCNH)				Rest Home with Nursing Supervision only Residential Care Home RHNS)				
Report for Year Begi 10/1/2017	nning		Report for Year 9/30/2018	Ending				
License Numbers:		CCNH	RHNS Residential Care Home 1822-RCH		lome	Medicare Provider		
Medicaid Provider N	umbers:	CC	CNH	RHNS			ICF-IID	
For Department Us	e Only				.			
Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned		Signed a	Signed and Notarize		Date Received

Table of Contents

Gene	eral Information - Administrator's/Owner's Certification	1
Gene	eral Information and Questionnaire - Data Required for Real Wage Adjustment	1A
	eral Information and Questionnaire - Type of Facility - Organization Structure	2
	eral Information and Questionnaire - Partners/Members	3
Gene	eral Information and Questionnaire - Corporate Owners	3A
Gene	eral Information and Questionnaire - Individual Proprietorship	3B
Gene	eral Information and Questionnaire - Related Parties	4
Gene	eral Information and Questionnaire - Basis for Allocation of Costs	5
Gene	eral Information and Questionnaire - Leases	6
Gene	eral Information and Questionnaire - Accounting Basis	7
Sche	edule of Resident Statistics	8
Sche	edule of Resident Statistics (Cont'd)	9
A.	Report of Expenditures - Salaries & Wages	10
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives	11
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives (Cont'd)	12
B.	Report of Expenditures - Professional Fees	13
-	Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee	
	for Service Basis	14
C.	Expenditures Other than Salaries - Administrative and General	15
C.	Expenditures Other than Salaries (Cont'd) - Administrative and General	16
	Schedule C-1 - Management Services	17
C.	Expenditures Other than Salaries (Cont'd) - Dietary	18
C.	Expenditures Other than Salaries (Cont'd) - Laundry	19
C.	Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
	Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C.	Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
	Depreciation Schedule	23
	Amortization Schedule	24
<u>C.</u>	Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C.	Expenditures Other than Salaries (Cont'd) - Interest	26
<u>C.</u>	Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D.	Adjustments to Statement of Expenditures	28
D	Adjustments to Statement of Expenditures (Cont'd)	29
F.	Statement of Revenue	30
G.	Balance Sheet	31
G.	Balance Sheet (Cont'd)	32
<u>G.</u>	Balance Sheet (Cont'd)	33
G.	Balance Sheet (Cont'd)	34
<u>G.</u>	Balance Sheet (Cont'd) - Reserves and Net Worth	35
Н.	Changes in Total Net Worth	36
<u>I.</u>	Preparer's/Reviewer's Certification	37

Annual Report of Long-Term Care Facility

CSP-1 Rev.9/2002

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Stamford Elderly Housing Corp. d/b/a Scofield Manor	1822-RCH	9/30/2018	1	_37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Stamford Elderly Housing Corp. d/b/a Scofield Manor [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, 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 provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above. {a}

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

{a} Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Lavern Jarrett			Printed Name (Owner)	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires
Address of Notary Public				//

(Notary Seal)

State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Page	of			
			·	1A	37
Name of Facility	Period Covered:			From	То
Stamford Elderly Housing Corp. d/b/a Scofield Manor				10/1/2017	9/30/2018
Address of Facility					
614 Scofield Road, Stamford, CT 06903					
Report Prepared By		Phone Nun		Date	
Marcum LLP		203-781-96	500	1/7/2019	
					Residential Care
Item		Total	CCNH	RHNS	Home
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$	<u> </u>			
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

		Pho	ne No. of Fac	ility	Report for Ye	ar Ended	Page	of
		203-329-2388		9/30/2018		2	37	
Name of Facility (as shown on license)					Street, City, Sto	- '		
Stamford Elderly Housing Corp. d/b/a Scofi				$\overline{}$	d, Stamford, C			
	CCNH		RHNS		dential Care H	ome	Medicare F	Provider No.
License Numbers:				1822	2-RCH			 -
Type of Facility (Check appropriate box(es))	_						
Chronic and Convalescent Nursing Home only (CCNH)			t Home with			Residenti	ial Care Hon	ne
		Sup	ervision only	(KHI	NS)			
Type of Ownership (Check appropriate box)							
O Proprietorship O LLC O	Partnership	0	Profit Corp.	0	Non-Profit Cor	р. О	Government	O Trust
				Date	Opened	Date Clo	sed	
If this facility opened or closed during repor	t year provide:	:						
Hos there have any shore a in a sum while								
Has there been any change in ownership or operation during this report year?		0	Yes	•	No	If"Vec "	explain fully	.7
or operation during this report year:		<u> </u>			140	11 1 65,	explain fully	/•
Administrator					,			
Name of Administrator					Nursing Ho	1		
Lavern Jarrett					Administrat			
					License 1	No.:	·	
Other Operators/Owners who are assistant a	idministrators	(full	or part time)	of thi	<u>-</u>	, 		
Name N/A					License 1	NO.:		
IN/A								
						[
							 	
						1		

General Information and Questionnaire Partners/Members

Name of Facility				Report for Year Ended				
Stamford Elderly Housing Corp	o. d/b/a Scotield Manor	1822-RCH	9/30/2018	3 3				
Legal Name of Parti	nershin/LLC	Business A	Address		State(s) and/or Town(s) in Which Registered			
N/A	<u> </u>	Busiless 1	1441055	Willen	одинеточ			
······································								
Name of Partners/Members	Business Ac	ldress		Γitle	% Owned			
N/A								
14/21								
			1					
			 					
	·							
		·						

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year En	ded	Page of
Stamford Elderly Housing Corp. d/b/a Scofiel		9/30/2018		3A 37
If this facility is owned or operated as a corpo				
Legal Name of Corporation		s Address		ch Incorporated
Stamford Elderly Housing Corp.	614 Scofield Road	l, Stamford, CT	CT	
d/b/a Scofield Manor	06903			
Name of Directors, Officers	Busines	ss Address	Title	No. Shares Held by Each
Rich Ostuw	32 Blackberry Dri 06903	ive, Stamford, CT	President	
Sheila Williams-Brown	64 Fairgate Drive 06902	, Stamford, CT	Vice President	
Vincent Tufo	40 Piper Hill Roa 06897	d, Wilton, CT	Treasurer	
Courtney A. Nelthropp	47 Shagbark Road 06903	d, Stamford, CT	Director	
William J. McCullough	202 June Road, S	tamford, CT 06903	Director	
Names of Stockholders Owning at Least 10% of Shares				

State of Connecticut **Annual Report of Long-Term Care Facility** CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Stamford Elderly Housing Corp. d/b/a Scofield Ma		9/30/2018	3B 37
If this facility is owned or operated as an individua	al proprietorship, i		
Owi	ner(s) of Facility		· · · · · · · · · · · · · · · · · · ·
	•		
N/A			
			_
		<u>.</u>	
·			
			
			
			
1			

General Information and Questionnaire Related Parties*

Name of Facility		License	e No.		Report for Year Ended		Page	of
Stamford Elderly Housin	ng Corp. d/b/a Scofield Manor	15	822-RCI	<u>H</u>	9/30/2018		4	37
•	eiving compensation from the fa	•		_		If "Yes," provide th	e Name/Ad	dress and
marriage, ability to contr	rol, ownership, family or busine	ess assoc	ciation?	0	Yes O No	complete the inform	nation on Pa	age 11 of the report.
Are any individuals or co	ompanies which provide goods	or servi	ces,					_
	roperty or the loaning of funds t							
	ssociation, common ownership,				⊙ Yes O No			
association to any of the	owners, operators, or officials	of this f	acility?			If "Yes," provide th	e following	information:
		 				T =	,	
4		i i	so Provid			Indicate Where		
on the	1	1	ls/Servic			Costs are Included		10-44
Name of Related Individual or Company	Business Address	$\overline{}$	Related P	Parties %**	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the Related Party
individual of Company	Address	Yes	No		Provided	Page # / Line #	Reported	Related Falty
Stamford Housing Authority	Stamford, CT	0	0	<u> </u>	Operations of Facility	Pg. 16 / Line m12	132,915	132,915
Wormser	Stamford, CT	0	•	<u></u>	Meals	Various	95,717	95,717
Rentention Group (HARRG)	Stamford, CT	0	0		Health Insurance	Pg. 15 / Line 1a5	190,930	190,930
Municipal Employee Retirement Fund	Stamford, CT	0	0		Pension	Pg. 15 / Line 1a7	76,904	76,904
Stamford Housing Authority	Stamford, CT	0	0		Property, Liability Auto Insurance	Pg. 27 / Line 14d	30,678	30,678
Stamford Housing Authority	Stamford, CT	0	0		Workers Compensation	Pg. 15 / Line 1a1	25,594	25,594
Stamford Housing Authority	Stamford, CT	0	0		All Employee Payroll	Pg. 10 / Line A13	790,770	790,770
City of Stamford	Stamford, CT	0	•		Leasehold Improvements	Pg. 22 / Line 8c	18,331	18,331
City of Stamford	Stamford, CT	0	0		Real Estate			

^{*} Use additional sheets if necessary.

^{**} Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No.		Report for Year Ended	Page	of			
Stamford Elderly Housing Corp. d/b/a Scofield	1822-RC	H	9/30/2018	5	37			
If the facility is licensed as CDH and/or RCH or	provides Al	DS or TBI	services with special Medicaid	rates, cos	ts			
must be allocated to CCNH and RHNS as follow	vs:		_					
Item		Method of Allocation						
Dietary		Number of	meals served to residents					
Laundry		Number of	pounds processed					
Housekeeping		Number of	square feet serviced					
			hours of routine care provided	•				
Nursing	ı	employee classification, i.e., Director (or Charge Nurse),						
		_	Nurses, Licensed Practical Nur	ses, Aides	and			
		Attendants						
Direct Resident Care Consultants			hours of resident care provided	by EACH	I			
			See listing page 13)					
Maintenance and operation of plant		Square feet						
Property costs (depreciation)		Square feet						
Employee health and welfare		Gross salar						
Management services			e cost center involved					
All other General Administrative expenses			rect and Allocated Costs					
The preparer of this report must answer the follo	wing questi	ons applical	ble to the cost information prov	ided.				
1. In the preparation of this Report, were all	O Yes	O No	If "No," explain fully why such	n allocatio	n was			
costs allocated as required?	0 165	0 110	not made.					
2. Explain the allocation of related company exp	enses and a	ttach copy of	of appropriate supporting data.					
N/A - One level of care								
ĺ								
3. Did the Facility appropriately allocate and sel	lf-disallow d	irect and in	direct costs to non-nursing hom	ie cost cen	ters?			
(e.g., Assisted Living, Home Health, Outpatie	ent Services,	Adult Day	Care Services, etc.)					
	• Yes	O No	If "No," explain fully why such not made.	h allocatio	on was			
					·			

General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility			License No.	Report for Y	Report for Year Ended			
Stamford Elderly Housing Corp. d/b/a Scofie	ld Man	or	1822-RCH 9/30/2018		6	37		
	Owi	ed * to ners, ators,				Annual		
Name and Address of Lessor	Off Yes	cers No	Description of Items Leased	Date of Lease**	Term of Lease	Amount of Lease	Ame Clai	
CIT Technology, 20 Commerce Drive, Cromwell, CT 06416	0	0	Printer/Copier (See attached)	06/27/16	60 Months	880	880	
	0	•						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	•						
	0	0					· · · · · · · · · · · · · · · · · · ·	
Is a Mileage Log Book Maintained for All Le	eased Ve	hicles 1	O Yes	s ©	No	Total ***	880	

is a Mileage Log Book Maintained for All Leased Vehicles?

^{*} Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

^{**} Attach copies of newly acquired leases.

^{***} Amount should agree to Page 22, Line 6e.

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Stamford Elderly Housing Corp. d/	1822-RCH	9/30/2018		7	37
The records of this facility for the p	period covered by this report	were maintained on the following basis:	=	 	
	Modified Cash				
Is the accounting basis for this					
I*	Yes	If "No," explain.			
previous period? O	No				
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Marcum LLP		555 Long Wharf Drive, New Haven, CT 00			
Whittlesey & Hadley, P.C.		One Hamden Center, 2319 Whitney Avenu	ue, Suite 2/	A, Hamden	, CT 0651 _,
3					
4					
Services Provided by This Firm (de	escribe fully)				
1 Annual audit, Tax preparation, Medica	aid cost report preparation and adv	isory services	\$	25,239	
2 Planning and preliminary fiscal year-e	nd audit work		\$	2,500	
3	····		\$		
4			\$		
		C	Charge for S	Services Pro	ovided
}			\$	27,739	-
Are These Charges Reflected in the Expend	liture Portion of This Report? If Ye	es, Specify Expense Classification and Line No.			
O Yes O No	Page 15, Line 1d				
Legal Services Information					
Name of Legal Firm or Independen			l'elephone l		
1 McElroy, Deutch, Mulvaney &	-		973 - 993-81		1
2 Kainen, Escalara, and Mchale	PC	[8	360-493 - 08	70	
2 Kainen, Escalara, and Mchale 3					[
Address (No. & Street, City, State,	Zin Coda)			·	
1 1 State Street, 14th Floor, Hart					
2 21 Oak Street, Suite 601 Hartf	•				
3	.oru, C1 00103				
4					
5					
Services Provided by This Firm (de	escribe fully)				
1 Union negotiations and employment n	natters		\$	7,794	
2 Litigation insurance deductible payme	ent and employee matters (Disallow	red \$10,000 on Pg. 28)	\$	11,771	
3			\$		
4		· · · · · · · · · · · · · · · · · · ·	\$		
5			\$		
			Charge for	Services Pr	ovided
			\$	19,565	
Are These Charges Reflected in the Expend	<u>-</u>	es, Specify Expense Classification and Line No.			
• Yes O No	Page 15, Line 1e				

Schedule of Resident Statistics

Name of Facility			License 1					or Year Ende	ed		Page	of
Stamford Elderly Housing Corp. d/b/a Scofield Mano	r	<u></u> _	182	2-RCH			9/30/201	8			8	37
		-				Period 10/1 Thru 6/30 Per					1 Thru 9/	30
		Total	Total	Total								
	Total All	CCNH	RHNS	Residential]	Residential]	Residential
<u></u>	Levels	Level	Level	Care Home	Total	CCNH	RHNS	Care Home	Total	CCNH	RHNS	Care Home
Certified Bed Capacity)				}]		ļ	ļ ⁻	
A. On last day of PREVIOUS report period	50			50	50			50	50			50
B. On last day of THIS report period	50			50	_50			50	50			50
2. Number of Residents												
A. As of midnight of PREVIOUS report period	46			46	46		l I	46	47			47
B. As of midnight of THIS report period			47	47			47	47			47	
3. Total Number of Days Care Provided During Period						-						
A. Medicare												
B. Medicaid (Conn.)	: :											
C. Medicaid (other states)												
D. Private Pay	358			358	236			236	122		L	122
E. State SSI for RCH	16,567			16,567	12,348			12,348	4,219			4,219
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	16,925			16,925	12,584			12,584	4,341			4,341
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	172			172	160			160	12			12
B. Other Bed Reserve Days	30			30	30			30				
5. Total Resident Days (3G + 4A + 4B)	17,127			17,127	12,774			12,774	4,353			4,353

Annual Report of Long-Term Care Facility

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Licer	ise No.				Report	t for Year	Ended		Page	of
Stamford Eld	erly Hou	using Co	orp. d/b/a Scofiel	bed capacity during the report ation: Change in Beds Lost Ga (1) (2) (3) (1) capacity during the report yearing the change. Resident Days Tember 30 of Cost Year Medicaid CCNH RHNS Atments Mements Treatments Treatments				ł		9/30/201	8		9	37
i	-	-			pacity du	ring tl	he repo	rt yea	r?	0	Yes	•	No	
II YES			llowing informa	lion:							 			
<u>}</u>	<u> </u>	Place of	f Change		Cl	nange	in Bed	S		Ca	pacity Afte	er Change	l	
Data of	COM	RHNS	Residential Care Home		14			a.•					ľ	
Date of	CCNH	KHNS	Care Home	<u> </u>	Lost			Gaine	1			D! J 4:-1		•
Change	(1)	(2)	(2)	(1)	(2)	(2)	(1)		(2)	CCNIII	DING	Residential	D 6	Cl
<u> </u>	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home	Reason 1	or Change
·											-	<u> </u>		
				Н				\vdash		 			 	
-										 			·	
1		_		-	-	the re	eport ye	ear (as	report	ted in item	14 above)	provide the nur	nber of	
RESIDI	ENT DA	YS for	90 days followir	ng the	change.								,	
										Ì				
[Change in Re	esiden	t Days					CC	NH	RHNS	Residential	Care Home
1st chan														
2nd char														<u> </u>
3rd chan														
4th chan		1	J Dates on Conta		20 -6C-	-4 37				L			<u> </u>	 .
6. Number	oi Resid	dents an	Medicare	mber			ar			<u> </u>	elf-Pay		Other Sta	te Assisted
			Medicare		Ivicui	Calu_		-		1	iii-Fay		Outer Sta	ic Assisted
												Davidantial		
	T4		COMIL		CNIII	р,	Dic		ON IT I	l ni	DIC	Residential	D C II	ICE MD
No. of R	Item		CCNH		CNH	KI	INS		CNH	KI	INS	Care Home	R.C.H.	ICF-MR
Per Dien		<u> </u>	THE TANK		Analysis .		F 34.75	0 Tag	1 1 1	计算机 小利利			40	
a. One t			2 49			A 95 THE				i jib sida dika iku a	Continue de la constante de la	128.00	124.72	
b. Two										†		125.00	124.72	
c. Three	or more	e -			-									
bed 1						İ		ì					ł	
			·					L						
1										ļ		j	ļ	Residential
7. Total Nu	ımber of	f Physic	al Therapy Treat	ments	}					TO	TAL	CCNH	RHNS	Care Home
	Medica										16.4.			
B.			lusive of Part B)								75.04			
			e Treatments				_							
	2. Res	torative	Treatments			-				ļ		ļ <u></u> .	 	<u></u> _
		Physical	Therapy Treatn	nants						 				
			Therapy Treatn											
	Medica			icits							, e 1400 j. 1670 j. i.e.			5.45 (3.45 mm) 1,76 (3.
			lusive of Part B)							40.55	wasan			
1			e Treatments											
	2. Res	torative	Treatments											
	Other													
			Therapy Treatm							December of the State of the St	www.mac.samosamba.arma			
			ational Therapy	Treati	nents									dental A
	Medica									5723840A	ww.com/		general of the service	
B.			lusive of Part B)	1										
			e Treatments Treatments							 -	 	 	 	ļ
	2. Res	iorative	i reatments							 				
		Occupat	ional Therapy 1	reatn	ients					 		 	 	
			· · · · · · · · · · · · · · · · · · ·										1	

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Sulari	Report for Ye		Page	of
Stamford Elderly Housing Corp. d/b/a Scofield Manor	1822-RCH		9/30/2018	ar Bridge	10	37
are time records maintained by all individuals receiving co	mpensation?	0	Yes	0	No No	
			Total Cost			
	<u> </u>	T	Total Cost	and Hours	TT	
					Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
. Salaries and Wages*	机解型工作等	MARKE				
1. Operators/Owners (Complete also Sec. I			i die z id			
of Schedule A1) 2. Administrator(s) (Complete also Sec. III						
of Schedule A1)				A September 1988	79,879	2,0
3. Assistant Administrator (Complete also Sec. IV				THE LANGE	77,077	2,0
of Schedule A1)	THE STREET NAME OF PERSONS				10 CONCERNIO (SERVICE DE CONTROL	
4. Other Administrative Salaries (telephone	Made and the	3 3 2 3 1				
operator, clerks, receptionists, etc.)	5-2-5-2-C-14-00-majmo, amoremijano-10-2-				136,732	5,4
Dietary Service a. Head Dietitian	\$ 11 b - 54 >		Philippe			
b. Food Service Supervisor			 	 	}	
c. Dietary Workers	 	 		 	1	
6. Housekeeping Service	76.27 1 3		AL LUSTIA	Jan 1989		
a. Head Housekeeper		ļ		ļ	4	
b. Other Housekeeping Workers 7. Repairs & Maintenance Services	STATE OF THE STATE				52,078	3,7
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers		ļ	···	 	45,408	2,1
8. Laundry Service	S. A. Ankerski	12745	3 A SA 12 2			4.561
a. Supervisor		<u> </u>	 	_	- 	
b. Other Laundry Workers 9. Barber and Beautician Services		 	 	 	 	
10. Protective Services	 	 		1	 	
11. Accounting Services		115 円 数		HELD :		施壓 🖟
a. Head Accountant		<u></u>				
b. Other Accountants	- 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	A Parados Salis Million Res				and the second
Professional Care of Residents a. Directors and Assistant Director of Nurses			C. I CORRECTION			机比化型
b. RN						respective
1. Direct Care		CONTRIBUTION AND			43,843	1,1
2. Administrative**						
c. LPN			J. 484		I Residence	Sault -
Direct Care Administrative**		<u> </u>	 	 	37,688	1,3
d. Aides and Attendants		<u> </u>	 	 	395,142	19,6
e. Physical Therapists			<u> </u>		3,0,1.2	
f. Speech Therapists						
g. Occupational Therapists		<u> </u>	ļ		ļļ	
h. Recreation Workers i. Physicians						
Nedical Director			I AMAGE IN STREET			L March S.
2. Utilization Review						
3. Resident Care***			7 * 1200 2000 200 1000		AN ENGLISH AND AN AND AND AND AND AND AND AND AND	
4. Other (Specify)	Mad with 1					#15.###
j. Dentists	+	 	 	+	 	
k. Pharmacists	 	<u> </u>		1		
1. Podiatrists						
m. Social Workers/Case Management					 	
n. Marketing o. Other (Specify)	#.35 of 15 of 19 o			71 (25 THE SPECIAL SE		
See Attached Schedule	A PARTY OF THE STATE OF THE STA	600	Control Control			
A-13. Total Salary Expenditures				T	790,770	35,5

^{*} Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

^{**} Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

^{***} This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

Schedule of Other Salaries and Wages (Page 10)

	CC	CNH	RH	INS	Residential Care Home		
Position	\$	Hours	\$	Hours	\$	Hours	
		TO SECULO					
				200 April 1990			
	7 2 4 1 6	2.50					
Carrie Carrie	15 N 12 L					The state of the s	
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	* 2018E	12.1		5.5.000			
				100 To			
					3.2063	16.000	
	_ 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5						
	E 24 &		- 15 E				
The second se							
Total Total	\$ -		S		S	4.0	

Schedule of Other Fees (Page 13)

	CC	NH	RH	NS	Residential	Care Home
Service	\$	Hours	\$	Hours	\$	Hours
			45 F.7. 16 F	700		
			-6117-24	1. 网络第二		
					BE SET	
						Ac. Te-
	海 版 454					
		4155			11 - 16	
			TERMINE.			
		A PARTY OF STREET	y ascing registry and a second			
		77.12.12.55		APET A	Carlo Marchan Charles	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
						A MANAGEMENT OF THE PARTY OF TH
	45 11					Bay I
Total	\$		\$ -		S -	- 1

Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Related Parties*

Name of Facility				License No.		Report for	Year Ended		Page	of
Stamford Elderly Housing Corp.	d/b/a Scofie	eld Manor		1822-RCH		9/30/2018			11	37
		Salary Pai	d	Fringe Benefits						
Name	CCNH	RHNS	Residential Care Home	and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners										
									_	
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who			-							
may be the Administrator or Assistant Administrators who are identified on Page 12).									:	
		_							·	
	!									

^{*} No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

^{**} Include all employment worked during the cost year.

Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Related Parties*

Name of Facility (as licensed)		-		License No.		Report for Y	ear Ended		Page	of
Stamford Elderly Housing Corp. d/	b/a Scofield	l Manor		1822-RCH		9/30/2018	·		12	37
Name	CCNH	Salary Pai	Residential Care Home	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section III - Administrators***						 				
Lavern Jarrett	79,879			Non Discrim	Administrator	2,080	A2			
									_	
		<u> </u>								
Section IV - Assistant Administrators										
							· 			
		-								

^{*}No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

^{**} Include <u>all</u> other employment worked during the cost year.

^{***} If more than one Administrator is reported, include dates of employment for each.

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	<u> </u>	Report for Y		Page	of
Stamford Elderly Housing Corp. d/b/a Scofield Man	1822-	RCH	9/30/2018		13	37
			Total Cost	and Hours		
]		}		Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
*B. Direct care consultants paid on a fee	建分类流流	肿质病	i ja			
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care				ļ		
b. Other						
6. Social Worker						
7. Recreation Worker	CONTROL CONTRO		****	***************************************	S.C. or many productive or second	2015
8. Physicians	328£14.5	医数据性系统	3,11 134			
a. Medical Director (entire facility)	XXX		SUBJECTION OF THE PROPERTY OF	XXXXXXX		mi andige
b. Utilization Review		## 715d	支持 建脱物 件	10047		经营业
(Title 18 and 19 only) monthly meeting		<u> </u>				
c. Resident Care**	T1052:000/15	i a a a a a a a a a a a a a a a a a a a		Signal Company and Miles (Miles Andrews Company		Victorial Company of the United
d. Administrative Services facility						74114
1 Infection Control Committee (Quarterly meetings)	[Í	ì	l	
2 Pharmaceutical Committee					 	
(Quarterly meetings)	ļ		1)		
3. Staff Development Committee						
(Once annually)		counts - ever introduce states - mais movement				pkrize Kolono - regressi rikuskili iz
e. Other (Specify)						April 1 mail
9. Speech Therapist	A Married W	A TABLE	LLANCE H	AL AMERICA	13.011.3	era wak
a. Resident Care		iga kujus i jaren keneka ji ili	A STATE OF THE STA			
b. Other				 		
10. Occupational Therapist	NATIVE P		O TO CARACIO	Mark State -		
a. Resident Care						
b. Other	i		 		<u> </u>	
11. Nurses and aides and attendants		14 14 16 1847	ALMINE H	17 2 2 3 2 7		
a. RN						野儿鄉主
1. Direct Care						
2. Administrative***						
b. LPN	W. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.					推进推进
1. Direct Care						
2. Administrative***					1	
c. Aides	[
d. Other	<u> </u>					
12. Other (Specify)						
See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries						
* Do not include in this section management consultants or services which		D 162 34	10 1 11	11.0	- D 17	

^{*} Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

^{**} This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

^{***} Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

Report of Expenditures Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

me of Facility mford Elderly Housing Corp. d/b/a Sco	field Manor	License No. 1822-RCH		Report for Year 9/30/2018	ar Ended	Page 14	of 37
Name & Address of Individual	Full Expl	anation of Service	Operato	* to Owners, rs, Officers	Explai	nation of Re	elationship
	<u> </u>	Yes No					
			0	0			
	<u> </u>		0	0			
			0	•			
			0	0			
			0	0			
			0	0			<u> </u>
			0	0			
			0	0			
			0	0			
			0	0			
		· · · · · · · · · · · · · · · · · · ·	0	0	<u></u>	 -	·
			0	0			
			0	0			
			0	0	 -	·	
			0	0	-		
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			

^{*} Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility License No.		Report for Ye	ear Ended	Page	of
Stamford Elderly Housing Corp. d/b/a Scofield M 1822-RCH		9/30/2018		15	37
	ł	1		}	Residential
Item		Total	CCNH	RHNS	Care Home
Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	25,594			25,594
2. Disability Insurance	\$	11,798		<u></u>	11,798
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$	66,858			66,858
5. Health Insurance	\$	190,930			190,930
6. Life Insurance (employees only)					
(not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory)	\$	76,904			76,904
(not-owners and not-operators)			以特殊 以1000年間		拉克罗马·勒纳
8. Uniform Allowance	\$				
9. Other (Specify)	\$[18,813			18,813
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and	\$[
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
			de Saachii	m=142 1794)	
c. Bad Debts*	\$	22,062			22,062
d. Accounting and Auditing	\$	27,739			27,739
e. Legal (Services should be fully described on Page 7)	\$	19,565			19,565
f. Insurance on Lives of Owners and	\$	-			
Operators (Specify)*		越出地類	ribaanah	AND STATE	
g. Office Supplies	\$	4,573			4,573
h. Telephone and Cellular Phones					建筑多数
1. Telephone & Pagers	\$ [11,304			11,304
2. Cellular Phones	\$	584			584
i. Appraisal (Specify purpose and	\$				
attach copy)*	İ		i estilia de la composición dela composición de la composición dela composición de la composición dela composición dela composición de la composición de la composición dela composici	SEAL THEIR	海珠 [30]
		um Cand I	Barry at	Lattlean	APPENDED.
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)		被引力流出		编队支数 值	
1. Income*	\$				
2. Other (Specify)	\$				
See Attached Schedule					NE BALLEY
3. Resident Day User Fee	\$				
Subtotal	\$	476,724			476,724

^{*} Facility should self-disallow the expense on Page 28 of the Cost Report.

*** DO NOT Include Holiday Parties / Awards / Gifts to Staff

Stamford Elderly Housing Corp. d/b/a Scofield Manor 9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residentia Care Hom	
				3.2
Dental			\$ 16,11	16
Uniform/Other			2,69	
			The state of the s	
			A section of the second	100 miles 100 mi
				1795 2 x 45
	144			12
			## WHEN STREET	
				Ī
Total	\$ 1500	\$	\$ 18,8	13

Schedule of Other Taxes

		Residential
CCNH	RHNS	Care Home
		- 150g v - 150g v - 150g v
\$ -	\$	\$
	CCNH	

C. Expenditures Other Than Salaries (cont'd) - Administrative and General

Name of Facility	License No.	П	Report for Y	ear Ended	Page	of
Stamford Elderly Housing Corp. d/b/a Scofield Manor	1822-RCH		9/30/2018		16	37
						
		- 1				Residential
Item			Total	CCNH	RHNS	Care Home
Subtota	ls Brought Forward	d:	476,724		_	476,724
1. Travel and Entertainment						
Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$	1,216			1,216
3. Gifts to Staff and Residents		\$	561			561
4. Employee Travel		\$				
5. Education Expenses Related to Seminars and		\$	2,165			2,165
6. Automobile Expense (not purchase or depre	eciation)	\$	2,820			2,820
7. Other (Specify)		\$				
See Attached Schedule						46.
m. Other Administrative and General Expenses			Talk III			医抗液解抗
1. Advertising Help Wanted (all such expenses)	\$	2,201			2,201
2. Advertising Telephone Directory (all such ex	cpenses)***	\$				
3. Advertising Other (Specify)***		\$	312			312
See Attached Schedule						Tale 1 a
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service is	supplied	\$				
directly and not by contract or fee for service)***					
7. Postage		\$	23			23
* 8. Dues and Membership Fees to Professional	· 	\$				
Associations (Specify)						W. Maria
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	Allowable Org.***	\$				
9. Subscriptions		\$	981			981
10. Contributions***		\$				
See Attached Schedule					排作。	
11. Services Provided by Contract (Specify and	Complete	\$	24,993			24,993
Schedule C-2, Page 21 for each firm or indi	ividual)		Maria de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de		200	J. Market
12. Administrative Management Services**		\$	132,915			132,915
13. Other (Specify)		\$	1,221			1,221
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	646,132			646,132

^{*} Do not include Subscriptions, which should go in item 9.

^{**} Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

^{***} Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

Don't do	CONT	DIE	Residential
Description	CCNH	RHNS	Care Home
And the second s			A College Section
	15553		
		المنافق	
			100
	BF LAS		
Total Other Travel and Entertainment	S	S .	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Advertising & Marketing	1002110		\$ 312
	190		
Total Other Advertising	\$	\$ 3	\$ 312

Schedule of Dues

Description	CCNH	RHNS	Residential _Care Home
	the sale		Click Manufacture
		447 55	
	41.000	and the	
Total Dues	\$	s -	\$ 11 11 -

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
			100
Total Contributions	\$ -	\$ -	S -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
	(1 matter 27 days)		
Background Screenings		from County	\$ 57
Background Checks			1,150
Food Service License			1
Amazon Prime Membership			13
		5 (0.075)77 5	
	111		
		100000	
			NA PARAMETER
	75		
Total Other Administrative and General	s -	s -	\$ 1,221

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Stamford Elderly Housing Corp. d/b/a Sco	1822-RCH	9/30/2018	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Stamford Housing Authority	132,915		Pg. 16 / Line m12

^{*} In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.

C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs (See Note on Page 5)

	Note on Page 5)								
1	ne of Facility		License	No.	Rep	ort for Y	ear Ended	Page of	
Stan	nford Elderly Housing Corp. d/b/a Scofield Man	ior 1		1822-RCH		<u>/30/2018</u>		18 37	
								Residential Care	
	Item			Total	C	CNH_	RHNS	Home	
2.	Dietary			等华教制造		HALL	Malai (NA)	计和指数图 34 位	
	a. In-House Preparation & Service			Falle Title					
	1. Raw Food		\$						
<u> </u>	2. Non-Food Supplies		\$	1,806		· · · · · · · · · · · · · · · · · · ·		1,806	
	3. Other (<i>Specify</i>)		. \$		CONTRACTOR OF THE PARTY OF THE				
<u> </u>					68				
	b. Purchased Services (by contract other		\$	418,268		and the second		418,268	
	than through Management Services)			ART THE				BETALETELEP	
	(Complete Schedule C-2 att. Page 21)				李麗				
	c. Other (Specify)	_	. \$	STATISTICS OF ST	de Santania de	e Produktom in 1944			
ſ					14			BUT HOTE	
25	T. (11) (11) (2) (2) (3) (4) (4)			1 4445774	4.1				
<u>2D.</u>	Total Dietary Expenditures (2a + b + c + d)		\$	420,074	<u> </u>			420,074	
								Residential Care	
2F.	Dietary Questionnaire			Total	C	CCNH_	RHNS	Home	
G.	Resident Meals: Total no. of meals served per	day	: *						
H.	Is cost of employee meals included in 2E?	0	Yes	•	No				
I.	Did you receive revenue from employees?	0	Yes	•	No		If yes, specify amt.		
J.	Where is the revenue received reported in the C	Cost	Report'	? (Page/Line It	tem)				
	Is cost of meals provided to persons other						If yes, specify		
K.	than employees or residents (i.e., Board	⊙	Yes	0	No		cost.		
	Members, Guests) included in 2E?						COSI.	See page 29	
L.	Is any revenue collected from these people?	0	Yes	0	No		If yes, specify amt.	See page 30	
M.	Where is the revenue received reported in the C	Cost	t Report	? (Page/Line I	tem)				
					<u> </u>				
N	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings)	\cap	Yes	<u> </u>	No		If yes, specify		
N.	provided to employees included in 2E?	O	1 68	•	NO		cost.		
L	provided to employees included in 2E!								
	Is any revenue collected from employees?	\cap	Yes	<u> </u>	No		If yes, specify		
О.	Is any revenue collected from employees?	J	1 68	•	140		amt.		
P.	Where is the revenue received reported in the C	Cos	t Report	? (Page/Line I	tem)				
					_				

^{*} Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs (See Note on Page 5)

	Name of Facility Stamford Elderly Housing Corp. d/b/a Scofield Manor		No. 22-RCH	Report for 9/30/2018	Year Ended	Page of 19 37
Jean	Item	1 10.	Total	CCNH	RHNS	Residential Care Home
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.	Total	CCNH	KIINS	nome
 	gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
	2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.				
_	processed.***	Amt. \$				
1	3. Personal clothing of residents	Lbs.				
	washed, ironed, and/or processed.***	Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs.				
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify)	Amt. \$	6,655			6,655
3D.	Total Laundry Expenditures (3a + b + c)	\$	A ACT SE			6,655
3F.	Laundry Questionnaire		3,000			
G.	Is cost of employee laundry included in 3E?	Yes	•	No	If yes, specify cost.	
H.	Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost	Report?		(Page/Lin	e Item)	
J	Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	•	No	If yes, specify cost.	
K.		Yes	•	No	If yes, specify amt.	
<u>L.</u>	Where is the revenue received reported in the Cost	Report?	<u> </u>	(Page/Lin	e Item)	

^{*} Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4. All allocations should add to total recorded in 3E.

^{***} Pounds of Laundry only required for multi-level facilities.

C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care Basis for Allocation of Costs (See Note on Page 5)

1	ne of Facility		Repo	ort for Year E	nded	Page	of
Star	nford Elderly Housing Corp. d/b/a Scofield N	1822-RCH	<u> </u>	9/30/2018		20	37
	Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (Mops,	Amt.	\$				
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$				
	Page 21)						
	C. Other (Specify)		\$	23,000			23,000
	Housekeeping Supplies						
4D.	Total Housekeeping Expenditures (4a +	b+c)	\$	23,000			23,000
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$				
					建一角料型		THE PARTY
	b. Medicine Cabinet Drugs		\$	316			316
	c. Medical and Therapeutic Supplies		\$				
	d. Ambulance/Limousine***		\$				
	e. Oxygen						SOF SHOPS TO SHOP
	1. For Emergency Use		\$				<u> </u>
	2. Other***		\$		<u> </u>		
	f. X-rays and Related Radiological		\$				
	Procedures***					型 企图 "春期"	
	g. Dental (Not dentists who should be incl	luded under	\$				
	salaries or fees)				。为整理	F44.144.16	
	h. Laboratory***		\$				
	i. Recreation		\$	81,220			81,220
	j. Direct Management Services*		\$				
	k. Indirect Management Services*		\$				
	l. Other (Specify)****		\$	2,259			2,259
	See Attached Schedule						
5M.	Total Resident Care Expenditures (5a - 5	j)	\$	83,795			83,795

^{*} Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

^{**} Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

^{***} Facility should self-disallow the expense on Page 29 of the Cost Report.

^{****} ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	Residential Care Home
Medical Supplies			\$ 2,259
			Programme and the second secon
		and Control	
			1000 正字
		The second secon	
			A Committee of the Comm
The state of the s			
A STATE OF THE PARTY OF THE PAR			
		posterior and a supplementary	
	marcan es de algune de la companya d		me Papaka Amerika
Total Other Resident Care	S	\$ -	\$ 2,259

Report of Expenditures Schedule C-2 - Individuals or Firms Providing Services by Contract *

Name of Facility		License No.	Report for Year Ended				Page			
Stamford Elderly Housing Co	rp. d/b/a Scofield Man	1822-RCH	9/30/2018				21	37		
		Related ** Operators					Total Cost	/Page Ref.**	k	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home	Pg	Line
ADP	1266 East Main Street, Stamford, CT 06902	0	0	N/A	Payroll Services	12,833			16	ml1
City Carting & Recycling	8 Viaduct Road, Stamford, CT 06907 109 Winesap Road,	0	0	N/A	Garbage Removal	12,151			22	6f
Creative Culinary	Stamford, CT 06903 888 Washington Blvd,	0	0	N/A	Food Service/Dietary	418,269			18	2b
Family Centers	Stamford, CT 06901 30 Manor St, Stamford,	0	0	N/A	Recreation Services	70,000			20	5i
Mickels Landscape Inc	CT 06902	0	0	N/A	Snow Removal	11,350		ļ	22	6f
	<u> </u>	0	0		<u> </u>					
		0	<u> </u>							
		0	0						_	
		0	0							
		0	0				<u> </u>			
		0	0		-		 			
		0	•							<u></u>
		0_	0							<u> </u>
		0	<u> </u>					<u> </u>		

^{*} List all contracted services over \$10,000. Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

^{***} Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property

Name of Facility License No.		Report for Ye	ear Ended		Page of
Stamford Elderly Housing Corp. d/b/a Scofield 1822-RCl	1	9/30/2018			22 37
					Residential Care
Item		Total	CCNH	RHNS	Home
6. Maintenance & Operation of Plant	•				
a. Repairs & Maintenance	\$	29,796			29,796
b. Heat	\$	41,127			41,127
c. Light & Power	\$	68,469	_		68,469
d. Water	\$	10,294			10,294
e. Equipment Lease (Provide detail on page 6)	\$	880			880
f. Other (itemize)	\$	53,125			53,125
See Attached Schedule				14211	17 18 18 18 18 18 18 18 18 18 18 18 18 18
6g. Total Maint. & Operating Expense (6a - 6f)	\$	203,691			203,691
7. Depreciation (complete schedule page 23*)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$	4,211			4,211
c. Non-Movable Equipment	\$	4,209			4,209
d. Movable Equipment	\$	4,485			4,485
*7e. Total Depreciation Costs (7a + b + c + d)	\$	12,905			12,905
8. Amortization (Complete att. Schedule Page 24*)					
a. Organization Expense	\$				<u></u>
b. Mortgage Expense	\$			ļ	
c. Leasehold Improvements	\$	18,331			18,331
d. Other (Specify)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$	18,331			18,331
9. Rental payments on leased real property less		, ,			
real estate taxes included in item 10b	\$				
10. Property Taxes					
a. Real estate taxes paid by owner	\$		 		
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$				
11. <i>Total Property Expenses</i> (7e + 8e + 9 + 10)	\$	31,236			31,236

^{*} Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS		idential e Home
OM&O Materials - Appliance Parts			\$	819
OM&O Materials - Other Materials				7,903
OM&O Materials - Plumbing				155
OM&O Contracts - Garbage/Trash Removal				12,151
OM&O Contracts - Heating/Cooling				2,914
OM&O Contracts - Snow Removal				11,350
OM&O Contracts - Elevator				3,734
OM&O Contracts - Landscape/Grounds				5,220
OM&O Contracts - Electrical				2,651
OM&O Contracts - Plumbing				720
OM&O Contracts - Extermination			788 188	(840)
OM&O Contracts - Janitorial				1,890
OM&O Contracts - Miscellaneous				4,458
	A CONTROL OF THE CONT			
		200 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Total Other Repairs and Maintenance	S - 1	\$	\$	53,125

Depreciation Schedule

N CE 114					. — 	iauon Sc	nedule	ID + C TZ T				
Name of Facility Stamford Elderly Housing Corp. d/b/a Scofield Manor					License No. 1822-RCH			Report for Year E 9/30/2018	inded	Page	of	
Standord Edderly Housing Corp. 0/0/a Scotleid Manor						RCH	, -				23	37
			Historical	ĺ .		Accumulated) \(\frac{1}{2} \) \(\frac	Ĭ		ĺ		
					Cost Exclusive of	Less	Conta Do	Depreciation to	Method of	116-1	D	!
Property Item					Land	Salvage Value	Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements					Land	Value	Depreciated	Tear's Operations	Depreciation	Life	101 THIS TEAL	a Late San and Co
Land Improvements Acquired prior to this report period						<u> </u>		1		1		
Disposals (attach schedule)										 		
3. Acquired during this report period (atta	ch sche	dule)					 				 	
A-4. Subtotal	CII SCIIC	uuic)			Description of		医	A CALL OF THE PARTY OF THE PART				2. 第 2. 图 2. 图 2. 图 2. 图 2. 图 2. 图 2. 图 2. 图
B. Building and Building Improvements					AND STREET, SPECIAL SPECIAL			100000000000000000000000000000000000000				
1. Acquired prior to this report period					1,075,448		1,075,448	1,047,848	S/L	Various	3,421	
Disposals (attach schedule)							=,,,,,,,,					
3. Acquired during this report period (atta	ch sche	dule)			7,896		7,896	-	S/L	Various	790	
B-4. Subtotal								2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		alle Cin		4,211
C. Non-Movable Equipment												English (E)
Acquired prior to this report period					170,853		170,853	164,585	S/L	Various	4,209	
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sche	dule)										交通 网络
C-4. Subtotal								点量 的数 型 (4)数	The Park			4,209
	Is a m	ileage		-								
	logb		Da	te of	Historical			Accumulated				
	mainta			isition	Cost	Less		Depreciation to	Method of	}	1	
					Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment	100	100				明 为 2年,	errings in			on de la company		
Motor Vehicles (Specify name, model				100							Participant Communication Comm	
and year of each vehicle)												
a. Prior Years	X		Var	Var	123,989		123,989			Various		
b. 2012 Toyota Sienna	X		2	2012	26,295		26,295	26,295	S/L	5 Yrs	ļ. <u>.</u>	
<u>c.</u>					 		 	 		 		
d.	### T											
2. Movable Equipment		16.7	Vor	Var	266,904	Salar describer de	266,904	242,947	C/I	Various	4,179	
a. Acquired prior to this report period	Click		Var	v ar	200,904		200,904	242,947	3/L	various	4,1/9	
b. Disposals (attach schedule) c. Acquired during this report period			0.44 PM	# PF 17 12	The second second		FILE TREE	"我们是我们们的	ere in the	FARTER SALE		
(attach schedule)			Var	Var	3,061	。 "我不能是	3,061		S/L	Various	306	
D-3. Subtotal	200		A ST	v ai	3,001		3,001	the Table 1	SIL.	v at ious	300 (1987) 1987 (1988)	4,485
E. Total Depreciation												12,905
L. Total Depreciation		e njed	15.00	<u> 1000 - </u>	parties and the same			The Control of the Co				12,903

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
· 新月月,安有				
		4.7	非 原表或量	
		FERRIS.	推畫 制 非贵	
19616		# 70.55 TI	1000	TARRE
A CLASS			27 and 8 2	
			THE GAR	LANGE L
Total additions for	Land Improvements	S -		\$ -
Deletions:	The state of the s		<u> </u>	
		48.5		
			40000	
		115		
7 441 %			I Brand	E : NOS
		MERCE I	345465	
		100		
Total deletions for	Land Improvements	s -		\$

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	(ost	Useful Life	Depreciation	
Additions:						
9/30/2018	Kitchen HVAC System Installation	\$	60,896	10	\$ 6,09	90
9/30/2018	Less: Comm. Dev. Block Grant for Kitchen Renovations		(53,000)	10	(5,30) 0)
		3.00	23	1500		
			(A)			
					a diam	10
			46			
Total additions for	Building Improvements	\$	7,896	55 / 53	\$ 79	90
Deletions:						
ு. அந்த ஆ நி				国发展型		75 Val
			1.0			
			1,15			
Total deletions for l	Building Improvements	\$			\$ -	

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Description of Item	Cost	Useful Life	Depreciation
		ra e e	
			2.55 mg/s
ole Equipment	5		S - 5
		43 _{JK} 442	
		工工业分 型	A CONTRACTOR
	Cart Caret I		
		paralle alter	La company of the com
			487 348
le Equipment	S S	Coleman Cole	S -
The same of the sa	le Equipment	le Equipment S -	Description of Item Cost Life Sole Equipment Sole Equipment

^{*}Ties to Page 23, Line C3

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{**}Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
3/31/2018	Ice Cube Maker	\$ 3,061	10	\$ 306	
		V. 1444			
			BEELS.	7.44 100 8	
			5.5 W S. W.	15.5	
		James Car	FF 1415	FLAGERY	
26			A PROVIDE		
Total additions for	Movable Equipment	\$ 3,061	4.50	\$ 306	
Deletions:	The second secon				
atofolian A			W. S	77.4857	
La Table 7				No.	
			1.5		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Total deletions for	Moyable Equipment	\$ -	144 DE 11	S -	

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
	A Company of the Comp	- 10066	445	Car Car
3 m B 7 1				
54 850 P. CAN				
Fotal additions for	Leasehold Improvement	\$ -		\$ -
Deletions:				
		The sales		
		3 5 5 5 L		Service Con-
4.77				
		1.1		
		1,322405		
Total deletions for	Leasehold Improvement	3 -	155 155 155 155 155 155 155 155 155 155	s -

^{*}Ties to Page 24, Line C3

^{**}Ties to Page 23, Line D2b

^{**}Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility				License No.		Report for Year Ended			Page	of
Stam	Stamford Elderly Housing Corp. d/b/a Scofield Manor			1822-RCH		9/30/2018			24	37
			e of			Accumulated Amort. to Beginning of	Basis for			
	Item	Month	Veer	Length of Amortization	Cost to Be Amortized	Year's Operations	Computing Amortization**	Rate %	Amortization for This Year	Totals
A.	Organization Expense	William	1 Cal	Amortization	Amortized	Operations	Amortization	70	ioi iiis i eai	Totals
A.	1.									
	2.				· · · · · · · · · · · · · · · · · · ·					
	3.		-							
A-4.	Subtotal						10 PH PHILIP			
B.	Mortgage Expense		_		_ -					
	1.									
	2.									
	3.	_				TT- 1222 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	White	22573847		
B-4.					and IPEpper (香幣	Andreas equalities Andreas equalities				
C.	Leasehold Improvements and Other			l						
<u> </u>	1. Acquired prior to this report period	Var	Var	Various	746,751	507,623	S/L	Var	18,331	
<u> </u>	2. Disposals (attach schedule)		****			***		MATERIAL PARTY SECURITY	ank 2 2 2 2 2 2	
	3. Acquired during this report period (attach schedule)	A.			4. 图	127 (1974) 118 (1974)	Washington, Called St.			
C-4.	Subtotal									18,331
D.	Total Amortization		ant and		Contract					18,331

^{*} Straight-line method must be used.

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

^{**} Specify which of the following bases were used:

PROPERTY CATEGORY	Hist. <u>Costs</u>	Cost to Be Depre.	Method	<u>Life</u>	2017 <u>Accum.</u>	2018 <u>Deprec.</u>	2018 Accum.	<u>NBV</u>
Building and Building Improvements Acquired prior 2000	1,015,310	1,015,310	S/L	Var	1,015,310	-	1,015,310	-
2002 Acquisitions								
Kitchen Renovations	9,191	9,191	S/L	10	9,191	-	9,191	-
Lounge Renovations Carpeting	2,598 7,751	2,598 7,751	S/L S/L	10 10	2,598 7,751	-	2,598 7,751	-
Sliding Door Window/Lock	4,503	4,503	S/L	10	4,503	-	4,503	-
New Lighting in Hallway	6,000	6,000	S/L	10	6,000	-	6,000	-
Replace Generator	3,500	3,500	S/L	10	3,500	-	3,500	-
2004 Acquisitions								
Carpeting	1,460	1,460 1,316	S/L S/L	5 5	1,460 1,316	-	1,460 1,316	-
Carpeting	1,316	1,310	3/L	3	1,310	•	1,310	•
2005 Acquisitions	E 70E	5,705	S/L	5	E 70E		5,705	
Security Cameras Carpeting	5,705 2,224	2,224	S/L	5	5,705 2,224	-	2,224	-
2006 Acquisitions Improvements to Boiler	3,111	3,111	S/L	10	3,111	-	3,111	-
Propane Tank	13,298	13,298	S/L	10	13,298	-	13,298	-
Hot Water system	6,135	6,135	S/L	10	6,135	-	6,135	-
Fire suppression	288	-	n/a		-	-	-	288
2007 Acquisitions Hunter Mechanical valves	1,414	-	N/A		-	-	-	1,414
2015 Acquisitions New Flooring	23,097	23,097	S/L	10	6,930	2,310	9,240	13,857
2015 Disposals Prior Unidentified Assets	(42,561)	(42,561)	S/L	Var	(42,561)		(42,561)	-
2016 Acquisitions Masonry Work-Fr Bl	2,625	2,625	S/L	10	526	263	789	1,836
2017 Acquisitions								
	2 5/11	2 5/11	9/1	10	254	254	508	2.033
New Lighting Roofing Improvement	2,541 5,940	2,541 5,940	S/L S/L	10 10	254 594	254 594	508 1,188	2,033 4,752
New Lighting Roofing Improvement								
New Lighting								
New Lighting Roofing Improvement 2018 Acquisitions	5,940	5,940	S/L	10		594	1,188	4,752
New Lighting Roofing Improvement 2018 Acquisitions Kitchen HVAC System Installation	5,940 60,896	5,940 60,896	S/L S/L	10	594 -	594 6,090	1,188 6,090	4,752 54,806
New Lighting Roofing Improvement 2018 Acquisitions Kitchen HVAC System Installation Less: Comm. Dev. Block Grant for Kitchen Renovations Total Building Improvements	5,940 60,896 (53,000)	5,940 60,896 (53,000)	S/L S/L	10	594 - -	6,090 (5,300)	6,090 (5,300)	4,752 54,806 (47,700)
New Lighting Roofing Improvement 2018 Acquisitions Kitchen HVAC System Installation Less: Comm. Dev. Block Grant for Kitchen Renovations Total Building Improvements Non-Movable Equipment	5,940 60,896 (53,000)	5,940 60,896 (53,000)	S/L S/L	10	594 - -	6,090 (5,300)	6,090 (5,300)	4,752 54,806 (47,700)
New Lighting Roofing Improvement 2018 Acquisitions Kitchen HVAC System Installation Less: Comm. Dev. Block Grant for Kitchen Renovations Total Building Improvements Non-Movable Equipment Acquired prior 2000 CJLC Audit AJE	5,940 60,896 (53,000) 1,083,344	5,940 60,896 (53,000) 1,081,642	S/L S/L S/L	10 10 10 -	594 - - - 1,047,847	6,090 (5,300) 4,211	1,188 6,090 (5,300) 1,052,058	4,752 54,806 (47,700) 31,286
New Lighting Roofing Improvement 2018 Acquisitions Kitchen HVAC System Installation Less: Comm. Dev. Block Grant for Kitchen Renovations Total Building Improvements Non-Movable Equipment Acquired prior 2000 CJLC Audit AJE CJLC Audit AJE	5,940 60,896 (53,000) 1,083,344 65,165 (3,789) (2,248)	5,940 60,896 (53,000) 1,081,642 65,165 (3,789) (2,248)	S/L S/L S/L	10 10 10 -	594 - - - 1,047,847 65,165	6,090 (5,300) 4,211	1,188 6,090 (5,300) 1,052,058	4,752 54,806 (47,700) 31,286 (3,789) (2,248)
New Lighting Roofing Improvement 2018 Acquisitions Kitchen HVAC System Installation Less: Comm. Dev. Block Grant for Kitchen Renovations Total Building Improvements Non-Movable Equipment Acquired prior 2000 CJLC Audit AJE CJLC Audit AJE Ice Maker	5,940 60,896 (53,000) 1,083,344 65,165 (3,789) (2,248) 1,213	5,940 60,896 (53,000) 1,081,642 65,165 (3,789) (2,248) 1,213	S/L S/L S/L	10 10 10 =	594 - - - 1,047,847 65,165 - -	594 6,090 (5,300) 4,211	1,188 6,090 (5,300) 1,052,058 65,165 - -	4,752 54,806 (47,700) 31,286
New Lighting Roofing Improvement 2018 Acquisitions Kitchen HVAC System Installation Less: Comm. Dev. Block Grant for Kitchen Renovations Total Building Improvements Non-Movable Equipment Acquired prior 2000 CJLC Audit AJE CJLC Audit AJE Ice Maker Dishwasher Installation	60,896 (53,000) 1,083,344 65,165 (3,789) (2,248) 1,213 5,916	5,940 60,896 (53,000) 1,081,642 65,165 (3,789) (2,248) 1,213 5,916	S/L S/L S/L S/L	10 10 10 = Var	594 - - - 1,047,847 65,165 - - - - 5,916	6,090 (5,300) 4,211	1,188 6,090 (5,300) 1,052,058 65,165 - - - 5,916	4,752 54,806 (47,700) 31,286 (3,789) (2,248)
New Lighting Roofing Improvement 2018 Acquisitions Kitchen HVAC System Installation Less: Comm. Dev. Block Grant for Kitchen Renovations Total Building Improvements Non-Movable Equipment Acquired prior 2000 CJLC Audit AJE CJLC Audit AJE Ice Maker	5,940 60,896 (53,000) 1,083,344 65,165 (3,789) (2,248) 1,213	5,940 60,896 (53,000) 1,081,642 65,165 (3,789) (2,248) 1,213	S/L S/L S/L	10 10 10 =	594 - - - 1,047,847 65,165 - -	594 6,090 (5,300) 4,211	1,188 6,090 (5,300) 1,052,058 65,165 - -	4,752 54,806 (47,700) 31,286 (3,789) (2,248) 1,213
New Lighting Roofing Improvement 2018 Acquisitions Kitchen HVAC System Installation Less: Comm. Dev. Block Grant for Kitchen Renovations Total Building Improvements Non-Movable Equipment Acquired prior 2000 CJLC Audit AJE CJLC Audit AJE Lee Maker Dishwasher Installation Dishwasher Oven Kitchen Equipment	5,940 60,896 (53,000) 1,083,344 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158	5,940 60,896 (53,000) 1,081,642 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158	S/L S/L S/L S/L S/L S/L S/L S/L	10 10 10 	594 - - - - - - - - - - - - - - - - - - -	594 6,090 (5,300) 4,211	6,090 (5,300) 1,052,058 65,165 - - 5,916 10,000 5,826	4,752 54,806 (47,700) 31,286 (3,789) (2,248) 1,213
New Lighting Roofing Improvement 2018 Acquisitions Kitchen HVAC System Installation Less: Comm. Dev. Block Grant for Kitchen Renovations Total Building Improvements Non-Movable Equipment Acquired prior 2000 CJLC Audit AJE CJLC Audit AJE Ice Maker Dishwasher Installation Dishwasher Oven Kitchen Equipment Freezer	5,940 60,896 (53,000) 1,083,344 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725	5,940 60,896 (53,000) 1,081,642 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725	S/L S/L S/L S/L S/L	10 10 10 	594 - - - - - 5,916 10,000 5,826 - 3,725	594 6,090 (5,300) 4,211	6,090 (5,300) 1,052,058 65,165 - - 5,916 10,000 5,826 - 3,725	4,752 54,806 (47,700) 31,286 (3,789) (2,248) 1,213 - - 158
New Lighting Roofing Improvement 2018 Acquisitions Kitchen HVAC System Installation Less: Comm. Dev. Block Grant for Kitchen Renovations Total Building Improvements Non-Movable Equipment Acquired prior 2000 CJLC Audit AJE CJLC Audit AJE Ice Maker Dishwasher Installation Dishwasher Oven Kitchen Equipment Freezer Food Processor	5,940 60,896 (53,000) 1,083,344 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158	5,940 60,896 (53,000) 1,081,642 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378	S/L S/L S/L S/L S/L S/L S/L S/L S/L	10 10 10 	594 - - - - - - - - - - - - - - - - - - -	594 6,090 (5,300) 4,211	6,090 (5,300) 1,052,058 65,165 - - 5,916 10,000 5,826	4,752 54,806 (47,700) 31,286 (3,789) (2,248) 1,213
New Lighting Roofing Improvement 2018 Acquisitions Kitchen HVAC System Installation Less: Comm. Dev. Block Grant for Kitchen Renovations Total Building Improvements Non-Movable Equipment Acquired prior 2000 CJLC Audit AJE CJLC Audit AJE Ice Maker Dishwasher Installation Dishwasher Oven Kitchen Equipment Freezer Food Processor Stainless Steel Tables	60,896 (53,000) 1,083,344 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378	5,940 60,896 (53,000) 1,081,642 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	10 10 10 Var 10 10 10	594 - - 1,047,847 65,165 - - 5,916 10,000 5,826 - 3,725 -	594 6,090 (5,300) 4,211	6,090 (5,300) 1,052,058 65,165 - - 5,916 10,000 5,826 - 3,725	4,752 54,806 (47,700) 31,286 (3,789) (2,248) 1,213 - 158 1,378
New Lighting Roofing Improvement 2018 Acquisitions Kitchen HVAC System Installation Less: Comm. Dev. Block Grant for Kitchen Renovations Total Building Improvements Non-Movable Equipment Acquired prior 2000 CJLC Audit AJE CJLC Audit AJE Loe Masker Dishwasher Installation Dishwasher Oven Kitchen Equipment Freezer Food Processor Stainless Steel Tables Nurse Call System	5,940 60,896 (53,000) 1,083,344 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725	5,940 60,896 (53,000) 1,081,642 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	10 10 10 10 Var 10 10 10 10 10	594 - - - - - 5,916 10,000 5,826 - 3,725	594 6,090 (5,300) 4,211	6,090 (5,300) 1,052,058 65,165 - - 5,916 10,000 5,826 - 3,725	4,752 54,806 (47,700) 31,286 (3,789) (2,248) 1,213 - - 158
New Lighting Roofing Improvement 2018 Acquisitions Kitchen HVAC System Installation Less: Comm. Dev. Block Grant for Kitchen Renovations Total Building Improvements Non-Movable Equipment Acquired prior 2000 CJLC Audit AJE CJLC Audit AJE Ice Maker Dishwasher Installation Dishwasher Oven Kitchen Equipment Freezer Food Processor Stainless Steel Tables	60,896 (53,000) 1,083,344 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378	5,940 60,896 (53,000) 1,081,642 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	10 10 10 Var 10 10 10	594 	594 6,090 (5,300) 4,211	6,090 (5,300) 1,052,058 65,165 - - 5,916 10,000 5,826 - 3,725	4,752 54,806 (47,700) 31,286 (3,789) (2,248) 1,213 - 158 1,378
New Lighting Roofing Improvement 2018 Acquisitions Kitchen HVAC System Installation Less: Comm. Dev. Block Grant for Kitchen Renovations Total Building Improvements Non-Movable Equipment Acquired prior 2000 CJLC Audit AJE CJLC Audit AJE Ice Maker Distriesher Installation Dishwasher Installation Dishwasher Oven Kitchen Equipment Freezer Food Processor Stainless Steel Tables Nurse Call System Furniture for Lounge	5,940 60,896 (53,000) 1,083,344 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378 -	5,940 60,896 (53,000) 1,081,642 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	10 10 10 10 Var 10 10 10 10 10	594 	594 6,090 (5,300) 4,211	6,090 (5,300) 1,052,058 65,165 - - 5,916 10,000 5,826 - 3,725	4,752 54,806 (47,700) 31,286 (3,789) (2,248) 1,213 - - 1,378 - 1,378
New Lighting Roofing Improvement 2018 Acquisitions Kitchen HVAC System Installation Less: Comm. Dev. Block Grant for Kitchen Renovations Total Building Improvements Non-Movable Equipment Acquired prior 2000 CJLC Audit AJE CJLC Audit AJE Ice Maker Dishwasher Installation Dishwasher Installation Dishwasher Freezer Food Processor Stainless Steel Tables Nurse Call System Furniture for Lounge Ice Machine Simplex System	5,940 60,896 (53,000) 1,083,344 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378 - 12,737 - 2,426	5,940 60,896 (53,000) 1,081,642 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	10 10 10 10 10 10 10 10 10 10 10	594 - - - 1,047,847 65,165 - - 5,916 10,000 5,826 - 3,725 - - 12,737	594 6,090 (5,300) 4,211	1,188 6,090 (5,300) 1,052,058 65,165 - - 5,916 10,000 5,826 - 3,725 - - 12,737	4,752 54,806 (47,700) 31,286 (3,789) (2,248) 1,213 - - 1,378 - 1,378
New Lighting Roofing Improvement 2018 Acquisitions Kitchen HVAC System Installation Less: Comm. Dev. Block Grant for Kitchen Renovations Total Building Improvements Non-Movable Equipment Acquired prior 2000 CJLC Audit AJE CJLC Audit AJE Ice Maker Dishwasher Installation Dishwasher Installation Dishwasher Oven Kitchen Equipment Freezer Food Processor Stainless Steel Tables Nurse Call System Furniture for Lounge Ice Machine Simplex System 2003 Acquisitions Generator Replacement	5,940 60,896 (53,000) 1,083,344 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378 - 12,737 - 2,426 6,119	5,940 60,896 (53,000) 1,081,642 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378 - 12,737 - 2,426 6,119	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	10 10 10 10 == Var 10 10 10 10 10 10 10	594	594 6,090 (5,300) 4,211	1,188 6,090 (5,300) 1,052,058 65,165 5,916 10,000 5,826 - 3,725 - 12,737 - 6,119	4,752 54,806 (47,700) 31,286 (3,789) (2,248) 1,213 - - 1,378 - 1,378
New Lighting Roofing Improvement 2018 Acquisitions Kitchen HVAC System Installation Less: Comm. Dev. Block Grant for Kitchen Renovations Total Building Improvements Non-Movable Equipment Acquired prior 2000 CJLC Audit AJE CJLC Audit AJE Ice Maker Dishwasher Installation Dishwasher Installation Dishwasher Oven Kitchen Equipment Freezer Food Processor Stainless Steel Tables Nurse Call System Furniture for Lounge Ice Machine Simplex System 2003 Acquisitions	5,940 60,896 (53,000) 1,083,344 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378 - 12,737 - 2,426 6,119	5,940 60,896 (53,000) 1,081,642 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378 - 12,737 - 2,426 6,119	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	10 10 10 10 = Var 10 10 10 10 10 10 10 10	594 - - - 1,047,847 65,165 - - 5,916 10,000 5,826 - - 3,725 - - 12,737 - - 6,119	594 6,090 (5,300) 4,211	1,188 6,090 (5,300) 1,052,058 65,165 5,916 10,000 5,826 - 3,725 - 12,737 - 6,119	4,752 54,806 (47,700) 31,286 (3,789) (2,248) 1,213 - - 1,378 - 1,378
New Lighting Roofing Improvement 2018 Acquisitions Kitchen HVAC System Installation Less: Comm. Dev. Block Grant for Kitchen Renovations Total Building Improvements Non-Movable Equipment Acquired prior 2000 CJLC Audit AJE CJLC Audit AJE Ice Maker Dishwasher Installation Dishwasher Installation Dishwasher Oven Kitchen Equipment Freezer Food Processor Stainless Steel Tables Nurse Call System Furniture for Lounge Ice Machine Simplex System 2003 Acquisitions Generator Replacement	5,940 60,896 (53,000) 1,083,344 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378 - 12,737 - 2,426 6,119	5,940 60,896 (53,000) 1,081,642 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378 - 12,737 - 2,426 6,119	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	10 10 10 10 == Var 10 10 10 10 10 10 10	594	594 6,090 (5,300) 4,211	1,188 6,090 (5,300) 1,052,058 65,165 5,916 10,000 5,826 - 3,725 - 12,737 - 6,119	4,752 54,806 (47,700) 31,286 (3,789) (2,248) 1,213 - - 1,378 - 1,378
New Lighting Roofing Improvement 2018 Acquisitions Kitchen HVAC System Installation Less: Comm. Dev. Block Grant for Kitchen Renovations Total Building Improvements Non-Movable Equipment Acquired prior 2000 CJLC Audit AJE CJLC Audit AJE Ice Maker Dishwasher Installation Dishwasher Installation Dishwasher Oven Kitchen Equipment Freezer Food Processor Stainless Steel Tables Nurse Call System Furniture for Lounge Ice Machine Simplex System 2003 Acquisitions Generator Replacement Window Treatments 2005 Acquisitions Hot Water Heater 2006 Acquisitions	5,940 60,896 (53,000) 1,083,344 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378 - 12,737 - 2,426 6,119 7,140 2,919	5,940 60,896 (53,000) 1,081,642 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378 - 12,737 - 2,426 6,119 7,140 2,919	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	10 10 10 10 10 10 10 10 10 10 10 10 10 1	594	594 6,090 (5,300) 4,211	1,188 6,090 (5,300) 1,052,058 65,165 5,916 10,000 5,826 - 3,725 - 12,737 - 6,119 7,140 2,919 2,974	4,752 54,806 (47,700) 31,286 (3,789) (2,248) 1,213 - - 1,378 - 1,378
New Lighting Roofing Improvement 2018 Acquisitions Kitchen HVAC System Installation Less: Comm. Dev. Block Grant for Kitchen Renovations Total Building Improvements Non-Movable Equipment Acquired prior 2000 CJLC Audit AJE CJLC Audit AJE Ice Maker Dishwasher Installation Dishwasher Installation Dishwasher Green Kitchen Equipment Freezer Food Processor Stainless Steel Tables Nurse Call System Furniture for Lounge Ice Machine Simplex System 2003 Acquisitions Generator Replacement Window Treatments 2005 Acquisitions Hot Water Heater 2006 Acquisitions Security Solution Security Solution	5,940 60,896 (53,000) 1,083,344 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378 - 12,737 - 2,426 6,119 7,140 2,919 2,974	5,940 60,896 (53,000) 1,081,642 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378 - 12,737 - 2,426 6,119 7,140 2,919 2,974 3,475	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	10 10 10 10 10 10 10 10 10 10 10 10 10 1	594	594 6,090 (5,300) 4,211	1,188 6,090 (5,300) 1,052,058 65,165 5,916 10,000 5,826 - 3,725 12,737 - 6,119 7,140 2,919 2,974 3,475	4,752 54,806 (47,700) 31,286 (3,789) (2,248) 1,213 2,426
New Lighting Roofing Improvement 2018 Acquisitions Kitchen HVAC System Installation Less: Comm. Dev. Block Grant for Kitchen Renovations Total Building Improvements Non-Movable Equipment Acquired prior 2000 CJLC Audit AJE CJLC Audit AJE Ice Maker Dishwasher Installation Dishwasher Installation Dishwasher Oven Kitchen Equipment Freezer Food Processor Stainless Steel Tables Nurse Call System Furniture for Lounge Ice Machine Simplex System 2003 Acquisitions Generator Replacement Window Treatments 2005 Acquisitions Hot Water Heater 2006 Acquisitions	5,940 60,896 (53,000) 1,083,344 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378 - 12,737 - 2,426 6,119 7,140 2,919	5,940 60,896 (53,000) 1,081,642 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378 - 12,737 - 2,426 6,119 7,140 2,919	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	10 10 10 10 10 10 10 10 10 10 10 10 10 1	594	594 6,090 (5,300) 4,211	1,188 6,090 (5,300) 1,052,058 65,165 5,916 10,000 5,826 - 3,725 - 12,737 - 6,119 7,140 2,919 2,974	4,752 54,806 (47,700) 31,286 (3,789) (2,248) 1,213 - - 1,378 - 1,378
New Lighting Roofing Improvement 2018 Acquisitions Kitchen HVAC System Installation Less: Comm. Dev. Block Grant for Kitchen Renovations Total Building Improvements Non-Movable Equipment Acquired prior 2000 CJLC Audit AJE CJLC Audit AJE Ice Maker Dishwasher Installation Dishwasher Installation Dishwasher Green Kitchen Equipment Freezer Food Processor Stainless Steel Tables Nurse Call System Furniture for Lounge Ice Machine Simplex System 2003 Acquisitions Generator Replacement Window Treatments 2005 Acquisitions Hot Water Heater 2006 Acquisitions Security Solution Security Solution	5,940 60,896 (53,000) 1,083,344 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378 - 12,737 - 2,426 6,119 7,140 2,919 2,974	5,940 60,896 (53,000) 1,081,642 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378 - 12,737 - 2,426 6,119 7,140 2,919 2,974 3,475	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	10 10 10 10 -= - - - - - - - - - - - - - - - - - -	594	594 6,090 (5,300) 4,211	1,188 6,090 (5,300) 1,052,058 65,165 5,916 10,000 5,826 - 3,725 12,737 - 6,119 7,140 2,919 2,974 3,475	4,752 54,806 (47,700) 31,286 (3,789) (2,248) 1,213 2,426
New Lighting Roofing Improvement 2018 Acquisitions Kitchen HVAC System Installation Less: Comm. Dev. Block Grant for Kitchen Renovations Total Building Improvements Non-Movable Equipment Acquired prior 2000 CJLC Audit AJE CJLC Audit AJE CJLC Audit AJE lee Maker Dishwasher Installation Dishwasher Oven Kitchen Equipment Freezer Food Processor Stainless Steel Tables Nurse Call System Furniture for Lounge lee Machine Simplex System 2003 Acquisitions Generator Replacement Window Treatments 2005 Acquisitions Hot Water Heater 2006 Acquisitions Security Solution Gas Stove 2007 New Acquisitions Communication system	5,940 60,896 (53,000) 1,083,344 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378 - 12,737 - 2,426 6,119 7,140 2,919 2,974 3,475 6,310 4,235	5,940 60,896 (53,000) 1,081,642 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378 - 2,426 6,119 7,140 2,919 2,974 3,475 6,310 4,235	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	10 10 10 10 10 10 10 10 10 10 10 10 10 1	594	594 6,090 (5,300) 4,211	1,188 6,090 (5,300) 1,052,058 65,165 5,916 10,000 5,826 - 3,725 - 12,737 - 6,119 7,140 2,919 2,974 3,475 6,310 4,235	4,752 54,806 (47,700) 31,286 (3,789) (2,248) 1,213 2,426
New Lighting Roofing Improvement 2018 Acquisitions Kitchen HVAC System Installation Less: Comm. Dev. Block Grant for Kitchen Renovations Total Building Improvements Non-Movable Equipment Acquired prior 2000 CJLC Audit AJE CJLC Audit AJE Ice Maker Dishwasher Installation Dishwasher Oven Kitchen Equipment Freezer Food Processor Stainless Steel Tables Nurse Call System Furniture for Lounge Ice Machine Simplex System 2003 Acquisitions Generator Replacement Window Treatments 2005 Acquisitions Hot Water Heater 2006 Acquisitions Security Solution Gas Stove 2007 New Acquisitions	5,940 60,896 (53,000) 1,083,344 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378 - 12,737 - 2,426 6,119 7,140 2,919 2,974 3,475 6,310	5,940 60,896 (53,000) 1,081,642 65,165 (3,789) (2,248) 1,213 5,916 10,000 5,826 158 3,725 1,378 - 12,737 - 2,426 6,119 7,140 2,919 2,974 3,475 6,310	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	10 10 10 10 10 10 10 10 10 10 10 10 10 1	594	594 6,090 (5,300) 4,211	1,188 6,090 (5,300) 1,052,058 65,165 5,916 10,000 5,826 - 3,725 - 12,737 - 6,119 7,140 2,919 2,974 3,475 6,310	4,752 54,806 (47,700) 31,286 (3,789) (2,248) 1,213 2,426

2008	Acqu	isitions

2009 Acquisitions Nursing Call Bell System	17,251	17,251	S/L	10	15,528	1,723	17,251	-
2011 Acquisitions Emergency Generator Emergency Generator	Current depreciation a been included in prior		S/L S/L	5 5	859 859		859 859	(859) (859)
2014 Acquisitions Chiller Compressor (6/20/2014)	9,531	9,531	S/L	5	7,624	1,906	9,530	1
2017 Acquisitions Water Heater	5,797	5,797	S/L	10	580	580	1,160	4,637
Total	170,853	170,853		_	164,585	4,209	168,795	2,058
Motor Vehicles:								
Prior years Honda Odyssey	46,960 26,470	46,960 26,470	S/L S/L	Var 5	46,960 26,470	-	46,960 26,470	- -
2003 Acquisitions	23, 11 3	25,	0.2	•	20, 110		20,	
Plymouth Voyager (2003)	6,659	6,659	S/L	5	6,659	-	6,659	-
Shuttle Bus	38,000	38,000	S/L	5	38,000	-	38,000	-
2004 Acquisitions Used car for food	5,900	5,900	S/L	5	5,900	-	5,900	-
2012 Acquisitions 2012 Toyota Sienna	26,295	26,295	S/L	5	26,295	-	26,295	-
Total	150,284	150,284		_	150,284		150,284	
Other Movable Equipment								
Acquired prior 2000 Acquired during 2000	168,845 2,733	168,845	S/L S/L	Var	168,845	-	168,845	
Gateway Computer (2001)	2,733 1,036	2,733 0	S/L S/L	5 N/A	2,733	-	2,733	1,036
Toaster (2001)	1,143	0	S/L	N/A	-	-	-	1,143
Stainless Steel Tables Furniture for Lounge	3,160 3,614	3,160 3,614	S/L S/L	10 10	3,160 3,614	-	3,160 3,614	-
Equipment	2,697	2,697	S/L	5	2,697	-	2,697	-
2003 New Acquisitions								
Slicer/Misc Items (Kitchen Items)	2,468	2,468	S/L	5	2,468	-	2,468	-
Chairs	4,104	4,104	S/L	10	4,104	-	4,104	-
2004 New Acquisitions								
Patio Equipment (furniture)	1,200	1,200	S/L	5	1,200	-	1,200	-
Food Equipment (steamtable) Patio Equipment (furniture)	4,740 1,200	4,740 1,200	S/L S/L	10 5	4,740 1,200	-	4,740 1,200	-
	1,200	1,200	0,2	Ü	1,230		1,200	
2007 Acquisition SWC Office furnture	2,538	2,538	S/L	5	3,046	(508)	2,538	_
	2,000	2,000	0.2	Ū	0,010	(555)	2,000	
2008 Acquisitions Freezer	4,964	4,964	SI.	5	5,957	(993)	4,964	-
Ice Cube Machine	3,215	3,215	SL	5	3,858	(643)	3,215	-
2009 Acquisitions								
Dining Chairs (50)	19,858	19,858	S/L	15	11,915	1,324	13,239	6,619
2012 Acquisitions								
Lounge Furniture	14,767	14,767	S/L	15	5,906	984	6,890	7,877
2013 Acquisitions								
52 Mattresses	9,099	9,099	S/L	5	8,190	910	9,099	-
2015 Acquisitions								
Chairs	15,523	15,523	S/L	5	9,315	3,105	12,420	3,103
2018 Acquisitions								
Ice Cube Maker	3,061	3,061	S/L	10	-	306	306	2,755
Total	269,965	267,786		_	242,948	4,485	247,432	22,533
Leasehold Improvements				_				
Acquired prior 2000	487,581	487,581	S/L	Var	487,581	-	487,581	-
CJLC Audit AJE	(257,096)	(257,096)			(257,096)	-	(257,096)	-
CJLC Audit AJE	(6,569) 223,916	(6,569) 223,916		_	(6,569) 223,916	<u> </u>	(6,569) 223,916	
		220,010		_	220,310	-	223,310	
2001 New Acquisitions	4.45.		0.4					
Upgrade Electrical/Booster Kitchen Renovation	4 ,454 7,500	4,454 7,500	S/L S/L	10 10	4,454 7,500	-	4,454 7,500	-
New Radiator Piping	5,053	5,053	S/L	10 _	5,053		5,053	- -
Total	17,006	17,006		=	17,006		17,006	

2007 Leasehold Improvements								
Pump Chamber Rebuild	81,996	81,996	S/L	10	81,996	_	81,996	_
Asbestos Abatement for Pump Chamber	15,850	15,850	S/L	10	15,850	_	15,850	_
Landscaping Work	53,522	53,522	S/L	10	53,522	_	53,522	_
Landscaping Work	9,731	9,731	S/L	10	9,731	_	9,731	_
HVAC	24,596	24,596	S/L	10	24,596	_	24,596	-
Total	185,695	185,695	0/1		185,695		185,695	
, 5.4.		100,000		=	100,000			
2008 Leasehold Improvements	0.000	0.000	0.0	45	4.450	445	4.007	4.700
Awning for Building	6,680	6,680	S/L	15	4,452	445	4,897	1,783
Shower room/Bathroon Tile Floor	32,000	32,000	S/L	20	16,000	1,600	17,600	14,400
Storm Drain Repair	23,000	23,000	S/L	20 _	11,500	1,150	12,650	10,350
•	61,680	61,680		-	31,952	3,195	35,147	26,533_
2014 Leashold Improvements							_	-
Asbestos Abatement Work	28,174	28,174	S/L	10	11,269	2.817	14.086	14.088
Emergency Lighting and Generator	100,000	100,000	S/L	20	20,000	5,000	25,000	75,000
	128,174	128,174			31,269	7,817	39,086	89,088
2015 Leashold Improvements Electrical & Generator	22,000	22.000	S/L	20	3.300	1,100	4.400	17,600
Electrical & Generator	20,000	20,000	S/L	20	3,000	1,100	4,000	16,000
Asbestos Maintenance Project	348	348	S/L	10	105	35	140	208
Boiler Upgrade	8,087	8,087	S/L	20	1,212	404	1,616	6,471
	969	969	S/L	20	1,212	404	1,010	777
Boiler Upgrade			S/L	10	663	221	884	1.329
Boiler Room Hazardous Materials Inspection	2,213 1,560	2,213 1,560	S/L	20	234	78	312	1,329
Emergency Light Repair	2,611	2,611	S/L	10	783	261	1,044	1,246
Boiler Room Hazardous Materials Inspection	57,788	57,788	SIL	10 _	9,441	3,147	12,588	45,200
•	37,700	31,760		-	3,441	3,147	12,300	45,200
2016 Leashold Improvements								
Architect Fees - Gutters, corridor handrails, etc.	9,263	9,263	S/L	10	1,852	926	2,778	6,485
Boiler Tank Repairs	1,502	1,502	S/L	10	300	150	450	1,052
Electrical & Generator	22,000	22,000	S/L	20	2,200	1,100	3,300	18,700
Electrical & Generator	22,000	22,000	S/L	20	2,200	1,100	3,300	18,700
Inspector Services - Boiler	176	176	S/L	10	36	18	54	122
Boiler - Burner Conversion	675	675	S/L	20	68	34	102	573
Boiler - Study & Design Development	4,005	4,005	S/L	20	400	200	600	3,405
Boiler - Study & Design Development/Construct. Docs	3,720	3,720	S/L	20	372	186	55 8	3,162
Boiler - Construction Documents	1,500	1,500	S/L	20	150	75	225	1,275
Boiler - Structural Support	2,000	2,000	S/L	20	200	100	300	1,700
Boiler - Structural Support	2,264	2,264	S/L	20	226	113	339	1,925
Boiler - Structural Support	1,174	1,174	S/L	20	118	59	177	997
Boiler - Structural Support	563	563	S/L	20	56	28	84	479
Boiler - Relocate Existing Condensate Pump	1,650	1,650	S/L	20	166	83	249	1,401
	72,492	72,492		-	8,344	4,172	12,516	59,976
Total Leasehold Improvement	746,751	746,751		=	507,623	18,331	525,954	220,798
TOTAL	2,421,198	2,417,317		-	2,113,287	31,236	2,144,523	276,675
•		3,881		-		<u> </u>		
Account Des C/O (TD Links 4)	055.044					44044	055 000	00.444
Amount Per F/S (TB Linked)	955,211				4.005.004	14,844	855,800	99,411
Amount Per Cost Report	1,674,447				1,605,664	31,236	1,618,569	55,877
Rounding (Less)								•
F/S vs C/R NBV - Page 31, Line 89	43,534							
Res. for Leasehold Properties - Page 35, Line A4		riance of 1 is due to	roundin	g				
F/S vs C/R Dep - Page 36, Line F1	(16,392)			-				
1 3 ,								

C. Expenditures Other Than Salaries (cont'd) - Property Questionnaire

Name of Facility License No).	Report for Year End	ded		Page	of
Stamford Elderly Housing Corp. d/b/a 1822	-RCH	9/30/2018			25	37
11. Property Questionnaire						
Part A	·					
Is the property either owned by the Facility					If "Vas " complet	o Dort D
or leased from a Related Party?*	•	Yes	0	No	If "Yes," complete	
1	her famile, man	riaga aumarahin abilitu	to control on		ii No, complete	Fait C.
*If any owner or operator of this facility is related business association to any person or organization						
related party transaction.	2011 1110111 01		. 10 COMBIGUIOG G			
Description		Total	ESERVA	图图 多数超速	MARKET FRANCISCO	机果果
Date Land Purchased		1920s	清冽 建基金			
Date Structure Completed		01/01/31	h Darrieda			
3. If NOT Original Owner, Date of Purchas	e	N/A	多型/种选			
4. Date of Initial Licensure		1950s		Jaja Messi	建生物医红状丛	網絡指数
5. Total Licensed Bed Capacity		50				
6. Square Footage		N/A	等有可以加速			
7. Acquisition Cost		等 物果磷酸素	过多多级特别			
a. Land		N/A				
b. Building		N/A	的最级逻辑数据			
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	age
1. Financing						
a. Type of Financing (e.g., fixed, variable	le)	Bonds			ļ	
b. Date Mortgage Obtained		1930s				
c. Interest Rate for the Cost Year		N/A				
d. Term of Mortgage (number of years)		N/A				
e. Amount of Principal Borrowed		N/A				
f. Principal balance outstanding as of		N/A				
Complete if Mortgage was Refinanced						
During Current Cost Year				用数据等用验	FINE SERVICE	COLUMN TO A SECOND
g. Type of Financing (e.g., fixed, variable	(e)			·		
h. Date of Refinancing				<u> </u>		
i. New Interest Rate						
j. Term of Mortgage (number of years)						
k. Amount of Principal Borrowed) u		···-	 		
l. Principal Outstanding on Note Paid-C Part C - Arms-Length Leases for Real		4.0.1		<u> </u>		
Name and Address of Lessor	<u>`</u>	_ 		Town of Logge	Amnual Amaum	t of Lossa
Name and Address of Lessor	Proj	perty Leased	Date of Lease	Term of Lease	Annual Amount	t of Lease
	}			}		
				 		
					!	
				-	 	
			•			
	<u> </u>			ļ		 -

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

C. Expenditures Other Than Salaries (cont'd) - Interest

Name of Facility License No.		Report for Ye	ar Ended	· · · · ·	Page of
Stamford Elderly Housing Corp. d/b/a 1822-RCH		9/30/2018			26 37
					Residential Care
Item		Total	CCNH	RHNS	Home
12. Interest					
A. Building, Land Improvement & Non-Movable Equipment			}	1	
1. First Mortgage	\$	ı	l		
Name of Lender	Rate	Mara de la compansión d			
		非典的 表			
Address of Lender					
2. Second Mortgage	 \$		KINA HEE		
Name of Lender	Rate				科伊西泽州 伊藤
Address of Lender					
3. Third Mortgage	\$				
Name of Lender	Rate		16837		
Address of Lender					
4. Fourth Mortgage	\$		1907 465 7		
Name of Lender	Rate				
Address of Lender					
B. CHEFA Loan Information			# 1		
Original Loan Amount	\$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
12 B7. Total Building Interest Expense (A1 - A4 + B5)					
<u> </u>			v Subtotale t	<u> </u>	

(Carry Subtotals forward to next page)

C. Expenditures Other Than Salaries (cont'd) - Interest and Insurance

Name of Facility License N	Report for Ye	ear Ended		Page of			
1 · · · · · · · · · · · · · · · · · · ·	-RCH		9/30/2018			27 37	
						Residential	
Item			Total	CCNH	RHNS	Care Home	
Sub	Subtotals Brought Forward						
12. C. Movable Equipment							
Automotive Equipment		\$		W.			
A. Item	Rate	Amount					
Lender							
Address of Lender	. <u></u>						
2. Other (Specify)		\$					
A. Item	Rate	Amount					
Lender							
Address of Lender							
B. Item	Rate	Amount					
Lender	<u> </u>						
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	est	\$		AND THE RESERVE AND AND AND AND AND AND AND AND AND AND	Scort - Control	To the second se	
12. D. Other Interest Expense (Specify)		\$					
13. Total All Interest Expense (12B7 + 12	C3 + 12D) \$		**************************************			
14. Insurance		·					
a. Insurance on Property (buildings or	ıly)	\$	5,374			5,374	
b. Insurance on Automobiles		\$				3,72	
c. Insurance other than Property (as s	pecified at						
1. Umbrella (Blanket Coverage)	17,160			17,16			
Fire and Extended Coverage							
3. Other (Specify)		\$	4,422			4,42	
14d. Total Insurance Expenditures (14a +	$\frac{1}{b+c}$	\$	30,678			30,67	
15. Total All Expenditures (A-13 thru C-1		\$				2,236,03	

D. Adjustments to Statement of Expenditures

	e of Fa ford E		Housing Corp. d/b/a Scofield Manor	Lie	cense No. 1822-RCH	Report for Yes 9/30/2018	ar Ended	Page 28	of 37
	Ţ <u></u>	1		<u>ل</u>	Total	1		† <u>-</u> -	
item	Page	Line			Amount of			Resident	ial Car
	No.		Item Description		Decrease	CCNH	RHNS	Ho	
_			es and Wages		Decrease				
1.	10-2	<u> </u>	Outpatient Service Costs	\$			5-3-2-3-3-3-4		202
2.	-	L	Salaries not related to Resident Care	\$		 		 	
3.				_ _ \$	<u> </u>			 	
			Occupational Therapy Other - See attached Schedule	_ _ \$	22.166	 		 	22.16
4.	12 1	2	·	<u> </u>	32,166				32,16
	13 - I	rojes	sional Fees	_				leafae.	
5.		ļ	Resident Care Physicians **						
6.	ļ. —	<u> </u>	Occupational Therapy	\$				 	
<u>7.</u>		<u></u>	Other - See attached Schedule	\$	Delica est de 200 de 200 de 200 de 200 de 200 de 200 de 200 de 200 de 200 de 200 de 200 de 200 de 200 de 200 d			12 00%/2000/2002/2019	
	s 15 d	16 -	Administrative and General			Children Co.			
8.		<u> </u>	Discriminatory Benefits	\$				<u> </u>	
9.	15	1c	Bad Debts	\$	22,062			ļ	22,06
10.		ļ	Accounting	\$					
10a.	15	1e	Legal	\$	10,000				10,00
11.			Telephone	\$				ļ	2 .
12.			Cellular Telephone	\$					
13.			Life insurance premiums on the life		· 图 4. 3. 48. 7		用机铸铁	Ja fila	
_		ļ	of Owners, Partners, Operators	\$					
14.	16	L3	Gifts, flowers and coffee shops	\$	128			1	12
15.			Education expenditures to colleges or						
			universities for tuition and related costs						
		ľ	for owners and employees	\$					and the second second
16.			Travel for purposes of attending						
	İ	ļ	conferences or seminars outside the						
			continental U.S. Other out-of-state						W.
			travel in excess of one representative	\$			**************************************		
17.			Automobile Expense (e.g. personal use)	- \$		 		<u> </u>	
18.	16	m2/3	Unallowable Advertising *	- \$	312			 	31
19.	10	1112/3	Income Tax / Corporate Business Tax	\$	- 3.2	 		 	
20.	 	 	Fund Raising / Contributions	\$		 		 	
21.	ļ	-	Unallowable Management Fees	 \$		 			
22.	 	 	Barber and Beauty	_ \$	}	 			
23.			Other - See attached Schedule	- \$	306	 		 	30
	<u>. </u>	Diatas	y Expenditures	Ψ	300		1		30
24.		Jieiui	Meals to employees, guests and others						
2 4 .			who are not residents	\$					5.2
Dage	10	<u> </u>			MANAGEMENT			EVENT DE	
25.		Juuna	Laundry services to employees, guests						
۷۵.		1	and others who are not residents	ø					
D	20	<u> </u>	L · · · · · · · · · · · · · · · · · · ·	\$	transverie				
		Touse	keeping Expenditures						
26.	1	ł	Housekeeping services to employees, guests	_	rakvast.				5. P. 4.
		L	and others who are not residents			 	 	 	(1.55
			Subtotal (Items 1 - 26) \$	<u> </u>	arry Subtotal t	<u> </u>		64,97

^{*} All except "Help Wanted",

⁽Carry Subtotal forward to next page)

^{**} Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
10	12b1	RN: Dirct Care 0 Capped at avg. rate of Aides (See attached)			\$ 20,858
10	12c1	LPN: Dirct Care 0 Capped at avg. rate of Aides (See attached)			11,308
				Prince Prince	

					46852 -66.0
Total Othe	r Salaries	Adjustment	\$ -	s -	\$ 32,166

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
2448					
10.00			i egari	garanta san	
	7 Sale 58				
1,20					
	54.1		Laboration 1		Plain Pa
Total Othe	r Fees Adj	ustments	\$	S -	\$ -

Schedule of Other A&G Adjustments

Ref Line	Ref Description	CCNH	RHNS	Residential Care Home
16 L2	Non-allowable party			\$ 29
16 m13	Amazon Prime Membership			
		4 14913		
			Mar Sal	taka salisi
Other A&	Adjustments	s -	S -	\$ 30

Pg. 28b

STAMFORD ELDERLY HOUSING CORPORATION d/b/a SCOFIELD MANOR RN & LPN Salary Disallowance September 30, 2018

Total Aides Salaries	DQ000000HH.#EdillHUII	395,142
Total Aides Hours		19,667
Aides Dollars per Hour	\$	20.09
RN Stats		
RN Stats		
Total RN Salaries		43,843
Total RN Hours		1,144
RN Dollars per Hour	\$	38.32
Difference between RN and Aides		
	\$	18.23
hourly wage	Ψ	10.23
Total RN Hours		1,144
Disallowed Hourly Wage	\$	18.23
RN Disallowed Salary Expense	\$	20,858
LPN Stats		
Total LPN Salaries		27 (00
Total LPN Salaries Total LPN Hours		37,688
	\$	1,313 28.70
RN Dollars per Hour	Þ	28.70
Difference between LPN and Aides		
hourly wage	\$	8.61
Total LPN Hours		1,313
Disallowed Hourly Wage	<u>\$</u>	8.61
LPN Disallowed Salary Expense	\$	11,308

D. Adjustments to Statement of Expenditures (cont'd)

Nome	e of Fa	oilita i	D. Adjustments to Stateme		ense No.	Report for Y		Door	of
1		•	Housing Corp. d/b/a Scofield Manor		tense No. 1822-RCH	9/30/2018	car ended	Page 29	37
Stam	IOIU E	laerry	Housing Corp. d/b/a Scotleid Matior	<u> </u>		9/30/2018		29	3/
T4	Danie	T :			Total	ļ	ļ	D ' 4	4:-1 0
	Page		The Don't set		Amount of	COM	DIDIG		ential Care
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	<u> </u>	Home
<u> </u>	•		Subtotals Brought Forward	\$	64,974	State Participated State of St	BOOK OF NO BARDED SINGE	2000	64,974
	<u> 20 - F</u>	<u> </u>	nt Care Supplies***			THE REAL REAL			4. 编码符》
27.		ļ	Prescription Drugs	\$				ļ	
28.			Ambulance/Limousine	\$					
29.			X-rays, etc	\$					
30.			Laboratory	\$	<u> </u>				
31.			Medical Supplies	\$					
32.			Oxygen (non emergency)	\$					
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$	6,230				6,230
Page	22 - N	Mainte	enance and Property		4.01的复数数数	JUDIES COL		144	最等別數
35.			Excess Movable Equipment Depreciation			医多性肠炎	医建物性角性炎		Salah Si
ļ			See Attached Schedule	\$					
36.			Depreciation on Unallowable			网络拉拉尼 亚	435 FE		
ĺ			Motor Vehicles	\$					
37.			Unallowable Property and Real			Halley Hy			
			Estate Taxes	\$				and the second	
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$					
Page	27 - 1	nsura	<u> </u>		3 34 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	REPART	医骨髓性毒性 炎	Hear	
40.			Mortgage Insurance	\$		No. of the last of		, second a supplication	
41.			Property Insurance	\$					
Othe	r - Mi	scella				多级等 法法		17 4 4 5 7	14811
42.			Other - Indirect	\$	- San San San San San San San San San San				
43.		<u> </u>	Interest Income on Account Rec.	\$					
44.			Other - Miscellaneous Administrative	\$					
45.		_	Management Fees Direct	\$	·				
46.	<u> </u>	 	Management Fees Indirect	\$		<u> </u>			
47.	\vdash		Other - Direct	\$	95,717	 	 		95,717
	For Pr	ofit P	roviders Only				464444	1464	
48.		1	Building/Non Movable Eq. Depreciation						
'			Unallowable Building Interest -					596	
			See Attached Schedule	\$					
40	Total	1 Amo	unt of Decrease (Items 1 - 48)	- \$	166,921	 	 	 	166,921
	1 Viul	AIII	uni of Decreuse (Hems 1 - 40)	1	100,921	<u></u>	L	<u> </u>	100,741

^{***} Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5i	Cable TV (See attached)		BBF	\$ 3,655
20	5b	Over the Counter Drugs			316
20	51	Medical Supplies			2,259
				植甲基金属	
			4457 4		M BEE SA
	100				
Total Othe	r Ancillar	y Costs	\$ -	S -	\$ 6,230

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
534	DIA CALL DE LA CALLESTA DEL CALLESTA DEL CALLESTA DE LA CALLESTA D				
			Frank:		arisā ti
	Section 1				
				Luff z	
			460 E. Jane		
	12 70				
Total Exce	ss Movabl	e Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
	建有 二二				
Lydest				e Start	
				445	
	4 1 5 1	CONTRACTOR OF THE PARTY OF THE			
		The second second second second second second second second second second second second second second second se			
Total Othe	r Property	y Adjustments	\$	\$ -	S

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
See Page	29c	Wormser Disallowance (See attachment)			\$ 95,717
		and the second of the second o		100 51	
	1111				1845 2019
			3415 唐		
			5 5 7 5 1 3		
			65 (34)		
			3000002		
Total Othe	er Adjustm	ents	\$ -	\$ -	\$ 95,717

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
					1
10000					
			all Va		
					75 T 1
Table 1					
, lb -	145				
Total Unal	lowable Bu	uilding Interest	\$	S -	S

STAMFORD ELDERLY HOUSING CORPORATION d/b/a SCOFIELD MANOR Pg. 29b Cable TV Disallowance 9/30/2018

Total Cable TV Expense	\$	7,255 TB Linked
Total Monthy Fee Allowed	\$	300
Total Months		12
Total Allowable Expense	\$	3,600
Disallowed Expense	\$	3,655 {a}
District Expense	<u> </u>	(a)

Tickmark

{a}

Ties to page 29a

STAMFORD ELDERLY HOUSING CORPORATION d/b/a SCOFIELD MANOR

Pg. 29c

Wormser meals disallowance

September 30, 2018

Calcul	lation	of	Meals

Resident Days Meals per day Meals per year

17,127 E	3.01
3	
51,381	

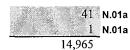
* Fringe benefit calculation:

Total Fringes Total Salaries 390,897 790,770

49.43%

Wormser Congregate

Number of Beds Meals per day Meals per year



66,346

Total dietary meals per year Square Footage of Facility Square Footage of Kitchen Kitchen space as % of total

24,000 N.01a 682 N.01a 2.84%

Total meals served 66,346 14,965 Wormser meals Catering as % of dietary 22.56%

Catering Allocation of Kitchen space

0.64%

Expenses

Administrative & General	Heat	41,127
	Light & Power	68,469
	Water	10,294
	Total	 119,890
	Catering Allocation	0.64%
	Unallowable Amount	\$ 768
Capital	Property Insurance	30,678
	Catering Allocation	0.64%
	Unallowable amount	\$ 197
Direct	Dietary Salaries	-
	Dietary Fringes	_ *
	Dietary Supplies	-
	P/S & Raw Food	420,074
	Total	420,074
	Meals served allocation	22.56%
		\$ 94,752

Total disallowed expenses

95,717

F. Statement of Revenue

Name of Facility License No. Stamford Elderly Housing Corp. d/b/a Sc 1822-RCH		Report for Y 9/30/2018	ear Ended	····	Page of 30 37
Stainford Elderry Housing Corp. Word SC 1822-RC11	┯	3/30/2016			†
T.	}	Tr 1	COMI	DIDIG	Residential Care
Item		Total	CCNH	RHNS	Home
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	- \$	2,088,029			2,088,029
b. Medicaid Room and Board Contractual Allowance **	- \$			ļ <u>.</u>	<u> </u>
2. a. Medicaid (All other states)	\$			<u> </u>	<u> </u>
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$			ļ	<u> </u>
b. Medicare Room and Board Contractual Allowance **	\$				
4. a. Private-Pay Residents and Other	\$	41,369			41,369
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					[455][156][56]
1. a. Prescription Drugs - Medicare	\$				
b. Prescription Drugs - Medicare Contractual Allowance **	\$	····			1
c. Prescription Drugs - Non-Medicare	\$			<u> </u>	
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$			ļ ————	
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$			†	<u> </u>
c. Medical Supplies - Non-Medicare	\$			 	
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$			 	
	\$			 	
3. a. Physical Therapy - Medicare	\$			 	
b. Physical Therapy - Medicare Contractual Allowance **				 	
c. Physical Therapy - Non-Medicare	\$			 	
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$			 	
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	- \$		· · · - · · · · ·		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$			-	ļ- <u></u>
5. a. Occupational Therapy - Medicare	\$			ļ	
b. Occupational Therapy - Medicare Contractual Allowance **	\$			-	
c. Occupational Therapy - Non-Medicare	\$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (Specify) - Medicare	\$				<u> </u>
b. Other (Specify) - Non-Medicare	\$			<u> </u>	
III. Total Resident Revenue (Section I. thru Section II.)	\$	2,129,398			2,129,398
IV. Other Revenue*			11,446	BALL	
1. Meals sold to guests, employees & others	\$			AT PERSONAL PROPERTY OF THE PERSONS	
2. Rental of rooms to non-residents	\$			<u> </u>	
3. Telephone	\$				
Rental of Television and Cable Services	\$			 	
5. Interest Income (Specify)	\$	116		 	116
6. Private Duty Nurses' Fees	\$	- 110		 	1
7. Barber, Coffee, Beauty and Gift shops	\$		 	 	
8. Other (Specify)	- \$	347,358		 	347,358
V. Total Other Revenue (1 thru 8)	<u>\$</u>	347,338		 	347,336
VI. Total All Revenue (III+V)	\$				
71. IOINI AU REVERNE (III + V)	- J	2,476,872	<u> </u>	<u> </u>	2,476,872

^{*} Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

^{**} Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

			Residential
Page Ref Description	CCNH	RHNS	Care Home
	7 2 6 1 1	FraidS	3485
			2 44855
			机工具机 手车
		- 114	
Total Other Resident Revenue - Medicare	S	S -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref Description	CCNH	RHNS	Residential Care Home
			e Kraniki
	nai e		
Total Other Resident Revenue	s -	S -	\$ -

Interest Income

Account

				Residential
Account	Balance	CCNH	RHNS	Care Home
Scofield Manor Unrestricted Donations Interest Income	\$ 5,534		5 at 1	s 59
Marie White Fund Unrestricted Interest Income	5,409			57
				ie <u>vala</u>
rest Income		s -	s -	\$ 116
	Scoffeld Manor Unrestricted Donations Interest Income Marie White Fund Unrestricted Interest Income	Scoffeld Manor Unrestricted Donations Interest Income \$ 5,534 Marie White Fund Unrestricted Interest Income 5,409	Scoffeld Manor Unrestricted Donations Interest Income \$ 5,534 Marie White Fund Unrestricted Interest Income 5,409	Scoffeld Manor Unrestricted Donations Interest Income \$ 5,534 Marie White Fund Unrestricted Interest Income 5,409

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
		1 502 5125		
30 IV 8	Wormser/Catering Income			\$ 183,116
30 IV 8	City of Stamford Grant			104,000
30 IV 8	Eversource Rebate for Energy Improvemets	145617777		7,242
30 IV 8	Community Development Block Grant (Rec. from City for Kitchen Improvements)		67 357	53,000
		547-1		
15.44			1.515.24.5	
5.4 at 10 ft	The second second second second second second second second second second second second second second second se	NOTE: SAFE		
Total Othe	er Revenue	\$ -	\$	\$ 347,358

G. Balance Sheet

Name of Facility		License No.	Rep	ort for Year I	Ended	Page	of
Stamford Elderly	Housing Corp. d/b/a	\$ 1822-RCH	9/3	0/2018		31	37
		Account	-			An	nount
Assets							
A. Current As	sets						
1. Cash (d	on hand and in banks)	_		\$	<u> </u>	310,581
2. Reside	nt Accounts Receivab	le (Less Allowance fo	or Bad	Debts)	\$		189,186
3. Other A	Accounts Receivable (Excluding Owners or	r Relat	ed Parties)	\$		
4 Invento	ories				\$		
5. Prepaid	Expenses				\$		24,705
a. Prep	paid insurance			24,705		极限数	
b							
c							
d. See	Schedule						
6. Interest	Receivable				\$		
7. Medica	re Final Settlement R	eceivable			\$	<u> </u>	
8. Other 0	Current Assets (itemiz	e)			\$		
							西亚洲
See S	Schedule						法的时间
	rent Assets (Lines A1	thru 8)			\$		524,472
B. Fixed Asse	ets						
1. Land					\$	<u> </u>	
2. Land I	mprovements	*Historical Cost			\$	}	
		Accum, Depreciati	on		Net		
3. Buildir	igs	*Historical Cost		1,083,344	\$	3	31,285
		Accum. Depreciati	on	1,052,059	Net		
4. Leaseh	old Improvements	*Historical Cost		746,751	\$	3	220,797
		Accum. Depreciati	on	525,954			
5. Non-M	lovable Equipment	*Historical Cost		170,853	\$		2,059
		Accum. Depreciati	ion	168,794			··
6. Movab	le Equipment	*Historical Cost		269,965	\$	3	22,533
		Accum. Depreciati	on	247,432			
7. Motor	Vehicles	*Historical Cost		150,284	\\$	3	
		Accum. Depreciati	on	150,284	Net		
8. Minor	Equipment-Not Depr	eciable			S	3	
9. Other	Fixed Assets (itemize)				3	43,534
	vs C/R NBV	,		43,534			,
	Schedule			.5,551			
	Fixed Assets (Lines B	31 thru 9)			9	3	320,208

^{*} Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

G. Balance Sheet (cont'd)

ı	ne of Facility	License No.	Report for Year Ended	Page of
Stam	nford Elderly Housing Corp. o	1/b/a S 1822-RCH	9/30/2018	32 37
		Account		Amount
			Total Brought Forward:	\$ 844,680
C.	Leasehold or like property re	ecorded for Equity Purposes	•	
	1. Land			\$
	2. Land Improvements	*Historical Cost		
		Accum. Depreciation	Net	\$
	3. Buildings	*Historical Cost		
		Accum. Depreciation	Net Net	\$
	4. Non-Movable Equipmen			
		Accum. Depreciation	Net Net	\$
ĺ	5. Movable Equipment	*Historical Cost		
<u> </u>	·	Accum. Depreciation	Net Net	\$
	6. Motor Vehicles	*Historical Cost		
		Accum. Depreciation	n Net	\$
L	7. Minor Equipment-Not I			\$
C-8				\$
D.	Investment and Other Asset	S		
	1. Deferred Deposits			\$
	2. Escrow Deposits			\$
	3. Organization Expense	*Historical Cost		
Ĺ		Accum. Depreciation	n Net	\$
	4. Goodwill (Purchased O			\$
	5. Investments Related to l	Resident Care (itemize)		\$
L				
	6. Loans to Owners or Rel	ated Parties (itemize)		\$
	Name and Addre	ess Amount	Loan Date	
	7. Other Assets (itemize)			\$
ļ				
	See Schedule			
	. Total Investments and Oth			\$
D-9.	. Total All Assets (Lines A9	+ B10 + C8 + D8)		\$ 844,680

^{*} Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

Stamford Elderly Housing Corp. d/b/a Scofield Manor 9/30/2018Schedule of Prepaid Expenses Page 31 Line A5 Page Ref Line Ref Description Total Prepaid Expenses Schedule of Other Current Assets (itemized) Page 31 Line A8 Page Ref Line Ref Description Total Other Current Assets (Itemize) Schedule of Other Fixed Assets (Itemize) Page 31 Line B9 Page Ref Line Ref Description Total Other Other Fixed Assets (Itemize) Schedule of Other Assets Page 32 Line D7 Page Ref Line Ref Description **Total Other Assets** Schedule of Notes Payable (Itemize) Page 33 Line A2 Page Ref Line Ref Description **Total Notes Payable** Schedule of Other Current Liabilities (Itemize) Page 33 Line A12 Page Ref Line Ref Description Total Other Current Liabilities (Itemize) Schedule of Other Long-Term Liabilities (itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
Total Othe	r Current	jabilities (Itamize)	\$ _

G. Balance Sheet (cont'd)

Name of Fac			License No.	Report for Year I	Ended	Page	of
Stamford Eld	derly 1	Housing Corp. d/b/a Scofield	1822-RCH	9/30/2018		33	37
			Account			Am	ount
Liabilities							
A.		rrent Liabilities			ĺ.		
	<u>l.</u>	Trade Accounts Payable		·	\$		219,182
·	2.	Notes Payable (itemize)			\$		
							460 411
ľ							
		See Schedule	·—				
	3.	Loans Payable for Equipme	nt (Current portion) (itemize)	\$	<u> </u>	
		Name of Lender	Purpose	Amount	Date Due	RANGE!	
Ì					4		
					i i		
1							
							B. Later L
j			j				
					4		
ļ							
	4.	Accrued Payroll (Exclusive			\$		104,679
	<u>5.</u>	Accrued Payroll (Owners an		only)	\$		
	6.	Accrued Payroll Taxes Paya			\$		
	7.	Medicare Final Settlement I			\$		
	8.	Medicare Current Financing			\$		
	9.	Mortgage Payable (Current		7 . 1 D . 1 .)	\$		
		Interest Payable (Exclusive	of Owner and/or Re	lated Parties)	\$		
		. Accrued Income Taxes*			\$		100 (10
	12.	Other Current Liabilities (it	*		\$	SASAKARI ETA T	109,643
		Deferred revenue - other	21,8				
		Other current liabilities	26,9		<u> </u>		
}		Accrued liabilities - other	60,8		_	ARE 物	
A 12	Ta	tal Current Liabilities (Line	os Δ1 thru 12)	See Schedule			122 504
A-13	. 10	in Curem Liabilities (Line	o Al ulu 14)				433,504

^{*} Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

G. Balance Sheet (cont'd)

· · · · · · · · · · · · · · · · · · ·	License No. Report for Year Ended		Page	of	
Stamford Elderly Housing Corp. d/b/a Scofi	1822-RCH	9/30/2018		34	37
A	Account			A	mount
		Total Broug	ht Forward:		433,504
Liabilities (cont'd)					
B. Long-Term Liabilities					į
Loans Payable-Equipment (itemize)		\$	_	
Name of Lender	Purpose	Amount	Date Due		
		İ			
				Bott la	
			į.		
		ì			
2. Mortgages Payable			\$	960 - 1 00 - 100	
3. Loans from Owners or Rela	ited Parties (itemize)		\$		65,107
Name and Address of Lender	Amount	Loan D	ate		
			a di		
		}	un.		
Inter program	65,107		W.	展准制	
	ĺ				
		ļ			
		ľ			
					APPENDED AT
4. Other Long-Term Liabilitie	s (itemize)	<u> </u>	\$	enterentify (State of the Second	
	•				
				hidd h	
See Schedule					
B-5. Total Long-Term Liabilities (1			\$		65,107
C. Total All Liabilities (Lines A-	13 + B-5)		\$		498,611

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref		Description
		BATTER TO THE STATE OF THE STAT
		Control of the contro
Total Prepa	aid Expense	

Schedule of Other Current Assets (itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
	14546		
			化基理 图 图
	115		
1.			
	7-7		
Total Other	r Current A	ssets (Itemize)	\$

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
300			17.5
- 100 Miles	Salah.		
35000	42		1004 650 \$
	dana.		
Total Other	Other Fix	ed Assets (Itemize)	\$

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description
and continue	2000	
	1675	
Total Othe	r Assets	

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description
	24 68	
	\$70° 155A	
Total Note	s Payable	

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description
-capacital		
	and the second	
2.00		
Total Othe	r Current L	ia bilities (Itemize)

Schedule of Other Long-Term Liabilities (itemize) Page 34 Line B4

Page Ref	Line Ref	Description
	- 15 A 15 A	
	15 mile (5 %)	
	7	
Total Other	Carrent L	labilities (Itemize)

G. Balance Sheet (cont'd) Reserves and Net Worth

	· · · · · · · · · · · · · · · · · · ·	icense No.	Report for Yo	ear Ended	Page	of
Stan	nford Elderly Housing Corp. d/b/a	1822-RCH	9/30/2018		35	37
A.	Reserves	Account	·		An	nount
1	Reserve for value of leased land	1			\$	
	2. Reserve for depreciation value		re and annuation		<u> </u>	
	to be amortized	or leased building	gs and appurtent	inces	\$	
	3. Reserve for depreciation value	of leased persona	l property (Equi	ity)	\$	
	4. Reserve for leasehold real prop	erties on which fa	air rental value i	s based	\$	220,797
	5. Reserve for funds set aside as of	lonor restricted	·		\$	
	6. Total Reserves				\$	220,797
B.	Net Worth					
	1. Owner's Capital		<u>-</u>		\$	
	2. Capital Stock				\$	
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
 	5. Cumulated Earnings				\$	(131,961)
	6. Gain or Loss for Period	10/1/201	17 thru	9/30/2018	\$	257,233
 	7. Total Net Worth				\$	125,272
C.	Total Reserves and Net Worth				\$	346,069
D.	Total Liabilities, Reserves, and N	et Worth			\$	844,680

H. Changes in Total Net Worth

Name of Facility License No.	Report for Year I	Ended	Page	of
Stamford Elderly Housing Corp. d/b/a Sc 1822-RCH	9/30/2018		36	37
Account		Amount		
A. Balance at End of Prior Period as shown on Report of 09.	/30/2017	\$		(131,962)
B. Total Revenue (From Statement of Revenue Page 30)		\$		2,476,872
C. Total Expenditures (From Statement of Expenditures Page	ge 27)	\$		2,219,639
D. Net Income or Deficit		\$		257,233
E. Balance		\$		125,271
F. Additions				
1. Additional Capital Contributed (itemize)		ję.	71	
Expenses Per Page 27 \$2,236,031				
F/S vs C/R Depreciation (16,392)		171		
Expenses Per F/S \$2,219,639				
				CALIFY TAX
2. Other (itemize)				
Rounding	1	1		
		in the		
				era entre
F-3. Total Additions		\$		1
G. Deductions				
1. Drawings of Owners/Operators/Partners (Specify)		\$		***
Name and Address (No., City, State, Zip)	Title	Amount		
		T.	物門形理	A THE
2. Other Withdrawings (Specify)		\$	Allerton - Annual III - Horizon - Annual I	
Purpose	Amou	nt k		
	}			
	1			
3. Total Deductions		\$		
H. Balance at End of Period 09/30/1	8	\$		125,272

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of			
Stamford Elderly Housing Corp. d/b/a	1822-RCH	9/30/2018	37	37			
Check appropriate category							
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	☑ Residential Care Home					
	Preparer/Reviewer Certifica	tion					
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.							
Signature of Preparer Multiplication Signature of Preparer	Title Principal (28) 19						
Printed Name of Preparer							
Matthew S. Bavolack Addres Address	Matthew S. Bavolack						
555 Long Wharf Drive, New Haven, CT 06	255 Long Wharf Drive, New Haven, CT 06511 203-781-9600						
Annual Report Contact	Annual Report Contact						
Darnel Paulemon Annual Report Contact Email Address	203-977-1400						
Annual Report Contact Email Address				I			
Dpaulemon@charteroakcommunities.org							

Subject to the attached accountants' consulting report



ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Stamford Elderly Housing Corp. d/b/a Scofield Manor for the year ended September 30, 2018, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Stamford Elderly Housing Corp. d/b/a Scofield Manor. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

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

This report is intended solely for the information and use of the management of Stamford Elderly Housing Corp. d/b/a Scofield Manor and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT January 28, 2019



Annual Report of Long-Term Care Facility Cost Year 2018 Checklist

This checklist is not required to be submitted with the Annual Report

Facility Na	me Stamford Elderly Housing Corp. d/b/a Scofield Manor.
	following check list. Provide an explanation for any "No" answers. Attach ets to explain further, if necessary.
Yes No Explanation:	1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?
Yes No	Are the methods of allocating costs consistent with prior year? If not, explain the reporting change.
Yes No Explanation:	3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.
Yes No	 Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Yes No / Explanation:	5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?
Yes No	6. During cost year, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?
Yes No	7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?
Yes No	8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.
Yes No Substitution:	9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?
Yes No Explanation:	10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Yes No Explanation:	11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?
Yes No J Explanation:	12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?
Yes No Explanation:	13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from the prior cost year?
Yes No	14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?
Yes No ✓ Explanation:	15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?
Yes No / Explanation:	16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Yes No / Explanation:	17. Have all contractual allowances been properly reported on Page 30?
Yes No	Were all discrepancies on the Error Page addressed?
Yes No / Explanation:	19. Have Pages 1 and 37 been signed? Cost reports without a signed Page 1 and 37 will not be accepted.
Yes No / Explanation:	20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? <i>If detail is not provided, appropriate disallowances will be made.</i>
Yes No / Explanation:	21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?
Yes No / Explanation:	22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Client: Scofield Manor Medicaid - Scofield Manor 2018 Cost Report Engagement: Period Ending: 9/30/2018 Trial Balanc A.01 - TB-OTHER ADJ JE Ref# RJE FINAL Account Description 9/30/2018 9/30/2018 111101 Cash-unrestricted 272.691.00 272 691.00 111102 26,947.00 26,947.00 Cash-unrestricted 5,534.00 111103 5 534.00 Cash-unrestricted 111104 Cash-unrestricted 5,409.00 5,409.00 124001 Account receivable - other government 114,931.00 114,931.00 32,533.00 125050 Account receivable - miscellaneous - Other 32,533.00 125052 53,000.00 53,000.00 Account receivable - Other 126101 Allowance for doubtful accounts - tenants (11,278.00)(11.278.00)142001 Prepaid Insurance 24,705.00 24,705.00 144001 (65.107.00) (65, 107, 00) Inter program - due from 162001 Buildings 235,131.00 235,131.00 163001 Furniture, equipment and machinery - dwellings 301,743.00 301,743.00 164001 Furniture, equipment and machinery - administration 418,337.00 418,337.00 166001 Accumulated depreciation (855,800.00) (855,800.00) (59.00) 303610 Interest Income 0.00 (59.00)**RJE - 13** (59.00)INTEREST - MARIE WHITE 303611 0.00 (57.00)(57.00)**RJE - 13** (57.00)(44,546.00)312001 Accounts payable <= 90 days (44,546.00)(28,854.00) Accrued wage/payroll taxes payable (28,854.00) 321001 322001 Accrued compensated absences - current portion (75,825.00) (75,825.00) 333001 (130,207.00) (130,207.00)Accounts payable - other government 333002 Accounts payable - other government overpayments (44,429.00)(44,429.00)342001 Deferred revenue - Other (21.800.00)(21,800.00)(26,947.00)345001 Other current liabilities (26,947.00)346001 Accrued liabilities - other (60,896.00)(60,896.00)SALARIES- KITCHEN STAFF 0.00 401111 0.00 **RJE-7** 0.00 401112 SALARIES- ADMINISTRATION STAFF 0.00 136,732.00 136,732.00 RJE - 7 136,732.00 401113 SALARIES- ATTENDANTS 0.00 395,142.00 395,142.00 **RJE - 7** 395.142.00 401113.1 SALARIES-RN DIRECT CARE 0,00 43,843.00 43,843.00 RJE - 7 43,843.00 401114 SALARIES- BUILDING MAINT. STAFF 0.00 45,408.00 45,408.00 RJE - 7 45,408.00 SALARIES-HOUSE KEEPING STAFF 0.00 52.078.00 52 078 00 401115 **RJE - 7** 52,078.00 SALARIES-LAUNDRY STAFF 0.00 0.00 401116 RJE - 7 0.00 SALARIES-SOCIAL SERVICES STAFF 0.00 0.00 401117 0.00 RJE - 7 452937 Subscriptions 0.00 981.00 981.00 **RJE - 11** 981.00 **Unrestricted Net Assets** 131,961.00 131,961.00 512101 584.00 **TELEPHONE - CELLULAR** 512742 0.00 584.00 **RJE - 10** 584.00 513352 **EMPLOYEE BENEFITS-MERF** 0.00 76,904.00 76,904.00 RJE - 1 76,904.00 16,116.00 513355 **Dental** 0.00 16,116.00 RJE - 1 16,116.00 513356 LTD 0.00 11,798.00 11,798.00 RJE - 1 11,798.00 522614 Equipment Lease Expense 0.00 880.00 880.00 **RJE - 5** 880.00 525131 **DIETARY SUPPLIES** 1,806.00 0.00 1,806.00 RJE - 9 1,806.00 HOUSEKEEPING SUPPLIES 0.00 23,000.00 23,000.00 543631 RJE - 4 23,000.00 545501 LAUNDRY RENTALS 0.00 6.655.00 6.655.00 RJE - 4 6,655.00 550502 D & O Insurance 0.00 4,422.00 4,422.00 RJE - 8 4.422.00 552992 0.00 3,722.00 3,722.00 Car Insurance

Account	Description	ADJ	JE Ref#	RJE	FINAL
Account	Description		OE IXCI #	NOL	
		9/30/2018			9/30/2018
			RJE - 8	3,722.00	
564541	FEDERAL SOCIAL SECURITY	0.00		66,858.00	66,858.00
			RJE - 1	66,858.00	
703001	Tenant rental revenue	(41,369.00)			(41,369.00)
703002	Tenant rental revenue - DSS Rental Rev	(2,088,029.00)			(2,088,029.00)
708002	Other government grants	(104,000.00)			(104,000.00)
708003	Other government grants	(53,000.00)			(53,000.00)
715001	Other revenue	(116.00)		116.00	0.00
		` '	RJE - 13	116.00	
715002	Other revenue	(183,116.00)			(183,116.00)
715003	Other revenue - Donation	(7,242.00)			(7,242.00)
911001	Administrative salaries	131,186.00		(51,307.00)	79,879.00
			RJE - 7	(131,186.00)	
			RJE - 7	79,879.00	
912001	Auditing fees	27,739.00			27,739.00
913001	Management Fee	132,915.00			132,915.00
913201	Front Line Service Fee	4,970.00			4,970.00
914001	Advertising and Marketing	703.00		(391.00)	312.00
	· ·		RJE - 12	(391.00)	N
915001	Employee benefit contributions - administrative	66,323.00		(66,323.00)	0.00
		•	RJE - 1	(66,323.00)	
916001	Office Expenses - Equipment Maintenance & Repair	1,305.00		(880.00)	425.00
		.,	RJE - 5	(880.00)	
916002	Office Expenses - Equipment Purchases <5,000	410.00		` -,	410.00
916003	Office Expenses - Other Office Expense	278.00		245.00	523.00
	• · · · · · · · · · · · · · · · · · · ·		RJE - 3	245.00	
916004	Office Expenses - Postage	4.00		19.00	23.00
			RJE - 3	19.00	
916008	Office Expenses - Stationary/Supplies	4,050.00			4,050.00
916009	Office Expenses - Telephone	11,888.00		(584.00)	11,304.00
0.0000	Onice Expenses vereprioris	,	RJE - 10	(584.00)	,==
917001	Legal Expense	19,565.00		(/	19,565.00
919004	Other - Data Processing	15,423.00			15,423.00
919006	Other - Membership Dues & Fees	981.00		(981.00)	0.00
5.555			RJE - 11	(981.00)	
919007	Other - Miscellaneous Sundry	3,422.00		(3,422.00)	0.00
******	,	-,	RJE - 3	(3,422.00)	
919008	Other - Staff Training	2,165.00		(-,,	2,165.00
919009	Other - Temporary Labor	4,600.00			4,600.00
921001	Tenant services - salaries	538,151.00		(538,151.00)	0.00
		,	RJE - 7	(538,151.00)	
921002	Tenant services - salaries Overtime	57,160.00		(57,160.00)	0.00
		,	RJE - 7	(57,160.00)	
923001	Employee benefit contributions - tenant services	287,871.00		(287,871.00)	0.00
92000,	Zimpro y co commissioni di tanam commissioni		RJE - 1	(287,871.00)	
924001	Tenant services - other	87,250.00		(87,250.00)	0.00
52.551	7,011,011,051,1105	57,255.55	RJE - 9	(87,250.00)	
924002	Tenant services - other (Food Services)	418,269.00		(1.00)	418,268.00
021002	Totalit contracts canon (1 dod contracts)	110,200.00	RJE - 6	(1.00)	110,200,00
931001	Water	10,294.00	1102 0	()	10,294.00
932001	Electricity	68,469.00			68,469.00
933001	Gas	6,158.00			6,158.00
934001	Fuel	34,969.00			34,969.00
941001	OM&O - Labor	42,848.00		(42,848.00)	0.00
341001	Olvido - Labor	72,040.00	RJE - 7	(42,848.00)	0.00
941002	OM&O Labor - Overtime	2,035.00	1102 7	(2,035.00)	0.00
341002	Olvido Labor - Overtime	2,000.00	RJE - 7	(2,035.00)	0.00
942001	OM&O Materials - Appliance Parts	819.00	1100	(2,000.00)	819.00
942006	OM&O Materials - Janitorial	29,655.00		(29,655.00)	0.00
942000	Olvido Materiais - Santonai	29,000.00	RJE - 4	(29,655.00)	0.00
042007	OMPO Materials Other Meterials	7 002 00	NJC - 4	(29,033.00)	7,903.00
942007 942009	OM&O Materials - Other Materials OM&O Materials - Plumbing	7,903.00 155.00			155.00
942011	OM&O Materials - Plumbing OM&O Materials - Vehicles	2,820.00			2,820.00
943010	OM&O Contracts - Garbage/Trash Removal	12,151.00			12,151.00
					·
943020	OM&O Contracts - Heating/Cooling	2,914.00			2,914.00
943030	OM&O Contracts - Snow Removal	11,350.00			11,350.00 3,734.00
943040	OM&O Contracts - Elevator	3,734.00			5,220.00
943050	OM&O Contracts - Landscape/Grounds	5,220.00			5,220.00

Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2018			9/30/2018
943070	OM&O Contracts - Electrical	2,651.00			2,651.00
943080	OM&O Contracts - Plumbing	720.00			720.00
943090	OM&O Contracts - Extermination	(840.00)			(840.00)
943100	OM&O Contracts - Janitorial	1,890.00			1,890.00
943110	OM&O Contracts - Routine Maintenance	28,961.00			28,961.00
943120	OM&O Contracts - Miscellaneous	4,458.00			4,458.00
945001	Employee benefit contribution - OM&O	11,109.00		(11,109.00)	0.00
			RJE - 1	(11,109.00)	
961101	Property Insurance	5,374.00			5,374.00
961201	Liability Insurance	17,160.00			17,160.00
961301	Workmen's Compensation	25,594.00			25,594.00
961401	All other Insurance	8,144.00		(8,144.00)	0.00
			RJE - 8	(8,144.00)	
962101	Compensated absences	19,390.00		(19,390.00)	0.00
			RJE - 7	(19,390.00)	
964001	Bad debt - tenant rents	22,062.00			22,062.00
974001	Depreciation expense	14,844.00			14,844.00
Marcum 10	Resident Transportation	0.00		3,965.00	3,965.00
			RJE - 9	3,965.00	
Marcum 11	Cablevision (Residents)	0.00		7,255.00	7,255.00
			RJE - 9	7,255.00	
Marcum 12	Over the Counter Drugs	0.00		316.00	316.00
			RJE - 9	316.00	=====
Marcum 16	Background Screening - Admissions	0.00	D.E. 0	57.00	57.00
	B	0.00	RJE - 3	57.00	400.00
Marcum 19	Resident Gifts	0.00	D.I.E. 0	433.00	433.00
	11.27 10.0		RJE - 9	433.00	0.007.00
Marcum 23	Uniform/Other	0.00	D.IC 4	2,697.00	2,697.00
Maraum 04	Parliment and Charles	0.00	RJE - 1	2,697.00	4 450 00
Marcum 24	Background Checks	0.00	RJE - 3	1,150.00 1,150.00	1,150.00
Marcum 29	Licenses	0.00	KJE - 3	1,150.00	1.00
Warcum 29	Licenses	0.00	RJE - 6	1.00	1.00
Marcum 30	Health Insurance	0.00	NJE - 0	190,930.00	190,930.00
Walcum 30	nealli insurance	0.00	RJE - 1	190,930.00	190,930.00
Marcum 32	Holiday Party	0.00	NJL - 1	1,216.00	1,216.00
Walcum 32	Holiday Faity	0.00	RJE - 9	1,216.00	1,210.00
Marcum 34	Recreation Services	0.00	100 - 0	70,000.00	70,000.00
Majcum 54	(Tecleation cervices	00,0	RJE - 9	70,000.00	70,000.00
Marcum 37	Salaries - LPNs	0.00	Not. 5	37,688.00	37,688.00
War odin or	Calaires El 110	0,50	RJE - 7	37,688.00	07,000.00
Marcum 38	Flowers	0.00	1102 /	128.00	128.00
marcani co	1 1011010	0.00	RJE - 3	128.00	
Marcum 39	Membership	0.00		13.00	13.00
		****	RJE - 3	13.00	
Marcum 5	Recruitment	0.00		2,201.00	2,201.00
			RJE - 3	1,810.00	,
			RJE - 12	391.00	
Marcum 8	Medical Supplies	0.00		2,259.00	2,259.00
	••		RJE - 9	2,259.00	*
Total		0.00	<i>ph</i>	0.00	0.00
	Net (Income) Loss	0.00	100	0.00	0.00

Client: Engagement: Period Ending: Trial Balance: Workpaper:

Scofield Manor Medicaid - Scofield Manor 2018 Cost Report 9/30/2018 A.01 - TB-OTHER A.03 - Grouped TB

vorkpaper:	A.U3 - Groupea 1B				
Account	Description	ADJ 9/30/2018	JE Ref#	RJE	FINAL 9/30/2018
		9/30/2018			9/30/2018
roup : [10-A]	Salaries and Wages				
ubgroup : [2] 11001	Administrators Administrative salaries	131,186.00		(51,307.00)	79,879.00
		,	RJE - 7	(131,186.00)	,
ubtotal [2] Administrators	2	131,186.00	RJE - 7	79,879.00 (51,307.00)	79,879,00
ubtotal [2] Administrators	•		-	(51,561.56)	7 5,01 5.00
ubgroup : [4] 01112	Other Administrative Salaries SALARIES- ADMINISTRATION STAFF	0.00		136,732.00	136,732.00
1112	SALARIES- ADMINISTRATION STAFF	0.00	RJE - 7	136,732.00	130,732.00
ubtotal [4] Other Adminis	strative Salaries	0.00	_	136,732.00	136,732.00
ubgroup : [5C]	Dietary Workers				
01111	SALARIES- KITCHEN STAFF	0.00	RJE - 7	0.00 (0.00)	0.00
ıbtotal [5C] Dietary Work	xers	0.00		0.00	0.00
ıbgroup : [6B]	Other Housekeeping Workers				
1115	SALARIES-HOUSE KEEPING STAFF	0.00		52,078.00	52,078.00
ubtotal [6B] Other House	kaaning Workers	0.00	RJE - 7	52,078.00 52,078.00	52,078.00
			_	02/01/01/0	
bgroup : [7B] 1114	Other Maintenance Workers SALARIES- BUILDING MAINT, STAFF	0.00		45,408.00	45,408.00
1114	SALARIES BUILDING MAINT. STALT		RJE - 7	45,408.00	
1001	OM&O - Labor	42,848.00	015 7	(42,848.00)	0.00
1002	OM&O Labor - Overtime	2,035.00	RJE - 7	(42,848.00) (2,035.00)	0.00
		44 000 00	RJE - 7 _	(2,035.00)	45 400 00
btotal [7B] Other Mainte	enance Workers	44,883.00	_	525.00	45,408.00
bgroup : [8B]	Other Laundry Workers	2.22		0.00	2.00
1116	SALARIES- LAUNDRY STAFF	0.00	RJE - 7	0.00 (0.00)	0.00
btotal [8B] Other Laund	ry Workers	0.00		0.00	0.00
bgroup : [12B1]	RNs - Direct Care				
1113.1	SALARIES-RN DIRECT CARE	0.00		43,843.00	43,843.00
btotal [12B1] RNs - Dire	ect Care	0.00	RJE - 7 _	43,843.00 43,843.00	43,843.00
bgroup : [12C1] arcum 37	LPNs - Direct Care Salaries - LPNs	0.00		37,688.00	37,688.00
			RJE - 7	37,688.00	
btotal [12C1] LPNs - Dir	rect Care	0.00	_	37,688.00	37,688.00
bgroup : [12D]	Aides and Attendants				
1113	SALARIES- ATTENDANTS	0.00	RJE - 7	395,142.00 395,142.00	395,142.00
1001	Tenant services - salaries	538,151.00		(538,151.00)	0.00
btotal [12D] Aides and A	Attendante	538,151.00	RJE - 7	(538,151.00) (143,009.00)	395,142.00
			_	(1101000100)	
ibgroup : [12H] 1117	Recreation Workers SALARIES-SOCIAL SERVICES STAFF	0.00		0.00	0.00
1117	CALARIES-SOOME DERVISES OF AT		RJE - 7	(0.00)	
btotal [12H] Recreation	Workers	0.00	-	0.00	0.00
ıbgroup : [12l3]	Resident Care				
1002	Tenant services - salaries Overtime	57,160.00	RJE - 7	(57,160.00) (57,160.00)	0.00
btotal [12l3] Resident C	are	57,160.00	-	(57,160.00)	0.00
ıbgroup : [120]	Other				
2101	Compensated absences	19,390.00		(19,390.00)	0.00
btotal [120] Other		19,390.00	RJE - 7	(19,390.00) (19,390.00)	0.00
tal [10-A] Salaries and V	N ages	790,770.00	_	0.00	790,770.00
			_		
a.m [4.5]					
	Expenditures Other than Salaries Workmen's Compensation				
lbgroup : [1A1] 1301	Workmen's Compensation Workmen's Compensation	25,594.00	_	0.00	
ıbgroup : [1A1] 1301	Workmen's Compensation Workmen's Compensation	25,594.00 25,594.00	_ _	0.00	
ubgroup : [1A1] 31301 ubtotal [1A1] Workmen's ubgroup : [1A2]	Workmen's Compensation Workmen's Compensation Compensation Disability Insurance	25,594.00	<u>-</u>	0.00	25,594.00
roup : [15] ubgroup : [1A1] 51301 ubtotal [1A1] Workmen's ubgroup : [1A2] 13356	Workmen's Compensation Workmen's Compensation Compensation		_ _ RJE - 1		25,594.00 25,594.00 11,798.00

Client: Engagement: Scofield Manor

Engagement: Period Ending: Trial Balance: Medicaid - Scofield Manor 2018 Cost Report

9/30/2018 A.01 - TB-OTHER

A.03 - Grouped TB Workpaper: Account ADJ JE Ref# RJE FINAL Description 9/30/2018 9/30/2018 Subgroup : [1A4] Social Security (FICA) FEDERAL SOCIAL SECURITY 66,858.00 66,858.00 564541 0.00 RJE - 1 66,858.00 Subtotal [1A4] Social Security (FICA) 0.00 66,858.00 66,858.00 Subgroup: [1A5] Health Insurance Employee benefit contributions - administrative 66.323.00 (66 323 00) 915001 0.00 RJE - 1 (66,323.00) 923001 287,871.00 (287,871.00) 0.00 Employee benefit contributions - tenant services **RJE - 1** (287,871.00) 945001 Employee benefit contribution - OM&O 11,109.00 (11,109.00)0.00 **RJE - 1** (11.109.00) Health Insurance 0.00 190.930.00 Marcum 30 190.930.00 RJE - 1 190,930.00 Subtotal [1A5] Health Insurance 365,303.00 (174,373.00) 190,930.00 Subgroup : [1A7] Pensions EMPLOYEE BENEFITS-MERF 0.00 76.904.00 76,904.00 513352 76,904.00 **RJE - 1** 0.00 Subtotal [1A7] Pensions 76,904.00 76,904.00 Subgroup : [1A9] Other 513355 Dental 0.00 16,116.00 16,116,00 RJF - 1 16 116 00 Uniform/Other 2,697.00 Marcum 23 0.00 2,697.00 RJE - 1 2,697.00 Subtotal [1A9] Other 0.00 18,813.00 18,813.00 Subgroup : [1C] **Bad Debts** 22.062.00 22.062.00 Bad debt - tenant rents 0.00 964001 Subtotal [1C] Bad Debts 22,062.00 0.00 22,062.00 Subgroup : [1D] **Accounting and Auditing** 912001 Auditing fees 27,739.00 0.00 27,739.00 Subtotal [1D] Accounting and Auditing 27,739.00 0.00 27,739.00 Subgroup: [1E] Legal 19,565.00 0.00 19,565.00 Legal Expense Subtotal [1E] Legal 19,565.00 0.00 19,565.00 Office Supplies Subgroup : [1G] Office Expenses - Other Office Expense 245.00 278.00 523.00 916003 RJE - 3 245.00 916008 4,050.00 4,050.00 Office Expenses - Stationary/Supplies 0.00 4,573.00 Subtotal [1G] Office Supplies 4,328.00 245.00 Subgroup : [1H1] Telephone and Telegraph 11,888.00 11,304.00 916009 (584.00)Office Expenses - Telephone RJE - 10 (584.00) Subtotal [1H1] Telephone and Telegraph 11,888.00 11,304.00 (584.00) Cellular Phones and Beepers Subgroup : [1H2] TELEPHONE - CELLULAR 0.00 584.00 584.00 512742 **RJE - 10** 584.00 Subtotal [1H2] Cellular Phones and Beepers 0.00 584.00 584.00 Total [15] Expenditures Other than Salaries 476,479.00 245.00 476,724.00 Expenditures Other than Salaries (cont'd) - Admin. and General Subgroup: [2] **Holiday Parties for Staff** 1,216.00 Holiday Party 0.00 1 216 00 Marcum 32 RJE - 9 1.216.00 Subtotal [2] Holiday Parties for Staff 0.00 1,216.00 1,216.00 Subgroup: [3] Gifts to Staff and Residents Marcum 19 Resident Gifts 0.00 433 00 433 00 R.IF - 9 433 00 128.00 Marcum 38 Flowers 0.00 128.00 RJE - 3 128.00 Subtotal [3] Gifts to Staff and Residents 0.00 561.00 561.00 Subgroup: [5] **Education Expense** 2.165.00 2.165.00 Other - Staff Training 0.00 919008 Subtotal [5] Education Expense 2,165.00 2,165.00 0.00 Automobile Expense Subgroup: [6] 942011 OM&O Materials - Vehicles 2.820.00 0.00 2,820.00 Subtotal [6] Automobile Expense 2,820.00 0.00 2,820.00

Client: Engagement: Period Ending: Trial Balance: Workpaper:

Scofield Manor Medicaid - Scofield Manor 2018 Cost Report 9/30/2018 A.01 - TB-OTHER A.03 - Grouped TB

	A.03 - Grouped TB				
Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2018	-		9/30/2018
ubgroup : [M1]	Advertising Help Wanted				
arcum 5	Recruitment	0.00	DIE 0	2,201.00	2,201.00
			RJE - 3	1,810.00	
ubtotal IM11 Adverticing	Holn Wanted	0.00	RJE - 12 _	391.00 2,201.00	2,201.00
ubtotal [M1] Advertising	neip wanted	0.00	-	2,201.00	2,201.00
ubgroup : [M3]	Advertising Other				
14001	Advertising and Marketing	703.00		(391.00)	312.00
			RJE - 12	(391.00)	
ubtotal [M3] Advertising	Other	703.00	-	(391.00)	312.00
ubgroup : [M7]	Postage	4.00		40.00	02.00
16004	Office Expenses - Postage	4.00	RJE - 3	19.00 19.00	23.00
ubtotal [M7] Postage		4.00	NJE-3	19.00	23.00
micial (mil) i ociago			-	10.00	
ubgroup : [M8]	Dues and Membership Fees to Professional Associations				
19006	Other - Membership Dues & Fees	981.00		(981.00)	0.00
			RJE - 11	(981.00)	
ubtotal [M8] Dues and M	embership Fees to Professional Associations	981.00	_	(981.00)	0.00
ubgroup : [M9]	Subscriptions	0.00		004.00	004.00
2937	Subscriptions	0.00	DIE 11	981.00	981.00
ibtotal [M9] Subscription	ne	0.00	RJE - 11 _	981.00 981.00	981.00
prorai final annaciibilo	no en en en en en en en en en en en en en	0.00	-	301.00	
bgroup : [M11]	Services Provided by Contract				
3201	Front Line Service Fee	4,970.00		0.00	4,970.00
9004	Other - Data Processing	15,423.00		0.00	15,423.00
9009	Other - Temporary Labor	4,600.00		0.00	4,600.00
ubtotal [M11] Services P	rovided by Contract	24,993.00	_	0.00	24,993.00
			•		
ubgroup : [M12]	Administrative Management Services				
13001	Management Fee	132,915.00	_	0.00	132,915.00
ubtotal [M12] Administra	tive Management Services	132,915.00	-	0.00	132,915.00
h	0.0				
ubgroup : [M13]	Other	0.00		E7.00	E7.00
arcum 16	Background Screening - Admissions	0.00	RJE - 3	57.00 57.00	57.00
arcum 24	Background Checks	0.00	KJE - 3	1,150.00	1,150.00
arcum 24	background Checks	. 0.00	RJE - 3	1,150.00	1,150.00
arcum 29	Licenses	0.00	NOL - O	1.00	1.00
			RJE - 6	1.00	
larcum 39	Membership	0.00		13.00	13.00
			RJE - 3	13.00	
ubtotal [M13] Other		0.00		1,221.00	1,221.00
otal [16] Expenditures O	ther than Salaries (cont'd) - Admin. and General	164,581.00		4,827.00	169,408.00
iroup : [18]					
	Dietary Basis for Allocation of Costs				
	Non-Food Supplies	2.00			4 222 22
		0.00	חוד ס	1,806.00	1,806.00
25131	Non-Food Supplies DIETARY SUPPLIES		RJE - 9	1,806.00	
25131	Non-Food Supplies DIETARY SUPPLIES	0.00	RJE - 9		
25131 ubtotal [2A2] Non-Food	Non-Food Supplies DIETARY SUPPLIES Supplies		RJE - 9	1,806.00	
25131 ubtotal [2A2] Non-Food ubgroup : [2B]	Non-Food Supplies DIETARY SUPPLIES Supplies Purchased Services		RJE - 9 -	1,806.00 1,806.00	1,806.00
25131 ubtotal [2A2] Non-Food ubgroup : [2B]	Non-Food Supplies DIETARY SUPPLIES Supplies	0.00	RJE - 9	1,806.00	1,806.00
:5131 ibtotal [2A2] Non-Food ibgroup : [2B] :4002	Non-Food Supplies DIETARY SUPPLIES Supplies Purchased Services Tenant services - other (Food Services)	0.00		1,806.00 1,806.00 (1.00)	1,806.00 418,268.00
ibtotal [2A2] Non-Food ibgroup : [2B] i4002 ibtotal [2B] Purchased \$	Non-Food Supplies DIETARY SUPPLIES Supplies Purchased Services Tenant services - other (Food Services) Services	418,269.00		1,806.00 1,806.00 (1.00) (1.00)	1,806.00 418,268.00 418,268.00
25131 ubtotal [2A2] Non-Food ubgroup : [2B] 24002 ubtotal [2B] Purchased \$	Non-Food Supplies DIETARY SUPPLIES Supplies Purchased Services Tenant services - other (Food Services) Services	418,269.00 418,269.00		1,806.00 1,806.00 (1.00) (1.00) (1.00)	1,806.00 418,268.00 418,268.00
25131 ubtotal [2A2] Non-Food ubgroup : [2B] 24002 ubtotal [2B] Purchased \$ otal [18] Dietary Basis for	Non-Food Supplies DIETARY SUPPLIES Supplies Purchased Services Tenant services - other (Food Services) Services or Allocation of Costs Laundry-Basis for Allocation of Costs	418,269.00 418,269.00		1,806.00 1,806.00 (1.00) (1.00) (1.00)	1,806.00 418,268.00 418,268.00
25131 ubtotal [2A2] Non-Food subgroup : [2B] 24002 ubtotal [2B] Purchased sotal [18] Dietary Basis for roup : [19] ubgroup : [3B]	Non-Food Supplies DIETARY SUPPLIES Supplies Purchased Services Tenant services - other (Food Services) Services or Allocation of Costs Laundry-Basis for Allocation of Costs Purchased Services	418,269.00 418,269.00 418,269.00		1,806.00 1,806.00 (1.00) (1.00) (1.00) 1,805.00	1,806.00 418,268.00 418,268.00 420,074.00
ubtotal [2A2] Non-Food subgroup : [2B] 24002 ubtotal [2B] Purchased sotal [18] Dietary Basis for croup : [19] ubgroup : [3B]	Non-Food Supplies DIETARY SUPPLIES Supplies Purchased Services Tenant services - other (Food Services) Services or Allocation of Costs Laundry-Basis for Allocation of Costs	418,269.00 418,269.00	RJE - 6	1,806.00 1,806.00 (1.00) (1.00) (1.00) 1,805.00	1,806.00 418,268.00 418,268.00 420,074.00
ubtotal [2A2] Non-Food subgroup : [2B] 24002 ubtotal [2B] Purchased sotal [18] Dietary Basis for roup : [19] ubgroup : [3B] 45501	Non-Food Supplies DIETARY SUPPLIES Supplies Purchased Services Tenant services - other (Food Services) Services or Allocation of Costs Laundry-Basis for Allocation of Costs Purchased Services LAUNDRY RENTALS	418,269.00 418,269.00 418,269.00		1,806.00 1,806.00 (1.00) (1.00) (1.00) 1,805.00 6,655.00 6,655.00	1,806.00 418,268.00 418,268.00 420,074.00
25131 ubtotal [2A2] Non-Food subgroup : [2B] 24002 ubtotal [2B] Purchased sotal [18] Dietary Basis for roup : [19] ubgroup : [3B] 15501	Non-Food Supplies DIETARY SUPPLIES Supplies Purchased Services Tenant services - other (Food Services) Services or Allocation of Costs Laundry-Basis for Allocation of Costs Purchased Services LAUNDRY RENTALS Services	0.00 418,269.00 418,269.00 0.00	RJE - 6	1,806.00 1,806.00 (1.00) (1.00) (1.00) 1,805.00 6,655.00 6,655.00 6,655.00	1,806.00 418,268.00 418,268.00 420,074.00 6,655.00
ibtotal [2A2] Non-Food ibgroup : [2B] 14002 ibtotal [2B] Purchased stal [18] Dietary Basis foroup : [19] ibgroup : [3B] 15501	Non-Food Supplies DIETARY SUPPLIES Supplies Purchased Services Tenant services - other (Food Services) Services or Allocation of Costs Laundry-Basis for Allocation of Costs Purchased Services LAUNDRY RENTALS Services	418,269.00 418,269.00 418,269.00	RJE - 6	1,806.00 1,806.00 (1.00) (1.00) (1.00) 1,805.00 6,655.00 6,655.00	1,806.00 418,268.00 418,268.00 420,074.00 6,655.00
ubtotal [2A2] Non-Food ubgroup : [2B] ubtotal [2B] Purchased sotal [18] Dietary Basis for roup : [19] ubgroup : [3B] [5501] ubtotal [3B] Purchased sotal [19] Laundry-Basis (Non-Food Supplies DIETARY SUPPLIES Supplies Purchased Services Tenant services - other (Food Services) Services or Allocation of Costs Laundry-Basis for Allocation of Costs Purchased Services LAUNDRY RENTALS Services for Allocation of Costs	0.00 418,269.00 418,269.00 0.00 0.00	RJE - 6	1,806.00 1,806.00 (1.00) (1.00) (1.00) 1,805.00 6,655.00 6,655.00 6,655.00	1,806.00 418,268.00 418,268.00 420,074.00 6,655.00
ubtotal [2A2] Non-Food subgroup : [2B] 14002 subtotal [2B] Purchased sotal [18] Dietary Basis for coup : [19] 145501 subtotal [3B] Purchased sotal [19] Laundry-Basis for coup : [20]	Non-Food Supplies DIETARY SUPPLIES Supplies Purchased Services Tenant services - other (Food Services) Services or Allocation of Costs Laundry-Basis for Allocation of Costs Purchased Services LAUNDRY RENTALS Services for Allocation of Costs Housekeeping and Resident Care Basis for Allocation of Co	0.00 418,269.00 418,269.00 0.00 0.00	RJE - 6	1,806.00 1,806.00 (1.00) (1.00) (1.00) 1,805.00 6,655.00 6,655.00 6,655.00	1,806.00 418,268.00 418,268.00 420,074.00 6,655.00
ibtotal [2A2] Non-Food ibgroup : [2B] 14002 ibtotal [2B] Purchased : stal [18] Dietary Basis for roup : [19] 145001 ibtotal [3B] Purchased : stal [3B] Purchased : stal [19] Laundry-Basis : stal [19]	Non-Food Supplies DIETARY SUPPLIES Supplies Purchased Services Tenant services - other (Food Services) Services or Allocation of Costs Laundry-Basis for Allocation of Costs Purchased Services LAUNDRY RENTALS Services for Allocation of Costs Housekeeping and Resident Care Basis for Allocation of Cother	0.00 418,269.00 418,269.00 418,269.00 0.00 0.00 0.00	RJE - 6	1,806.00 1,806.00 (1.00) (1.00) (1.00) 1,805.00 6,655.00 6,655.00 6,655.00 6,655.00	1,806.00 418,268.00 418,268.00 420,074.00 6,655.00 6,655.00
25131 ubtotal [2A2] Non-Food subgroup : [2B] 24002 ubtotal [2B] Purchased stotal [18] Dietary Basis for roup : [19] ubgroup : [3B] 45501 ubtotal [3B] Purchased stotal [19] Laundry-Basis stotal [19] Laundry-Basis stotal [19] Laundry-Basis storoup : [20] ubgroup : [4C]	Non-Food Supplies DIETARY SUPPLIES Supplies Purchased Services Tenant services - other (Food Services) Services or Allocation of Costs Laundry-Basis for Allocation of Costs Purchased Services LAUNDRY RENTALS Services for Allocation of Costs Housekeeping and Resident Care Basis for Allocation of Co	0.00 418,269.00 418,269.00 0.00 0.00	RJE-6	1,806.00 1,806.00 (1.00) (1.00) (1.00) 1,805.00 6,655.00 6,655.00 6,655.00 6,655.00	1,806.00 418,268.00 418,268.00 420,074.00 6,655.00 6,655.00
ibtotal [2A2] Non-Food ibgroup : [2B] 4002 ibtotal [2B] Purchased stal [18] Dietary Basis for purchased stal [18] Dietary Basis for purchased stal [18] Purchased stal [19] Laundry-Basis for purchased stal [19] Laundry-Basi	Non-Food Supplies DIETARY SUPPLIES Supplies Purchased Services Tenant services - other (Food Services) Services or Allocation of Costs Laundry-Basis for Allocation of Costs Purchased Services LAUNDRY RENTALS Services for Allocation of Costs Housekeeping and Resident Care Basis for Allocation of Cother	0.00 418,269.00 418,269.00 418,269.00 0.00 0.00	RJE - 6	1,806.00 1,806.00 (1.00) (1.00) (1.00) 1,805.00 6,655.00 6,655.00 6,655.00 6,655.00 23,000.00	1,806.00 418,268.00 418,268.00 420,074.00 6,655.00 6,655.00 23,000.00
ubtotal [2A2] Non-Food subgroup : [2B] 14002 subtotal [2B] Purchased sotal [18] Dietary Basis for soup : [19] 14000 subtotal [3B] Purchased subtotal [3B] Purchased subtotal [3B] Purchased subtotal [19] Laundry-Basis for soup : [20] 1400 subgroup : [4C] 13631	Non-Food Supplies DIETARY SUPPLIES Supplies Purchased Services Tenant services - other (Food Services) Services or Allocation of Costs Laundry-Basis for Allocation of Costs Purchased Services LAUNDRY RENTALS Services for Allocation of Costs Housekeeping and Resident Care Basis for Allocation of Cother	0.00 418,269.00 418,269.00 418,269.00 0.00 0.00 0.00	RJE-6	1,806.00 1,806.00 (1.00) (1.00) (1.00) 1,805.00 6,655.00 6,655.00 6,655.00 6,655.00	1,806.00 418,268.00 418,268.00 420,074.00 6,655.00 6,655.00 23,000.00
ubtotal [2A2] Non-Food subgroup : [2B] 24002 ubtotal [2B] Purchased 3 otal [18] Dietary Basis for roup : [19] ubgroup : [3B] 45501 ubtotal [3B] Purchased 3 otal [19] Laundry-Basis for roup : [20] ubgroup : [4C] 43631 ubtotal [4C] Other	Non-Food Supplies DIETARY SUPPLIES Supplies Purchased Services Tenant services - other (Food Services) Services or Allocation of Costs Laundry-Basis for Allocation of Costs Purchased Services LAUNDRY RENTALS Services for Allocation of Costs Housekeeping and Resident Care Basis for Allocation of Cother	0.00 418,269.00 418,269.00 418,269.00 0.00 0.00	RJE-6	1,806.00 1,806.00 (1.00) (1.00) (1.00) 1,805.00 6,655.00 6,655.00 6,655.00 6,655.00 23,000.00	1,806.00 418,268.00 418,268.00 420,074.00 6,655.00 6,655.00
ubtotal [2A2] Non-Food subgroup : [2B] 24002 ubtotal [2B] Purchased sotal [18] Dietary Basis for coup : [19] ubgroup : [3B] 45501 ubtotal [3B] Purchased sotal [19] Laundry-Basis for coup : [20] ubgroup : [4C] 43631 ubtotal [4C] Other ubgroup : [5B]	Non-Food Supplies DIETARY SUPPLIES Supplies Purchased Services Tenant services - other (Food Services) Services or Allocation of Costs Laundry-Basis for Allocation of Costs Purchased Services LAUNDRY RENTALS Services for Allocation of Costs Housekeeping and Resident Care Basis for Allocation of Cotter HOUSEKEEPING SUPPLIES	0.00 418,269.00 418,269.00 418,269.00 0.00 0.00	RJE-6	1,806.00 1,806.00 (1.00) (1.00) (1.00) 1,805.00 6,655.00 6,655.00 6,655.00 6,655.00 23,000.00	1,806.00
ubtotal [2A2] Non-Food subgroup : [2B] 24002 ubtotal [2B] Purchased sotal [18] Dietary Basis for coup : [19] ubgroup : [3B] 45501 ubtotal [3B] Purchased sotal [19] Laundry-Basis for coup : [20] ubgroup : [4C] 43631 ubtotal [4C] Other ubgroup : [5B]	Non-Food Supplies DIETARY SUPPLIES Supplies Purchased Services Tenant services - other (Food Services) Services or Allocation of Costs Laundry-Basis for Allocation of Costs Purchased Services LAUNDRY RENTALS Services for Allocation of Costs Housekeeping and Resident Care Basis for Allocation of Cother HOUSEKEEPING SUPPLIES Medicine Cabinet Drugs	0.00 418,269.00 418,269.00 0.00 0.00 0.00 0.00	RJE-6	1,806.00 1,806.00 (1.00) (1.00) (1.00) 1,805.00 6,655.00 6,655.00 6,655.00 6,655.00 23,000.00 23,000.00	1,806.00 418,268.00 418,268.00 420,074.00 6,655.00 6,655.00 23,000.00
ubgroup : [2A2] 25131 ubtotal [2A2] Non-Food : ubgroup : [2B] 24002 ubtotal [2B] Purchased : otal [18] Dietary Basis food irroup : [19] ubgroup : [3B] 45501 ubtotal [3B] Purchased : otal [19] Laundry-Basis in irroup : [20] ubgroup : [4C] 43631 ubtotal [4C] Other ubgroup : [5B] larcum 12	Non-Food Supplies DIETARY SUPPLIES Supplies Purchased Services Tenant services - other (Food Services) Services or Allocation of Costs Laundry-Basis for Allocation of Costs Purchased Services LAUNDRY RENTALS Services for Allocation of Costs Housekeeping and Resident Care Basis for Allocation of Cother HOUSEKEEPING SUPPLIES Medicine Cabinet Drugs Over the Counter Drugs	0.00 418,269.00 418,269.00 0.00 0.00 0.00 0.00	RJE - 4	1,806.00 1,806.00 (1.00) (1.00) (1.00) (1.00) 1,805.00 6,655.00 6,655.00 6,655.00 6,655.00 23,000.00 23,000.00 23,000.00	1,806.00 418,268.00 418,268.00 420,074.00 6,655.00 6,655.00 23,000.00

Client: Engagement: Period Ending: Trial Balance: Workpaper: Scofield Manor Medicaid - Scofield Manor 2018 Cost Report 9/30/2018 A.01 - TB-OTHER A.03 - Grouped TB

Workpaper:	A.03 - Grouped TB				
Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2018			9/30/2018
924001	Tenant services - other	87,250.00		(87,250.00)	0.00
			RJE - 9	(87,250.00)	
Marcum 10	Resident Transportation	0.00		3,965.00	3,965.00
			RJE - 9	3,965.00	
Marcum 11	Cablevision (Residents)	0.00		7,255.00	7,255.00
			RJE - 9	7,255.00	
Marcum 34	Recreation Services	0.00		70,000.00	70,000.00
			RJE - 9	70,000.00	
Subtotal [5l] Recreation		87,250.00	_	(6,030.00)	81,220.00
Subgroup : [5L]	Other				
919007	Other - Miscellaneous Sundry	3,422.00		(3,422.00)	0.00
			RJE - 3	(3,422.00)	
Marcum 8	Medical Supplies	0.00		2,259.00	2,259.00
			RJE - 9	2,259.00	
Subtotal [51.] Other	10 11 10 10 10 10 10 10 10 10 10 10 10 1	3,422.00	-	(1,163.00)	2,259.00
lotai [20] Housekeeping a	nd Resident Care Basis for Allocation of Costs	90,672.00	-	16,123.00	106,795.00
Group : [22]	Maintenance and Property				
Subgroup : [6A]	Repairs and Maintenance				
916001	Office Expenses - Equipment Maintenance & Repair	1,305.00	0.5	(880.00)	425.00
		440.00	RJE - 5	(880.00)	440.00
916002	Office Expenses - Equipment Purchases <5,000	410.00		0.00	410.00
943110	OM&O Contracts - Routine Maintenance	28,961.00		0.00	28,961.00
Subtotal [6A] Repairs and	maintenance	30,676.00	-	(880.00)	29,796.00
Ch [CD]	Heat				
Subgroup : [6B]	Heat	C 450.00		0.00	6 159 00
933001	Gas	6,158.00		0.00	6,158.00 34,969.00
934001	Fuel	34,969.00	-	0.00	
Subtotal [6B] Heat		41,127.00	-	0.00	41,127.00
Subanaum - ICC1	Light 9 Downs				
Subgroup : [6C] 932001	Light & Power Electricity	68,469.00		0.00	68,469.00
Subtotal [6C] Light & Pow		68,469.00	-	0.00	68,469.00
Subtotal [60] Light & FOW	GI .	00,403.00	-	0.00	00,403.00
Subgroup : [6D]	Water				
931001	Water	10,294.00		0.00	10,294.00
Subtotal [6D] Water	714.01	10,294.00	-	0.00	10,294.00
			-		
Subgroup : [6E]	Equipment Lease				
522614	Equipment Lease Expense	0.00		880.00	880.00
			RJE - 5	880.00	
Subtotal [6E] Equipment L	ease	0.00		880.00	880.00
Subgroup : [6F]	Other				
942001	OM&O Materials - Appliance Parts	819.00		0.00	819.00
942006	OM&O Materials - Janitorial	29,655.00		(29,655.00)	0.00
		7.000.00	RJE - 4	(29,655.00)	7.000.00
942007	OM&O Materials - Other Materials	7,903.00		0.00	7,903.00
942009	OM&O Materials - Plumbing	155.00		0.00	155.00
943010	OM&O Contracts - Garbage/Trash Removal	12,151.00		0.00	12,151.00
943020	OM&O Contracts - Heating/Cooling OM&O Contracts - Snow Removal	2,914.00 11,350.00		0.00 0.00	2,914,00 11,350.00
943030		3,734.00		0.00	3,734.00
943040 943050	OM&O Contracts - Elevator OM&O Contracts - Landscape/Grounds	5,220.00		0.00	5,220.00
943070	OM&O Contracts - Landscape/Grounds OM&O Contracts - Electrical	2,651.00		0.00	2,651.00
943080	OM&O Contracts - Electrical OM&O Contracts - Plumbing	720.00		0.00	720.00
943090	OM&O Contracts - Extermination	(840.00)		0.00	(840.00)
943100	OM&O Contracts - Externination OM&O Contracts - Janitorial	1,890.00		0.00	1,890.00
943120	OM&O Contracts - Miscellaneous	4,458.00		0.00	4,458.00
Subtotal [6F] Other	Sings Contidots : Missonalicous	82,780.00		(29,655.00)	53,125.00
Captores for 1 Orner		02,100.00	•	122,300.007	30,120,00
Subgroup : [7B]	Building & Building Improvements				
974001	Depreciation expense	14,844.00		0.00	14,844.00
Subtotal [7B] Building & E		14,844.00		0.00	14,844.00
Total [22] Maintenance an		248,190.00		(29,655.00)	218,535.00
	- ·				
Group : [27]	Interest and Insurance				
Subgroup : [14A]	Insurance on Property				
961101	Property Insurance	5,374.00		0.00	5,374.00
Subtotal [14A] Insurance		5,374.00		0.00	5,374.00
	•				
Subgroup : [14B]	Insurance of Automobiles				
552992	Car Insurance	0.00		3,722.00	3,722.00
			RJE - 8	3,722.00	
961401	All other Insurance	8,144.00		(8,144.00)	0.00
			RJE - 8	(8,144.00)	
Subtotal [14B] Insurance	of Automobiles	8,144.00		(4,422.00)	3,722.00
					

Client: Engagement: Period Ending: Trial Balance: Workpaper: Acc

Scofield Manor Medicaid - Scofield Manor 2018 Cost Report 9/30/2018 A.01 - TB-OTHER A.03 - Grouped TB

Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2018			9/30/2018
Subgroup : [14C1] 961201	Umbrella Liability Insurance	17,160.00		0.00	17,160.00
Subtotal [14C1] Umbrella	Liability insulance	17,160.00		0.00	17,160.00
Subgroup : [14C3]	Other				
550502	D & O Insurance	0.00	DIF 0	4,422.00	4,422.00
Subtotal [14C3] Other		0.00	RJE - 8	4,422.00 4,422.00	4,422.00
Total [27] Interest and Insuran	ce	30,678.00		0.00	30,678.00
Group : [30]	Statement of Revenue				
Subgroup : [1A] 703002	Medicaid Residents (CT only) Tenant rental revenue - DSS Rental Rev	(2,088,029.00)		0.00	(2,088,029.00)
Subtotal [1A] Medicaid Reside		(2,088,029.00)		0.00	(2,088,029.00)
Subgroup : [4A]	Private-pay residents and other	(44 000 00)			
703001 Subtotal [4A] Private-pay resid	Tenant rental revenue	(41,369.00) (41,369.00)		0.00	(41,369.00) (41,369.00)
Subtotal [4A] Filvate-pay lesit	ients and other	(41,363.00)		0.00	(41,369.00)
Subgroup : [15]	Interest Income				
303610	Interest Income	0.00		(59.00)	(59.00)
202044	INTEREST MARIE WHITE	0.00	RJE - 13	(59.00)	(57.00)
303611	INTEREST - MARIE WHITE	0.00	RJE - 13	(57.00) (57.00)	(57.00)
Subtotal [15] Interest Income		0.00	NOL - 10	(116.00)	(116.00)
-					
Subgroup : [18]	Other Revenue	4404.000.000		2.22	(40.4.000.00)
708002 708003	Other government grants Other government grants	(104,000.00) (53,000.00)		0.00 0.00	(104,000.00) (53,000.00)
715001	Other revenue	(116.00)		116.00	0.00
		(1.10.00)	RJE - 13	116.00	0.00
715002	Other revenue	(183,116.00)		0.00	(183,116.00)
715003	Other revenue - Donation	(7,242.00)		0.00	(7,242.00)
Subtotal [18] Other Revenue Total [30] Statement of Reven	ue	(347,474.00)		116.00 	(347,358.00)
		12,,			(2) 0) 0. 2. 2. 2. 2
Group : [31]	Balance Sheet				
Subgroup : [31A]	Assets				
111101	Cash-unrestricted	272,691.00		0.00	272,691.00
111102 111103	Cash-unrestricted Cash-unrestricted	26,947.00 5,534.00		0.00 0.00	26,947.00 5,534.00
111104	Cash-unrestricted	5,409.00		0.00	5,409.00
124001	Account receivable - other government	114,931.00		0.00	114,931.00
125050	Account receivable - miscellaneous - Other	32,533.00		0.00	32,533.00
125052	Account receivable - Other	53,000.00		0.00	53,000.00
126101 142001	Allowance for doubtful accounts - tenants	(11,278.00)		0.00 0.00	(11,278.00)
162001	Prepaid Insurance Buildings	24,705.00 235,131.00		0.00	24,705.00 235,131.00
163001	Furniture, equipment and machinery - dwellings	301,743.00		0.00	301,743.00
164001	Furniture, equipment and machinery - administration	418,337.00		0.00	418,337.00
166001	Accumulated depreciation	(855,800.00)		0.00	(855,800.00)
Subtotal [31A] Assets		623,883.00		0.00	623,883.00
Subgroup : [31L]	Liabilities				
144001	Inter program - due from	(65,107.00)		0.00	(65,107.00)
312001	Accounts payable <= 90 days	(44,546.00)		0.00	(44,546.00)
321001	Accrued wage/payroll taxes payable	(28,854.00)		0.00	(28,854.00)
322001	Accounts payable, other government	(75,825.00)		0.00	(75,825.00)
333001 333002	Accounts payable - other government Accounts payable - other government overpayments	(130,207.00) (44,429.00)		0.00 0.00	(130,207.00) (44,429.00)
342001	Deferred revenue - Other	(21,800.00)		0.00	(21,800.00)
345001	Other current liabilities	(26,947.00)		0.00	(26,947.00)
346001	Accrued liabilities - other	(60,896.00)		0.00	(60,896.00)
Subtotal [31L] Liabilities		(498,611.00)		0.00	(498,611.00)
Subgroup : [31E]	Equity				
512101	Unrestricted Net Assets	131,961.00		0.00	131,961.00
Subtotal [31E] Equity		131,961.00		0.00	131,961.00
Total [31] Balance Sheet		257,233.00		0.00	257,233.00

Scofield Manor

Client: Engagement: Period Ending:

Medicaid - Scofield Manor 2018 Cost Report

9/30/2018

Trial Balance:

A.01 - TB-OTHER

Workpaper:

H.01 - Reclassifying Journal Entries Report

Account	Description	W/P Ref	Debit	Credit
Reclassifying Jou	ırnal Entries JE # 1	E.02		
	nsion, Dental, Disability & Uniforms Expense recorded as	2.02		
Health Insurance				
513352	EMPLOYEE BENEFITS-MERF		76,904.00	
513355	Dental		16,116.00	
513356	LTD		11,798.00	
564541	FEDERAL SOCIAL SECURITY		66,858.00	
Marcum 23	Uniform/Other		2,697.00	
Marcum 30	Health Insurance		190,930.00	
915001	Employee benefit contributions - administrative			66,323.00
923001	Employee benefit contributions - tenant services			287,871.00
945001	Employee benefit contribution - OM&O			11,109.00
Total	• •	=	365,303.00	365,303.00
Reclassifying Jou	ırnal Entries JE # 3	E.01 - 919007		
	es from Misc. Sundry account			
916003	Office Expenses - Other Office Expense		245.00	
916004	Office Expenses - Postage		19.00	
Marcum 16	Background Screening - Admissions		57.00°	
Marcum 24	Background Checks		1,150.00	
Marcum 38	Flowers		128.00	
Marcum 39	Membership		13.00	
Marcum 5	Recruitment		1,810.00	
919007	Other - Miscellaneous Sundry			3,422.00
Total		==	3,422.00	3,422.00
Reclassifying Jou Reclass Housekee	urnal Entries JE # 4 eping Expense	E.01 - 942006		
543631	HOUSEKEEPING SUPPLIES		23,000.00	
545501	LAUNDRY RENTALS		6,655.00	
942006	OM&O Materials - Janitorial			29,655.00
Total		=	29,655.00	29,655.00
	urnal Entries JE # 5 uipment to the appropriate line of the cost report	E.01 - 916001		
522614	Equipment Lease Expense		880.00	
916001	Office Expenses - Equipment Maintenance & Repair			880.00
Total		=	880.00	880.00
	urnal Entries JE # 6 expenses not associated with dietary P/S	E.01 - 924002		
Marcum 29	Licenses		1.00	
924002 Total	Tenant services - other (Food Services)	-	1.00	1.00 1.00
Dealessifican In	unal Entrino 15 # 7	=	-	······································
	urnal Entries JE # 7 penses for page 10	1.02		
401112	SALARIES- ADMINISTRATION STAFF		136,732.00	
401113	SALARIES- ATTENDANTS		395,142.00	

Client:

Scofield Manor

Engagement: Period Ending:

Medicaid - Scofield Manor 2018 Cost Report

9/30/2018

Trial Balance:

A.01 - TB-OTHER

Workpaper:

H.01 - Reclassifying Journal Entries Report

Account	Description	W/P Ref	Debit	Credit
404440.4	OALADIEG DA DIDEGT GADE		42.042.00	
401113.1	SALARIES-RN DIRECT CARE		43,843.00	
401114	SALARIES- BUILDING MAINT, STAFF		45,408.00	
401115	SALARIES-HOUSE KEEPING STAFF		52,078.00	
911001	Administrative salaries		79,879.00	
Marcum 37	Salaries - LPNs		37,688.00	
401111	SALARIES- KITCHEN STAFF			
401116	SALARIES- LAUNDRY STAFF			
401117	SALARIES-SOCIAL SERVICES STAFF			
911001	Administrative salaries			131,186.00
921001	Tenant services - salaries			538,151.00
921002	Tenant services - salaries Overtime			57,160.00
941001	OM&O - Labor			42,848.00
941002	OM&O Labor - Overtime			2,035.00
962101	Compensated absences			19,390.00
rotal	Compensation absorned		790,770.00	790,770.00
Pooloooifuina lou	urnal Entrice IE # 9	N.01a - Other Ins		
	rnal Entries JE # 8 ce properly on the cost report	N.OTA - Other mis		
550502	D & O Insurance		4,422.00	
552992	Car Insurance		3,722.00	
	All other Insurance		3,722.00	9 144 00
961401 Fotal	All other insurance	_	8,144.00	8,144.00 8,144.00
		<u></u>		
Reclassifying Jou	ırnal Entries .IE # 9	E.01 - 924001		
	ırnal Entries JE # 9 Services - Other to proper line on cost report	E.01 - 924001		
		E.01 - 924001	1,806.00	
To reclass Tenant	Services - Other to proper line on cost report DIETARY SUPPLIES	E.01 - 924001	1,806.00 3,965.00	
Fo reclass Tenant 525131 Marcum 10	Services - Other to proper line on cost report DIETARY SUPPLIES Resident Transportation	E.01 - 924001	3,965.00	
To reclass Tenant 525131 Marcum 10 Marcum 11	Services - Other to proper line on cost report DIETARY SUPPLIES Resident Transportation Cablevision (Residents)	E.01 - 924001	3,965.00 7,255.00	
Fo reclass Tenant 525131 Marcum 10 Marcum 11 Marcum 12	Services - Other to proper line on cost report DIETARY SUPPLIES Resident Transportation Cablevision (Residents) Over the Counter Drugs	E.01 - 924001	3,965.00 7,255.00 316.00	
Fo reclass Tenant 525131 Marcum 10 Marcum 11 Marcum 12 Marcum 19	Services - Other to proper line on cost report DIETARY SUPPLIES Resident Transportation Cablevision (Residents) Over the Counter Drugs Resident Gifts	E.01 - 924001	3,965.00 7,255.00 316.00 433.00	
525131 Marcum 10 Marcum 11 Marcum 12 Marcum 19 Marcum 32	Services - Other to proper line on cost report DIETARY SUPPLIES Resident Transportation Cablevision (Residents) Over the Counter Drugs Resident Gifts Holiday Party	E.01 - 924001	3,965.00 7,255.00 316.00 433.00 1,216.00	
525131 Marcum 10 Marcum 11 Marcum 12 Marcum 19 Marcum 32 Marcum 34	Services - Other to proper line on cost report DIETARY SUPPLIES Resident Transportation Cablevision (Residents) Over the Counter Drugs Resident Gifts Holiday Party Recreation Services	E.01 - 924001	3,965.00 7,255.00 316.00 433.00 1,216.00 70,000.00	
525131 Marcum 10 Marcum 11 Marcum 12 Marcum 19 Marcum 32 Marcum 34 Marcum 8	Services - Other to proper line on cost report DIETARY SUPPLIES Resident Transportation Cablevision (Residents) Over the Counter Drugs Resident Gifts Holiday Party Recreation Services Medical Supplies	E.01 - 924001	3,965.00 7,255.00 316.00 433.00 1,216.00	97.250.00
525131 Marcum 10 Marcum 11 Marcum 12 Marcum 19 Marcum 32 Marcum 34 Marcum 8 924001	Services - Other to proper line on cost report DIETARY SUPPLIES Resident Transportation Cablevision (Residents) Over the Counter Drugs Resident Gifts Holiday Party Recreation Services	E.01 - 924001	3,965.00 7,255.00 316.00 433.00 1,216.00 70,000.00 2,259.00	
525131 Marcum 10 Marcum 11 Marcum 12 Marcum 19 Marcum 32 Marcum 34 Marcum 8	Services - Other to proper line on cost report DIETARY SUPPLIES Resident Transportation Cablevision (Residents) Over the Counter Drugs Resident Gifts Holiday Party Recreation Services Medical Supplies	E.01 - 924001	3,965.00 7,255.00 316.00 433.00 1,216.00 70,000.00	
525131 Marcum 10 Marcum 11 Marcum 12 Marcum 19 Marcum 32 Marcum 34 Marcum 8 924001 Total Reclassifying Jou	Services - Other to proper line on cost report DIETARY SUPPLIES Resident Transportation Cablevision (Residents) Over the Counter Drugs Resident Gifts Holiday Party Recreation Services Medical Supplies Tenant services - other	E.01 - 924001	3,965.00 7,255.00 316.00 433.00 1,216.00 70,000.00 2,259.00	
525131 Marcum 10 Marcum 11 Marcum 12 Marcum 19 Marcum 32 Marcum 34 Marcum 8 924001 Fotal Reclassifying Jou	DIETARY SUPPLIES Resident Transportation Cablevision (Residents) Over the Counter Drugs Resident Gifts Holiday Party Recreation Services Medical Supplies Tenant services - other urnal Entries JE # 10 one Expense from the Telephone Line		3,965.00 7,255.00 316.00 433.00 1,216.00 70,000.00 2,259.00	
525131 Marcum 10 Marcum 11 Marcum 12 Marcum 19 Marcum 32 Marcum 34 Marcum 8 924001 Fotal Reclassifying Jou	DIETARY SUPPLIES Resident Transportation Cablevision (Residents) Over the Counter Drugs Resident Gifts Holiday Party Recreation Services Medical Supplies Tenant services - other Lirnal Entries JE # 10 one Expense from the Telephone Line TELEPHONE - CELLULAR		3,965.00 7,255.00 316.00 433.00 1,216.00 70,000.00 2,259.00	87,250.00
525131 Marcum 10 Marcum 11 Marcum 12 Marcum 19 Marcum 32 Marcum 34 Marcum 8 924001 Fotal Reclassifying Jou	DIETARY SUPPLIES Resident Transportation Cablevision (Residents) Over the Counter Drugs Resident Gifts Holiday Party Recreation Services Medical Supplies Tenant services - other urnal Entries JE # 10 one Expense from the Telephone Line		3,965.00 7,255.00 316.00 433.00 1,216.00 70,000.00 2,259.00 87,250.00	87,250.00 584.00
525131 Marcum 10 Marcum 11 Marcum 12 Marcum 19 Marcum 32 Marcum 34 Marcum 8 924001 Total Reclassifying Jour 512742	DIETARY SUPPLIES Resident Transportation Cablevision (Residents) Over the Counter Drugs Resident Gifts Holiday Party Recreation Services Medical Supplies Tenant services - other Lirnal Entries JE # 10 one Expense from the Telephone Line TELEPHONE - CELLULAR		3,965.00 7,255.00 316.00 433.00 1,216.00 70,000.00 2,259.00	87,250.00 584.00
525131 Marcum 10 Marcum 11 Marcum 12 Marcum 19 Marcum 32 Marcum 34 Marcum 8 924001 Fotal Reclassifying Jou To reclass Cell Ph 512742 916009 Fotal	DIETARY SUPPLIES Resident Transportation Cablevision (Residents) Over the Counter Drugs Resident Gifts Holiday Party Recreation Services Medical Supplies Tenant services - other Lirnal Entries JE # 10 one Expense from the Telephone Line TELEPHONE - CELLULAR		3,965.00 7,255.00 316.00 433.00 1,216.00 70,000.00 2,259.00 87,250.00	87,250.00 87,250.00 584.00
525131 Marcum 10 Marcum 11 Marcum 12 Marcum 19 Marcum 32 Marcum 34 Marcum 8 924001 Fotal Reclassifying Jou 512742 916009 Total Reclassifying Jou 64 Reclassifying Jou 75 Reclassifying Jou 75 Reclassifying Jou 75 Reclassifying Jou 75 Reclassifying Jou 75 Reclassifying Jou	DIETARY SUPPLIES Resident Transportation Cablevision (Residents) Over the Counter Drugs Resident Gifts Holiday Party Recreation Services Medical Supplies Tenant services - other Linnal Entries JE # 10 one Expense from the Telephone Line TELEPHONE - CELLULAR Office Expenses - Telephone	E.01 - 916009	3,965.00 7,255.00 316.00 433.00 1,216.00 70,000.00 2,259.00 87,250.00	87,250.00 584.00
525131 Marcum 10 Marcum 11 Marcum 12 Marcum 19 Marcum 32 Marcum 34 Marcum 8 924001 Fotal Reclassifying Journ 1512742 916009 Fotal Reclassifying Journ 1616009 Reclassifying Journ 1616009 Fotal Reclassifying Journ 1616009 Fotal	DIETARY SUPPLIES Resident Transportation Cablevision (Residents) Over the Counter Drugs Resident Gifts Holiday Party Recreation Services Medical Supplies Tenant services - other Limal Entries JE # 10 one Expense from the Telephone Line TELEPHONE - CELLULAR Office Expenses - Telephone	E.01 - 916009	3,965.00 7,255.00 316.00 433.00 1,216.00 70,000.00 2,259.00 87,250.00	87,250.00 584.00
525131 Marcum 10 Marcum 11 Marcum 12 Marcum 19 Marcum 32 Marcum 34 Marcum 8 924001 Fotal Reclassifying Jou 512742 916009 Total Reclassifying Jou To reclass Cell Ph	DIETARY SUPPLIES Resident Transportation Cablevision (Residents) Over the Counter Drugs Resident Gifts Holiday Party Recreation Services Medical Supplies Tenant services - other Linnal Entries JE # 10 one Expense from the Telephone Line TELEPHONE - CELLULAR Office Expenses - Telephone Linnal Entries JE # 11 ptions from the Dues account	E.01 - 916009	3,965.00 7,255.00 316.00 433.00 1,216.00 70,000.00 2,259.00 87,250.00 584.00	87,250.00 584.00
525131 Marcum 10 Marcum 11 Marcum 12 Marcum 19 Marcum 32 Marcum 34 Marcum 8 924001 Fotal Reclassifying Jou To reclass Cell Ph 512742 916009 Total Reclassifying Jou To reclass subscri	DIETARY SUPPLIES Resident Transportation Cablevision (Residents) Over the Counter Drugs Resident Gifts Holiday Party Recreation Services Medical Supplies Tenant services - other Linnal Entries JE # 10 one Expense from the Telephone Line TELEPHONE - CELLULAR Office Expenses - Telephone Linnal Entries JE # 11 ptions from the Dues account Subscriptions	E.01 - 916009	3,965.00 7,255.00 316.00 433.00 1,216.00 70,000.00 2,259.00 87,250.00 584.00	87,250.00 584.00 584.00

Client:

Scofield Manor

Engagement: Period Ending:

Medicaid - Scofield Manor 2018 Cost Report

Period Ending: Trial Balance: 9/30/2018 A.01 - TB-OTHER

Workpaper:

H.01 - Reclassifying Journal Entries Report

Account	Description	W/P Ref	Debit	Credit
To reclass help wa	anted to the correct line on the cost report			
Marcum 5 914001 Total	Recruitment Advertising and Marketing	-	391.00 391.00	391.00 391.00
	used Entries IE # 42	D 04 Page 46		
To reclass interes	urnal Entries JE # 13 t income	D.01 - Page 16		
715001 303610 303611	Other revenue Interest Income INTEREST - MARIE WHITE		116.00	59.00 57.00
Total			116.00	116.00



Workpaper Index:

B.03

Prepared By:

Reviewed By:

1/23/2019

Workpaper Date: Run Date:

1/23/2019

Provider Name: Provider Number: Stamford Elderly Housing Corp. d/b/a Scofield Manor

Period Ended:

1822-RCH

9/30/18

Name of Workpaper:

VHCL CKLST

VEHICLE COMPLIANCE CHECKLIST

PURPOSE:

To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? Request insurance cards and current vehicle registration.				
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?				
5	Was personal use of the facility vehicles determined?	. ,			
6	Has the maximum cost allowed for depreciation purposes or the maximum allowablemonthly lease expense been determined?				
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?		-		
8	Were all motor vehicle additions physically inspected?				

Conclusion: