

NOTE:

If amended pages are necessary, please submit the amended pages with changes highlighted in yellow, along with a signed and notarized Page 1. As a reminder, if any expense pages have changed, which result in a net increase or decrease to total expenses, please submit the necessary amended Pages 27, 35 and 36. If any depreciation and/or amortization expenses have changed, please submit the corresponding Page 23 or 24 along

| | | | |
|---|------------------------|----------------------|---|
| Allstar Therapy 21 Waterville Rd. Avon, CT | Therapy Services | See Disclosure Pg. 4 | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Healthport Services 21 Waterville Rd. Avon, CT | Employee Staffing | See Disclosure Pg. 4 | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| West River Pharmacy of Connecticut Plainville, CT | Pharmacist | | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Dr. Hector Pun, MD 134 Grandview Avenue, Waterbury, CT | Medical Director | | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| John Moschello, 594 Mt. Fair Drive, Watertown CT | Utilization Review | | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Frank Longo, 597 Highland Avenue, Waterbury, CT | Utilization Review | | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Health Drive Dental, 1 Prestige Dr, Meriden CT | Dentist | | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Joseph Futschik, PO Box 292, Ansonia, CT | Social Worker | | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Pointright 150 Cambridge Park Drive, Suite 200, North Attleboro, MA 02146 | Data Integrity Auditor | | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Celtic Consultants PO Box 148 Goshen, CT 06756 | MDS Consultant | | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| | | | <input type="radio"/> Yes <input type="radio"/> No |
| | | | <input type="radio"/> Yes <input type="radio"/> No |
| | | | <input type="radio"/> Yes <input type="radio"/> No |
| | | | <input type="radio"/> Yes <input type="radio"/> No |
| | | | <input type="radio"/> Yes <input type="radio"/> No |
| | | | <input type="radio"/> Yes <input type="radio"/> No |
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| | | | <input type="radio"/> Yes <input type="radio"/> No |
| | | | <input type="radio"/> Yes <input type="radio"/> No |
| | | | <input type="radio"/> Yes <input type="radio"/> No |
| | | | <input type="radio"/> Yes <input type="radio"/> No |

| Name & Address of Individual or Company Supplying Service | Cost of Management Services | Full Description of Management Service Provided | Indicate Where Costs are Included in Annual Report Page #/Line # |
|---|-----------------------------|---|--|
| Apple Health Care, Inc. | 560,970 | Accounting & Managerial Services | Pg. 16 ml2 |
| | | | |
| | | | |
| | | | |

2H Is the cost of employee meals included in 2E? Yes No

2I Did you receive revenue from employees? Yes No If yes, specify amt.

2J Where is the revenue received reported in the Cost Report? (Page/Line Item)

2K Is the cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? Yes No If yes, specify cost.

2L Is any revenue collected from these people? Yes No If yes, specify amt.

2M Where is the revenue received reported in the Cost Report? (Page/Line Item)

2N Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? Yes No If yes, specify cost.

2O Is any revenue collected from employees? Yes No If yes, specify amt.

2P Where is the revenue received reported in the Cost Report? (Page/Line Item)

3G Is cost of employee laundry included in 3E? Yes No If yes, specify cost.

3H Did you receive revenue from employees? Yes No If yes, specify amt.

3I Where is the revenue received reported in the Cost Report? (Page/Line Item)

3J Is cost of laundry provided to persons other than employees or residents included in 3E? Yes No If yes, specify cost.

3K Did you receive revenue from these people? Yes No If yes, specify amt.

3L Where is the revenue received reported in the Cost Report? (Page/Line Item)

Is the property either owned by the Facility or leased from a Related Party? Yes No If "Yes" complete Part B.
If "No" complete Part C.

| Description | Total |
|--|--------|
| 11A1 Date Land Purchased | |
| 11A2 Date Structure Completed | |
| 11A3 If NOT Original Owner, Date of Purchase | |
| 11A4 Date of Initial Licensure | |
| 11A5 Total Licensed Bed Capacity | 110 |
| 11A6 Square Footage | 43,828 |
| 11A7 Original Cost - Land | |
| 11A7 Original Cost - Building | |

| Part B - Owner and Related Parties | 1st Mortgage | 2nd Mortgage | 3rd Mortgage | 4th Mortgage |
|---|--------------|--------------|--------------|--------------|
| 11B1a Type of Financing (e.g., fixed, variable) | | | | |
| 11B1b Date Mortgage Obtained | | | | |
| 11B1c Interest Rate for the Cost Year | | | | |
| 11B1d Term of Mortgage (number of years) | See Attached | | | |
| 11B1e Amount of Principal Borrowed | | | | |
| 11B1f Principal balance outstanding as of <u>Complete if Mortgage was Refinanced During Current Cost Year</u> | | | | |
| 11B1g Type of Financing (e.g., fixed, variable) | | | | |
| 11B1h Date of Refinancing | | | | |
| 11B1i New Interest Rate | | | | |
| 11B1j Term of Mortgage (number of years) | | | | |
| 11B1k Amount of Principal Borrowed | | | | |
| 11B1l Principal Outstanding on Note Paid-Off | | | | |

| Part C - Arms-Length Leases for Real Property Improvements Only | Name and Address of Lessor | Property Leased | Date of Lease | Term of Lease | Annual Amount of Lease |
|---|----------------------------|-----------------|---------------|---------------|------------------------|
| Arms-length leases | | | | | |
| Arms-length leases | | | | | |
| Arms-length leases | | | | | |
| Arms-length leases | | | | | |
| Arms-length leases | | | | | |

Printed Name of Preparer
Robert Gwizdak

Address of Preparer
21 Waterville Road Avon, CT 06001

Phone Number of Preparer
(860) 470-7535

| | B | C | D | E | F | G | H | I |
|----|-------|--|------------------|---------------|----------|----------|----------|----------|
| 69 | | Other Physician Fees | 0 | | | | | |
| 70 | B9a | ST-Resident Care | 72,062 | 385 | | | | |
| 71 | b | ST-Other | | | | | | |
| 72 | B10a | OT-Resident Care | 411,843 | 6,719 | | | | |
| 73 | b | OT-Other | | | | | | |
| 74 | B11a1 | RNs - Direct Care | 0 | | | | | |
| 75 | 2 | RNs - Administrative | | | | | | |
| 76 | b1 | LPNs - Direct Care | 0 | | | | | |
| 77 | 2 | LPNs - Administrative | | | | | | |
| 78 | c | Aides | 0 | | | | | |
| 79 | d | Other | 0 | | | | | |
| 80 | B12 | Other (Specify) Other Fees Schedule | 19,358 | 161 | - | - | - | - |
| 81 | | See Attached Schedule | | | | | | |
| 82 | B13 | Total Fees in Lieu of Salaries | 1,049,461 | 15,351 | 0 | 0 | 0 | 0 |

| | J |
|----|---|
| 69 | |
| 70 | |
| 71 | |
| 72 | |
| 73 | |
| 74 | |
| 75 | |
| 76 | |
| 77 | |
| 78 | |
| 79 | |
| 80 | |
| 81 | |
| 82 | |

| | B | C | D | E | F | G |
|----|-----|---|---------------|---------------|----------|----------|
| 46 | 7A | Physical Therapy - Medicare Part B | 4,585 | 4,585 | | |
| 47 | 7B1 | Maintenance Treatments | 0 | | | |
| 48 | 7B2 | Restorative Treatments | 0 | | | |
| 49 | 7C | Physical Therapy - Other | 25,579 | 25,579 | | |
| 50 | 7D | Total Physical Therapy Treatments | 30,164 | 30,164 | 0 | 0 |
| 51 | 8A | Speech Therapy - Medicare Part B | 551 | 551 | | |
| 52 | 8B1 | Maintenance Treatments | 0 | | | |
| 53 | 8B2 | Restorative Treatments | 0 | | | |
| 54 | 8C | Speech Therapy - Other | 989 | 989 | | |
| 55 | 8D | Total Speech Therapy Treatments | 1,540 | 1,540 | 0 | 0 |
| 56 | 9A | Occupational Therapy - Medicare Part B | 3,231 | 3,231 | | |
| 57 | 9B1 | Maintenance Treatments | 0 | | | |
| 58 | 9B2 | Restorative Treatments | 0 | | | |
| 59 | 9C | Occupational Therapy - Other | 23,643 | 23,643 | | |
| 60 | 9D | Total Occupational Therapy Treatments | 26,874 | 26,874 | 0 | 0 |
| 61 | | | | | | |

Line #

Please fill out the following information for all Operators/Owners, Administrators, Assistant Administrators and other relatives of Owners employed in and paid by facility.

Page 11 & 12

Section I- Operators/Owners

| Name | CCNH | RHNS | (Specify) | Total Hours Worked | Line Where Claimed on Page 10 | Fringe Benefits and/or Other Payments (describe fully) | Full Description of Services Rendered | Name and Address of All Other Employment** | Total Hours Worked | Compensation Received |
|------|------|------|-----------|--------------------|-------------------------------|--|---------------------------------------|--|--------------------|-----------------------|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Section II-Other Related Parties

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Section III- Administrators

| | | | | | | | | | | |
|--------------------|--------|--|--|-------|------|--|---------------------------------|------------------------|-----|--------|
| Rebecca Venisofsky | 69,232 | | | 1,320 | A.2. | | Administrator 10/01/15-5/13/16 | Apple Rehab Rocky Hill | 800 | 47,779 |
| Wesley Downing | 25,577 | | | 760 | A.2. | | Administrator 5/14/16-9/30/2016 | | | |
| | | | | | | | | | | |

Section IV- Assistant Administrators

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

List all contracted services - not just those you consider pertain to resident care.

Page 21

| Name of Individual/Company | Address | Related to Owner | | Explanation of Relationship | Full Explanation of Services Provided | Total Cost/Page Ref. | | | | |
|---------------------------------------|--|--|--|-----------------------------|---------------------------------------|----------------------|------|-----------|------|------|
| | | Operators, Officers | | | | CCNH | RHNS | (Specify) | Page | Line |
| CWPM, LLC | 25 Norton Place, Plainville, CT 06062 | <input type="radio"/> Yes <input type="radio"/> No | | | Refuse Removal | 18,654 | | | 22 | 6f |
| Perfectemp Heating & Air Conditioning | 635 Old Turnpike Road Plantsville, Ct 06479 | <input type="radio"/> Yes <input type="radio"/> No | | | Heating and Air Conditioning | 10,740 | | | 22 | 6a |
| Garden Acquisition Holdings, Inc. | 2711 Centerville Road Suite 400 Wilmington, DE 19808 | <input type="radio"/> Yes <input type="radio"/> No | | | Lawn care | 16,653 | | | 22 | 6a |
| | | <input type="radio"/> Yes <input type="radio"/> No | | | | | | | | |
| | | <input type="radio"/> Yes <input type="radio"/> No | | | | | | | | |
| | | <input type="radio"/> Yes <input type="radio"/> No | | | | | | | | |
| | | <input type="radio"/> Yes <input type="radio"/> No | | | | | | | | |
| | | <input type="radio"/> Yes <input type="radio"/> No | | | | | | | | |
| | | <input type="radio"/> Yes <input type="radio"/> No | | | | | | | | |
| | | <input type="radio"/> Yes <input type="radio"/> No | | | | | | | | |
| | | <input type="radio"/> Yes <input type="radio"/> No | | | | | | | | |
| | | <input type="radio"/> Yes <input type="radio"/> No | | | | | | | | |
| | | <input type="radio"/> Yes <input type="radio"/> No | | | | | | | | |
| | | <input type="radio"/> Yes <input type="radio"/> No | | | | | | | | |

Please fill in the Depreciation Schedule as follows:

Asset Addition Schedule

| | Historical Cost Exclusive of Land | Less Salvage Value | Cost to be Depreciated | Accumulated Depreciation to Beginning of Year's Operations | Method of Computing Depreciation | Useful Life | Depreciation for This Year |
|---|--------------------------------------|-----------------------|---------------------------|---|--|-------------|-------------------------------|
| A1 Land Improvements - Acquired prior to report period | | | | | | | |
| A2 Land Improvements - Disposals | - | | | | | | - |
| A3 Land Improvements - Acquired during this report period (attach schedule) | | | | | | | - |
| B1 Building Improvements - Acquired prior to this report period | | | | | | | |
| B2 Building Improvements - Disposals | - | | | | | | - |
| B3 Building Improvements - Acquired during this report period (attach schedule) | | | | | | | - |
| C1 Non-Movable Equipment - Acquired prior to this report period | 47,771 | | 47,771 | 33,902 | S/L | Various | 1,695 |
| C2 Non-Movable Equipment - Disposals | - | | | | | | - |
| C3 Non-Movable Equipment - Acquired during this report period (attach schedule) | 3,133 | | 3,133 | | S/L | Various | 107 |

| | Movable Equipment - Motor vehicles (specify name, model and year of each vehicle) | Is a mileage logbook maintained? | | Date of Acquisition | | Historical Cost Exclusive of Land | Less Salvage Value | Cost to be Depreciated | Accumulated Depreciation to Beginning of Year's Operations | Method of Computing Depreciation | Useful Life | Depreciation for This Year |
|-----|---|----------------------------------|----|---------------------|------|--------------------------------------|-----------------------|---------------------------|---|--|-------------|-------------------------------|
| | | Yes | No | Month | Year | | | | | | | |
| | | | | | | | | | | | | |
| D1a | | | | | | | | | | | | |
| D1b | | | | | | | | | | | | |
| D1c | | | | | | | | | | | | |
| D1d | | | | | | | | | | | | |
| D2a | Movable Equipment - Acquired prior to this report period | | | Various | | 683,280 | | 683,280 | 557,246 | S/L | Various | 27,120 |
| D2b | Disposals | | | | | - | | | | | | - |
| D2c | Movable Equipment - Acquired during this report period (attach schedule) | | | Various | | 6,806.40 | | 6,806 | | S/L | Various | 143 |

Please fill in the Amortization Schedule as follows:

| | Organization Expense | Date of Acquisition | | Length of Amortization | Cost to be Amortized | Accumulated Amortization to Beginning of Year's Operations | Basis for Computing Amortization | Rate % | Amortization for This Year |
|----|---|---------------------|------|------------------------|----------------------|--|----------------------------------|--------|----------------------------|
| | | Month | Year | | | | | | |
| | | | | | | | | | |
| A1 | | | | | | | | | |
| A2 | | | | | | | | | |
| A3 | | | | | | | | | |
| B1 | Mortgage Expense | | | | | | | | |
| B2 | | | | | | | | | |
| B3 | | | | | | | | | |
| C1 | Leasehold Improvements and Other - Acquired prior to this report period | | | Various | | 1,083,619 | 647,827 | A | 54,566 |
| C2 | Leasehold Improvements and Other - Disposals | | | | | - | | | - |
| C3 | Leasehold Improvements and Other - Acquired during this report period (attach schedule) | | | Various | | 45118.35 | | | 2,409 |

| | A | B | C | D | E |
|----|--------|---|--|-----------|-----------|
| 1 | Line # | | Description | Subtotal | Total |
| 2 | | | <i>Current Assets</i> | | |
| 3 | A1 | | Cash (on hand and in banks) | | 583 |
| 4 | A2 | | Resident Accounts Receivable | | 1,761,862 |
| 5 | A3 | | Other Accounts Receivable | | |
| 6 | A4 | | Inventories | | 12,244 |
| 7 | A5 | | Prepaid Expenses (itemize) | | 37,848 |
| 8 | a | | Prepaid Insurance | 0 | |
| 9 | b | | Prepaid Property Tax | 37,848 | |
| 10 | c | | Other Prepaid Expenses | 0 | |
| 11 | d | | | | |
| 12 | A6 | | Interest Receivable | | |
| 13 | A7 | | Medicare Final Settlement Receivable | | |
| 14 | A8 | | Other Current Assets (itemize) | | 1,668,411 |
| 15 | | | Due Affiliate (Debit Balance) | 1,665,643 | |
| 16 | | | A/P Patient Exchange | 2,767 | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | A9 | | Total Current Assets (Lines A1 thru 8) | | 3,480,947 |
| 20 | | | | | |
| 21 | | | <i>Fixed Assets</i> | | |
| 22 | B1 | | Land | | 0 |
| 23 | B2 | | Land Improvements | | 0 |
| 24 | | | Historical Cost | | |
| 25 | | | Accumulated Depreciation | | |
| 26 | B3 | | Buildings | | 0 |
| 27 | | | Historical Cost | | |
| 28 | | | Accumulated Depreciation | | |
| 29 | B4 | | Leasehold Improvements | | 423,935 |
| 30 | | | Historical Cost | 1,128,737 | |
| 31 | | | Accumulated Depreciation | 704,802 | |
| 32 | B5 | | Non-Movable Equipment | | 15,200 |
| 33 | | | Historical Cost | 50,904 | |
| 34 | | | Accumulated Depreciation | 35,704 | |
| 35 | B6 | | Movable Equipment | | 105,577 |
| 36 | | | Historical Cost | 690,086 | |
| 37 | | | Accumulated Depreciation | 584,509 | |
| 38 | B7 | | Motor Vehicles | | 0 |
| 39 | | | Historical Cost | 0 | |
| 40 | | | Accumulated Depreciation | 0 | |
| 41 | B8 | | Minor Equipment-Not Depreciable | | |
| 42 | B9 | | Other Fixed Assets (itemize) | | 111 |
| 43 | | | Fixed Asset Clearing Account | 111 | |
| 44 | | | Construction in Progress | 0 | |
| 45 | B10 | | Total Fixed Assets (Lines B1 thru 9) | | 544,823 |
| 46 | | | Total Brought Forward | | 4,025,770 |
| 47 | | | <i>Leasehold or like property recorded for Equity Purposes</i> | | |
| 48 | C1 | | Land | | 0 |
| 49 | C2 | | Land Improvements | | 0 |
| 50 | | | Historical Cost | | |
| 51 | | | Accumulated Depreciation | | |
| 52 | C3 | | Buildings | | 0 |
| 53 | | | Historical Cost | | |
| 54 | | | Accumulated Depreciation | | |
| 55 | C4 | | Non-Movable Equipment | | 0 |
| 56 | | | Historical Cost | | |
| 57 | | | Accumulated Depreciation | | |
| 58 | C5 | | Movable Equipment | | 0 |
| 59 | | | Historical Cost | | |
| 60 | | | Accumulated Depreciation | | |
| 61 | C6 | | Motor Vehicles | | 0 |
| 62 | | | Historical Cost | | |
| 63 | | | Accumulated Depreciation | | |
| 64 | C7 | | Minor Equipment -Not Depreciable | | |
| 65 | C8 | | Total Leasehold or Like Properties (C1 thru 7) | | 0 |
| 66 | | | | | |
| 67 | | | <i>Investment and Other Assets</i> | | |
| 68 | D1 | | Deferred Deposits | | |
| 69 | D2 | | Escrow Deposits | | |

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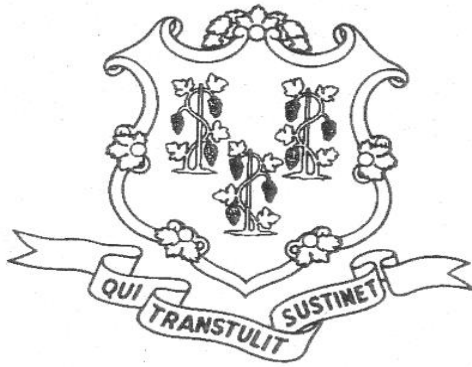
Page 32

| | A | B | C | D | E |
|-----|---|-----|---|---------|-----------|
| 70 | | D3 | Organization Expense | | 0 |
| 71 | | | Historical Cost | | |
| 72 | | | Accumulated Depreciation | | |
| 73 | | D4 | Goodwill | | 0 |
| 74 | | D5 | Investments Related to Resident Care | | 0 |
| 75 | | | | | |
| 76 | | | | | |
| 77 | | D6 | Loans to Owners or Related Parties | | 0 |
| 78 | | | Name and Address | | |
| 79 | | | Amount | | |
| 80 | | | Loan Date | | |
| 81 | | | | | |
| 82 | | D7 | Other Assets | | 0 |
| 83 | | | Loans Rec. - Officers/Owner | 0 | |
| 84 | | | Capitalized Refinance Expense | 0 | |
| 85 | | | Leasehold Deposits | 0 | |
| 86 | | D8 | Total Investments and Other Assets (Lines D1 thru 7) | | 0 |
| 87 | | D9 | Total All Assets (Lines A9 + B10 + C8 + D8) | | 4,025,770 |
| 88 | | | | | |
| 89 | | | <i>Current Liabilities</i> | | |
| 90 | | A1 | Trade Accounts Payable | | 537,042 |
| 91 | | A2 | Notes Payable (itemize) | | 0 |
| 92 | | | | | |
| 93 | | | | | |
| 94 | | | | | |
| 95 | | | | | |
| 96 | | A3 | Loans Payable for Equipment | | 0 |
| 97 | | | Name of Lender | | |
| 98 | | | Purpose | | |
| 99 | | | Amount | | |
| 100 | | | Date Due | | |
| 101 | | | | | |
| 102 | | | Name of Lender | | |
| 103 | | | Purpose | | |
| 104 | | | Amount | | |
| 105 | | | Date Due | | |
| 106 | | | | | |
| 107 | | A4 | Accrued Payroll (<i>Exclusive of Owners & Stockholders</i>) | | 135,583 |
| 108 | | A5 | Accrued Payroll (<i>Owners & Stockholders only</i>) | | |
| 109 | | A6 | Accrued Payroll Taxes Payable | | 3,131 |
| 110 | | A7 | Medicare Final Settlement Payable | | |
| 111 | | A8 | Medicare Current Financing Payable | | |
| 112 | | A9 | Mortgage Payable | | |
| 113 | | A10 | Interest Payable | | |
| 114 | | A11 | Accrued Income Taxes | | |
| 115 | | A12 | Other Current Liabilities (itemize) | | 479,331 |
| 116 | | | Accrued PTO | 130,361 | |
| 117 | | | Accrued Pension | 5,010 | |
| 118 | | | Accrued Worker's Comp | 151,386 | |
| 119 | | | Accrued Expense Other | 87,789 | |
| 120 | | | Accrued Professional Fee | 4,906 | |
| 121 | | | Payroll W/H | 63,303 | |
| 122 | | | A/R Donations | 1,620 | |
| 123 | | | A/R Exchange | 34,956 | |
| 124 | | A13 | Total Current Liabilities Lines A1 thru 12) | | 1,155,086 |
| 125 | | | Total Brought Forward | | 1,155,086 |
| 126 | | | <i>Long-Term Liabilities</i> | | |
| 127 | | B1 | Loans Payable-Equipment | | |
| 128 | | | Name of Lender | | |
| 129 | | | Purpose | | |
| 130 | | | Amount | | |
| 131 | | | Date Due | | |
| 132 | | | | | |
| 133 | | | Name of Lender | | |
| 134 | | | Purpose | | |
| 135 | | | Amount | | |
| 136 | | | Date Due | | |
| 137 | | | | | |
| 138 | | B2 | Mortgages Payable | | |

| | A | B | C | D | E | |
|-----|---------|----|--|---------------------------------------|------------|-----------|
| 139 | Page 34 | B3 | Loans from Owners or Related Parties | | 1,005,613 | |
| 140 | | | Name and Address of Lender | Brian J. Foley | | |
| 141 | | | Amount | 1,005,613 | | |
| 142 | | | Loan Date | Demand | | |
| 143 | | | | | | |
| 144 | | | Name and Address of Lender | | | |
| 145 | | | Amount | | | |
| 146 | | | Loan Date | | | |
| 147 | | | | | | |
| 148 | | | B4 | Other Long-Term Liabilities (itemize) | | 0 |
| 149 | | | | Security Deposits | 0 | |
| 150 | | | | | | |
| 151 | | | | | | |
| 152 | | | | | | |
| 153 | | B5 | Total Long-Term Liabilities (Lines B1 thru 4) | | 1,005,613 | |
| 154 | | C | Total All Liabilities (Lines A13 + B5) | | 2,160,699 | |
| 155 | | | | | | |
| 156 | | | <i>Reserves</i> | | | |
| 157 | | A1 | Reserve for value of leased land | | | |
| 158 | | A2 | Reserve for depreciation value of leased buildings and appurtenances to be amortized | | | |
| 159 | | A3 | Reserve for depreciation value of leased personal property (Equity) | | | |
| 160 | | A4 | Reserve for leasehold real properties on which fair rental value is based | | | |
| 161 | | A5 | Reserve for funds set aside as donor restricted | | | |
| 162 | | A6 | Total Reserves | | 0 | |
| 163 | | | <i>Net Worth</i> | | | |
| 164 | Page 35 | B1 | Owner's Capital | | (473,577) | |
| 165 | | B2 | Capital Stock | | 1,000 | |
| 166 | | B3 | Paid-in Surplus | | | |
| 167 | | B4 | Treasury Stock | | | |
| 168 | | B5 | Cumulated Earnings | | 1,916,558 | |
| 169 | | B6 | Gain or Loss for Period 10/1/2015 thru 09/30/2016 | | 421,089 | |
| 170 | | B7 | Total Net Worth | | 1,865,070 | |
| 171 | | C | Total Reserves and Net Worth | | 1,865,070 | |
| 172 | | D | Total Liabilities, Reserves, and Net Worth | | 4,025,770 | |
| 173 | | | | | | |
| 174 | | | A | Balance at End of Prior Period | | 1,449,973 |
| 175 | | B | Total Revenue | | 11,673,809 | |
| 176 | | C | Total Expenditures | | 11,252,720 | |
| 177 | | D | Net Income or Deficit | | 421,089 | |
| 178 | | E | Balance | | 1,871,062 | |
| 179 | | F1 | Additional Capital Contributed (itemize) | | | |
| 180 | | | | | | |
| 181 | | | | | | |
| 182 | | | | | | |
| 183 | | | | | | |
| 184 | | F2 | Other (itemize) | | | |
| 185 | | | | | | |
| 186 | | | | | | |
| 187 | | | | | | |
| 188 | | | | | | |
| 189 | | F3 | Total Additions | | 0 | |
| 190 | Page 36 | G1 | Drawings of Owners/Operators/Partners | | | |
| 191 | | | Name and Address | Brian J. Foley | | |
| 192 | | | Title | President | | |
| 193 | | | Amount | 5,992 | | |
| 194 | | | | | | |
| 195 | | | Name and Address | | | |
| 196 | | | Title | | | |
| 197 | | | Amount | | | |
| 198 | | | G2 | Other Withdrawings | | |
| 199 | | | | Purpose | | |
| 200 | | | | Amount | | |
| 201 | | | | | | |
| 202 | | | | Purpose | | |
| 203 | | | | Amount | | |
| 204 | | G3 | Total Deductions | | 5,992 | |

| | A | B | C | D | E |
|-----|---|---|---------------------------------|---|------------------|
| 205 | | H | <i>Balance at End of Period</i> | | 1,865,070 |

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

| | |
|--|-------------------------------------|
| Name of Facility (as licensed) Apple Rehab Watertown | |
| Address (No. & Street, City, State, Zip Code) 35 Bunker Hill Road, Watertown, CT 06795 | |
| Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS) | |
| Report for Year Beginning 10/1/2015 | Report for Year Ending 9/30/2016 |

| | | | | |
|------------------|----------------|------|-----------|------------------------------|
| License Numbers: | CCNH 1082-C | RHNS | (Specify) | Medicare Provider 07-5181 |
|------------------|----------------|------|-----------|------------------------------|

| | | | |
|----------------------------|----------------|------|---------|
| Medicaid Provider Numbers: | CCNH 210827 | RHNS | ICF-IID |
|----------------------------|----------------|------|---------|

For Department Use Only

| Sequence Number Assigned | Signed and Notarized | Date Received | Sequence Number Assigned | Signed and Notarized | Date Received |
|--------------------------|----------------------|---------------|--------------------------|----------------------|---------------|
| | | | | | |
| | | | | | |

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General Information

| | | | | |
|---|-----------------------|------------------------------------|-----------|----------|
| Name of Facility (as licensed) Apple Rehab Watertown | License No. 1082-C | Report for Year Ended 9/30/2016 | Page 1 | of 37 |
|---|-----------------------|------------------------------------|-----------|----------|

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT 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 Apple Rehab Watertown [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, 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.

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.

| | | | | | |
|--|----------|------|--|----------------------|------|
| Signed (Administrator) | | Date | Signed (Owner) | | Date |
| Printed Name (Administrator) Wesley Downing | | | Printed Name (Owner) Brian J. Foley | | |
| 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 Adjustment | | | Page 1A | of 37 |
|---|--------------------------------|--------------------|-----------------|-----------|
| Name of Facility Apple Rehab Watertown | Period Covered: | From 10/1/2015 | To 9/30/2016 | |
| Address of Facility 35 Bunker Hill Road, Watertown, CT 06795 | | | | |
| Report Prepared By Apple Health Care, Inc. | Phone Number (860) 678-9755 | Date 12/31/2016 | | |
| Item | Total | CCNH | RHNS | (Specify) |
| 1. Dietary wages paid \$ | | | | |
| 2. Laundry wages paid \$ | | | | |
| 3. Housekeeping wages paid \$ | | | | |
| 4. Nursing wages paid \$ | | | | |
| 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

| | | | | | |
|--|--|--|--|---|-----------------------|
| Phone No. of Facility | | Report for Year Ended | | Page | of |
| 860-945-7034 | | 9/30/2016 | | 2 | 37 |
| Name of Facility (as shown on license) | | | Address (No. & Street, City, State, Zip) | | |
| Apple Rehab Watertown | | | 35 Bunker Hill Road, Watertown, CT 06795 | | |
| License Numbers: | | CCNH | RHNS | (Specify) | Medicare Provider No. |
| 1082-C | | | | | 07-5181 |
| Type of Facility (Check appropriate box(es)) | | | | | |
| <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) | | <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) | | <input type="checkbox"/> (Specify) | |
| Type of Ownership (Check appropriate box) | | | | | |
| <input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust | | | | | |
| If this facility opened or closed during report year provide: | | | | Date Opened | Date Closed |
| | | | | | |
| Has there been any change in ownership or operation during this report year? | | | | | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully. | | | | | |
| | | | | | |
| Administrator | | | | | |
| Name of Administrator | | | | Nursing Home Administrator's License No.: | |
| Wesley Downing | | | | | 2036 |
| Other Operators/Owners who are assistant administrators (full or part time) of this facility. | | | | | |
| Name | | | | License No.: | |
| | | | | | |
| | | | | | |
| | | | | | |

**General Information and Questionnaire
 Corporate Owners**

| | | | | |
|--|---|------------------------------------|-------------------------|----------|
| Name of Facility Apple Rehab Watertown | License No. 1082-C | Report for Year Ended 9/30/2016 | Page 3A | of 37 |
| If this facility is owned or operated as a corporation, provide the following information: | | | | |
| Legal Name of Corporation | Business Address | State(s) in Which Incorporated | | |
| Apple Rehab Watertown | 35 Bunker Hill Road, Watertown, CT 06795 | Connecticut | | |
| Name of Directors, Officers | Business Address | Title | No. Shares Held by Each | |
| Brian J. Foley | 21 Waterville Road Avon, CT 06001 | President | 100 | |
| Ryan Vess | 21 Waterville Road Avon, CT 06001 | Secretary | | |
| | | | | |
| | | | | |
| | | | | |
| Names of Stockholders Owning at Least 10% of Shares | | | | |
| Brian J. Foley | 21 Waterville Road Avon, CT 06001 | President | 100 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Annual Report of Long-Term Care Facility

**General Information and Questionnaire
Related Parties***

| | | | | |
|---|-----------------------|------------------------------------|-----------|----------|
| Name of Facility Apple Rehab Watertown | License No. 1082-C | Report for Year Ended 9/30/2016 | Page 4 | of 37 |
|---|-----------------------|------------------------------------|-----------|----------|

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

| Name of Related Individual or Company | Business Address | Also Provides Goods/Services to Non-Related Parties | | | Description of Goods/Services Provided | Indicate Where Costs are Included in Annual Report Page # / Line # | Cost Reported | Actual Cost to the Related Party |
|---------------------------------------|-----------------------------|---|----------------------------------|-----|--|--|---------------|----------------------------------|
| | | Yes | No | %** | | | | |
| Brian J. Foley | 21 Waterville Road Avon, CT | <input type="radio"/> | <input checked="" type="radio"/> | | Real Estate Rental | Pg. 22 Line 9 | 960,000 | 960,000 |
| Apple Health Care | 21 Waterville Road Avon, CT | <input type="radio"/> | <input checked="" type="radio"/> | | Management & Accounting Services | Pg. 16 Line m12 | 560,970 | 560,970 |
| Healthport Services | 21 Waterville Road Avon, CT | <input type="radio"/> | <input checked="" type="radio"/> | | Employee Staffing | Pg. 10/13 Schedule | 104,991 | 104,991 |
| Allstar Therapy | 21 Waterville Road Avon, CT | <input checked="" type="radio"/> | <input type="radio"/> | 15% | Therapy Services | Pg. 13 B5/B9/B10 | 669,743 | 614,154 |
| Corporate Employees | 21 Waterville Road Avon, CT | <input type="radio"/> | <input checked="" type="radio"/> | | Employee Staffing | Pg. 10 Schedule | 15,737 | 15,737 |
| Employees @ various Apple Facilities | | <input type="radio"/> | <input checked="" type="radio"/> | | Employee Staffing | Pg. 10 Schedule | 3,490 | 3,490 |
| Apple Health Care | 21 Waterville Road Avon, CT | <input type="radio"/> | <input checked="" type="radio"/> | | Pension Plan (401K) | Pg. 15 1a7 | 23,811 | 23,811 |
| Aetna | PO Box 88860 Chicago, IL | <input checked="" type="radio"/> | <input type="radio"/> | | Group Medical | Pg. 15 1a5 | 384,101 | |
| Delta Dental | PO Box 23700 Newark, NJ | <input checked="" type="radio"/> | <input type="radio"/> | | Group Dental | Pg. 15 1a5 | 22,150 | |

* Use additional sheets if necessary.

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

**General Information and Questionnaire
 Related Parties***

| Name of Facility Apple Rehab Watertown | | License No. 1082-C | | Report for Year Ended 9/30/2016 | | Page 4 | of 37 | |
|---|----------------------------|---|----|------------------------------------|---|--|---|----------------------------------|
| Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? | | | | | | Yes x No | If "Yes," provide the Name/Address and complete the information on Page 11 of the report. | |
| Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? | | | | | | x Yes No | If "Yes," provide the following information: | |
| Name of Related Individual or Company | Business Address | Also Provides Goods/Services to Non-Related Parties | | | Description of Goods/Services Provided | Indicate Where Costs are Included in Annual Report Page # / Line # | Cost Reported | Actual Cost to the Related Party |
| | | Yes | No | %** | | | | |
| Aetna Ancillary | PO Box 88860 Chicago, IL | X | | | Group Life & Disability | Pg. 15 1a6 | 17,451 | |
| Marsh | PO Box 19636 Newark, NJ | X | | | Property, Liability, & Umbrella Insurance | Pg. 27 14a | 114,449 | |
| AIG | PO Box 10472 Newark, NJ | X | | | Worker's Compensation | Pg. 15 1a1 | 94,923 | |
| Swallowing Diagnostics | 21 Waterville Rd. Avon, CT | X | | 83% | Diagnostic Services | Pg. 20 5f | 2,520 | 2,376 |
| Brendan Foley | 21 Waterville Rd. Avon, CT | | X | | | ## | | |
| Ryan Vess | 21 Waterville Rd. Avon, CT | | X | | | ## | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.
 ## Related expense has been disallowed on Pg. 28 Line 23

General Information and Questionnaire

Basis for Allocation of Costs

| | | | | |
|---|-----------------------|------------------------------------|-----------|----------|
| Name of Facility Apple Rehab Watertown | License No. 1082-C | Report for Year Ended 9/30/2016 | Page 5 | of 37 |
|---|-----------------------|------------------------------------|-----------|----------|

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

| Item | Method of Allocation |
|---|--|
| Dietary | Number of meals served to residents |
| Laundry | Number of pounds processed |
| Housekeeping | Number of square feet serviced |
| Nursing | Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants |
| Direct Resident Care Consultants | Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>) |
| Maintenance and operation of plant | Square feet |
| Property costs (depreciation) | Square feet |
| Employee health and welfare | Gross salaries |
| Management services | Appropriate cost center involved |
| All other General Administrative expenses | Total of Direct and Allocated Costs |

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

The costs incurred by Apple Health Care, inc. (a related party), to provide Accounting and Managerial services to each facility owned by Brian J. Foley, are allocated on a per bed basis.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

N/A

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 Apple Rehab Watertown | | | License No. 1082-C | | | Report for Year Ended 9/30/2016 | | Page 6 | of 37 |
|---|---|-----------------------|-----------------------------|--------------------|------------------|------------------------------------|-------------------|-----------|----------|
| Name and Address of Lessor | Related * to Owners, Operators, Officers | | Description of Items Leased | Date of Lease** | Term of Lease | Annual Amount of Lease | Amount Claimed | | |
| | Yes | No | | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | | | | | | | |
| | | | | | | | Total *** | | |

Is a Mileage Log Book Maintained for All Leased Vehicles ? Yes No **Total *****

* 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 Apple Rehab Watertown | License No. 1082-C | Report for Year Ended 9/30/2016 | Page 7 | of 37 |
|---|-----------------------|------------------------------------|-----------|----------|

The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes No If "No," explain.

Independent Accounting Firm

| | |
|-------------------------|---|
| Name of Accounting Firm | Address (No. & Street, City, State, Zip Code) |
| 1 Blum Shapiro & Co. PC | 29 South Main St. West Hartford, CT 06127 |
| 2 Brazee & Huban | 35 Wendell Avenue Pittsfield, MA 10202 |
| 3 | |
| 4 | |

Services Provided by This Firm (*describe fully*)

| | | |
|---|----|------------------------------|
| 1 Preparation of audited financials (disallow Pg. 28) | \$ | 6,170 |
| 2 Preparation of tax returns | \$ | 1,035 |
| 3 | \$ | |
| 4 | \$ | |
| | | Charge for Services Provided |
| | | \$ 7,206 |

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg. 15 1d

Legal Services Information

| | |
|--|------------------|
| Name of Legal Firm or Independent Attorney | Telephone Number |
| 1 Summa & Ryan | |
| 2 Law Offices of Jason Degenaro | |
| 3 | |
| 4 | |
| 5 | |

| | |
|--|--|
| Address (<i>No. & Street, City, State, Zip Code</i>) | |
| 1 1921 Holmes Ave., Waterbury, CT 06702 | |
| 2 29 Water ST., Guilford, CT 06405 | |
| 3 | |
| 4 | |
| 5 | |

Services Provided by This Firm (*describe fully*)

| | | |
|---------------------------------|----|------------------------------|
| 1 Litigation | \$ | 12,023 |
| 2 Collections (disallow Pg. 28) | \$ | 424 |
| 3 | \$ | |
| 4 | \$ | |
| 5 | \$ | |
| | | Charge for Services Provided |
| | | \$ 12,446 |

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg. 15 1e

Schedule of Resident Statistics

| Name of Facility Apple Rehab Watertown | | License No. 1082-C | | | Report for Year Ended 9/30/2016 | | | | Page 8 | of 37 | | |
|--|------------------|-----------------------|------------------|-----------------|------------------------------------|--------|------|-----------|----------------------|----------|------|-----------|
| | Total All Levels | Total CCNH Level | Total RHNS Level | Total (Specify) | Period 10/1 Thru 6/30 | | | | Period 7/1 Thru 9/30 | | | |
| | | | | | Total | CCNH | RHNS | (Specify) | Total | CCNH | RHNS | (Specify) |
| 1. Certified Bed Capacity | | | | | | | | | | | | |
| A. On last day of PREVIOUS report period | 110 | 110 | | | 110 | 110 | | | 110 | 110 | | |
| B. On last day of THIS report period | 110 | 110 | | | 110 | 110 | | | 110 | 110 | | |
| 2. Number of Residents | | | | | | | | | | | | |
| A. As of midnight of PREVIOUS report period | 101 | 101 | | | 101 | 101 | | | 101 | 101 | | |
| B. As of midnight of THIS report period | 101 | 101 | | | 101 | 101 | | | 101 | 101 | | |
| 3. Total Number of Days Care Provided During Period | | | | | | | | | | | | |
| A. Medicare | 6,325 | 6,325 | | | 4,594 | 4,594 | | | 1,731 | 1,731 | | |
| B. Medicaid (Conn.) | 24,531 | 24,531 | | | 18,730 | 18,730 | | | 5,801 | 5,801 | | |
| C. Medicaid (other states) | | | | | | | | | | | | |
| D. Private Pay | 5,858 | 5,858 | | | 4,176 | 4,176 | | | 1,682 | 1,682 | | |
| E. State SSI for RCH | | | | | | | | | | | | |
| F. Other (Specify) | | | | | | | | | | | | |
| G. Total Care Days During Period (3A thru F) | 36,714 | 36,714 | | | 27,500 | 27,500 | | | 9,214 | 9,214 | | |
| 4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds | | | | | | | | | | | | |
| A. Medicaid Bed Reserve Days | | | | | | | | | | | | |
| B. Other Bed Reserve Days | | | | | | | | | | | | |
| 5. Total Resident Days (3G + 4A + 4B) | 36,714 | 36,714 | | | 27,500 | 27,500 | | | 9,214 | 9,214 | | |

Schedule of Resident Statistics (Cont'd)

| Name of Facility Apple Rehab Watertown | | | License No. 1082-C | | | Report for Year Ended 9/30/2016 | | | Page 9 | | of 37 | | |
|---|-----------------|------|-----------------------|----------------|-----------|------------------------------------|--------|-----------|----------------------|-----------------------|----------|-----------|-------------------|
| 4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | | | | | | | | | | |
| If "YES", provide the following information: | | | | | | | | | | | | | |
| Date of Change | Place of Change | | | Change in Beds | | | | | | Capacity After Change | | | Reason for Change |
| | CCNH | RHNS | (Specify) | Lost | | | Gained | | | CCNH | RHNS | (Specify) | |
| | (1) | (2) | (3) | (1) | (2) | (3) | (1) | (2) | (3) | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change. | | | | | | | | | | | | | |
| Change in Resident Days | | | | | | | | CCNH | | RHNS | | (Specify) | |
| 1st change | | | | | | | | | | | | | |
| 2nd change | | | | | | | | | | | | | |
| 3rd change | | | | | | | | | | | | | |
| 4th change | | | | | | | | | | | | | |
| 6. Number of Residents and Rates on September 30 of Cost Year | | | | | | | | | | | | | |
| Item | Medicare | | Medicaid | | | Self-Pay | | | Other State Assisted | | | | |
| | CCNH | RHNS | CCNH | RHNS | (Specify) | CCNH | RHNS | (Specify) | R.C.H. | ICF-MR | | | |
| No. of Residents | 23 | | 58 | | | 20 | | | | | | | |
| Per Diem Rate | | | | | | | | | | | | | |
| a. One bed rm. | | | | | | 469.00 | | | | | | | |
| b. Two bed rms. | Various | | 212.68 | | | 442.00 | | | | | | | |
| c. Three or more bed rms. | | | | | | | | | | | | | |
| 7. Total Number of Physical Therapy Treatments | | | | | | TOTAL | | CCNH | | RHNS | | (Specify) | |
| A. Medicare - Part B | | | | | | 4,585 | | 4,585 | | | | | |
| B. Medicaid (Exclusive of Part B) | | | | | | | | | | | | | |
| 1. Maintenance Treatments | | | | | | | | | | | | | |
| 2. Restorative Treatments | | | | | | | | | | | | | |
| C. Other | | | | | | 25,579 | | 25,579 | | | | | |
| D. Total Physical Therapy Treatments | | | | | | 30,164 | | 30,164 | | | | | |
| 8. Total Number of Speech Therapy Treatments | | | | | | | | | | | | | |
| A. Medicare - Part B | | | | | | 551 | | 551 | | | | | |
| B. Medicaid (Exclusive of Part B) | | | | | | | | | | | | | |
| 1. Maintenance Treatments | | | | | | | | | | | | | |
| 2. Restorative Treatments | | | | | | | | | | | | | |
| C. Other | | | | | | 989 | | 989 | | | | | |
| D. Total Speech Therapy Treatments | | | | | | 1,540 | | 1,540 | | | | | |
| 9. Total Number of Occupational Therapy Treatments | | | | | | | | | | | | | |
| A. Medicare - Part B | | | | | | 3,231 | | 3,231 | | | | | |
| B. Medicaid (Exclusive of Part B) | | | | | | | | | | | | | |
| 1. Maintenance Treatments | | | | | | | | | | | | | |
| 2. Restorative Treatments | | | | | | | | | | | | | |
| C. Other | | | | | | 23,643 | | 23,643 | | | | | |
| D. Total Occupational Therapy Treatments | | | | | | 26,874 | | 26,874 | | | | | |

Report of Expenditures - Salaries & Wages

| | | | | | | |
|--|-----------------------|------------------------------------|------------|----------|-----------|-------|
| Name of Facility Apple Rehab Watertown | License No. 1082-C | Report for Year Ended 9/30/2016 | Page 10 | of 37 | | |
| Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No | | | | | | |
| Total Cost and Hours | | | | | | |
| Item | CCNH | Hours | RHNS | Hours | (Specify) | Hours |
| A. Salaries and Wages* | | | | | | |
| 1. Operators/Owners (Complete also Sec. I of Schedule A1) | | | | | | |
| 2. Administrator(s) (Complete also Sec. III of Schedule A1) | 94,809 | 2,080 | | | | |
| 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) | | | | | | |
| 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) | 79,453 | 4,845 | | | | |
| 5. Dietary Service | | | | | | |
| a. Head Dietitian | 20,907 | 681 | | | | |
| b. Food Service Supervisor | 54,302 | 1,986 | | | | |
| c. Dietary Workers | 384,957 | 23,573 | | | | |
| 6. Housekeeping Service | | | | | | |
| a. Head Housekeeper | 27,499 | 1,033 | | | | |
| b. Other Housekeeping Workers | 152,436 | 9,630 | | | | |
| 7. Repairs & Maintenance Services | | | | | | |
| a. Engineer or Chief of Maintenance | | | | | | |
| b. Other Maintenance Workers | 32,543 | 2,257 | | | | |
| 8. Laundry Service | | | | | | |
| a. Supervisor | 34,608 | 1,248 | | | | |
| b. Other Laundry Workers | 95,543 | 6,223 | | | | |
| 9. Barber and Beautician Services | | | | | | |
| 10. Protective Services | | | | | | |
| 11. Accounting Services | | | | | | |
| a. Head Accountant | | | | | | |
| b. Other Accountants | 129,528 | 4,971 | | | | |
| 12. Professional Care of Residents | | | | | | |
| a. Directors and Assistant Director of Nurses | 172,729 | 4,256 | | | | |
| b. RN | | | | | | |
| 1. Direct Care | 638,097 | 18,383 | | | | |
| 2. Administrative** | 187,300 | 6,619 | | | | |
| c. LPN | | | | | | |
| 1. Direct Care | 839,579 | 31,760 | | | | |
| 2. Administrative** | | | | | | |
| d. Aides and Attendants | 1,489,790 | 88,852 | | | | |
| e. Physical Therapists | 113,835 | 4,315 | | | | |
| f. Speech Therapists | 14,998 | 347 | | | | |
| g. Occupational Therapists | 52,811 | 1,559 | | | | |
| h. Recreation Workers | 89,235 | 5,025 | | | | |
| i. Physicians | | | | | | |
| 1. Medical Director | | | | | | |
| 2. Utilization Review | | | | | | |
| 3. Resident Care*** | | | | | | |
| 4. Other (Specify) | | | | | | |
| j. Dentists | | | | | | |
| k. Pharmacists | | | | | | |
| l. Podiatrists | | | | | | |
| m. Social Workers/Case Management | 112,105 | 4,891 | | | | |
| n. Marketing | | | | | | |
| o. Other (Specify) See Attached Schedule | | | | | | |
| <i>A-13. Total Salary Expenditures</i> | 4,817,063 | 224,533 | | | | |

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

| Name of Facility | | | | License No. | Report for Year Ended | | | | Page | of |
|---|-------------|------|-----------|--|---------------------------------------|--------------------|-------------------------------|--|--------------------|-----------------------|
| Apple Rehab Watertown | | | | 1082-C | 9/30/2016 | | | | 11 | 37 |
| Name | Salary Paid | | | 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 |
| | CCNH | RHNS | (Specify) | | | | | | | |
| 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 Year Ended | | | Page | of | |
|--|-------------|------|-----------|--|---------------------------------------|--------------------|-------------------------------|--|--------------------|-----------------------|
| Apple Rehab Watertown | | | | 1082-C | 9/30/2016 | | | 12 | 37 | |
| Name | Salary Paid | | | 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 |
| | CCNH | RHNS | (Specify) | | | | | | | |
| Section III - Administrators*** | | | | | | | | | | |
| Rebecca Veniscofsky | 69,232 | | | | Administrator 10/01/15-5/13/16 | 1,320 | A.2. | Apple Rehab Rocky Hill | 800 | 47,779 |
| Wesley Downing | 25,577 | | | | Administrator 5/14/16- 9/30/2016 | 760 | A.2. | | | |
| Section IV - Assistant Administrators | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

** Include **all** other employment worked during the cost year.

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

B. Report of Expenditures - Professional Fees

| Name of Facility | License No. | Report for Year Ended | Page | of | | |
|---|------------------|-----------------------|------|-------|-----------|-------|
| Apple Rehab Watertown | 1082-C | 9/30/2016 | 13 | 37 | | |
| Total Cost and Hours | | | | | | |
| Item | CCNH | Hours | RHNS | Hours | (Specify) | Hours |
| *B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1) | | | | | | |
| 1. Dietitian | | | | | | |
| 2. Dentist | 12,727 | 127 | | | | |
| 3. Pharmacist | 14,656 | 140 | | | | |
| 4. Podiatrist | | | | | | |
| 5. Physical Therapy | | | | | | |
| a. Resident Care | 472,932 | 7,541 | | | | |
| b. Other | | | | | | |
| 6. Social Worker | 2,482 | 96 | | | | |
| 7. Recreation Worker | | | | | | |
| 8. Physicians | | | | | | |
| a. Medical Director (entire facility) | 42,000 | 172 | | | | |
| b. Utilization Review (Title 18 and 19 only) monthly meeting | 1,400 | 11 | | | | |
| c. Resident Care** | | | | | | |
| d. Administrative Services facility | | | | | | |
| 1. Infection Control Committee (Quarterly meetings) | | | | | | |
| 2. Pharmaceutical Committee (Quarterly meetings) | | | | | | |
| 3. Staff Development Committee (Once annually) | | | | | | |
| e. Other (Specify) Other Physician Fees | | | | | | |
| 9. Speech Therapist | | | | | | |
| a. Resident Care | 72,062 | 385 | | | | |
| b. Other | | | | | | |
| 10. Occupational Therapist | | | | | | |
| a. Resident Care | 411,843 | 6,719 | | | | |
| b. Other | | | | | | |
| 11. Nurses and aides and attendants | | | | | | |
| a. RN | | | | | | |
| 1. Direct Care | | | | | | |
| 2. Administrative*** | | | | | | |
| b. LPN | | | | | | |
| 1. Direct Care | | | | | | |
| 2. Administrative*** | | | | | | |
| c. Aides | | | | | | |
| d. Other | | | | | | |
| 12. Other (Specify) See Attached Schedule | 19,358 | 161 | | | | |
| B-13 Total Fees Paid in Lieu of Salaries | 1,049,461 | 15,351 | | | | |

* 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*

| Name of Facility Apple Rehab Watertown | | License No. 1082-C | Report for Year Ended 9/30/2016 | Page 14 | of 37 |
|---|-----------------------------|--|------------------------------------|-----------------------------|----------|
| Name & Address of Individual | Full Explanation of Service | Related** to Owners, Operators, Officers | | Explanation of Relationship | |
| | | Yes | No | | |
| Allstar Therapy 21 Waterville Rd. Avon, CT | Therapy Services | <input checked="" type="radio"/> | <input type="radio"/> | See Disclosure Pg. 4 | |
| Healthport Services 21 Waterville Rd. Avon, CT | Employee Staffing | <input checked="" type="radio"/> | <input type="radio"/> | See Disclosure Pg. 4 | |
| West River Pharmacy of Connecticut Plainville, CT | Pharmacist | <input type="radio"/> | <input checked="" type="radio"/> | | |
| Dr. Hector Pun, MD 134 Grandview Avenue, Waterbury, CT | Medical Director | <input type="radio"/> | <input checked="" type="radio"/> | | |
| John Moschello, 594 Mt. Fair Drive, Watertown CT 06795 | Utilization Review | <input type="radio"/> | <input checked="" type="radio"/> | | |
| Frank Longo, 597 Highland Avenue, Waterbury, CT 06708 | Utilization Review | <input type="radio"/> | <input checked="" type="radio"/> | | |
| Health Drive Dental, 1 Prestige Dr, Meriden CT | Dentist | <input type="radio"/> | <input checked="" type="radio"/> | | |
| Joseph Futschik, PO Box 292, Ansonia, CT | Social Worker | <input type="radio"/> | <input checked="" type="radio"/> | | |
| Pointright 150 Cambridge Park Drive, Suite 301, Cambridge, MA 02140 | Data Integrity Auditor | <input type="radio"/> | <input checked="" type="radio"/> | | |
| Celtic Consultants PO Box 148 Goshen, CT 06756 | MDS Consultant | <input type="radio"/> | <input checked="" type="radio"/> | | |
| | | <input type="radio"/> | <input type="radio"/> | | |
| | | <input type="radio"/> | <input type="radio"/> | | |
| | | <input type="radio"/> | <input type="radio"/> | | |
| | | <input type="radio"/> | <input type="radio"/> | | |
| | | <input type="radio"/> | <input type="radio"/> | | |
| | | <input type="radio"/> | <input type="radio"/> | | |
| | | <input type="radio"/> | <input type="radio"/> | | |
| | | <input type="radio"/> | <input type="radio"/> | | |
| | | <input type="radio"/> | <input type="radio"/> | | |
| | | <input type="radio"/> | <input type="radio"/> | | |
| | | <input type="radio"/> | <input type="radio"/> | | |

* 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 Year Ended | | Page | of |
|---|--------------|-----------------------|------|-----------|----|
| Apple Rehab Watertown | 1082-C | 9/30/2016 | | 15 | 37 |
| Item | Total | CCNH | RHNS | (Specify) | |
| 1. Administrative and General | | | | | |
| a. Employee Health & Welfare Benefits | | | | | |
| 1. Workmen's Compensation | \$ 94,923 | 94,923 | | | |
| 2. Disability Insurance | \$ | | | | |
| 3. Unemployment Insurance | \$ 78,031 | 78,031 | | | |
| 4. Social Security (F.I.C.A.) | \$ 341,878 | 341,878 | | | |
| 5. Health Insurance | \$ 595,299 | 595,299 | | | |
| 6. Life Insurance (employees only) (not-owners and not-operators) | \$ 42,661 | 42,661 | | | |
| 7. Pensions (Non-Discriminatory) (not-owners and not-operators) | \$ 23,811 | 23,811 | | | |
| 8. Uniform Allowance | \$ | | | | |
| 9. Other (<i>Specify</i>) See Attached Schedule | \$ | | | | |
| b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* | \$ | | | | |
| c. Bad Debts* | \$ 5,256 | 5,256 | | | |
| d. Accounting and Auditing | \$ 7,206 | 7,206 | | | |
| e. Legal (<i>Services should be fully described on Page 7</i>) | \$ 12,446 | 12,446 | | | |
| f. Insurance on Lives of Owners and Operators (<i>Specify</i>)* | \$ | | | | |
| g. Office Supplies | \$ 20,223 | 20,223 | | | |
| h. Telephone and Cellular Phones | | | | | |
| 1. Telephone & Pagers | \$ 20,326 | 20,326 | | | |
| 2. Cellular Phones | \$ | | | | |
| i. Appraisal (<i>Specify purpose and attach copy</i>)* | \$ | | | | |
| j. Corporation Business Taxes (<i>franchise tax</i>) | \$ 250 | 250 | | | |
| k. Other Taxes (<i>Not related to property - See Page 22</i>) | | | | | |
| 1. Income* | \$ | | | | |
| 2. Other (<i>Specify</i>) See Attached Schedule | \$ | | | | |
| 3. Resident Day User Fee | \$ 548,870 | 548,870 | | | |
| Subtotal | \$ 1,791,179 | 1,791,179 | | | |

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

(Carry Subtotals forward to next page)

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

| Name of Facility | License No. | Report for Year Ended | Page | of |
|---|--------------|-----------------------|------|-----------|
| Apple Rehab Watertown | 1082-C | 9/30/2016 | 16 | 37 |
| Item | Total | CCNH | RHNS | (Specify) |
| Subtotals Brought Forward: | 1,791,179 | 1,791,179 | | |
| 1. Travel and Entertainment | | | | |
| 1. Resident Travel and Entertainment | \$ 5,689 | 5,689 | | |
| 2. Holiday Parties for Staff | \$ 4,812 | 4,812 | | |
| 3. Gifts to Staff and Residents | \$ 11,873 | 11,873 | | |
| 4. Employee Travel | \$ 5,949 | 5,949 | | |
| 5. Education Expenses Related to Seminars and Conventions | \$ 2,657 | 2,657 | | |
| 6. Automobile Expense (<i>not purchase or depreciation</i>) | \$ | | | |
| 7. Other (<i>Specify</i>) See Attached Schedule | \$ | | | |
| m. Other Administrative and General Expenses | | | | |
| 1. Advertising Help Wanted (<i>all such expenses</i>) | \$ 40 | 40 | | |
| 2. Advertising Telephone Directory (<i>all such expenses</i>)*** | \$ | | | |
| 3. Advertising Other (<i>Specify</i>)*** See Attached Schedule | \$ 24,501 | 24,501 | | |
| 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 | \$ 5,658 | 5,658 | | |
| * 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule | \$ 8,246 | 8,246 | | |
| 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** | \$ 580 | 580 | | |
| 9. Subscriptions | \$ 4,490 | 4,490 | | |
| 10. Contributions*** See Attached Schedule | \$ | | | |
| 11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>) | \$ | | | |
| 12. Administrative Management Services** | \$ 560,970 | 560,970 | | |
| 13. Other (<i>Specify</i>) See Attached Schedule | \$ 105,496 | 105,496 | | |
| C-14 Total Administrative & General Expenditures | \$ 2,532,141 | 2,532,141 | | |

* 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

| Description | CCNH | RHNS | (Specify) |
|---|------|------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| Total Other Travel and Entertainment | \$ - | \$ - | \$ - |

Schedule of Other Advertising

| Description | CCNH | RHNS | (Specify) |
|--------------------------------|-----------|------|-----------|
| Advertising - Public Relations | \$ 24,501 | | |
| | | | |
| Total Other Advertising | \$ 24,501 | \$ - | \$ - |

Schedule of Dues

| Description | CCNH | RHNS | (Specify) |
|-------------------|----------|------|-----------|
| CAHCF | \$ 7,856 | | |
| ACHCA | \$ 310 | | |
| ALCFM | \$ 80 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Dues | \$ 8,246 | \$ - | \$ - |

Schedule of Contributions

| Description | CCNH | RHNS | (Specify) |
|----------------------------|------|------|-----------|
| | | | |
| | | | |
| Total Contributions | \$ - | \$ - | \$ - |

Schedule of Other Administrative and General

| Description | CCNH | RHNS | (Specify) |
|---|------------|------|-----------|
| Corporate Fees - Non Reimbursable | \$ 49,702 | | |
| Licenses & Fees | \$ 1,060 | | |
| Pre Employment Screening | \$ 11,247 | | |
| Point Click Care Fees | \$ 17,694 | | |
| Bank Charges | \$ 71 | | |
| Resident Expenses | \$ 185 | | |
| Prior Period Adj/Account W/O | \$ (4,144) | | |
| Healtport Indirect | \$ 21,658 | | |
| State Penalty | \$ 2,462 | | |
| UserFee Audit Expense | \$ 4,848 | | |
| Suta Tax | \$ 145 | | |
| Internal Revenue Service | \$ 567 | | |
| Total Other Administrative and General | \$ 105,496 | \$ - | \$ - |

Schedule C-1 - Management Services*

| Name of Facility | License No. | Report for Year Ended | Page of |
|---|----------------------------|--|--|
| Apple Rehab Watertown | 1082-C | 9/30/2016 | 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 # |
| Apple Health Care, Inc. | 560,970 | Accounting & Managerial Services | Pg. 16 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)

| | | | | |
|--|-----------------------|------------------------------------|-------------|------------------|
| Name of Facility Apple Rehab Watertown | License No. 1082-C | Report for Year Ended 9/30/2016 | Page 18 | of 37 |
| Item | Total | CCNH | RHNS | (Specify) |
| 2. Dietary | | | | |
| a. In-House Preparation & Service | | | | |
| 1. Raw Food | \$ 254,812 | 254,812 | | |
| 2. Non-Food Supplies | \$ 38,878 | 38,878 | | |
| 3. Other (Specify) _____ | \$ _____ | | | |
| b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) | \$ 1,007 | 1,007 | | |
| c. Management Services** | \$ _____ | | | |
| d. Other (Specify) _____ | \$ _____ | | | |
| 2E. Total Dietary Expenditures (2a + b + c + d) | \$ 294,696 | 294,696 | | |
| 2F. Dietary Questionnaire | Total | CCNH | RHNS | (Specify) |
| G. Resident Meals: Total no. of meals served per day:* | 302 | 302 | | |
| H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | |
| I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt. | | | | |
| J. Where is the revenue received reported in the Cost Report? (Page/Line Item) | | | | |
| K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost. | | | | |
| L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt. | | | | |
| M. Where is the revenue received reported in the Cost Report? (Page/Line Item) | | | | |
| N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost. | | | | |
| O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt. | | | | |
| P. Where is the revenue received reported in the Cost Report? (Page/Line Item) | | | | |

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

| Name of Facility | License No. | Report for Year Ended | Page | of |
|--|---------------------------|-------------------------------------|-----------------------|-----------|
| Apple Rehab Watertown | 1082-C | 9/30/2016 | 19 | 37 |
| Item | Total | CCNH | RHNS | (Specify) |
| 3. Laundry | | | | |
| a. In-House Processing* | Lbs. | | | |
| 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.*** | Amt. \$ | 17,188 | 17,188 | |
| 2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.*** | Lbs. | | | |
| | Amt. \$ | | | |
| 3. Personal clothing of residents washed, ironed, and/or processed.*** | Lbs. | | | |
| | Amt. \$ | | | |
| 4. Repair and/or purchase of linens.*** | Lbs. | | | |
| | Amt. \$ | 7,971 | 7,971 | |
| b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) | \$ | | | |
| c. Management Services** | \$ | | | |
| d. Other (Specify) | \$ | | | |
| 3E. Total Laundry Expenditures (3a + b + c + d) | \$ | 25,159 | 25,159 | |
| 3F. Laundry Questionnaire | | | | |
| G. Is cost of employee laundry included in 3E? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | If yes, specify cost. | |
| H. Did you receive revenue from employees? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | If yes, specify amt. | |
| I. Where is the revenue received reported in the Cost Report? | (Page/Line Item) | | | |
| J. Is Cost of laundry provided to persons other than employees or residents included in 3E? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | If yes, specify cost. | |
| K. Did you receive revenue from these people? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | If yes, specify amt. | |
| L. Where is the revenue received reported in the Cost Report? | (Page/Line 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.

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

*** 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)**

| Name of Facility | | License No. | Report for Year Ended | | Page | of |
|-----------------------|---|----------------------------------|-----------------------|---------|------|-----------|
| Apple Rehab Watertown | | 1082-C | 9/30/2016 | | 20 | 37 |
| Item | | | Total | CCNH | RHNS | (Specify) |
| 4. | Housekeeping | Sq. Ft. Serviced by Personnel | | | | |
| a. | In-House Care | | | | | |
| | 1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>) | Amt. \$ | 27,039 | 27,039 | | |
| b. | Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>) | Sq. Ft. Serviced by Personnel | | | | |
| | | Amt. \$ | 65,704 | 65,704 | | |
| c. | Management Services* | | \$ | | | |
| d. | Other (<i>Specify</i>) | | \$ | | | |
| 4E. | Total Housekeeping Expenditures (4a + b + c + d) | | \$ 92,743 | 92,743 | | |
| 5. | Resident Care (Supplies)** | | | | | |
| a. | Prescription Drugs*** | | | | | |
| | 1. Own Pharmacy | | \$ | | | |
| | 2. Purchased from Medstat/West River Pharmacy | | \$ 409,445 | 409,445 | | |
| b. | Medicine Cabinet Drugs | | \$ | | | |
| c. | Medical and Therapeutic Supplies | | \$ 271,209 | 271,209 | | |
| d. | Ambulance/Limousine*** | | \$ | | | |
| e. | Oxygen | | | | | |
| | 1. For Emergency Use | | \$ | | | |
| | 2. Other*** | | \$ 13,872 | 13,872 | | |
| f. | X-rays and Related Radiological Procedures*** | | \$ 26,795 | 26,795 | | |
| g. | Dental (<i>Not dentists who should be included under salaries or fees</i>) | | \$ | | | |
| h. | Laboratory*** | | \$ 32,867 | 32,867 | | |
| i. | Recreation | | \$ 55,805 | 55,805 | | |
| j. | Other (Specify)**** See Attached Schedule | | \$ 24,004 | 24,004 | | |
| 5K. | Total Resident Care Expenditures (5a - 5j) | | \$ 833,998 | 833,998 | | |

* 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.

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

| Name of Facility Apple Rehab Watertown | | | License No. 1082-C | | Report for Year Ended 9/30/2016 | | | | Page of 21 37 | |
|---|--|---|-----------------------|-----------------------------|---------------------------------------|-------------------------|------|-----------|--------------------|------|
| Name of Individual or Company | Address | Related ** to Owners, Operators, Officers | | Explanation of Relationship | Full Explanation of Service Provided* | Total Cost/Page Ref.*** | | | | |
| | | Yes | No | | | CCNH | RHNS | (Specify) | Pg | Line |
| CWPM, LLC | 25 Norton Place, Plainville, CT 06062 | <input type="radio"/> | <input type="radio"/> | | Refuse Removal | 18,654 | | | 22 | 6f |
| Perfectemp Heating & Air Conditioning | 635 Old Turnpike Road Plantsville, Ct 06479 | <input type="radio"/> | <input type="radio"/> | | Heating and Air Conditioning | 10,740 | | | 22 | 6a |
| Garden Acquisition Holdings, Inc. | Suite 400 Wilmington, DE 19808 | <input type="radio"/> | <input type="radio"/> | | Lawncare | 16,653 | | | 22 | 6a |
| | | <input type="radio"/> | <input type="radio"/> | | | | | | | |
| | | <input type="radio"/> | <input type="radio"/> | | | | | | | |
| | | <input type="radio"/> | <input type="radio"/> | | | | | | | |
| | | <input type="radio"/> | <input type="radio"/> | | | | | | | |
| | | <input type="radio"/> | <input type="radio"/> | | | | | | | |
| | | <input type="radio"/> | <input type="radio"/> | | | | | | | |
| | | <input type="radio"/> | <input type="radio"/> | | | | | | | |
| | | <input type="radio"/> | <input type="radio"/> | | | | | | | |
| | | <input type="radio"/> | <input type="radio"/> | | | | | | | |

* 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 Year Ended | | | Page | of |
|---|---------------------|-----------------------|------|-----------|------|----|
| Apple Rehab Watertown | 1082-C | 9/30/2016 | | | 22 | 37 |
| Item | Total | CCNH | RHNS | (Specify) | | |
| 6. Maintenance & Operation of Plant | | | | | | |
| a. Repairs & Maintenance | \$ 128,999 | 128,999 | | | | |
| b. Heat | \$ 65,474 | 65,474 | | | | |
| c. Light & Power | \$ 68,205 | 68,205 | | | | |
| d. Water | \$ 23,021 | 23,021 | | | | |
| e. Equipment Lease (<i>Provide detail on page 6</i>) | \$ | | | | | |
| f. Other (<i>itemize</i>) | \$ 23,883 | 23,883 | | | | |
| See Attached Schedule | | | | | | |
| 6g. Total Maint. & Operating Expense (6a - 6f) | \$ 309,581 | 309,581 | | | | |
| 7. Depreciation (<i>complete schedule page 23*</i>) | | | | | | |
| a. Land Improvements | \$ | | | | | |
| b. Building & Building Improvements | \$ | | | | | |
| c. Non-Movable Equipment | \$ 1,802 | 1,802 | | | | |
| d. Movable Equipment | \$ 27,263 | 27,263 | | | | |
| *7e. Total Depreciation Costs (7a + b + c + d) | \$ 29,065 | 29,065 | | | | |
| 8. Amortization (<i>Complete att. Schedule Page 24*</i>) | | | | | | |
| a. Organization Expense | \$ | | | | | |
| b. Mortgage Expense | \$ | | | | | |
| c. Leasehold Improvements | \$ 56,975 | 56,975 | | | | |
| d. Other (<i>Specify</i>) | \$ | | | | | |
| *8e. Total Amortization Costs (8a + b + c + d) | \$ 56,975 | 56,975 | | | | |
| 9. Rental payments on leased real property less real estate taxes included in item 10b | \$ 960,000 | 960,000 | | | | |
| 10. Property Taxes | | | | | | |
| a. Real estate taxes paid by owner | \$ | | | | | |
| b. Real estate taxes paid by lessor | \$ 122,184 | 122,184 | | | | |
| c. Personal property taxes | \$ 9,506 | 9,506 | | | | |
| 11. Total Property Expenses (7e + 8e + 9 + 10) | \$ 1,177,730 | 1,177,730 | | | | |

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

Apple Rehab Watertown
9/30/2016

Schedule of Land Improvements Acquired during this report period

| Acquisition Date | Description of Item | Cost | Useful Life | Depreciation |
|--|---------------------|------|-------------|--------------|
| Additions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total additions for Land Improvements | | \$ - | | \$ - * |
| Deletions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total deletions for Land Improvements | | \$ - | | \$ - ** |

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

| Acquisition Date | Description of Item | Cost | Useful Life | Depreciation |
|--|---------------------|------|-------------|--------------|
| Additions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total additions for Building Improvements | | \$ - | | \$ - * |
| Deletions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total deletions for Building Improvements | | \$ - | | \$ - ** |

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

| Acquisition Date | Description of Item | Cost | Useful Life | Depreciation |
|--|---------------------------------------|----------|-------------|--------------|
| Additions: | | | | |
| 3/15/2016 | Install of Walk-in Freezer Evaporator | \$ 3,133 | NME-10 | \$ 107 |
| | | | | |
| | | | | |
| | | | | |
| Total additions for Non-Movable Equipment | | \$ 3,133 | | \$ 107 * |
| Deletions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total deletions for Non-Movable Equipment | | \$ - | | \$ - ** |

*Ties to Page 23, Line C3

**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: | | | | |
| 7/27/2016 | Rebuilt UniMac Washing Machine | \$ 6,806 | ME-10 | \$ 143 |
| | | | | |
| | | | | |
| | | | | |
| Total additions for Movable Equipment | | \$ 6,806 | | \$ 143 |
| Deletions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total deletions for Movable Equipment | | \$ - | | \$ - |

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

| Acquisition Date | Description of Item | Cost | Useful Life | Depreciation |
|--|--|--------------|-------------|--------------|
| Additions: | | | | |
| 9/28/2015 | Install of Vinyl Tiling-Labor | \$ 5,167 | LHI-10 | \$ 509 |
| 10/20/2015 | Driveway Repair-Deposit | 3,227.50 | LHI-8 | \$ 504 |
| 10/20/2015 | Driveway Repair-Final payment | 3,227.50 | LHI-8 | \$ 504 |
| 2/24/2016 | 350 Gallon Hot Water Storage Tank | 10,500.00 | LHI-20 | 185.36 |
| 2/24/2016 | 350 Gallon Hot Water Storage Tank | 2,200.00 | LHI-20 | 38.84 |
| 4/22/2016 | Install Bearing Assembly-Circulator Pump | 1,000.00 | LHI-5 | 63.86 |
| 4/22/2016 | Install Bearing Assembly-Circulator Pump | 500.00 | LHI-5 | 31.91 |
| 4/22/2016 | Install Bearing Assembly-Circulator Pump | 250.00 | LHI-5 | 15.95 |
| 4/22/2016 | Install Bearing Assembly-Circulator Pump | 500.00 | LHI-5 | 31.91 |
| 4/30/2016 | 2.5 Ton A/C Unit-Lower Level Rehab Units | 1,648.43 | LHI-5 | 103.28 |
| 4/30/2016 | 2.5 Ton A/C Unit-Lower Level Rehab Units | 1,648.43 | LHI-5 | 103.28 |
| 7/28/2016 | Vinyl Tiling for Taft & Cortland Units | 8,833.12 | LHI-10 | 183.33 |
| 7/29/2016 | Vinyl Tiling for Taft & Cortland Units | 5,588.43 | LHI-10 | 115.99 |
| 7/30/2016 | Vinyl Tiling for Taft & Cortland Units | 827.93 | LHI-10 | 17.18 |
| Total additions for Leasehold Improvement | | \$ 45,118.35 | | 2,408.52 |
| Deletions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total deletions for Leasehold Improvement | | \$ - | | \$ - |

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

| Name of Facility | | | License No. | | Report for Year Ended | | | Page | of |
|---|---------------------|------|------------------------|----------------------|--|------------------------------------|--------|----------------------------|--------|
| Apple Rehab Watertown | | | 1082-C | | 9/30/2016 | | | 24 | 37 |
| Item | Date of Acquisition | | Length of Amortization | Cost to Be Amortized | Accumulated Amort. to Beginning of Year's Operations | Basis for Computing Amortization** | Rate % | Amortization for This Year | Totals |
| | Month | Year | | | | | | | |
| A. Organization Expense | | | | | | | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| A-4. Subtotal | | | | | | | | | |
| B. Mortgage Expense | | | | | | | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| B-4. Subtotal | | | | | | | | | |
| C. Leasehold Improvements and Other | | | | | | | | | |
| 1. Acquired prior to this report period | Various | | | 1,083,619 | 647,827 | A | | 54,566 | |
| 2. Disposals (attach schedule) | | | | | | | | | |
| 3. Acquired during this report period (attach schedule) | Various | | | 45,118 | | | | 2,409 | |
| C-4. Subtotal | | | | | | | | | 56,975 |
| D. Total Amortization | | | | | | | | | 56,975 |

* Straight-line method must be used.

** Specify which of the following bases were 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.

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

| | | | | | |
|---|-----------------------|------------------------------------|-------------------------------------|---|--------------|
| Name of Facility Apple Rehab Watertown | License No. 1082-C | Report for Year Ended 9/30/2016 | Page 25 | of 37 | |
| 11. Property Questionnaire | | | | | |
| Part A | | | | | |
| Is the property either owned by the Facility or leased from a Related Party?* | | <input type="radio"/> Yes | <input checked="" type="radio"/> No | If "Yes," complete Part B. If "No," complete Part C. | |
| *If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction. | | | | | |
| Description | Total | | | | |
| 1. Date Land Purchased | | | | | |
| 2. Date Structure Completed | | | | | |
| 3. If NOT Original Owner, Date of Purchase | | | | | |
| 4. Date of Initial Licensure | | | | | |
| 5. Total Licensed Bed Capacity | 110 | | | | |
| 6. Square Footage | 43,828 | | | | |
| 7. Acquisition Cost | | | | | |
| a. Land | | | | | |
| b. Building | | | | | |
| Part B - Owner and Related Parties | | 1st Mortgage | 2nd Mortgage | 3rd Mortgage | 4th Mortgage |
| 1. Financing | | | | | |
| a. Type of Financing (e.g., fixed, variable) | | | | | |
| b. Date Mortgage Obtained | | | | | |
| c. Interest Rate for the Cost Year | | | | | |
| d. Term of Mortgage (number of years) | See Attached | | | | |
| e. Amount of Principal Borrowed | | | | | |
| f. Principal balance outstanding as of _____ | | | | | |
| Complete if Mortgage was Refinanced During Current Cost Year | | | | | |
| g. Type of Financing (e.g., fixed, variable) | | | | | |
| h. Date of Refinancing | | | | | |
| i. New Interest Rate | | | | | |
| j. Term of Mortgage (number of years) | | | | | |
| k. Amount of Principal Borrowed | | | | | |
| l. Principal Outstanding on Note Paid-Off | | | | | |
| Part C - Arms-Length Leases for Real Property Improvements Only | | | | | |
| Name and Address of Lessor | Property Leased | Date of Lease | Term of Lease | Annual Amount of Lease | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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.

CT Medicaid Cost Report Attachment Page 25

| | | |
|--|-------------------|--|
| | Original Mortgage | |
| A. Type of Financing (e.g. fixed, variable) | Fixed | 6 Month extension extension to 10/13/15 2.08% 6 month |
| B. Date of Mortgage Obtained | 4/11/2008 | |
| C. Interest Rate For the Cost Year | 6.44% | |
| D. Term of Mortgage (number of years) | 7 Yrs. | |
| E. Amount of Principal Borrowed | 119,500,000 | |
| F. Principal Balance Outstanding as of 9/30/ | 100,562,320 | |

| |
|---|
| 12 month extension extension to 10/13/16 2.75% 12 months |
|---|

Note: The following facilities are collateralized by this mortgage.

Connecticut Facilities

- Brightview Nursing & Retirement Center, Ltd.
- Rose Haven, Ltd.
- Mary Elizabeth Nursing Center, Inc.
- Fowler Nursing Center, Inc.
- Waterbury Extended Care Facility, Inc.
- Harbor View Nursing Center, Inc.
- Liberty Hall Nursing Center
- Orchard Grove Specialty Care
- Wolcott Hall Nursing Center, Inc.
- Hewitt Health and Rehabilitation Center, Inc.
- Watrous Nursing Center
- Elm Hill Nursing Center, Inc.
- Gardner Heights Health Care Center, Inc.
- Shelton lakes Health Care Center, Inc.
- Highview Health Care Center, Inc.
- Westfield Manor Health Care Center, Inc.
- TA Coccomo Memorial
- Plainville Health Care Center, Inc.
- Ledgecrest Health Care Center, Inc.
- Ridgeview Health Care Center, Inc.
- The Kent, Ltd.
- Chesterfields, Ltd.

Out of State Facilities

- Watch Hill Manor, Ltd.
- The Clipper Home, Inc.

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

| Name of Facility | License No. | Report for Year Ended | Page | of |
|--|-------------|-----------------------|------|-----------|
| Apple Rehab Watertown | 1082-C | 9/30/2016 | 26 | 37 |
| Item | Total | CCNH | RHNS | (Specify) |
| 12. Interest | | | | |
| A. Building, Land Improvement & Non-Movable Equipment | | | | |
| 1. First Mortgage | \$ | | | |
| Name of Lender | Rate | | | |
| Address of Lender | | | | |
| 2. Second Mortgage | \$ | | | |
| Name of Lender | Rate | | | |
| Address of Lender | | | | |
| 3. Third Mortgage | \$ | | | |
| Name of Lender | Rate | | | |
| Address of Lender | | | | |
| 4. Fourth Mortgage | \$ | | | |
| 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) | \$ | | | |

(Carry Subtotals forward to next page)

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

| Name of Facility Apple Rehab Watertown | | License No. 1082-C | | Report for Year Ended 9/30/2016 | | Page of 27 37 | |
|--|--|-----------------------|--------|------------------------------------|------------|--------------------|-----------|
| Item | | | | Total | CCNH | RHNS | (Specify) |
| Subtotals Brought Forward: | | | | | | | |
| 12. C. Movable Equipment | | | | | | | |
| 1. Automotive Equipment \$ | | | | | | | |
| A. Item | | Rate | Amount | | | | |
| Lender | | | | | | | |
| Address of Lender | | | | | | | |
| 2. Other (Specify) \$ | | | | | | | |
| A. Item | | Rate | Amount | | | | |
| Lender | | | | | | | |
| Address of Lender | | | | | | | |
| B. Item | | Rate | Amount | | | | |
| Lender | | | | | | | |
| Address of Lender | | | | | | | |
| 12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) \$ | | | | | | | |
| 12. D. Other Interest Expense (Specify) \$ | | | | 5,699 | 5,699 | | |
| Value Health /Property Tax Interest | | | | | | | |
| 13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ | | | | 5,699 | 5,699 | | |
| 14. Insurance | | | | | | | |
| a. Insurance on Property (buildings only) \$ | | | | 114,449 | 114,449 | | |
| b. Insurance on Automobiles \$ | | | | | | | |
| c. Insurance other than Property (as specified above) | | | | | | | |
| 1. Umbrella (Blanket Coverage) \$ | | | | | | | |
| 2. Fire and Extended Coverage \$ | | | | | | | |
| 3. Other (Specify) \$ | | | | | | | |
| 14d. Total Insurance Expenditures (14a + b + c) \$ | | | | 114,449 | 114,449 | | |
| 15. Total All Expenditures (A-13 thru C-14) \$ | | | | 11,252,720 | 11,252,720 | | |

D. Adjustments to Statement of Expenditures

| Name of Facility | | | | License No. | Report for Year Ended | Page | of |
|---|----------|----------|---|--------------------------|-----------------------|------|-----------|
| Apple Rehab Watertown | | | | 1082-C | 9/30/2016 | 28 | 37 |
| Item No. | Page No. | Line No. | Item Description | Total Amount of Decrease | CCNH | RHNS | (Specify) |
| Page 10 - Salaries and Wages | | | | | | | |
| 1. | | | Outpatient Service Costs | \$ | | | |
| 2. | | | Salaries not related to Resident Care | \$ | | | |
| 3. | 10 | A12g | Occupational Therapy | \$ 52,811 | 52,811 | | |
| 4. | | | Other - See attached Schedule | \$ | | | |
| Page 13 - Professional Fees | | | | | | | |
| 5. | | | Resident Care Physicians ** | \$ | | | |
| 6. | 13 | B10a | Occupational Therapy | \$ 411,843 | 411,843 | | |
| 7. | | | Other - See attached Schedule | \$ | | | |
| Pages 15 & 16 - Administrative and General | | | | | | | |
| 8. | | | Discriminatory Benefits | \$ | | | |
| 9. | 15 | 1c | Bad Debts | \$ 5,256 | 5,256 | | |
| 10. | 15 | 1d/e | Accounting & Legal | \$ 6,594 | 6,594 | | |
| 11. | | | Telephone | \$ | | | |
| 12. | | | Cellular Telephone | \$ | | | |
| 13. | | | Life insurance premiums on the life of Owners, Partners, Operators | \$ | | | |
| 14. | | | Gifts, flowers and coffee shops | \$ | | | |
| 15. | | | Education expenditures to colleges or universities for tuition and related costs for owners and employees | \$ | | | |
| 16. | | | Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative | \$ | | | |
| 17. | | | Automobile Expense (e.g. personal use) | \$ | | | |
| 18. | 16 | m2/3 | Unallowable Advertising * | \$ 24,501 | 24,501 | | |
| 19. | | | Income Tax / Corporate Business Tax | \$ | | | |
| 20. | 16 | m10 | Fund Raising / Contributions | \$ | | | |
| 21. | | | Unallowable Management Fees | \$ | | | |
| 22. | | | Barber and Beauty | \$ | | | |
| 23. | | | Other - See attached Schedule | \$ 61,296 | 61,296 | | |
| Page 18 - Dietary Expenditures | | | | | | | |
| 24. | 30 | IV1 | Meals to employees, guests and others who are not residents | \$ | | | |
| Page 19 - Laundry Expenditures | | | | | | | |
| 25. | | | Laundry services to employees, guests and others who are not residents | \$ | | | |
| Page 20 - Housekeeping Expenditures | | | | | | | |
| 26. | | | Housekeeping services to employees, guests and others who are not residents | \$ | | | |
| Subtotal (Items 1 - 26) | | | | \$ 562,301 | 562,301 | | |

* 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 | (Specify) |
|--|----------|--------------------------|------|------|-----------|
| 10 | 12m | Social Service/Marketing | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Other Salaries Adjustment | | | \$ - | \$ - | \$ - |

Schedule of Fees Adjustments

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|-------------------------------------|----------|-------------|------|------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Other Fees Adjustments | | | \$ - | \$ - | \$ - |

Schedule of Other A&G Adjustments

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|--|----------|-----------------------------------|------------|------|-----------|
| 16 | m13 | Corporate Fee - Non Reimbursable | \$ 49,702 | | |
| 16 | 1.3 | Employee Recognition/Gift/Parties | \$ 11,873 | | |
| 16 | 8a | Chamber of Commerce | \$ 580 | | |
| 16 | m13 | Bank Charges | 71 | | |
| 16 | m13 | Resident Expenses | 184.65 | | |
| 16 | m13 | Prior Period Adj/Account W/O | (4,143.72) | | |
| 16 | m13 | State penalty | 2,461.97 | | |
| 16 | m13 | Internal Revenue Service | 567.11 | | |
| Total Other A&G Adjustments | | | \$ 61,296 | \$ - | \$ - |

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

| Name of Facility | | | License No. | Report for Year Ended | Page | of | |
|--|--|----------|--|--------------------------|-----------|------|-----------|
| Apple Rehab Watertown | | | 1082-C | 9/30/2016 | 29 | 37 | |
| Item No. | Page No. | Line No. | Item Description | Total Amount of Decrease | CCNH | RHNS | (Specify) |
| Subtotals Brought Forward | | | | \$ 562,301 | 562,301 | | |
| Page 20 - Resident Care Supplies*** | | | | | | | |
| 27. | 20 | 5a2 | Prescription Drugs | \$ 385,853 | 385,853 | | |
| 28. | 16 | L1 | Ambulance/Limousine | \$ 5,689 | 5,689 | | |
| 29. | 20 | h | X-rays, etc | \$ 26,795 | 26,795 | | |
| 30. | 20 | f | Laboratory | \$ 32,867 | 32,867 | | |
| 31. | | | Medical Supplies | \$ | | | |
| 32. | 20 | 5e2 | Oxygen (non emergency) | \$ 8,461 | 8,461 | | |
| 33. | | | Occupational Therapy | \$ | | | |
| 34. | | | Other - See Attached Schedule | \$ 19,323 | 19,323 | | |
| Page 22 - Maintenance and Property | | | | | | | |
| 35. | | | Excess Movable Equipment Depreciation See Attached Schedule | \$ | | | |
| 36. | | | Depreciation on Unallowable Motor Vehicles | \$ | | | |
| 37. | | | Unallowable Property and Real Estate Taxes | \$ | | | |
| 38. | | | Rental of Building Space or Rooms | \$ | | | |
| 39. | | | Other - See Attached Schedule | \$ | | | |
| Page 27 - Insurance | | | | | | | |
| 40. | | | Mortgage Insurance | \$ | | | |
| 41. | | | Property Insurance | \$ | | | |
| Other - Miscellaneous | | | | | | | |
| 42. | | | Research or Experimental Activities | \$ | | | |
| 43. | | | Radio and Television Revenue | \$ | | | |
| 44. | | | Vending Machine Revenue | \$ | | | |
| 45. | | | Purchase Discounts and Allowances | \$ | | | |
| 46. | | | Duplications of functions or services | \$ | | | |
| 47. | | | Expenditures made for the protection, enhancement or promotion of the providers interest | \$ | | | |
| 48. | 30 | IV5 | Interest Income on Accounts Rec | \$ 107 | | | |
| 49. | | | Other (include personnel and other costs unrelated to resident care) - See Attached Schedule | \$ 5,699 | 5,699 | | |
| Not For Profit Providers Only | | | | | | | |
| 50. | | | Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule | \$ | | | |
| 51. | Total Amount of Decrease (Items 1 - 50) | | | \$ 1,046,987 | 1,046,987 | | |

*** 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.

Apple Rehab Watertown
9/30/2016

Schedule of Other Ancillary Costs

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|------------------------------------|----------|------------------------|-----------|------|-----------|
| 20 | 5j | IV Therapy Supplies | \$ 12,820 | | |
| 20 | 5j | Rehab Service Supplies | \$ 6,503 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Other Ancillary Costs | | | \$ 19,323 | \$ - | \$ - |

Schedule of Excess Movable Equipment Depreciation

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|--|----------|-------------|------|------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Excess Movable Equipment Depreciation | | | \$ - | \$ - | \$ - |

Schedule of Other Property Adjustments

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|---|----------|-------------|------|------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Other Property Adjustments | | | \$ - | \$ - | \$ - |

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|--------------------------------|----------|--------------------------------------|----------|------|-----------|
| 27 | 12 D | Value Health Care Term Note Interest | \$ 2,967 | | |
| 27 | 12 D | Town of Rocky Hill | \$ 2,731 | | |
| Var | Var | Outpatient Therapy Services | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Other Adjustments | | | \$ 5,699 | \$ - | \$ - |

Schedule of Unallowable Building Interest

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|--|----------|-------------|------|------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Unallowable Building Interest | | | \$ - | \$ - | \$ - |

F. Statement of Revenue

| Name of Facility | License No. | Report for Year Ended | | | Page | of |
|--|---------------|-----------------------|------|-----------|------|----|
| Apple Rehab Watertown | 1082-C | 9/30/2016 | | | 30 | 37 |
| Item | Total | CCNH | RHNS | (Specify) | | |
| I. Resident Room, Board & Routine Care Revenue | | | | | | |
| 1. a. Medicaid Residents (<i>CT only</i>) | \$ 5,175,056 | 5,175,056 | | | | |
| b. Medicaid Room and Board Contractual Allowance ** | \$ | | | | | |
| 2. a. Medicaid (<i>All other states</i>) | \$ | | | | | |
| b. Other States Room and Board Contractual Allowance ** | \$ | | | | | |
| 3. a. Medicare Residents (<i>all inclusive</i>) | \$ 2,776,967 | 2,776,967 | | | | |
| b. Medicare Room and Board Contractual Allowance ** | \$ 1,160,186 | 1,160,186 | | | | |
| 4. a. Private-Pay Residents and Other | \$ 2,273,115 | 2,273,115 | | | | |
| b. Private-Pay Room and Board Contractual Allowance ** | \$ | | | | | |
| II. Other Resident Revenue | | | | | | |
| 1. a. Prescription Drugs - Medicare | \$ 300,213 | 300,213 | | | | |
| b. Prescription Drugs - Medicare Contractual Allowance ** | \$ (282,016) | (282,016) | | | | |
| c. Prescription Drugs - Non-Medicare | \$ 108,459 | 108,459 | | | | |
| d. Prescription Drugs - Non-Medicare Contractual Allowance ** | \$ (108,459) | (108,459) | | | | |
| 2. a. Medical Supplies - Medicare | \$ 4,002 | 4,002 | | | | |
| b. Medical Supplies - Medicare Contractual Allowance ** | \$ (4,002) | (4,002) | | | | |
| c. Medical Supplies - Non-Medicare | \$ 1,786 | 1,786 | | | | |
| d. Medical Supplies - Non-Medicare Contractual Allowance ** | \$ (1,786) | (1,786) | | | | |
| 3. a. Physical Therapy - Medicare | \$ 820,001 | 820,001 | | | | |
| b. Physical Therapy - Medicare Contractual Allowance ** | \$ (689,473) | (689,473) | | | | |
| c. Physical Therapy - Non-Medicare | \$ 235,710 | 235,710 | | | | |
| d. Physical Therapy - Non-Medicare Contractual Allowance ** | \$ (235,710) | (235,710) | | | | |
| 4. a. Speech Therapy - Medicare | \$ 63,363 | 63,363 | | | | |
| b. Speech Therapy - Medicare Contractual Allowance ** | \$ (43,192) | (43,192) | | | | |
| c. Speech Therapy - Non-Medicare | \$ 5,940 | 5,940 | | | | |
| d. Speech Therapy - Non-Medicare Contractual Allowance ** | \$ (5,940) | (5,940) | | | | |
| 5. a. Occupational Therapy - Medicare | \$ 953,463 | 953,463 | | | | |
| b. Occupational Therapy - Medicare Contractual Allowance ** | \$ (835,198) | (835,198) | | | | |
| c. Occupational Therapy - Non-Medicare | \$ 255,870 | 255,870 | | | | |
| d. Occupational Therapy - Non-Medicare Contractual Allowance ** | \$ (255,870) | (255,870) | | | | |
| 6. a. Other (<i>Specify</i>) - Medicare | \$ | | | | | |
| b. Other (<i>Specify</i>) - Non-Medicare | \$ | | | | | |
| III. Total Resident Revenue (Section I. thru Section II.) | \$ 11,672,483 | 11,672,483 | | | | |
| IV. Other Revenue* | | | | | | |
| 1. Meals sold to guests, employees & others | \$ | | | | | |
| 2. Rental of rooms to non-residents | \$ | | | | | |
| 3. Telephone | \$ | | | | | |
| 4. Rental of Television and Cable Services | \$ | | | | | |
| 5. Interest Income (<i>Specify</i>) | \$ 107 | 107 | | | | |
| 6. Private Duty Nurses' Fees | \$ | | | | | |
| 7. Barber, Coffee, Beauty and Gift shops | \$ | | | | | |
| 8. Other (<i>Specify</i>) | \$ 1,219 | 1,219 | | | | |
| V. Total Other Revenue (1 thru 8) | \$ 1,326 | 1,326 | | | | |
| VI. Total All Revenue (III +V) | \$ 11,673,809 | 11,673,809 | | | | |

* 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

| Page Ref | Description | CCNH | RHNS | (Specify) |
|--|-------------|------|------|-----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Other Resident Revenue - Medicare | | \$ - | \$ - | \$ - |

Schedule of Other Non-Medicare Resident Revenue

Related Exp

| Page Ref | Description | CCNH | RHNS | (Specify) |
|-------------------------------------|-------------|------|------|-----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Other Resident Revenue | | \$ - | \$ - | \$ - |

Interest Income

Account

| Page Ref | Account | Balance | CCNH | RHNS | (Specify) |
|------------------------------|-----------------|-----------|--------|------|-----------|
| 30 IV 5 | Interest Income | 1,761,862 | \$ 107 | | |
| | | | | | |
| | | | | | |
| Total Interest Income | | | \$ 107 | \$ - | \$ - |

Schedule of Other Revenue

| Page Ref | Description | CCNH | RHNS | (Specify) |
|----------------------------|-------------------|----------|------|-----------|
| 30 IV 8 | Gain on Insurance | \$ 1,138 | | |
| 30 IV 8 | Copy fees | \$ 81 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Other Revenue | | \$ 1,219 | \$ - | \$ - |

G. Balance Sheet

| Name of Facility | License No. | Report for Year Ended | Page | of |
|--|------------------------------------|-----------------------|--------|-----------|
| Apple Rehab Watertown | 1082-C | 9/30/2016 | 31 | 37 |
| Account | | | Amount | |
| Assets | | | | |
| A. Current Assets | | | | |
| 1. Cash (<i>on hand and in banks</i>) | | | \$ | 583 |
| 2. Resident Accounts Receivable (Less Allowance for Bad Debts) | | | \$ | 1,761,862 |
| 3. Other Accounts Receivable (Excluding Owners or Related Parties) | | | \$ | |
| 4. Inventories | | | \$ | 12,244 |
| 5. Prepaid Expenses | | | \$ | 37,848 |
| a. Prepaid Insurance | | | | |
| b. Prepaid Property Tax | 37,848 | | | |
| c. Other Prepaid Expenses | 0 | | | |
| d. | | | | |
| 6. Interest Receivable | | | \$ | |
| 7. Medicare Final Settlement Receivable | | | \$ | |
| 8. Other Current Assets (<i>itemize</i>) | | | \$ | 1,668,411 |
| Due Affiliate (Debit Balance) | 1,665,643 | | | |
| A/P Patient Exchange | 2,767 | | | |
| A-9. Total Current Assets (Lines A1 thru 8) | | | \$ | 3,480,947 |
| B. Fixed Assets | | | | |
| 1. Land | | | \$ | |
| 2. Land Improvements | *Historical Cost _____ | | \$ | |
| | Accum. Depreciation _____ | Net | | |
| 3. Buildings | *Historical Cost _____ | | \$ | |
| | Accum. Depreciation _____ | Net | | |
| 4. Leasehold Improvements | *Historical Cost <u>1,128,737</u> | | \$ | 423,935 |
| | Accum. Depreciation <u>704,802</u> | Net | | |
| 5. Non-Movable Equipment | *Historical Cost <u>50,904</u> | | \$ | 15,200 |
| | Accum. Depreciation <u>35,704</u> | Net | | |
| 6. Movable Equipment | *Historical Cost <u>690,086</u> | | \$ | 105,577 |
| | Accum. Depreciation <u>584,509</u> | Net | | |
| 7. Motor Vehicles | *Historical Cost _____ | | \$ | |
| | Accum. Depreciation _____ | Net | | |
| 8. Minor Equipment-Not Depreciable | | | \$ | |
| 9. Other Fixed Assets (<i>itemize</i>) | | | \$ | 111 |
| Fixed Asset Clearing Account | 111 | | | |
| Construction in Progress | | | | |
| B-10. Total Fixed Assets (Lines B1 thru 9) | | | \$ | 544,823 |

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

| Name of Facility | License No. | Report for Year Ended | Page | of |
|--|-------------|-----------------------|---------------------------|-----------|
| Apple Rehab Watertown | 1082-C | 9/30/2016 | 32 | 37 |
| Account | | | Amount | |
| Total Brought Forward: | | | \$ | 4,025,770 |
| C. Leasehold or like property recorded for Equity Purposes. | | | | |
| 1. Land | | | \$ | |
| 2. Land Improvements | | | *Historical Cost _____ | |
| | | | Accum. Depreciation _____ | Net |
| | | | \$ | |
| 3. Buildings | | | *Historical Cost _____ | |
| | | | Accum. Depreciation _____ | Net |
| | | | \$ | |
| 4. Non-Movable Equipment | | | *Historical Cost _____ | |
| | | | Accum. Depreciation _____ | Net |
| | | | \$ | |
| 5. Movable Equipment | | | *Historical Cost _____ | |
| | | | Accum. Depreciation _____ | Net |
| | | | \$ | |
| 6. Motor Vehicles | | | *Historical Cost _____ | |
| | | | Accum. Depreciation _____ | Net |
| | | | \$ | |
| 7. Minor Equipment-Not Depreciable | | | \$ | |
| C-8 Total Leasehold or Like Properties (C1 thru 7) | | | \$ | |
| D. Investment and Other Assets | | | | |
| 1. Deferred Deposits | | | \$ | |
| 2. Escrow Deposits | | | \$ | |
| 3. Organization Expense | | | *Historical Cost _____ | |
| | | | Accum. Depreciation _____ | Net |
| | | | \$ | |
| 4. Goodwill (Purchased Only) | | | \$ | |
| 5. Investments Related to Resident Care (<i>itemize</i>) | | | \$ | |
| _____ | | | | |
| 6. Loans to Owners or Related Parties (<i>itemize</i>) | | | \$ | |
| Name and Address | | Amount | Loan Date | |
| | | | | |
| 7. Other Assets (<i>itemize</i>) | | | \$ | |
| Loans Rec. - Officers/Owner | | | | |
| Capitalized Refinance Expense | | | | |
| Leasehold Deposits | | | | |
| D-8. Total Investments and Other Assets (Lines D1 thru 7) | | | \$ | |
| D-9. Total All Assets (Lines A9 + B10 + C8 + D8) | | | \$ | 4,025,770 |

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

G. Balance Sheet (cont'd)

| Name of Facility | License No. | Report for Year Ended | Page | of |
|--|-------------|--------------------------|---------------|-----------|
| Apple Rehab Watertown | 1082-C | 9/30/2016 | 33 | 37 |
| Account | | | Amount | |
| Liabilities | | | | |
| A. Current Liabilities | | | | |
| 1. Trade Accounts Payable | | | \$ | 537,042 |
| 2. Notes Payable (<i>itemize</i>) | | | \$ | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| 3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>) | | | \$ | |
| Name of Lender | Purpose | Amount | Date Due | |
| | | | | |
| | | | | |
| | | | | |
| 4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>) | | | \$ | 135,583 |
| 5. Accrued Payroll (<i>Owners and/or Stockholders only</i>) | | | \$ | |
| 6. Accrued Payroll Taxes Payable | | | \$ | 3,131 |
| 7. Medicare Final Settlement Payable | | | \$ | |
| 8. Medicare Current Financing Payable | | | \$ | |
| 9. Mortgage Payable (<i>Current Portion</i>) | | | \$ | |
| 10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>) | | | \$ | |
| 11. Accrued Income Taxes* | | | \$ | |
| 12. Other Current Liabilities (<i>itemize</i>) | | | \$ | 479,331 |
| Accrued PTO | 130,361 | Accrued Professional Fee | 4,906 | |
| Accrued Pension | 5,010 | Payroll W/H | 63,303 | |
| Accrued Worker's Comp | 151,386 | A/R Donations | 1,620 | |
| Accrued Expense Other | 87,789 | A/R Exchange | 34,956 | |
| A-13. Total Current Liabilities (Lines A1 thru 12) | | | \$ | 1,155,086 |

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

| | | | | |
|--|-----------------------|------------------------------------|------------|--------------|
| Name of Facility Apple Rehab Watertown | License No. 1082-C | Report for Year Ended 9/30/2016 | Page 34 | of 37 |
| Account | | | Amount | |
| Total Brought Forward: | | | 1,155,086 | |
| Liabilities (cont'd) | | | | |
| B. Long-Term Liabilities | | | | |
| 1. Loans Payable-Equipment (<i>itemize</i>) | | | | |
| | | | | \$ |
| Name of Lender | Purpose | Amount | Date Due | |
| | | | | |
| 2. Mortgages Payable | | | | \$ |
| 3. Loans from Owners or Related Parties (<i>itemize</i>) | | | | \$ 1,005,613 |
| Name and Address of Lender | Amount | Loan Date | | |
| Brian J. Foley | 1,005,613 | Demand | | |
| 4. Other Long-Term Liabilities (<i>itemize</i>) | | | | \$ |
| <u>Security Deposits</u> | | | | |
| _____ | | | | |
| _____ | | | | |
| B-5. Total Long-Term Liabilities (Lines B1 thru 4) | | | | \$ 1,005,613 |
| C. Total All Liabilities (Lines A-13 + B-5) | | | | \$ 2,160,699 |

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

| Name of Facility | License No. | Report for Year Ended | Page | of |
|---|-------------|-----------------------|-----------|-----------|
| Apple Rehab Watertown | 1082-C | 9/30/2016 | 35 | 37 |
| Account | | | Amount | |
| A. Reserves | | | | |
| 1. Reserve for value of leased land | | | \$ | |
| 2. Reserve for depreciation value of leased buildings and appurtenances to be amortized | | | \$ | |
| 3. Reserve for depreciation value of leased personal property (<i>Equity</i>) | | | \$ | |
| 4. Reserve for leasehold real properties on which fair rental value is based | | | \$ | |
| 5. Reserve for funds set aside as donor restricted | | | \$ | |
| 6. Total Reserves | | | \$ | |
| B. Net Worth | | | | |
| 1. Owner's Capital | | | \$ | (473,577) |
| 2. Capital Stock | | | \$ | 1,000 |
| 3. Paid-in Surplus | | | \$ | |
| 4. Treasury Stock | | | \$ | |
| 5. Cumulated Earnings | | | \$ | 1,916,558 |
| 6. Gain or Loss for Period | | | \$ | 421,089 |
| | 10/1/2015 | thru | 9/30/2016 | |
| 7. Total Net Worth | | | \$ | 1,865,070 |
| C. Total Reserves and Net Worth | | | \$ | 1,865,070 |
| D. Total Liabilities, Reserves, and Net Worth | | | \$ | 4,025,770 |

H. Changes in Total Net Worth

| Name of Facility | License No. | Report for Year Ended | Page | of |
|---|-------------|-----------------------|--------|------------|
| Apple Rehab Watertown | 1082-C | 9/30/2016 | 36 | 37 |
| Account | | | Amount | |
| A. Balance at End of Prior Period as shown on Report of 09/30/2015 | | | \$ | 1,449,973 |
| B. Total Revenue (<i>From Statement of Revenue Page 30</i>) | | | \$ | 11,673,809 |
| C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>) | | | \$ | 11,252,720 |
| D. Net Income or Deficit | | | \$ | 421,089 |
| E. Balance | | | \$ | 1,871,062 |
| F. Additions | | | | |
| 1. Additional Capital Contributed (<i>itemize</i>) | | | | |
| 2. Other (<i>itemize</i>) | | | | |
| F-3. Total Additions | | | \$ | |
| G. Deductions | | | | |
| 1. Drawings of Owners/Operators/Partners (<i>Specify</i>) | | | \$ | 5,992 |
| Name and Address (<i>No., City, State, Zip</i>) | | Title | Amount | |
| Brian J. Foley | | President | 5,992 | |
| 2. Other Withdrawings (<i>Specify</i>) | | | \$ | |
| Purpose | | Amount | | |
| | | | | |
| 3. Total Deductions | | | \$ | 5,992 |
| H. Balance at End of Period | | 09/30/16 | \$ | 1,865,070 |

I. Preparer's/Reviewer's Certification

| | | | | |
|--|---|------------------------------------|----------------|----------|
| Name of Facility Apple Rehab Watertown | License No. 1082-C | Report for Year Ended 9/30/2016 | Page 37 | of 37 |
| <i>Check appropriate category</i> | | | | |
| <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) | <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) | <input type="checkbox"/> (Specify) | | |
| Preparer/Reviewer Certification | | | | |
| <p>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.</p> | | | | |
| Signature of Preparer | Title | Date Signed | | |
| Printed Name of Preparer | | | | |
| Robert Gwizdak | | | | |
| Address Address | | | Phone Number | |
| 21 Waterville Road Avon, CT 06001 | | | (860) 470-7535 | |

Error Check

| Level | Item | Reported as | |
|-------|---|-------------|--------------------------------------|
| | Page 23 - Historical Cost of Movable Eq. | 690,086 | is inconsistent with Page 31 690,086 |
| - | Page 35 - Total Liabilities, Reserves and Net Worth | 4,025,770 | Total Assets 4,025,770 |

Apple Rehab Watertown
For Cost Year Ended September 30, 2016

| | | 2015 | 2016 | Adjustments | | Total | Cost Report References | |
|-------|--|--------------|-------------|-------------|------------|--------------|------------------------|------------------------------|
| | | 10/1 - 12/31 | 1/1 - 9/30 | DR | CR | | Report Page/Line # | Self Disallow Page/Line # |
| 10111 | Cash Corporate | \$0.00 | \$0.00 | | | 0.00 | 31A1 | |
| 10116 | Cash - Laurel Woods | 0.00 | 0.00 | | | 0.00 | 31A1 | |
| 10117 | Cash - Saybrook | 0.00 | 0.00 | | | 0.00 | 31A1 | |
| 10201 | Petty Cash | 285.00 | 0.00 | | | 285.00 | 31A1 | |
| 10301 | Cash - Patient Personal Need | 0.00 | 0.00 | | | 0.00 | 31A1 | |
| 10401 | Exchange | (21,940.80) | (13,014.83) | | | (34,955.63) | 31A1 | |
| 10402 | Exchange - Arlene Sheehan | 297.56 | 0.00 | | | 297.56 | 31A1 | |
| 10403 | Exchange - Donations | (1,595.00) | 0.00 | | (25.00) | (1,620.00) | 31A1 | |
| 10404 | Exchange - Wellness | 0.00 | 0.00 | | | 0.00 | 31A1 | |
| 10405 | Exchange - A/R | 400.00 | (400.00) | | | 0.00 | 31A1 | |
| 11001 | A/R Private Patients | 990,307.09 | 70,917.49 | | | 1,061,224.58 | 31A2 | |
| 11002 | A/R Medicare Patients | 448,971.27 | 46,503.25 | | | 495,474.52 | 31A2 | |
| 11003 | A/R Medicaid Patients | 544,443.59 | (36,662.19) | | | 507,781.40 | 31A2 | |
| 11004 | A/R Veterans Admin | 0.00 | 0.00 | | | 0.00 | 31A2 | |
| 11005 | A/R Other | 0.00 | 0.00 | | | 0.00 | 31A2 | |
| 11010 | A/R State Retro | 1,887.00 | (1,887.00) | | | 0.00 | 31A2 | |
| 11011 | A/R Medicaid Pending | (70,271.00) | 0.00 | | | (70,271.00) | 31A2 | |
| 11015 | A/R Medicare Retro | 0.00 | 0.00 | | | 0.00 | 31A2 | |
| 11020 | A/R Clearing | 0.00 | 0.00 | | | 0.00 | 31A2 | |
| 11050 | Reserve for Doubtful Accounts | (232,348.00) | 0.00 | | | (232,348.00) | 31A2 | |
| 11101 | Loans Rec. - Officers/Owner | 0.00 | 0.00 | | | 0.00 | 32D7 | |
| 12005 | Dietary Supply Inventory | 7,310.00 | (2,837.00) | | | 4,473.00 | 31A4 | |
| 12010 | Housekeeping Supply Inventory | 540.00 | 131.00 | | | 671.00 | 31A4 | |
| 12015 | Medical & Nursing Supply Inventory | 4,957.00 | (294.00) | | | 4,663.00 | 31A4 | |
| 12020 | Maintenance Supply Inventory | 960.00 | 452.00 | | | 1,412.00 | 31A4 | |
| 12025 | Laundry Supply Inventory | 1,456.00 | (851.00) | | | 605.00 | 31A4 | |
| 12030 | Recreation Supply Inventory | 133.00 | (133.00) | | | 0.00 | 31A4 | |
| 12035 | Office/Misc. Supply Inventory | 275.00 | 145.00 | | | 420.00 | 31A4 | |
| 13002 | Prepaid Insurance | 4,081.63 | (4,081.63) | | | 0.00 | 31A5b | |
| 13006 | Prepaid Property Tax | 4,847.41 | 33,001.00 | | | 37,848.41 | 31A5b | |
| 13010 | Other Prepaid Expenses | 0.02 | 0.00 | | | 0.02 | 31A5c | |
| 15501 | Non Moveable Equipment | 51,598.14 | 3,133.00 | | (3,826.97) | 50,904.17 | 31B5 | |
| 15502 | Moveable Equipment | 664,986.69 | 6,806.40 | 18693.01 | (400.00) | 690,086.10 | 31B6 | |
| 16001 | Auto & Trucks | 0.00 | 0.00 | | | 0.00 | 31B7 | |
| 16501 | Leasehold Improvements | 1,099,844.31 | 38,663.35 | 81 | (9,851.70) | 1,128,736.96 | 31B4 | |
| 16598 | Fixed Asset Proceeds Clearing Account | 0.00 | 0.00 | | | 0.00 | 31B9 | |
| 16599 | Fixed Asset Clearing A/C | 10,500.00 | (10,500.00) | 1111 | (999.92) | 111.08 | 31B9 | |
| 16601 | Capitalized Refinance Expense | 0.00 | 0.00 | | | 0.00 | 31B9 | |
| 16750 | Construction in Progress | 1,813.33 | (1,813.33) | | | 0.00 | 31B9 | |
| 17001 | Acc. Depreciation Non Moveable Equipment | (37,014.00) | (1,630.08) | 2,939.75 | | (35,704.33) | 31B5 | |
| 17002 | Acc. Depreciation Moveable Equipment | (555,629.83) | (19,851.83) | | (9,027.71) | (584,509.37) | 31B6 | |

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|-------|---|----------------|----------------|-----------|--------------|----------------|----------|
| 17003 | Acc. Depreciation Auto & Truck | 0.00 | 0.00 | | | 0.00 | 31B7 |
| 17005 | Acc. Amortization Leasehold Imp. | (678,576.76) | (43,375.74) | 17,150.58 | | (704,801.92) | 31B4 |
| 19101 | Leasehold Deposits | 0.00 | 0.00 | | | 0.00 | 32D7 |
| 19501 | Goodwill | 0.00 | 0.00 | | | 0.00 | 32D7 |
| 20101 | A/P Trade | (596,961.93) | 59,920.24 | | | (537,041.69) | 33A1 |
| 20104 | A/P Patient Need Account | 0.00 | 0.00 | | | 0.00 | 33A1 |
| 20110 | A/P Patient Exchange | 2,767.37 | 0.00 | | | 2,767.37 | 33A12 |
| 20115 | A/P Other | (1,133,913.92) | 128,300.68 | | | (1,005,613.24) | 34B3 |
| 20200 | Due Affiliate -Corporate | 1,566,899.11 | 171,742.51 | 69,772.21 | (142,770.49) | 1,665,643.34 | 31A8 |
| 20250 | Loan Payable Officer | 0.00 | 0.00 | | | 0.00 | 34B4 |
| 20256 | Dostie Note S/T | 0.00 | 0.00 | | | 0.00 | 34B4 |
| 20501 | Accrued Payroll | (64,034.11) | (24,572.29) | | (46,976.38) | (135,582.78) | 33A4 |
| 20601 | Accrued Vacation | (89,047.63) | 0.00 | 89047.63 | (130,360.80) | (130,360.80) | 33A12 |
| 21001 | Federal Withholding | (8,525.03) | 8,525.03 | | | 0.00 | 33A6 |
| 21002 | State Withholding | (2,848.61) | 2,848.61 | | | 0.00 | 33A6 |
| 21005 | FICA - Employee | (6,544.19) | 6,373.71 | | | (170.48) | 33A6 |
| 21006 | FICA - Employer | (13,234.34) | 5,512.26 | | | (7,722.08) | 33A6 |
| 21010 | Federal Unemployment Comp. | (14,297.18) | 13,484.23 | | | (812.95) | 33A6 |
| 21011 | State Unemployment Comp. | 31,110.06 | 42,261.52 | | (67,797.00) | 5,574.58 | 33A6 |
| 21035 | Other Employee Withhold | (22,970.56) | 21,437.30 | | | (1,533.26) | 33A12 |
| 21037 | Employee Withholding (HCRA/DCRA) | (5,181.56) | (225.00) | | | (5,406.56) | 33A12 |
| 21040 | Union Dues | (28,458.36) | 1,620.00 | | | (26,838.36) | 33A12 |
| 21045 | Initiation Fees | (22,202.64) | (1,620.00) | | | (23,822.64) | 33A12 |
| 21050 | Payroll Deductions - AFLAC | 0.00 | 0.00 | | | 0.00 | 33A12 |
| 21051 | Payroll Deducted Life Insurance | 396.39 | 2,127.69 | | | 2,524.08 | 33A12 |
| 21060 | 401 (K) Salary Reduction | (7,913.20) | (312.64) | | | (8,225.84) | 33A12 |
| 22001 | Accrued Professional Fees | (6,273.31) | 1,367.35 | | | (4,905.96) | 33A12 |
| 22010 | Accrued Pension | (5,968.47) | 958.04 | | | (5,010.43) | 33A12 |
| 22015 | Accrued Workers compensation | (112,012.08) | (39,374.09) | | | (151,386.17) | 33A12 |
| 22040 | Accrued Group Insurance | 0.00 | 0.00 | | | 0.00 | 33A12 |
| 22050 | Accrued Other Expenses | (118,260.57) | 14,389.44 | 20871.02 | (4,789.17) | (87,789.28) | 33A12 |
| 22060 | Accrued User Fee | 0.00 | 0.00 | | | 0.00 | 33A12 |
| 23002 | State Income Tax | 0.00 | 0.00 | | | 0.00 | 33A12 |
| 25256 | Dostie Note L/T | 0.00 | 0.00 | | | 0.00 | 34B4 |
| 25505 | Security Deposits | 0.00 | 0.00 | | | 0.00 | 34B4 |
| 27500 | Capital Stock | (1,000.00) | 0.00 | | | (1,000.00) | 35B2 |
| 27800 | Dividends Paid | 0.00 | 0.00 | | | 0.00 | 35B2 |
| 27900 | Capital Contributions | 473,577.08 | 0.00 | | | 473,577.08 | 35B1 |
| 28000 | Retained Earnings | (1,751,187.90) | 0.00 | 10041.22 | (17,741.62) | (1,758,888.30) | 35B5 |
| 31001 | Room and Board - Private | (614,890.90) | (1,658,223.81) | | | (2,273,114.71) | 30 I 1a4 |
| 31002 | Room and Board - Medicare | (652,988.77) | (2,199,988.41) | | | (2,852,977.18) | 30 I 1a3 |
| 31003 | Room and Board - Medicaid | (1,266,464.14) | (3,845,544.72) | | | (5,112,008.86) | 30 I 1a1 |
| 31004 | Room and Board - Managed Care | 0.00 | 0.00 | | | 0.00 | 30 I 1a4 |
| 31010 | Room and Board - Rest Home | 0.00 | 0.00 | | | 0.00 | 30 I 1a4 |
| 31015 | Medicare Cont. Allowance - Room & Board | (269,403.46) | (890,782.04) | | | (1,160,185.50) | 30 I 1a3 |
| 31032 | Medicare Recoupment | 16,649.78 | 59,360.35 | | | 76,010.13 | 30 I 1a3 |
| 31033 | Medicaid Recoupment | (393.24) | (62,654.28) | | | (63,047.52) | 30 I 1a1 |

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|-------|---|--------------|--------------|-----------|----------------|------------------|----------|
| 35001 | Physical Therapy | (245,815.78) | (809,894.77) | | (1,055,710.55) | 30 II 1b3 | |
| 35002 | Medical Supply | (1,797.25) | (3,991.01) | | (5,788.26) | 30 IIa6 | |
| 35005 | Vending Machines | 0.00 | 0.00 | | 0.00 | 30 IIa6 | |
| 35006 | Pharmacy Supplies | (89,858.70) | (318,813.24) | | (408,671.94) | 30 II 1b1 | |
| 35007 | Clinical Services | (13,629.26) | (43,238.18) | | (56,867.44) | 30 II 1b6 | |
| 35008 | Laboratory Services | 0.00 | 0.00 | | 0.00 | 30 II 1b6 | |
| 35009 | Diagnostic Services (EKG/Xray) | 0.00 | 0.00 | | 0.00 | 30 II 1b6 | |
| 35010 | Speech Therapy | (22,320.60) | (46,981.99) | | (69,302.59) | 30 II 1b4 | |
| 35011 | Occupational Therapy | (273,420.71) | (935,912.47) | | (1,209,333.18) | 30 II 1b5 | |
| 35015 | Oxygen - Private | 0.00 | 0.00 | | 0.00 | 30 II 1b7 | |
| 35016 | Oxygen - Medicare | 0.00 | 0.00 | | 0.00 | 30 II 1b7 | |
| 35030 | Medicare Contractual Allowance - Therapy | 355,819.15 | 1,212,044.06 | | 1,567,863.21 | 30 II 1b, 4b, 5b | |
| 35031 | Medicare Contractual Allowance - Other | 77,101.42 | 236,443.01 | | 313,544.43 | 30 II 1d, 4d, 5d | |
| 35032 | Medicare Contractual Allowance - Supplies | 0.00 | 0.00 | | 0.00 | 30 II 6 | |
| 35033 | Medicaid Contractual Allowance - Supplies | 0.00 | 0.00 | | 0.00 | 30 II 6 | |
| 35035 | Contractual Allowance - HMO/Insurance/Ma | 149,341.81 | 487,764.70 | | 637,106.51 | 30 II 6 | |
| 35054 | Hairdresser & Barber | 0.00 | 0.00 | | 0.00 | 30 2.1 | |
| 35098 | Misc. Income - Other | (1,218.50) | 0.00 | | (1,218.50) | See Attached | |
| 36001 | Interest Income | 0.00 | (107.08) | | (107.08) | 30 IV 5 | |
| 36500 | Gain (Loss) on Sale of Assets | 0.00 | 0.00 | | 0.00 | 30 IV 8 | |
| 41001 | Salaries - Administrator | 0.00 | 0.00 | 94808.63 | 94,808.63 | 10 A2.3 | |
| 41002 | Salaries - Clerical | 12,516.35 | 40,935.59 | 613.97 | (495.04) | 53,570.87 | 10 A4 |
| 41003 | Salaries - Accounting | 31,005.11 | 97,426.04 | 6722.59 | (5,625.94) | 129,527.80 | 10 A11b |
| 41004 | Salaries - Social Services/Admissions | 20,698.30 | 90,497.01 | 2309.87 | (1,399.74) | 112,105.44 | 10 A12m |
| 41005 | Salaries - Management | 0.00 | 0.00 | | 0.00 | 10A2 | |
| 41006 | Salaries - Maintenance | 7,299.17 | 24,822.65 | 420.9 | | 32,542.72 | 10 A7b |
| 41007 | Salaries - Projects | 0.00 | 0.00 | | 0.00 | 10 A7b | |
| 41008 | Salaries - Staff Development | 8,268.56 | 26,839.95 | 1327.51 | (556.54) | 35,879.48 | 10 A12b2 |
| 41009 | Salaries - Beautician | 0.00 | 0.00 | | 0.00 | 10A9 | |
| 41010 | Employee Physicals | 1,640.50 | 4,385.00 | | 6,025.50 | 16 m13 | |
| 41011 | Pre-employment Screen | 1,330.11 | 3,891.80 | | 5,221.91 | 16 m13 | |
| 41015 | FICA - Employer | 85,833.26 | 256,044.53 | | 341,877.79 | 15 1a4 | |
| 41016 | Unemployment - Federal | 1,705.24 | 16,383.65 | | 18,088.89 | 15 1a3 | |
| 41017 | Unemployment - State | 7,037.41 | 52,904.80 | | 59,942.21 | 15 1a3 | |
| 41020 | Insurance - Workmen's Comp | (31,197.99) | 126,120.75 | | 94,922.76 | 15 1a1 | |
| 41021 | Insurance - Group Medical | 147,450.09 | 447,848.83 | | 595,298.92 | 15 1a5 | |
| 41023 | Insurance - Group Life & Disability | 19,902.67 | 22,758.33 | | 42,661.00 | 15 1a6 | |
| 41022 | Insurance - FMLA | | | | 0.00 | 15 1a5 | |
| 41024 | Pension Expense | 7,152.11 | 16,658.51 | | 23,810.62 | 15 1a7 | |
| 41025 | Other Employee Benefits | 8,158.45 | 8,527.24 | | 16,685.69 | See Attached | |
| 41026 | Corporate Fee - Non-reimbursable Costs | 12,759.98 | 32,192.25 | 4749.64 | | 49,701.87 | 16 m13 |
| 41027 | Corporate Management Fee | 142,946.08 | 421,280.76 | 1492.31 | (4,749.64) | 560,969.51 | 16 m12 |
| 41028 | Healthport Indirect | 0.00 | 0.00 | 21,658.00 | | 21,658.00 | 16m13 |
| 41029 | Auto Repair & Maintenance. | 0.00 | 0.00 | | 0.00 | 161.6 | |
| 41030 | Travel - Motor Vehicle | 1,658.87 | 4,290.38 | | 5,949.25 | 16 1.4 | |
| 41031 | Conventions & Meetings | 0.00 | 0.00 | | 0.00 | 16 1.5 | |
| 41032 | Education & Seminars | 309.00 | 1,370.32 | | 1,679.32 | 16 1.5 | |

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|-------|-----------------------------------|------------|--------------|----------|-------------|--------------|--------------|--------------|
| 41033 | Auditing Fees | 1,585.71 | 5,619.96 | | | 7,205.67 | 15 1d | See Attached |
| 41034 | Point Click Care Fees | 3,813.84 | 13,880.35 | | | 17,694.19 | 16 m13 | |
| 41035 | Legal Services | 210.00 | 12,236.30 | | | 12,446.30 | 15 1e | See Attached |
| 41036 | Consulting Fees - Social Service | 757.28 | 1,350.00 | 375 | | 2,482.28 | 13b6 | |
| 41037 | Consulting Fees - Other | 825.00 | 18,907.95 | | (375.00) | 19,357.95 | See Attached | |
| 41038 | Licenses & Fees | 365.00 | 695.00 | | | 1,060.00 | 16 m13 | |
| 41039 | Dues & Memberships | 2,406.59 | 6,419.77 | | | 8,826.36 | See Attached | See Attached |
| 41040 | Subscriptions | 1,089.30 | 3,401.10 | | | 4,490.40 | 16 m9 | |
| 41041 | Advertising - Public Relations | 4,544.24 | 19,901.85 | 55 | | 24,501.09 | 16 m3 | 28 #18 |
| 41042 | Advertising - Help Wanted | 0.00 | 39.98 | | | 39.98 | 16 m1 | |
| 41043 | Supplies - Social Service | 0.00 | 0.00 | | | 0.00 | 20 5j | |
| 41044 | Supplies - Beauty Shop | 0.00 | 0.00 | | | 0.00 | 13m6 | |
| 41045 | Supplies - Medical Records | 0.00 | 0.00 | | | 0.00 | 16 m5 | |
| 41046 | In Service Fees | 311.61 | 666.32 | | | 977.93 | 16 1.5 | |
| 41047 | Transportation - Patients | 0.00 | 5,688.72 | | | 5,688.72 | 16 1.1 | 29 #28 |
| 41048 | CNA Registration & Validation | 0.00 | 0.00 | | | 0.00 | 16 1.1 | |
| 41050 | Office Supplies & Printing | 5,941.17 | 14,484.24 | | (202.07) | 20,223.34 | 15 1g | |
| 41051 | Postage | 1,433.69 | 4,224.27 | | | 5,657.96 | 16 m7 | |
| 41052 | Telephone | 4,877.84 | 15,448.00 | | | 20,325.84 | 15 1h | |
| 41053 | Rent | 240,000.00 | 720,000.00 | | | 960,000.00 | 22 9 | |
| 41054 | Insurance - Package | 36,459.82 | 77,989.18 | | | 114,449.00 | 27 14a | |
| 41057 | Equipment Lease | 2,851.52 | 8,639.55 | | | 11,491.07 | 22 6a | |
| 41060 | Purchased Services & Repair | 18,094.54 | 65,320.64 | 11 | (500.00) | 82,926.18 | 22 6a | |
| 41061 | Maintenance & Repair Supplies | 7,229.05 | 27,631.62 | 221 | (500.00) | 34,581.67 | 22 6a | |
| 41062 | Fuel - Plant Operation | 0.00 | 0.00 | | | 0.00 | 22 6b | |
| 41063 | Gas - Plant Operation | 14,658.97 | 50,814.70 | | | 65,473.67 | 22 6b | |
| 41064 | Electric - Plant Operation | 13,904.09 | 54,300.66 | | | 68,204.75 | 22 6c | |
| 41065 | Water & Sewerage | 6,034.65 | 16,986.67 | | | 23,021.32 | 22 6d | |
| 41066 | Refuse Removal / Recyclables | 6,785.21 | 16,883.30 | 214 | | 23,882.51 | 22 6f | |
| 41067 | Corp Office Building Maintenance | 0.00 | 0.00 | | | 0.00 | Corp Only | |
| 41070 | Taxes - Real Estate | 30,346.83 | 91,836.96 | | | 122,183.79 | 22 10b | |
| 41071 | Taxes - Personal Property | 2,423.70 | 7,082.46 | | | 9,506.16 | 22 10c | |
| 41075 | Bad Debt | 5,255.79 | 0.00 | | | 5,255.79 | 15 1c | 28 #9 |
| 41080 | Donations | 0.00 | (25.00) | 25 | | 0.00 | 16m10 | |
| 41086 | Sales Tax | 291.00 | 418.00 | | (709.00) | 0.00 | 16m13 | |
| 41087 | Service Charge - Bank | 71.00 | 0.00 | | | 71.00 | 16 m13 | 28 #23 4 |
| 41090 | Miscellaneous Expense | (893.77) | 4,914.03 | 43 | | 4,063.26 | See Attached | See Attached |
| 41091 | Resident Reimbursements | 0.00 | 0.00 | | | 0.00 | 16m13 | |
| 41095 | C.O.N. Expense | 0.00 | 0.00 | | | 0.00 | 16m13 | |
| 45001 | Salaries - R.N. (CCNH) | 160,958.62 | 464,439.85 | 34752.95 | (22,054.04) | 638,097.38 | 10 A12b1 | |
| 45002 | Salaries - L.P.N. (CCNH) | 212,962.64 | 622,177.20 | 32254.06 | (27,815.21) | 839,578.69 | 10 A12c | |
| 45003 | Salaries - Aides (CCNH) | 353,274.43 | 1,082,991.75 | 60979.5 | (7,455.26) | 1,489,790.42 | 10 A12d | |
| 45004 | Salaries - Assistant D.O.N. | 14,543.46 | 52,871.25 | 4500.01 | | 71,914.72 | 10 A12a | |
| 45005 | Salaries - D.O.N. | 23,206.31 | 72,751.13 | 9376.41 | (4,520.05) | 100,813.80 | 10A12a | |
| 45006 | Inactive Salaries (see A/C 70046) | 0.00 | 0.00 | | | 0.00 | N/A | |
| 45007 | Salaries - R.N. (RHNS/HFA) | 0.00 | 0.00 | | | 0.00 | 10 A12b1 | |
| 45008 | Salaries - L.P.N. (RHNS/HFA) | 0.00 | 0.00 | | | 0.00 | 10 A12c | |

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|-----------|---------------------------------------|-----------|------------|----------|-------------|------------|---------------|
| 45009 | Salaries - Aides (RHNS/HFA) | 0.00 | 0.00 | | 0.00 | 10 A12d | |
| 45010 | Salaries - Infection Control | 4,481.49 | 13,974.75 | | 18,456.24 | 10 A12b2 | |
| 45011 | Salaries - Nursing Administration | 7,686.67 | 17,695.27 | 3820.38 | (3,320.06) | 25,882.26 | 10 A2.3 |
| 45014 | Salaries - R.N. / L.P.N. - Light Duty | 0.00 | 0.00 | | 0.00 | 10 A12b2 | |
| 45015 | Salaries - C.N.A. - Light Duty | 0.00 | 0.00 | | 0.00 | 10 A12d | |
| 45016 | Salaries - Other Nursing - Light Duty | 0.00 | 0.00 | | 0.00 | 10 A12d | |
| 45017 | Salaries - MDS Coordinator | 29,611.77 | 101,245.85 | 10776.08 | (8,668.96) | 132,964.74 | 10 A12b2 |
| 45022 | Purchased Services - HPS (RN-CCNH) | 3,962.00 | 17,696.00 | | (21,658.00) | 0.00 | 13 B11a |
| 45023 | Purchased Services - HPS (LPN-CCNH) | 0.00 | 0.00 | | 0.00 | 0.00 | 13 B11b |
| 45024 | Purchased Services - HPS (CNA-CCNH) | 0.00 | 0.00 | | 0.00 | 0.00 | 13 B11c |
| 45025 | Equipment Lease Nursing | 3,851.66 | 20,787.07 | | (691.28) | 23,947.45 | 20 5c |
| 45032 | Purchased Services - HPS (RN-RHNS) | 0.00 | 0.00 | | 0.00 | 0.00 | 13 B11a |
| 45033 | Purchased Services - HPS (LPN-RHNS) | 0.00 | 0.00 | | 0.00 | 0.00 | 13 B11b |
| 45034 | Purchased Services - HPS (CNA-RHNS) | 0.00 | 0.00 | | 0.00 | 0.00 | 13 B11c |
| 45035 ... | Purchased Services - R.N. (CCNH) | 0.00 | 0.00 | | 0.00 | 0.00 | 13 B11a |
| 45036 ... | Purchased Services - L.P.N. (CCNH) | 0.00 | 0.00 | | 0.00 | 0.00 | 13 B11b |
| 45037 ... | Purchased Services - Aides (CCNH) | 0.00 | 0.00 | | 0.00 | 0.00 | 13 B11c |
| 45041 | Purchased Services - Other | 0.00 | 0.00 | | 0.00 | 0.00 | 13 B12 |
| 45045 | Nursing Station Supplies | 847.44 | 3,791.87 | 42 | | 4,681.31 | 20 5j |
| 45046 | Prescription Drugs - Medicare | 71,953.30 | 183,353.08 | | (4,029.97) | 251,276.41 | 20 5a 30 #27 |
| 45047 | Prescription Drugs - Medicaid | 10,768.24 | 16,407.00 | | (3,583.00) | 23,592.24 | 20 5a |
| 45048 | Prescription Drugs - Private | 0.00 | 0.00 | | 0.00 | 0.00 | 20 5a 30 #27 |
| 45049 | Prescription Drugs Managed Care | 33,078.33 | 102,244.79 | | (746.37) | 134,576.75 | 20 5a 30 #27 |
| 45050 | Medical Supplies | 46,660.47 | 105,499.24 | 3482.46 | (7,090.07) | 148,552.10 | 20 5c |
| 45051 | Medicare Part B Billable | 0.00 | 0.00 | | 0.00 | 0.00 | 205c |
| 45052 | Medical Equipment Purchases | 4,099.25 | 15,573.60 | 29.46 | (701.08) | 19,001.23 | 20 5c |
| 45055 | O.T.C. Medical Supply | 3,971.70 | 75,783.70 | | (46.72) | 79,708.68 | 20 5c |
| 45058 | Rehab Service Supplies | 0.00 | 0.00 | | 0.00 | 0.00 | 205j |
| 45060 | Oxygen - Private | 237.24 | 457.16 | | | 694.40 | 20 5e2 29 #32 |
| 45061 | Oxygen - Medicare | 1,027.80 | 3,673.52 | | | 4,701.32 | 20 5e2 29 #32 |
| 45062 | Oxygen - Medicaid | 1,442.20 | 3,969.18 | | | 5,411.38 | 20 5e2 |
| 45063 | Oxygen - Managed Care | 313.80 | 2,751.18 | | | 3,064.98 | 20 5e2 29 #32 |
| 45065 | I.V. Therapy Services | 186.11 | 12,633.67 | | | 12,819.78 | 20 5j 29 #34 |
| 45070 | Laboratory Services | 7,415.70 | 25,451.33 | | | 32,867.03 | 20 5h 29 # 30 |
| 45075 | Diagnostic Services | 5,670.63 | 21,510.35 | 24.12 | (410.12) | 26,794.98 | 20 5f 29 # 29 |
| 50001 | Salaries - Dietitians | 0.00 | 20,048.53 | 858.00 | | 20,906.53 | 10 A5a |
| 50002 | Salaries - Chefs, Cooks | 42,668.72 | 132,830.65 | 6,984.20 | (4,883.48) | 177,600.09 | 10 A5c |
| 50003 | Salaries - Helpers, Dishwashers | 51,531.73 | 153,293.64 | 2,583.91 | (52.80) | 207,356.48 | 10 A5c |
| 50004 | Salaries - Food Service Supervisor | 15,406.96 | 41,711.24 | 2,901.14 | (5,717.18) | 54,302.16 | 10 A5b |
| 50005 | Salaries - Dietary - Light Duty | 0.00 | 0.00 | | 0.00 | 0.00 | 10 A5c |
| 50030 | Consultant Fee - Dietary | 0.00 | 0.00 | | 0.00 | 0.00 | 13B1 |
| 50035 | Purchased Services - Dietary | 101.50 | 905.12 | | | 1,006.62 | 18 2b |
| 50036 | Equipment Lease - Dietary | 0.00 | 0.00 | | 0.00 | 0.00 | 18 2a1 |
| 50040 | Supplies - Dietary | 9,421.84 | 29,455.75 | | | 38,877.59 | 18 2a2 |
| 50041 | Other Expenses - Dietary | 0.00 | 0.00 | | 0.00 | 0.00 | 18 2a2 |
| 50050 | Food Supplies - HPC/Thurston | 53,216.20 | 168,823.20 | | | 222,039.40 | 18 2a1 |
| 50051 | Food Supplies - Dairy | 4,669.52 | 14,618.37 | | | 19,287.89 | 18 2a1 |

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| 50052 | Food Supplements | 3,885.82 | 9,453.91 | 142.13 | (359.38) | 13,122.48 | 18 2a1 | |
| 50053 | Enteral Feeding Supplies | 0.00 | 362.03 | | | 362.03 | 18 2a1 | |
| 50054 | Food Supplies - Other | 0.00 | 0.00 | | | 0.00 | 18 2a1 | |
| 50055 | Foods Supplies - Rebates | 0.00 | 0.00 | | | 0.00 | 18 2a1 | |
| 55001 | Salaries - Laundry | 24,611.12 | 69,749.29 | 1182.33 | | 95,542.74 | 10 A8b | |
| 55002 | Salaries - Laundry Supervisor | 7,669.34 | 26,542.93 | 3097.23 | (2,701.40) | 34,608.10 | 10 A8a | |
| 55004 | Salaries - Laundry - Light Duty | 0.00 | 0.00 | | | 0.00 | 10 A8b | |
| 55030 | Purchased Service - Laundry | 0.00 | 0.00 | | | 0.00 | 19 4b | |
| 55031 | Personal Laundry | 0.00 | 0.00 | | | 0.00 | 19 3b | |
| 55035 | Linen & Bedding Supplies | 1,893.66 | 5,941.60 | 136 | | 7,971.26 | 19 3a4 | |
| 55036 | Equipment Lease Laundry | 0.00 | 0.00 | | | 0.00 | 19 3d | |
| 55040 | Laundry Supplies | 3,671.27 | 13,525.71 | | (9.13) | 17,187.85 | 19 3a1 | |
| 60001 | Salaries - Housekeeping | 38,574.36 | 112,731.35 | 1130.18 | | 152,435.89 | 10 A6b | |
| 60002 | Salaries - Housekeeping Supervisor | 7,339.00 | 20,160.00 | | | 27,499.00 | 10A6a | |
| 60003 | Salaries - Housekeeping - Light Duty | 0.00 | 0.00 | | | 0.00 | 10 A6b | |
| 60030 | Purchased Services - Housekeeping | 17,672.70 | 48,030.83 | | | 65,703.53 | 20 4b | |
| 60035 | Supplies - Housekeeping | 7,000.05 | 20,039.05 | | | 27,039.10 | 20 4a | |
| 65001 | Salaries - Recreation | 20,591.38 | 66,983.56 | 3595.67 | (1,935.32) | 89,235.29 | 10 A12h | |
| 65030 | Supplies - Recreation | 667.19 | 2,729.94 | 30 | | 3,427.13 | 20 5i | |
| 65035 | Other Expenses - Recreation | 14,061.01 | 38,616.37 | | (300.00) | 52,377.38 | 20 5i | |
| 70010 | Medical Director | 10,500.00 | 31,500.00 | | | 42,000.00 | 13 B8a | |
| 70011 | Medical Staff/URC Meeting | 400.00 | 1,000.00 | | | 1,400.00 | 13 B8b | |
| 70012 | Other Physician Fees | 0.00 | 0.00 | | | 0.00 | 13 B8e | |
| 70015 | Pharmacist Fees | 2,807.64 | 12,550.56 | | (701.91) | 14,656.29 | 13 B3 | |
| 70025 | Prescription Drugs Only | 0.00 | 0.00 | | | 0.00 | N/A | |
| 70030 | Personal Laundry | 0.00 | 0.00 | | | 0.00 | N/A | |
| 70035 | Dental Service | 3,916.00 | 8,811.00 | | | 12,727.00 | 13 B2 | |
| 70036 | Podiatrist Fees | 0.00 | 0.00 | | | 0.00 | 13 B4 | |
| 70040 | Hairdresser/Barber | 0.00 | 0.00 | | | 0.00 | 16m6 | |
| 70047 | Purchased Services - Physical Therapist | 132,747.43 | 340,184.70 | | | 472,932.13 | 13 5a | |
| 70048 | Purchased Services - Speech Therapist | 25,915.55 | 46,146.69 | | | 72,062.24 | 13 B9a | |
| 70049 | Purchased Services - Occupational Therapist | 109,741.46 | 302,101.54 | | | 411,843.00 | 13 B10a | 28 #6 |
| 70050 | Inactive | 0.00 | 0.00 | | | 0.00 | N/A | |
| 70052 | Rehab. Services Supplies | 1,529.27 | 4,973.84 | | | 6,503.11 | 20 5j | 29 # 34 |
| 70060 | Salaries - Rehab Director | 0.00 | 32.00 | | | 32.00 | 10 A12e | |
| 70062 | Salaries - Therapy Technicians | 8,676.82 | 25,671.02 | 1888.22 | (1,329.88) | 34,906.18 | 10 A12e | |
| 70065 | Salaries - Physical Therapy Assistant | 0.00 | 27,773.27 | 6215.16 | | 33,988.43 | 10 A12e | |
| 70066 | Salaries - Per Diem PT Assistant | 0.00 | 5,163.21 | | | 5,163.21 | 10 A12e | |
| 70067 | Salaries - Physical Therapist | 0.00 | 28,676.78 | 9231.38 | | 37,908.16 | 10 A12e | |
| 70068 | Salaries - Per Diem Physical Therapist | 0.00 | 1,837.50 | | | 1,837.50 | 10 A12e | |
| 70070 | Salaries - Certified Occupational Therapist | 0.00 | 20,918.57 | 6824.03 | (14,341.50) | 13,401.10 | 10 A12g | 28 #3 |
| 70071 | Salaries - Per Diem Certified OT | 0.00 | 870.00 | 14341.5 | | 15,211.50 | 10 A12g | 28 #3 |
| 70072 | Salaries - Occupational Therapist | 0.00 | 15,191.73 | 3237.66 | | 18,429.39 | 10 A12g | 28 #3 |
| 70073 | Salaries - Per Diem Occupational Therapist | 0.00 | 5,768.75 | | | 5,768.75 | 10 A12g | 28 #3 |
| 70075 | Salaries - Speech Therapist | 0.00 | 8,899.90 | 6276.19 | (178.30) | 14,997.79 | 10 A12f | |
| 70076 | Salaries - Per Diem Speech Therapist | 0.00 | 0.00 | | | 0.00 | 10 A12f | |
| 71050 | User Fee | 162,337.00 | 386,536.22 | | (3.00) | 548,870.22 | 15 1k3 | |

| | | | | | | | | |
|-------|---|-----------|-----------|--------|----------------------------------|--------------|--------|--------|
| 76000 | Interest | 2,967.29 | 2,774.21 | | (43.00) | 5,698.50 | 27 12D | 29 #49 |
| 78010 | Salaries - Owner | 5,992.00 | 0.00 | | | 5,992.00 | 36 G1 | |
| 79010 | Depreciation of Non Moveable Equipment | 507.51 | 1,630.08 | | (335.11) | 1,802.48 | 22 7c | |
| 79011 | Depreciation of Moveable Equipment | 6,422.33 | 20,275.83 | 564.78 | | 27,262.94 | 22 7d | |
| 79015 | Depreciation of Auto & Truck | 0.00 | 0.00 | | | 0.00 | 31B7 | |
| 79025 | Amortization of Leasehold Improvements. | 14,252.75 | 43,375.74 | | (653.67) | 56,974.82 | 22 8a | |
| 82010 | CT State Income Tax | 0.00 | 250.00 | | | 250.00 | 15 j1 | |
| 82050 | Provider Specific Tax | (3.00) | 0.00 | 3 | | 0.00 | 15j1 | |
| | | | | | \$596,014.98 | (596,014.98) | | |
| | | | | | Variance (must be \$0.00) | 0.00 | | |

Total Assets 2,320,783.55
Total Liabilities (455,713.15)
Total Revenue (11,673,809.03)
Total Expenses 11,258,711.93

| |
|--------------------------|
| Analysis Accounts |
|--------------------------|

Cost Report References

| | | Report Page/Line # | Self Disallow Page/Line # |
|---------------------------------------|-------------------|-----------------------|------------------------------|
| 35098 Misc. Income - Other | (1,218.50) | | |
| Meal Revenue | | 30 IV 1 | 28 #24 |
| Prior Period Corrections | | 30 IV 4 | 29 #43 |
| Facility Room Rental | | | |
| Rebates | | | |
| Gain on Insurance | (1,137.90) | | |
| Medical Records | (80.60) | 30 IV 8 | |
| State of CT Provider Tax Refund | | | |
| Total Misc. Income - Other | (1,218.50) | | |
| 41001 Salaries - Administrator | 94,808.63 | | |
| Administrator | 94,808.63 | 10 A2 | |
| Asst Administrator/AIT | 0.00 | 10 A3 | |
| Total Administrator | 94,808.63 | | |
| 41025 Employee Benefits | 16,685.69 | | |
| Holiday Parties | 4,812.35 | 16 12 | |
| Employee gifts/ recognition | 11,873.34 | 16 13 | 28 #23 2 |
| Total Employee Benefits | 16,685.69 | | |
| 41037 Consulting Fees - Other | 19,357.95 | | |
| MDS Consultant | 16,057.95 | 13 B3 | |
| Data Integrity Auditor | 3300 | 13 B12 | |
| Total Consulting Fees - Other | 19,357.95 | | |

| | | | |
|--|------------------|---------|----------|
| 45041 Purchase Service - Other | 0.00 | | |
| Pharmacy Consult | | 16 m13 | 28 #23 5 |
| Wound Consultant | | 16 m13 | 28 #23 6 |
| Total Consulting Fees - Other | 0.00 | | |
| | | | |
| 41090 Misc. Expense | 4,063.26 | | |
| Resident Expenses | 184.65 | | 28 #23 5 |
| Prior Period Adj | (5,317.00) | | 28 #23 6 |
| State Penalty | 2,461.97 | | |
| UserFee Audit Expense | 4,848.23 | | |
| Suta Tax | 145.02 | | |
| Business Card/WO | 1,173.28 | | |
| Internal Revenue Service | 567.11 | | |
| Total Misc. Expense | 4,063.26 | | |
| | | | |
| 70012 Physician Fees | 0.00 | | |
| Psychiatrist | 0.00 | 13 B8de | |
| Eye Doctor | 0.00 | 13 B8de | |
| Total Physician Fees | 0.00 | | |
| | | | |
| 41041 Advertising - Public Relations | 24,501.09 | | |
| Public Relations | 24,501.09 | 16 m3 | 28 #18 |
| Directory Advertising | 0.00 | | |
| Total Advertising - Public Relations | 24,501.09 | | |
| | | | |
| 41052 Telephone | 20,325.84 | | |
| Telephone & Beepers | 20,325.84 | 15 1h1 | |
| Cell Phones | 0.00 | 15 1h2 | |
| Total Telephone | 20,325.84 | | |
| <i>(check G/L account 41052 for possible cell or beeper reclass J/E)</i> | | | |
| | | | |
| 41039 Dues & Membership | 8,826.36 | | |
| Dues & Membership | 8,246.36 | 16 m8 | |
| Chamber of Commerce | 580.00 | 16 m8a | 28 #23 3 |
| Total Dues & Membership | 8,826.36 | | |
| <i>(most homes should have, may need to check other accounts)</i> | | | |

**Apple Rehab Watertown
Cost Year 2016**

| J/E # | DB | AMOUNT | ACCOUNT TITLE | CR | AMOUNT | Reverse CY 2017 |
|-------|-------|-----------|---|-------|------------|-----------------|
| 1 | 45045 | 42.00 | Nursing Station Supplies | | | |
| 1 | 41060 | 11.00 | Purchased Services & Repair | | | |
| 1 | 41061 | 221.00 | Maintenance & Repair Supplies | | | |
| 1 | 41066 | 214.00 | Refuse Removal / Recyclables | | | |
| 1 | 55035 | 136.00 | Linen & Bedding Supplies | | | |
| 1 | 65030 | 30 | Supplies - Recreation | | | |
| 1 | 41041 | 55 | Advertising - Public Relations | | | |
| 1 | | | Sales Tax | 41086 | 709.00 | |
| | | | Allocate Sales Tax | | | |
| | | | | | | |
| 2 | 20601 | 89,047.63 | Accrued PTO | | | |
| 2 | | | Salaries - Clerical | 41002 | 495.04 | |
| 2 | | | Salaries - Accounting | 41003 | 5,625.94 | |
| 2 | | | Salaries - Social Service | 41004 | 1,399.74 | |
| 2 | | | Salaries - Staff Development | 41008 | 556.54 | |
| 2 | | | Salaries - RN | 45001 | 22,054.04 | |
| 2 | | | Salaries - LPN | 45002 | 26,209.00 | |
| 2 | | | Salaries - DNS | 45005 | 4,520.05 | |
| 2 | | | Salaries - Nursing Administration | 45011 | 3,320.06 | |
| 2 | | | Salaries - MDS | 45017 | 8,299.96 | |
| 2 | | | Salaries - Chef, Cooks | 50002 | 4,883.48 | |
| 2 | | | Salaries - Laundry Supervisor | 55002 | 2,701.40 | |
| 2 | | | Salaries - Food Service Suprv | 50004 | 5,717.18 | |
| 2 | | | Salaries - Recreation | 65001 | 1,935.32 | |
| 2 | | | Salaries - PT Tech | 70062 | 1,329.88 | |
| | | | Reverse 12/15 PTO Accrual | | | |
| | | | | | | |
| 3 | 41002 | 103.18 | Salaries - Clerical | | | |
| 3 | 41003 | 5,765.96 | Salaries - Accounting | | | |
| 3 | 41004 | 1,448.34 | Salaries - Social Service | | | |
| 3 | 41008 | 865.66 | Salaries - Staff Development | | | |
| 3 | 45001 | 26,386.12 | Salaries - RN | | | |
| 3 | 45002 | 22,977.07 | Salaries - LPN | | | |
| 3 | 45004 | 4,439.11 | Salaries - ADNS | | | |
| 3 | 45005 | 7,961.21 | Salaries - DNS | | | |
| 3 | 45011 | 3,359.05 | Salaries - Nursing Admin | | | |
| 3 | 45017 | 9,899.55 | Salaries - MDS | | | |
| 3 | 50001 | 858.00 | Salaries - Dietician | | | |
| 3 | 50002 | 5,328.62 | Salaries - Chef, Cooks | | | |
| 3 | | | Salaries - Dietary Aid, Dishwasher | 50003 | 52.80 | |
| 3 | 50004 | 2,518.34 | Salaries - Food Service Suprv | | | |
| 3 | 55002 | 2,620.27 | Purchased Services - Physical Therapist | | | |
| 3 | 65001 | 2,678.26 | Salaries - Recreation | | | |
| 3 | 70062 | 1420.44 | Salaries - PT Tech | | | |
| 3 | 70065 | 6215.16 | Salaries - Physical Therapy Assistant | | | |
| 3 | 70067 | 9231.38 | Salaries - Physical Therapist | | | |
| 3 | 70070 | 6824.03 | Salaries - Certified Occupational Therapist | | | |
| 3 | 70072 | 3237.66 | Salaries - Occupational Therapist | | | |
| 3 | 70075 | 6276.19 | Salaries - Speech Therapist | | | |
| 3 | | | Accrued PTO | 20601 | 130,360.80 | |
| | | | Accrue 9/30/16 PTO | | | |
| | | | | | | |
| 4 | 41027 | 1,492.31 | Corporate Management Fee | | | |
| 4 | | | Due Affiliate - Corporate | 20200 | 1,492.31 | |
| | | | Allocate Interest Income | | | |
| | | | | | | |
| 5 | 41001 | 94,808.63 | Salaries - Administrator | | | |
| 5 | | | Accrued PTO | 20200 | 94,808.63 | |
| | | | Accrue Administrator PTO 9/15 | | | |
| | | | | | | |
| 6 | 41028 | 21,658.00 | Healthport Indirect | | | |
| 6 | | | Purchased Services - HPS (RN-CCNH) | 45022 | 21,658.00 | |
| 6 | 41036 | 375.00 | Consulting Fees - Social Service | | | |
| 6 | | | Consulting Fees - Other | 41037 | 375.00 | |
| 6 | 41090 | 43.00 | Miscellaneous Expense | | | |
| 6 | | | Interest | 76000 | 43.00 | |
| 6 | 41080 | 25.00 | Donations | | | |

| | | | | | | |
|----|-------|-----------|---|-------|-----------------|------------|
| 6 | | | Exchange - Donations | 10403 | 25.00 | |
| | | | Reclass | | | |
| 7 | 45075 | 24.12 | Diagnostic Services | | | YES |
| 7 | 45050 | 3,482.46 | Medical Supplies | | | |
| 7 | 45052 | 29.46 | Medical Equipment Purchases | | | |
| 7 | 50052 | 142.13 | Food Supplements | | | |
| 7 | 16599 | 1,111.00 | Fixed Asset Clearing A/C | | | |
| 7 | | | Accrued Expenses -Other | 22050 | 4789.17 | |
| | | | To capture year ending 9/30/2016 invoices and adjustments. | | | |
| 8 | 45003 | 46,469.55 | C.N. A SNF | | | |
| 8 | | | Due Affiliate -Corporate | 20200 | 46,469.55 | |
| | | | To reverse 2015 prior yr adjustment #8 | | | |
| 9 | 20200 | 1975.21 | C.N. A SNF | | | |
| 9 | | | Salaries - LPN | 45002 | 1,606.21 | |
| 9 | | | Salaries - MDS | 45017 | 369.00 | |
| | | | To reverse prior yr adjustment #9 for system variances that occurred during from new system conversion | | | |
| 10 | 15502 | 1,399.91 | Movable Equipment | | | |
| 10 | 16501 | 81.00 | Leasehold improvements | | | |
| 10 | | | Non-movable equipment | 15501 | 475.91 | |
| 10 | | | Retained Earnings | 28000 | 1,005.00 | |
| | | | To reclass per previous yrs | | | |
| 10 | 28000 | 400.00 | Retained Earnings | | | |
| 10 | | | Movable Equipment | 15502 | 400.00 | |
| | | | To allocate 1999 Sales Tax | | | |
| 10 | 15502 | 6,098.00 | Movable Equipment | | | |
| 10 | | | Retained Earnings | 28000 | 6,098.00 | |
| | | | Payroll equip from corp per previous years | | | |
| 11 | 15502 | 7,844.04 | Moveable Equipment | | | |
| 11 | 28000 | 2,007.66 | Retained Earnings | | | |
| 11 | 15502 | 3,351.06 | Moveable Equipment | | | |
| 11 | | | Non Moveable Equipment | 15501 | 3,351.06 | |
| 11 | | | Leasehold Improvements | 16501 | 7,844.04 | |
| 11 | | | Leasehold Improvements | 16501 | 2,007.66 | |
| | | | To reclass assets | | | |
| 12 | 22050 | 10,518.01 | Accrued Expenses | | | |
| 12 | 22050 | 9,661.73 | Accrued Expenses | | | |
| 12 | 22050 | 691.28 | Accrued Expenses | | | |
| 12 | | | Purchased Services | 41060 | 500.00 | |
| 12 | | | Maintenance and Repairs | 41061 | 500.00 | |
| 12 | | | Office Supplies | 41050 | 202.07 | |
| 12 | | | Other Expenses-Recreation | 65035 | 300.00 | |
| 12 | | | Medical Supplies | 45050 | 7,090.07 | |
| 12 | | | Medical Equipment | 45052 | 701.08 | |
| 12 | | | Food Supplies | 50052 | 359.38 | |
| 12 | | | Laundry Supplies | 55040 | 9.13 | |
| 12 | | | Salaries - Infection Control | 45046 | 4029.97 | |
| 12 | | | Salaries - Nursing Administration | 45047 | 3583 | |
| 12 | | | Salaries - C.N.A. - Light Duty | 45049 | 746.37 | |
| 12 | | | Purchased Services - HPS (LPN-CCNH) | 45055 | 46.72 | |
| 12 | | | Salaries - Laundry Supervisor | 70015 | 701.91 | |
| 12 | | | Purchased Services - Aides (CCNH) | 45075 | 50.12 | |
| 12 | | | A/R Clearing | 16599 | 999.92 | |
| 12 | | | Diagnostic Services | 45075 | 360 | |
| 12 | | | Equipment Lease Nursing | 45025 | 691.28 | |
| | | | To reverse capture of year ending 9/30/2015 invoices and adjustment #13. | | | |
| 13 | 17001 | 335.11 | Accum Deprec - NME | | | |
| 13 | 17005 | 653.67 | Accum Deprec - LHI | | | |
| 13 | 79011 | 564.78 | Nonmovable Deprec | | | |
| 13 | | | Movable Depreciation | 79010 | 335.11 | |
| 13 | | | | 79025 | 653.67 | |
| 13 | | | | 17002 | 564.78 | |
| 13 | 17005 | 16,496.91 | Accum Deprec - LHI | | | |

| | | | | | | |
|----|-------|------------|---|-------|------------|--|
| 13 | 17001 | 2,604.64 | Accum Deprec - NME | | | |
| 13 | | | Accum Deprec - ME | 17002 | 8,462.93 | |
| 13 | | | Retained Earnings | 28000 | 10,638.62 | |
| | | | Adjust Deprec to Actual | | | |
| 14 | | | | | | |
| 14 | 70071 | 14341.5 | Salaries - Per Diem Certified OT | | | |
| 14 | 28000 | 7633.56 | Retained Earnings | | | |
| | | | C.N. A SNF | 45003 | 7455.26 | |
| 14 | | | Salaries - Certified Occupational Therapist | 70070 | 14,341.50 | |
| 14 | | | Salaries - Speech Therapist | 70075 | 178.30 | |
| 14 | 82050 | 3.00 | Provider Specific Tax | | | |
| 14 | | | User Fee | 71050 | 3.00 | |
| | | | | | | |
| 14 | 20200 | 67797 | Due Affiliate | | | |
| 14 | | | State Unemployment Comp | 21011 | 67,797.00 | |
| | | | Reclass | | | |
| | | | | | | |
| 15 | 41026 | 4749.64 | Corporate Fee - Non-reimbursable Costs | | | |
| 15 | | | Corporate Management Fee | 41027 | 4749.64 | |
| | | | To allocate corp therapy salaries | | | |
| | | | | | | |
| 17 | 41002 | 510.79 | Salaries - Clerical | | | |
| 17 | 41003 | 956.63 | Salaries - Accounting | | | |
| 17 | 41004 | 861.53 | Salaries - Social Service | | | |
| 17 | 41006 | 420.90 | Salaries - Maintenance | | | |
| 17 | 41008 | 461.85 | Salaries - Staff Development | | | |
| 17 | 45001 | 8,366.83 | Salaries - RN | | | |
| 17 | 45002 | 9,276.99 | Salaries - LPN | | | |
| 17 | 45003 | 14,509.95 | Salaries - CNA | | | |
| 17 | 45004 | 60.90 | Salaries - Assistant D.O.N. | | | |
| 17 | 45005 | 1,415.20 | Salaries - DNS | | | |
| 17 | 45011 | 461.33 | Salaries - Infection Control | | | |
| 17 | 45017 | 876.53 | Salaries - MDS | | | |
| 17 | 50002 | 1,655.58 | Salaries - Chef, Cooks | | | |
| 17 | 50003 | 2,583.91 | Salaries - Dietary Aid, Dishwasher | | | |
| 17 | 50004 | 382.80 | Salaries - Food Service Suprv | | | |
| 17 | 55001 | 1,182.33 | Salaries - Laundry | | | |
| 17 | 55002 | 476.96 | Salaries - Chefs, Cooks | | | |
| 17 | 60001 | 1,130.18 | Salaries - Housekeeping | | | |
| 17 | 65001 | 917.41 | Salaries - Recreation | | | |
| 17 | 70062 | 467.78 | Salaries - Therapy Technicians | | | |
| | | | Accrued Payroll | 20501 | 46,976.38 | |
| | | 596,014.98 | TOTALS | | 596,014.98 | |

| | | | |
|---------------|------------|------|--------------|
| Trial Balance | 596,014.98 | 0.00 | (596,014.98) |
| Variance | 0.00 | | 0.00 |

Facility: Apple Rehab Watertown
 Cost Year 9/30/2016
 Reconciliation of Revenue, Expenses, Balance Sheet

| | <u>Expenses</u> | <u>Revenue</u> | <u>Assets</u> | <u>Liabilities</u> |
|-----------------------------|-----------------|----------------|------------------|--------------------|
| Per Trial Balance | 11,258,712 | 11,673,809 | 2,320,784 | 455,713 |
| Per Cost Report | 11,252,720 | 11,673,809 | 4,025,770 | 2,160,699 |
| Difference | 5,992 | 0 | 1,704,986 | (1,704,986) |
| 21035-21060 - Payroll W/H | | | | |
| 10401-10403 Exchange | | | 36,576 | (36,576) |
| 35098- Meal Revenue | | | | |
| 20110- A/P-Patient Exchange | | | 2,767 | (2,767) |
| 20218 - Due Affiliate | | | 1,665,643 | (1,665,643) |
| 78010 - Owners Salary | 5,992 | | | |
| 13002 - Prepaid Ins | | | | |
| Difference | 5,992 | 0 | 1,704,986 | (1,704,986) |
| | (0) | 0 | 0 | 0 |

Apple Rehab Watertown

| Asset Class | Asset ID | Asset Description | Service Date | Cost | Depreciation 10/01/15 - 12/31/15 | Depreciation 01/01/16 - 9/30/16 |
|-------------------------------|----------|--|--------------|-----------|-------------------------------------|------------------------------------|
| Non Moveable Equipment | | | | | | |
| NME-8 | 0709002 | garbage disposal (Precision Electric) | 11/1/2007 | 2,318.75 | 0.00 | 0.00 |
| NME-15 | 0709018 | CIRCULATOR PUMP (ALERT) | 2/1/1995 | 1,547.60 | 0.00 | 0.00 |
| NME-15 | 0709019 | walk-in freezer condensor unit (Perfecte | 8/1/2008 | 4,165.24 | 69.42 | 208.26 |
| NME-15 | 0709020 | walk-in freezer condenser and coil (Perf | 8/1/2009 | 5,032.00 | 83.83 | 251.64 |
| NME-10 | 0709006 | ARJO HOSP. (2 SIT BATH) | 11/1/1989 | 6,678.59 | 0.00 | 0.00 |
| NME-10 | 0709007 | RYKOFF-SEXTON(PRE-RINSE U) | 11/1/1989 | 186.82 | 0.00 | 0.00 |
| NME-10 | 0709009 | Wattsaver(Overbed Fixtures) | 4/1/1993 | 791.87 | 0.00 | 0.00 |
| NME-10 | 0709010 | Supply(Bedpan Cleaner) | 12/1/1993 | 10,595.42 | 0.00 | 0.00 |
| NME-10 | 0709012 | WHIRLPOOL (ALPHA-MED) | 5/1/1997 | 2,888.72 | 0.00 | 0.00 |
| NME-10 | 0709014 | A\C COMPRESSOR (MJ DALY) | 5/1/1998 | 1,647.24 | 0.00 | 0.00 |
| NME-10 | 0709015 | FREEZER COMPRESSOR (MJ DALY) | 5/1/1998 | 1,576.08 | 0.00 | 0.00 |
| NME-10 | 0709016 | repairs to walk-in freezer (Perfectemp) | 9/1/2008 | 1,284.43 | 32.14 | 96.30 |
| NME-10 | 0712003 | Ice Machine | 1/10/2012 | 3,351.06 | 83.74 | 251.37 |
| NME-10 | 0713025 | roam alert wander dectection system | 6/11/2013 | 7,741.22 | 193.53 | 580.59 |
| NME-10 | 0713025A | door contoller | 7/9/2013 | 1,793.10 | 44.85 | 134.46 |
| NME-10 | 0716061 | Install of Walk-In Freezer Evaporator | 3/15/2016 | 3,133.00 | 0.00 | 107.46 |

Non Moveable Equipment as of 09/30/16

Depreciation 10/1/15 - 9/30/2016

54,731.14

507.51

1,630.08

2,137.59

Cost Report Adjustments

| | | | | | | |
|---------|--|---------------------------------|------------------------|--------------------|--|-------------------|
| | | To Moveable Equipment | | (\$475.91) | | \$0.00 |
| 0712003 | | Ice Machine | 1/10/2012 | (\$3,351.06) | | (\$335.11) |
| | | Adjusted Balance 9/30/16 | | \$50,904.17 | | \$1,802.48 |
| | | | Prior Period | \$47,771.17 | | \$1,695.02 |
| | | | Retired (See Attached) | \$0.00 | | \$0.00 |
| | | | Current Period | \$3,133.00 | | \$107.46 |

Apple Rehab Watertown

| Asset Class | Asset ID | Asset Description | Service Date | Cost | Depreciation 10/01/15 - 12/31/15 | Depreciation 01/01/16 - 9/30/16 |
|---------------------------|----------|-------------------------------|--------------|----------|-------------------------------------|------------------------------------|
| Moveable Equipment | | | | | | |
| ME-10 | 0709072 | CARSTENS (CHART SYSTM) | 8/1/1986 | 2,091.34 | 0.00 | 0.00 |
| ME-10 | 0709083 | RYKOFF SEX (SLICER) | 10/1/1989 | 837.00 | 0.00 | 0.00 |
| ME-10 | 0709085 | CHECKMARK (RAILS,FILES) | 10/1/1989 | 1,661.69 | 0.00 | 0.00 |
| ME-15 | 0709176 | MEDLINE (OVERBED TABLE) | 11/1/1989 | 125.63 | 0.00 | 0.00 |
| ME-15 | 0709177 | ARJO HOSP.(ELEC.LIFT HYG.CHR) | 11/1/1989 | 2,996.15 | 0.00 | 0.00 |
| ME-15 | 0709178 | KENTCO (FURN. FOR SOC. SERV.) | 11/1/1989 | 2,299.42 | 0.00 | 0.00 |
| ME-15 | 0709179 | KENTCO (FURN FOR LIBRARY) | 11/1/1989 | 1,266.35 | 0.00 | 0.00 |
| ME-15 | 0709180 | KENTCO (PRIV. DINING RM) | 11/1/1989 | 161.25 | 0.00 | 0.00 |
| ME-15 | 0709181 | KENTCO (EXISTING DIN. RM) | 11/1/1989 | 1,429.75 | 0.00 | 0.00 |
| ME-15 | 0709182 | KENTCO (DON) | 11/1/1989 | 1,658.19 | 0.00 | 0.00 |
| ME-15 | 0709183 | KENTCO (ADMINISTRATOR) | 11/1/1989 | 2,246.75 | 0.00 | 0.00 |
| ME-15 | 0709184 | KENTCO (ACTIVITIES RM.) | 11/1/1989 | 1,660.88 | 0.00 | 0.00 |

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|-------|---------|--------------------------------|-----------|-----------|------|------|
| ME-15 | 0709185 | KENTCO (LOBBY/VESTIBULE) | 11/1/1989 | 5,186.88 | 0.00 | 0.00 |
| ME-15 | 0709186 | KENTCO (SNF DINING) | 11/1/1989 | 161.25 | 0.00 | 0.00 |
| ME-15 | 0709187 | KENTCO (ICF DINING) | 11/1/1989 | 6,256.50 | 0.00 | 0.00 |
| ME-15 | 0709188 | KENTCO (SNF + ICF RECREATION) | 11/1/1989 | 2,657.40 | 0.00 | 0.00 |
| ME-15 | 0709189 | KENTCO (LOUNGE) | 11/1/1989 | 3,491.60 | 0.00 | 0.00 |
| ME-15 | 0709190 | KENTCO (LOUNGE) | 11/1/1989 | 2,147.85 | 0.00 | 0.00 |
| ME-15 | 0709191 | KENTCO (STAFF DINING) | 11/1/1989 | 1,021.25 | 0.00 | 0.00 |
| ME-15 | 0709192 | KENTCO (ART AND ACCESSORIES) | 11/1/1989 | 3,239.61 | 0.00 | 0.00 |
| ME-15 | 0709193 | KENTCO (60 OVERBED TABLES) | 11/1/1989 | 5,229.02 | 0.00 | 0.00 |
| ME-15 | 0709194 | KENTCO (60 MIRRORS) | 11/1/1989 | 3,225.00 | 0.00 | 0.00 |
| ME-15 | 0709195 | KENTCO (20 TABLES) | 11/1/1989 | 5,545.80 | 0.00 | 0.00 |
| ME-15 | 0709196 | KENTCO (2 TABLES) | 11/1/1989 | 702.00 | 0.00 | 0.00 |
| ME-15 | 0709197 | KENTCO (2 LOVESEATS) | 11/1/1989 | 1,404.00 | 0.00 | 0.00 |
| ME-15 | 0709198 | KENTCO (1 DESK CHAIR) | 11/1/1989 | 375.17 | 0.00 | 0.00 |
| ME-15 | 0709199 | KENTCO (2 LOWBOYS) | 11/1/1989 | 1,171.76 | 0.00 | 0.00 |
| ME-15 | 0709200 | KENTCO (8 END TABLES) | 11/1/1989 | 2,227.40 | 0.00 | 0.00 |
| ME-15 | 0709201 | KENTCO (2 LOVESEATS) | 11/1/1989 | 1,902.76 | 0.00 | 0.00 |
| ME-15 | 0709202 | KENTCO (1 TABLE) | 11/1/1989 | 375.17 | 0.00 | 0.00 |
| ME-15 | 0709203 | KENTCO (1 BRASS GLOBE) | 11/1/1989 | 295.63 | 0.00 | 0.00 |
| ME-15 | 0709204 | KENTCO (4 FLIP TOP SERVERS) | 11/1/1989 | 3,332.52 | 0.00 | 0.00 |
| ME-15 | 0709205 | KENTCO (1 PEDESTAL TBL) | 11/1/1989 | 1,397.49 | 0.00 | 0.00 |
| ME-15 | 0709206 | KENTCO (8 CHAIR SEATS) | 11/1/1989 | 1,720.00 | 0.00 | 0.00 |
| ME-15 | 0709207 | KENTCO (2 CHAIR SEATS) | 11/1/1989 | 483.75 | 0.00 | 0.00 |
| ME-15 | 0709208 | KENTCO (36 CHAIR SEATS) | 11/1/1989 | 7,314.30 | 0.00 | 0.00 |
| ME-15 | 0709209 | KENTCO (3 HUNT BOARDS) | 11/1/1989 | 2,789.64 | 0.00 | 0.00 |
| ME-15 | 0709210 | KENTCO (6 FOLDING TABLES) | 11/1/1989 | 632.10 | 0.00 | 0.00 |
| ME-15 | 0709211 | KENTCO (1 DESK CHAIR) | 11/1/1989 | 381.62 | 0.00 | 0.00 |
| ME-15 | 0709212 | KENTCO (1 COCKTAIL TABLE) | 11/1/1989 | 381.62 | 0.00 | 0.00 |
| ME-15 | 0709213 | KENTCO (2 END TABLES) | 11/1/1989 | 750.35 | 0.00 | 0.00 |
| ME-15 | 0709214 | KENTCO (2 ROUND TABLES) | 11/1/1989 | 354.75 | 0.00 | 0.00 |
| ME-15 | 0709215 | KENTCO (1 LAMP TABLE) | 11/1/1989 | 241.88 | 0.00 | 0.00 |
| ME-15 | 0709216 | KENTCO (1 BRASS TRAY TABLE) | 11/1/1989 | 353.68 | 0.00 | 0.00 |
| ME-15 | 0709217 | KENTCO (1 HOME ENTERTAIN.CNTR) | 11/1/1989 | 1,716.78 | 0.00 | 0.00 |
| ME-15 | 0709218 | KENTCO (1 GAME TABLE) | 11/1/1989 | 833.11 | 0.00 | 0.00 |
| ME-15 | 0709219 | KENTCO (1 BRASS TRAY TABLE) | 11/1/1989 | 375.17 | 0.00 | 0.00 |
| ME-15 | 0709220 | KENTCO (2 END TABLES) | 11/1/1989 | 556.85 | 0.00 | 0.00 |
| ME-15 | 0709221 | KENTCO (4 WALL SCANCES) | 11/1/1989 | 322.50 | 0.00 | 0.00 |
| ME-15 | 0709222 | KENTCO (4 CHANDELIERS) | 11/1/1989 | 3,375.50 | 0.00 | 0.00 |
| ME-15 | 0709223 | KENTCO (60 HI-LOW BEDS) | 11/1/1989 | 28,081.08 | 0.00 | 0.00 |
| ME-15 | 0709224 | KENTCO (60 3-DRAWER N-STANDS) | 11/1/1989 | 11,647.15 | 0.00 | 0.00 |
| ME-15 | 0709225 | KENTCO (28 6 DRAWER N-STANDS) | 11/1/1989 | 14,040.73 | 0.00 | 0.00 |
| ME-15 | 0709226 | KENTCO (4 3 DRAWER DRESSERS) | 11/1/1989 | 955.15 | 0.00 | 0.00 |
| ME-15 | 0709227 | KENTCO (60 PATIENT MATTRESSES) | 11/1/1989 | 4,924.80 | 0.00 | 0.00 |
| ME-15 | 0709228 | KENTCO (SALES TAX ON INVOICES) | 11/1/1989 | 611.66 | 0.00 | 0.00 |
| ME-15 | 0709229 | ARJO HOSP (ELEC.LFT HYG.CHAIR) | 11/1/1989 | 3,071.72 | 0.00 | 0.00 |
| ME-15 | 0709230 | ALL CARE (TRANS AID LIFTER) | 11/1/1989 | 2,526.92 | 0.00 | 0.00 |
| ME-15 | 0709231 | WTBY GLASS (8 TABLE TOPS) | 11/1/1989 | 561.60 | 0.00 | 0.00 |

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|-------|---------|------------------------------------|-----------|----------|------|------|
| ME-15 | 0709232 | UHF PURCH. (16 CHAIRS) | 11/1/1989 | 690.12 | 0.00 | 0.00 |
| ME-15 | 0709233 | KENTCO (LIBRARY) | 11/1/1989 | 849.25 | 0.00 | 0.00 |
| ME-15 | 0709234 | KENTCO (EXISTING DINING RM) | 11/1/1989 | 177.38 | 0.00 | 0.00 |
| ME-15 | 0709235 | KENTCO (DON) | 11/1/1989 | 688.00 | 0.00 | 0.00 |
| ME-15 | 0709236 | KENTCO (ADMINISTRATOR) | 11/1/1989 | 354.74 | 0.00 | 0.00 |
| ME-15 | 0709237 | KENTCO (ACTIVITIES RM) | 11/1/1989 | 210.70 | 0.00 | 0.00 |
| ME-15 | 0709238 | KENTCO (LOBBY/VESTIBULE) | 11/1/1989 | 1,144.87 | 0.00 | 0.00 |
| ME-15 | 0709239 | KENTCO (HIGHBACK CHAIRS) | 11/1/1989 | 9,675.00 | 0.00 | 0.00 |
| ME-15 | 0709240 | HUDSON MED (SHOWER CHAIR) | 11/1/1989 | 499.64 | 0.00 | 0.00 |
| ME-15 | 0709241 | WTBY GLASS (GLASS TBL TOPS) | 11/1/1989 | 772.20 | 0.00 | 0.00 |
| ME-15 | 0709242 | WTBY GLASS (GLASS TBLE) | 11/1/1989 | 70.20 | 0.00 | 0.00 |
| ME-10 | 0709087 | KENTCO (60 LAMPS) | 11/1/1989 | 2,322.00 | 0.00 | 0.00 |
| ME-10 | 0709088 | KENTCO (5 MIRRORS) | 11/1/1989 | 1,612.50 | 0.00 | 0.00 |
| ME-10 | 0709089 | KENTCO (1 MIRROR) | 11/1/1989 | 215.00 | 0.00 | 0.00 |
| ME-10 | 0709091 | HUDSON MED. (OPHTHALMIC HEAD) | 11/1/1989 | 492.75 | 0.00 | 0.00 |
| ME-10 | 0709093 | VICTOR ROM (SUPPLY TUBS) | 11/1/1989 | 1,894.10 | 0.00 | 0.00 |
| ME-15 | 0709243 | WTBY GLASS (GLASS TBLE TOPS) | 12/1/1989 | 454.68 | 0.00 | 0.00 |
| ME-15 | 0709244 | UHF PURCH (FEEDING TBLE) | 12/1/1989 | 375.78 | 0.00 | 0.00 |
| ME-15 | 0709245 | UHF (4 CHAIRS) | 4/1/1990 | 520.13 | 0.00 | 0.00 |
| ME-15 | 0709246 | CHECKMARK (2 CHAIRS) | 4/1/1990 | 257.04 | 0.00 | 0.00 |
| ME-15 | 0709247 | CHECKMARK (1 CHAIR) | 4/1/1990 | 128.52 | 0.00 | 0.00 |
| ME-15 | 0709248 | KENTCO (1 TABLE) | 4/1/1990 | 178.20 | 0.00 | 0.00 |
| ME-15 | 0709249 | KENTCO (1 COFFEE TABLE) | 4/1/1990 | 420.12 | 0.00 | 0.00 |
| ME-15 | 0709250 | KENTCO (1 CONSOLE TABLE) | 4/1/1990 | 567.00 | 0.00 | 0.00 |
| ME-12 | 0709163 | SAFEWAY (DOOR SIGNS) | 4/1/1990 | 1,360.80 | 0.00 | 0.00 |
| ME-10 | 0709094 | HUDSON MED. (2 WHEELCHAIRS) | 4/1/1990 | 478.00 | 0.00 | 0.00 |
| ME-10 | 0709095 | HUDSON MEDICAL (2 WHEELCHAIRS) | 4/1/1990 | 478.00 | 0.00 | 0.00 |
| ME-10 | 0709096 | FRAME KING (ARTWORK) ADDED 4/91 | 2/1/1991 | 600.00 | 0.00 | 0.00 |
| ME-10 | 0709097 | FRAME KING (ARTWORK) ADDED 4/91 | 2/1/1991 | 650.00 | 0.00 | 0.00 |
| ME-7 | 0709064 | WANDERGUARD (PATIENT WRISTBANDS) | 6/1/1991 | 1,807.60 | 0.00 | 0.00 |
| ME-5 | 0709025 | AGWAY (PATIO FURN.) | 7/1/1991 | 312.12 | 0.00 | 0.00 |
| ME-5 | 0709026 | FARM. GARDENS (PATIO FURN) | 7/1/1991 | 2,920.00 | 0.00 | 0.00 |
| ME-5 | 0709027 | NEW ENGLAND (VIDEO CAM & TV) | 9/1/1992 | 1,251.86 | 0.00 | 0.00 |
| ME-10 | 0709098 | Kessler(Ultrasound) | 1/1/1993 | 901.00 | 0.00 | 0.00 |
| ME-5 | 0709028 | Eastem(Baskets) | 4/1/1993 | 113.67 | 0.00 | 0.00 |
| ME-5 | 0709029 | Recognition(Room Signs) | 4/1/1993 | 296.80 | 0.00 | 0.00 |
| ME-5 | 0709030 | Health Complex(Wheelchairs) | 4/1/1993 | 1,096.99 | 0.00 | 0.00 |
| ME-5 | 0709031 | Redline(Chair Recline) | 4/1/1993 | 517.28 | 0.00 | 0.00 |
| ME-5 | 0709032 | Redline(Chair Recline) | 4/1/1993 | 517.28 | 0.00 | 0.00 |
| ME-5 | 0709033 | Redline(Therm Electronic) | 4/1/1993 | 475.94 | 0.00 | 0.00 |
| ME-5 | 0709034 | Checkmark(4-Draw File) | 4/1/1993 | 560.74 | 0.00 | 0.00 |
| ME-5 | 0709035 | Health Care(Sphymomanometer) | 4/1/1993 | 167.83 | 0.00 | 0.00 |
| ME-15 | 0709251 | Clafin(Beds) | 4/1/1993 | 5,770.00 | 0.00 | 0.00 |
| ME-15 | 0709252 | Clafin(Mattresses) | 4/1/1993 | 780.00 | 0.00 | 0.00 |
| ME-12 | 0709164 | Carstens(Med Trays) | 4/1/1993 | 132.45 | 0.00 | 0.00 |
| ME-12 | 0709165 | Discount Desk(Workstations/Chairs) | 4/1/1993 | 2,212.22 | 0.00 | 0.00 |
| ME-12 | 0709166 | Checkmark(Chair/Chairmat) | 4/1/1993 | 233.47 | 0.00 | 0.00 |

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|-------|---------|--------------------------------------|-----------|-----------|------|------|
| ME-10 | 0709099 | Clafin(Overbed Tables) | 4/1/1993 | 903.75 | 0.00 | 0.00 |
| ME-10 | 0709100 | First Healthcare(Rack) | 4/1/1993 | 821.60 | 0.00 | 0.00 |
| ME-10 | 0709101 | Clafin(Delivery Charges) | 4/1/1993 | 695.00 | 0.00 | 0.00 |
| ME-10 | 0709102 | Red Line(Draw Cart) | 4/1/1993 | 742.14 | 0.00 | 0.00 |
| ME-10 | 0709103 | Direct Supplies(Cart) | 4/1/1993 | 719.57 | 0.00 | 0.00 |
| ME-10 | 0709104 | Warehouse(Delivery Cart) | 4/1/1993 | 1,237.34 | 0.00 | 0.00 |
| ME-10 | 0709105 | Boston Trade(Pad Quilts) | 4/1/1993 | 588.66 | 0.00 | 0.00 |
| ME-10 | 0709106 | Houseknecht(Install PT Tables) | 4/1/1993 | 387.50 | 0.00 | 0.00 |
| ME-10 | 0709107 | American Medequip(Shower Chair) | 4/1/1993 | 156.00 | 0.00 | 0.00 |
| ME-10 | 0709108 | Hartford Fire Equip(Cabinets) | 4/1/1993 | 161.84 | 0.00 | 0.00 |
| ME-10 | 0709109 | Red Line(Chair) | 4/1/1993 | 542.93 | 0.00 | 0.00 |
| ME-10 | 0709110 | Glaflin(Armchairs) | 9/1/1993 | 2,493.87 | 0.00 | 0.00 |
| ME-5 | 0709036 | Health (Wheel Chair) | 7/1/1994 | 795.00 | 0.00 | 0.00 |
| ME-5 | 0709037 | Health Comm(Wheelchairs) | 12/1/1994 | 1,249.63 | 0.00 | 0.00 |
| ME-5 | 0709038 | Health Comm(Wheelchairs) | 12/1/1994 | 544.84 | 0.00 | 0.00 |
| ME-12 | 0709167 | Clafli(Armchairs) | 12/1/1994 | 2,980.00 | 0.00 | 0.00 |
| ME-15 | 0709253 | ELECTRIC HOSPITAL BEDS (B. BASSETT) | 1/1/1995 | 1,600.00 | 0.00 | 0.00 |
| ME-10 | 0709112 | DRYER (YANKEE EQUIPMENT) | 12/1/1995 | 2,332.00 | 0.00 | 0.00 |
| ME-10 | 0709113 | LAUNDRY SCALE (YANKEE EQUIPMENT) | 12/1/1995 | 553.83 | 0.00 | 0.00 |
| ME-10 | 0709115 | FOOD PROCESSOR (UNITED) | 1/1/1996 | 1,206.88 | 0.00 | 0.00 |
| ME-10 | 0709114 | DRYER (YANKEE EQUIPMENT) | 2/1/1996 | 4,505.00 | 0.00 | 0.00 |
| ME-5 | 0709039 | 3 Wheelchairs -rem desk arm (MOS) | 12/1/1996 | 877.50 | 0.00 | 0.00 |
| ME-10 | 0709116 | WHEELCHAIR SCALE (SCALE-TRONIX) | 2/1/1997 | 2,730.25 | 0.00 | 0.00 |
| ME-10 | 0709117 | AMREX ULTRASOUND COMBO (ALPHA-MED) | 3/1/1997 | 2,868.75 | 0.00 | 0.00 |
| ME-10 | 0709118 | SALES TAX ABOVE 2 ITEMS | 3/1/1997 | 335.94 | 0.00 | 0.00 |
| ME-10 | 0709119 | NICHOLAS MUSSLE TESTER (ALHA-MED) | 4/1/1997 | 727.09 | 0.00 | 0.00 |
| ME-10 | 0709120 | MONARK ERGOMEDIC CYCLE (ALPHA-MED) | 4/1/1997 | 958.30 | 0.00 | 0.00 |
| ME-10 | 0709121 | RCA STOVE (BROOKLYN APPLIANCE) | 4/1/1997 | 758.96 | 0.00 | 0.00 |
| ME-10 | 0709122 | LANDICE TREADMILL (ALPHA-MED) | 6/1/1997 | 4,120.00 | 0.00 | 0.00 |
| ME-10 | 0709123 | PARALLEL BARS/PLATFORM (ALPHA-MED) | 7/1/1997 | 9,784.59 | 0.00 | 0.00 |
| ME-10 | 0709124 | SHOWER GURNEY (REDLINE) | 9/1/1997 | 760.84 | 0.00 | 0.00 |
| ME-5 | 0709040 | SNOWBLOWER (J.DEERE) | 11/1/1997 | 1,588.94 | 0.00 | 0.00 |
| ME-8 | 0709065 | VACUUM (RO-VIC) | 2/1/1998 | 503.71 | 0.00 | 0.00 |
| ME-8 | 0709066 | VACUUM (RO-VIC) | 2/1/1998 | 503.71 | 0.00 | 0.00 |
| ME-8 | 0709067 | 4 CHAIRS (STAPLES) | 2/1/1998 | 592.00 | 0.00 | 0.00 |
| ME-10 | 0709125 | WHEELCHAIR SCALE (SCALE-TRONICS) | 3/1/1998 | 2,730.25 | 0.00 | 0.00 |
| ME-10 | 0709126 | PATIENT LIFT ACCESSORIES (REDLINE) | 3/1/1998 | 1,907.78 | 0.00 | 0.00 |
| ME-15 | 0709254 | 3 BIOCARE MATTRESSES (REDLINE) | 4/1/1998 | 584.49 | 0.00 | 0.00 |
| ME-10 | 0709127 | TREATMENT CART (DIRECT SUPPLY) | 4/1/1998 | 567.03 | 0.00 | 0.00 |
| ME-10 | 0709128 | ICE MACHINE (UNITED) | 4/1/1998 | 2,007.64 | 0.00 | 0.00 |
| ME-5 | 0709041 | RECLINER WHEELCHAIR (ALIMED) | 1/1/1999 | 784.06 | 0.00 | 0.00 |
| ME-10 | 0709129 | CLOTHES DRYER (YANKEE) | 1/1/1999 | 5,671.00 | 0.00 | 0.00 |
| ME-5 | 0709042 | ACCUMAX MATTRESS (REDLINE) | 4/1/1999 | 1,192.50 | 0.00 | 0.00 |
| ME-15 | 0709255 | PATIENT ROOM FURN (CLAFLIN) | 7/1/1999 | 11,920.00 | 0.00 | 0.00 |
| ME-15 | 0709256 | BEDS (SIMMONS) | 7/1/1999 | 6,485.00 | 0.00 | 0.00 |
| ME-10 | 0709130 | COMPRESSER (GCS) | 8/1/1999 | 2,184.29 | 0.00 | 0.00 |
| ME-5 | 0709043 | DIGITAL COPIER (NORTHEAST COPY) | 10/1/1999 | 7,928.80 | 0.00 | 0.00 |

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|-------|---------|--|-----------|-----------|--------|----------|
| ME-15 | 0709257 | OVERBED TABLE BASES (CLAFLIN) | 10/1/1999 | 1,697.89 | 0.00 | 0.00 |
| ME-15 | 0709258 | Patient Furniture (Claflin) | 1/1/2000 | 16,320.00 | 0.00 | 0.00 |
| ME-15 | 0709259 | Patient Furniture (Simmon HC) | 3/1/2000 | 6,937.15 | 0.00 | 0.00 |
| ME-10 | 0709131 | Hoyer Lift (Diller Medical) | 7/1/2000 | 700.45 | 0.00 | 0.00 |
| ME-5 | 0709044 | carpet extractor (RoVic, Inc.) | 9/1/2000 | 2,435.88 | 0.00 | 0.00 |
| ME-15 | 0709260 | freight reclass (Claflin) | 9/1/2000 | 83.57 | 0.00 | 0.00 |
| ME-15 | 0709261 | freight reclass (Claflin) | 9/1/2000 | 2,716.43 | 0.00 | 0.00 |
| ME-15 | 0709262 | freight reclass (Simmons) | 9/1/2000 | 742.49 | 0.00 | 0.00 |
| ME-10 | 0709132 | public furniture 1 of 2 pmt (Kwalu, Inc. | 9/1/2000 | 6,955.29 | 0.00 | 0.00 |
| ME-10 | 0709133 | public furniture 2 of 2 pmt (Kwalu, Inc. | 11/1/2000 | 6,987.76 | 0.00 | 0.00 |
| ME-15 | 0709263 | reclass sales tax (Claflin) | 12/1/2000 | 1,401.30 | 0.00 | 0.00 |
| ME-10 | 0709134 | food processor (TriMark) | 2/1/2001 | 1,228.54 | 0.00 | 0.00 |
| ME-10 | 0709135 | freezer (TriMark) | 3/1/2001 | 3,180.00 | 0.00 | 0.00 |
| ME-15 | 0709264 | 10 over bed tables (Claflin) | 12/1/2001 | 1,049.40 | 17.49 | 34.98 |
| ME-15 | 0709265 | 10 ea bedside cabinets, 4 drawer dresser | 12/1/2001 | 6,710.00 | 111.81 | 223.69 |
| ME-10 | 0709136 | hospital tray delivery cart (Tri Mark Un | 12/1/2001 | 1,691.76 | 0.00 | 0.00 |
| ME-15 | 0709266 | 10 armchairs, 6 drawer dresser (Claflin) | 1/1/2002 | 2,754.03 | 45.90 | 137.70 |
| ME-10 | 0709137 | 20qt floor model mixer (Tri Mark United | 2/1/2002 | 2,273.70 | 0.00 | 0.00 |
| ME-10 | 0709138 | install hand scanner (Precision Electric | 7/1/2002 | 699.60 | 0.00 | 0.00 |
| ME-5 | 0709045 | 700 cubicle curtain hooks, 12 hand bell | 9/1/2002 | 477.42 | 0.00 | 0.00 |
| ME-5 | 0709046 | cubicle curtains | 9/1/2002 | 4,750.66 | 0.00 | 0.00 |
| ME-5 | 0709047 | 10 curtain track ultra-cube, 8 elbow, 16 | 9/1/2002 | 638.85 | 0.00 | 0.00 |
| ME-5 | 0709048 | curtain hook, cubicle, roller | 9/1/2002 | 377.09 | 0.00 | 0.00 |
| ME-15 | 0709267 | 3-chrome shelf, hairdresser cabinets & d | 9/1/2002 | 1,146.83 | 19.13 | 57.33 |
| ME-10 | 0709139 | S/S fridge (TriMark United East) | 12/1/2002 | 2,316.10 | 0.00 | 0.00 |
| ME-10 | 0709140 | steamer replacement (TriMark United East | 7/1/2003 | 3,201.20 | 0.00 | 0.00 |
| ME-15 | 0709268 | 2-one door wardrobe (Claflin) | 8/1/2003 | 250.00 | 4.16 | 12.51 |
| ME-10 | 0709141 | 50 prints (Architectural Woodworking) | 9/1/2003 | 4,718.00 | 0.00 | 0.00 |
| ME-15 | 0709269 | equipment purchased from sale of tractio | 2/1/2004 | 1,601.50 | 26.67 | 80.10 |
| ME-20 | 0709281 | chart rack/accessories (carstens) | 4/1/2004 | 1,509.78 | 18.88 | 56.61 |
| ME-15 | 0709270 | 2 electric beds (Invacare Continuing Car | 9/1/2004 | 1,386.60 | 23.14 | 69.30 |
| ME-10 | 0709142 | osize wheelchair scale (Scale-Tronix, In | 2/1/2006 | 3,220.50 | 80.49 | 161.02 |
| ME-5 | 0709049 | cisco router (JKS Systems, LLC) | 9/1/2006 | 3,029.06 | 0.00 | 0.00 |
| ME-5 | 0709050 | network upgrade (JKS Systems, LLC) | 10/1/2006 | 772.21 | 0.00 | 0.00 |
| ME-10 | 0709143 | Maxi 500 lift/scale (ARJO, Inc.) | 10/1/2006 | 4,506.96 | 112.66 | 225.32 |
| ME-5 | 0709051 | network cable drops (A&R Communications, | 11/1/2006 | 445.20 | 0.00 | 0.00 |
| ME-5 | 0709052 | install router (JKS Systems, LLC) | 12/1/2006 | 757.50 | 0.00 | 0.00 |
| ME-5 | 0709053 | copier (Advanced Copy) | 1/1/2007 | 5,300.00 | 0.00 | 0.00 |
| ME-15 | 0709271 | 18 electric beds (Chaflin) | 3/1/2007 | 13,821.64 | 230.33 | 691.11 |
| ME-15 | 0709274 | electric bed (Sunrise Medical) | 3/1/2007 | 700.00 | 11.66 | 35.01 |
| ME-10 | 0709144 | bedside chairs (Kwalu) | 3/1/2007 | 5,277.60 | 131.94 | 395.82 |
| ME-15 | 0709272 | patient's furniture: headboard and mir | 4/1/2007 | 24,711.92 | 411.85 | 1,235.61 |
| ME-15 | 0709273 | head and foot board bolt kits (Chaflin E | 5/1/2007 | 106.18 | 1.77 | 5.31 |
| ME-5 | 0709054 | 12 television sets (Kmart | 6/1/2007 | 3,625.07 | 0.00 | 0.00 |
| ME-5 | 0709055 | 4 television sets (Kmart) | 6/1/2007 | 1,208.36 | 0.00 | 0.00 |
| ME-5 | 0709056 | televisison sets (Kmart | 6/1/2007 | 4,820.88 | 0.00 | 0.00 |
| ME-10 | 0709145 | washer/extractor (Yankee Equipment) | 7/1/2007 | 8,424.88 | 210.60 | 631.89 |

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|-------|---------|--|------------|-----------|--------|--------|
| ME-5 | 0709057 | flat screen TV (Office Depot) | 9/1/2007 | 890.38 | 0.00 | 0.00 |
| ME-10 | 0709146 | chairs (Kwalu) DOWNPMT | 11/1/2007 | 2,644.50 | 66.09 | 198.36 |
| ME-10 | 0709147 | bedside chairs (Kwalu) | 11/1/2007 | 4,774.60 | 119.35 | 358.11 |
| ME-10 | 0709148 | reach-in refrigerator (Triple A) | 1/1/2008 | 2,093.50 | 52.30 | 157.05 |
| ME-10 | 0709149 | tables (Crate and Barrel) | 1/1/2008 | 843.71 | 21.10 | 63.27 |
| ME-15 | 0709275 | arm chairs (Claflin) | 3/1/2008 | 8,793.86 | 146.61 | 439.65 |
| ME-10 | 0709150 | love seat (Claflin) | 3/1/2008 | 1,968.83 | 49.19 | 147.69 |
| ME-5 | 0709058 | wireless pocket adapter (Tech Depot) | 6/1/2008 | 70.38 | 0.00 | 0.00 |
| ME-10 | 0709151 | bariatric mat platform (Sammons Preston) | 6/1/2008 | 3,612.79 | 90.29 | 270.99 |
| ME-15 | 0709276 | arm chair 50% downpmt (Kwalu) | 7/1/2008 | 2,998.50 | 49.96 | 149.94 |
| ME-10 | 0709152 | manual slicer (Triple A Supplies) | 8/1/2008 | 1,076.75 | 26.95 | 80.73 |
| ME-10 | 0709153 | exercise machine (NuStep) | 9/1/2008 | 3,870.00 | 96.75 | 290.25 |
| ME-10 | 0709154 | quilt (Medline) | 9/1/2008 | 2,646.65 | 66.13 | 198.54 |
| ME-15 | 0709277 | furniture, lamp and décor (Design Resour | 12/1/2008 | 2,199.44 | 36.65 | 109.98 |
| ME-10 | 0709155 | muscle stim machine (Sammons Preston) | 12/1/2008 | 8,011.37 | 200.30 | 600.84 |
| ME-10 | 0709156 | patient sling, waist belt and handset (A | 12/1/2008 | 1,045.91 | 26.11 | 78.48 |
| ME-10 | 0709157 | patient sling, handset, battery charger | 12/1/2008 | 1,026.44 | 25.69 | 76.95 |
| ME-10 | 0709158 | slings for patient lifts (Arjo) | 1/1/2009 | 889.97 | 22.22 | 66.78 |
| ME-10 | 0709159 | slings for patient lifts (Arjo) | 1/1/2009 | 1,111.47 | 27.81 | 83.34 |
| ME-5 | 0709059 | photocopier (Advanced Copy) | 2/1/2009 | 13,424.90 | 0.00 | 0.00 |
| ME-5 | 0709060 | washer repairs 1st install. (Yankee Equi | 4/1/2009 | 1,600.00 | 0.00 | 0.00 |
| ME-5 | 0709061 | washer repairs 2nd install. (Yankee Equi | 4/1/2009 | 1,356.80 | 0.00 | 0.00 |
| ME-5 | 0709062 | washer repairs 3rd install. (Yankee Equi | 4/1/2009 | 710.86 | 0.00 | 0.00 |
| ME-15 | 0709278 | chairs (Corporate Connections) | 5/1/2009 | 1,531.70 | 25.52 | 76.59 |
| ME-10 | 0709160 | 2 patient lifts (Aaron Posnik) | 6/1/2009 | 961.91 | 24.01 | 72.18 |
| ME-5 | 0709063 | washer repairs 4th install. Yankee Equip | 8/1/2009 | 1,085.44 | 0.00 | 0.00 |
| ME-15 | 0709279 | chairs (WB Mason) | 9/1/2009 | 1,558.20 | 25.94 | 77.94 |
| ME-15 | 0709280 | chairs, tables, pictures (Design Resourc | 9/1/2009 | 2,224.86 | 37.08 | 111.24 |
| ME-10 | 0709161 | reach in freezer (Triple A) | 9/1/2009 | 3,764.77 | 94.15 | 282.33 |
| ME-10 | 0709162 | refrigerator (Sid Miller's Appliance) | 12/1/2009 | 444.60 | 11.07 | 33.39 |
| ME-5 | 0709449 | AED machine | 12/2/2009 | 1,505.62 | 0.00 | 0.00 |
| ME-12 | 0709456 | Electric Low Bed | 2/4/2010 | 1,578.00 | 32.86 | 98.64 |
| ME-15 | 0709451 | Head/Footboard, dresser, nightstand | 2/25/2010 | 935.98 | 15.60 | 46.80 |
| ME-5 | 0709459 | Cameras and Recording Devices | 8/25/2010 | 1,102.70 | 0.00 | 0.00 |
| ME-15 | 0709473 | Headboard/Footboard | 10/7/2010 | 683.70 | 11.38 | 34.20 |
| ME-5 | 0709464 | Computer and Monitor | 10/18/2010 | 344.17 | 0.00 | 0.00 |
| ME-10 | 0709461 | Steam Tables | 10/21/2010 | 5,138.60 | 128.48 | 385.38 |
| ME-10 | 0709471 | Food Processor | 3/28/2011 | 1,313.54 | 32.80 | 98.55 |
| ME-5 | 0709472 | Wifi | 4/4/2011 | 825.68 | 41.30 | 82.55 |
| ME-5 | 0709493 | Computer for Nursing Station | 4/26/2011 | 332.93 | 16.64 | 33.28 |
| ME-10 | 0709475 | Convection Oven (Gas) | 4/29/2011 | 8,982.43 | 224.59 | 673.65 |
| ME-5 | 0709476 | Washer repairs - Bearing Housing | 5/2/2011 | 2,817.06 | 140.86 | 281.71 |
| ME-10 | 0709483 | Patio Set | 9/3/2011 | 1,386.18 | 34.67 | 103.95 |
| ME-5 | 0709489 | Notebook Computer (CDW Government) | 9/14/2011 | 260.64 | 13.07 | 26.06 |
| ME-5 | 0709490 | Photo ID Printing Kit | 9/27/2011 | 1,453.81 | 72.69 | 145.39 |
| ME-15 | 0709507 | 7 Head/Footboards | 10/1/2011 | 1,851.40 | 30.82 | 92.61 |
| ME-5 | 0709500 | Bladder Scanner | 10/14/2011 | 9,778.91 | 488.96 | 977.90 |

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|-------|----------|--|------------|-----------|--------|----------|
| ME-10 | 0709497 | Patient Lifter | 11/21/2011 | 5,242.33 | 131.02 | 393.21 |
| ME-12 | 0709509 | Invacare Low Bed and Mattress | 11/30/2011 | 1,495.30 | 31.19 | 93.42 |
| ME-10 | 0709508 | Commercial Blixter (Blender, Mixer) | 12/19/2011 | 1,475.88 | 36.89 | 110.70 |
| ME-10 | 0712002 | Slicer | 1/20/2012 | 1,163.73 | 29.07 | 87.30 |
| ME-12 | 0712008 | Invacare Lowbed | 1/31/2012 | 1,495.30 | 31.19 | 93.42 |
| ME-7 | 071215 | ECG Machine | 6/27/2012 | 2,349.27 | 83.88 | 251.73 |
| ME-5 | 071221 | A/C Repair(Perfectemp) | 8/9/2012 | 7,392.00 | 369.60 | 1,108.80 |
| ME-7 | 071220 | vital sign machine (mckesson) | 8/15/2012 | 2,310.98 | 82.55 | 247.59 |
| ME-10 | 0713023 | UniMac Washer(Daniels Equipment Company) | 2/18/2013 | 2,304.24 | 57.62 | 172.80 |
| ME-10 | 0713023A | UniMac Washer-Pmt #2(Daniels Equip Comp) | 3/11/2013 | 4,608.51 | 115.25 | 345.60 |
| ME-15 | 0714033 | STEAM TABLE DOOR REPLCMT(WATERBURY GLAS | 5/19/2014 | 2,586.43 | 43.10 | 129.33 |
| ME-5 | 0714043 | PRINTER EMPLOY CARD (HIGGINS) | 8/7/2014 | 1,505.92 | 75.28 | 225.90 |
| ME-10 | 0714040 | LIFT, PATIENT SARA3000 (ARJO) | 8/29/2014 | 4,197.82 | 104.96 | 314.82 |
| ME-5 | 0715046 | INFRASTRUCTURE (JKS) | 2/20/2015 | 44.19 | 1.27 | 6.66 |
| ME-5 | 0715047 | CONTROLLERS/INFRASTRUCTURE (JKS) | 2/20/2015 | 1,182.65 | 34.37 | 177.39 |
| ME-5 | 0715048 | INFRASTRUCTURE/FIREWALL (JKS) | 3/12/2015 | 176.75 | 5.52 | 26.55 |
| ME-10 | 0715057 | Payroll System Upgrade-Time Clocks | 3/19/2015 | 1,233.02 | 19.61 | 92.52 |
| ME-10 | 0715057A | Payroll System Upgrade-Time Clocks | 3/19/2015 | 1,196.44 | 19.06 | 89.73 |
| ME-5 | 0715051 | Nursing Station Units for Point of Care | 4/1/2015 | 1,749.93 | 58.35 | 262.53 |
| ME-5 | 0715051A | Nursing Station Units for Point of Care | 4/2/2015 | 511.94 | 17.12 | 76.77 |
| ME-5 | 0715051B | Nursing Station Units for Point of Care | 4/3/2015 | 938.26 | 31.53 | 140.76 |
| ME-5 | 0715049 | 19 Kiosks for Point of Care | 4/14/2015 | 27,177.74 | 951.74 | 4,076.64 |
| ME-5 | 0715054 | Install Wireless Network Controllers | 6/4/2015 | 176.75 | 7.69 | 26.55 |
| ME-10 | 0716064 | Rebuilt UniMac Washing Machine | 7/27/2016 | 6,806.40 | 0.00 | 142.51 |

Moveable Equipment as of 09/30/16

Depreciation 10/1/15 - 9/30/16

671,793.09 6,422.33 19,851.83
26,274.16

Cost Report Adjustments

| | | | | |
|---------|---------------------------------|-----------|---------------------|--------------------|
| | To Moveable Equipment | | \$475.91 | \$0.00 |
| | Sales Tax | | \$66.00 | \$0.00 |
| | Sales Tax Beds S/L 15 yrs | | \$581.15 | \$0.00 |
| | To LHI Installation 4/93 | | (\$387.50) | \$0.00 |
| | Leasehold Drapes 11/92 | | \$663.85 | \$0.00 |
| | Sale of Mixer | | (\$400.00) | \$0.00 |
| 0709474 | Electric Beds | 6/6/2011 | \$7,844.04 | \$653.67 |
| | Ice Machine | 1/10/2012 | 3,351.06 | \$335.11 |
| | Payroll Equipment | | \$6,098.00 | \$0.00 |
| | Adjusted Balance 9/30/16 | | \$690,085.60 | \$27,262.94 |
| | Prior Period | | \$683,279.20 | \$27,120.43 |
| | Retired (See Attached) | | \$0.00 | \$0.00 |
| | Current Period | | \$6,806.40 | \$142.51 |

Apple Rehab Watertown

| Asset Class | Asset ID | Asset Description | Service Date | Cost | Depreciation 10/01/15 - 12/31/15 | Depreciation 01/01/16 - 9/30/16 |
|-------------------------------|----------|--------------------------|--------------|----------|-------------------------------------|------------------------------------|
| Leasehold Improvements | | | | | | |
| LHI-10 | 0709334 | IND. TIME (NUR CALL SYS) | 12/1/1986 | 8,531.20 | 0.00 | 0.00 |

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|--------|---------|--|-----------|-----------|----------|----------|
| LHI-10 | 0709332 | GLENKO DIST. (CENT. TUB) | 1/1/1987 | 7,456.88 | 0.00 | 0.00 |
| LHI-10 | 0709333 | HOUSEKNECT (TUB INSTALL.) | 2/1/1987 | 1,550.00 | 0.00 | 0.00 |
| LHI-25 | 0709442 | SUBURBAN PROPANE(PIPE DRYER) | 9/1/1987 | 464.50 | 0.00 | 0.00 |
| LHI-25 | 0709443 | MARTIN PLUMBING(PIPE DRYER) | 9/1/1987 | 688.06 | 0.00 | 0.00 |
| LHI-20 | 0709411 | HAISEKNECT (CABINETS) | 5/1/1989 | 1,655.75 | 0.00 | 0.00 |
| LHI-15 | 0709369 | REPLACED STARTER PUMPS | 11/1/1989 | 1,180.96 | 0.00 | 0.00 |
| LHI-15 | 0709370 | CONTRACTOR (SECURITY SYSTEM) | 12/1/1989 | 2,511.80 | 0.00 | 0.00 |
| LHI-5 | 0709287 | CONTRACTOR (LOCKS) | 4/1/1990 | 321.84 | 0.00 | 0.00 |
| LHI-5 | 0709288 | CONTRACTOR (LOCKS) | 4/1/1990 | 500.00 | 0.00 | 0.00 |
| LHI-5 | 0709294 | MARTIN (BARBER SHOP EQUIP.) | 4/1/1990 | 909.35 | 0.00 | 0.00 |
| LHI-10 | 0709330 | WEST STATE (LABOR) | 4/1/1990 | 10,816.92 | 0.00 | 0.00 |
| LHI-10 | 0709331 | CONTRACTOR (HINGES) | 4/1/1990 | 42.98 | 0.00 | 0.00 |
| LHI-15 | 0709371 | A.C.A.(MAGNETIC DOOR HOLDERS) | 9/1/1991 | 4,086.30 | 0.00 | 0.00 |
| LHI-5 | 0709295 | Victor Rome(Drapes/Blinds) | 11/1/1992 | 663.85 | 0.00 | 0.00 |
| LHI-5 | 0709296 | Wander Guard(Signal Dvice) | 4/1/1993 | 162.39 | 0.00 | 0.00 |
| LHI-5 | 0709297 | Houseknecht(Curtain Tracks) | 4/1/1993 | 463.75 | 0.00 | 0.00 |
| LHI-5 | 0709298 | Direct Supplies(Cubicle Tracks) | 4/1/1993 | 160.35 | 0.00 | 0.00 |
| LHI-5 | 0709299 | Wolff's(Traverse Rods) | 4/1/1993 | 165.74 | 0.00 | 0.00 |
| LHI-5 | 0709300 | Florence Upholstery(Reupholster) | 4/1/1993 | 757.04 | 0.00 | 0.00 |
| LHI-5 | 0709301 | Houseknecht Reno(Fencing) | 4/1/1993 | 616.75 | 0.00 | 0.00 |
| LHI-20 | 0709412 | Orsini Electric(Install Electric) | 4/1/1993 | 1,879.82 | 0.00 | 0.00 |
| LHI-15 | 0709372 | Total Comm(Intercom) | 4/1/1993 | 1,109.66 | 0.00 | 0.00 |
| LHI-15 | 0709373 | Total Comm(Intercom) | 4/1/1993 | 466.90 | 0.00 | 0.00 |
| LHI-20 | 0709413 | Houseknecht(Plumbing) | 8/1/1994 | 1,526.40 | 0.00 | 0.00 |
| LHI-10 | 0709335 | Direct(Water Booster) | 8/1/1994 | 1,329.99 | 0.00 | 0.00 |
| LHI-10 | 0709336 | Parking Lot Paving (Arrow Paving) | 11/1/1996 | 34,310.00 | 0.00 | 0.00 |
| LHI-20 | 0709414 | Cogeneration Syst. (Aegis) | 4/1/1997 | 98,957.00 | 1,236.97 | 3,710.88 |
| LHI-20 | 0709415 | Yankee Fin- Loan for above | 4/1/1997 | 3,192.22 | 39.91 | 119.70 |
| LHI-10 | 0709337 | TELEPHONES (HENEGHAN) | 4/1/1997 | 15,900.00 | 0.00 | 0.00 |
| LHI-15 | 0709374 | Zone Fire Panel (FPT) | 8/1/1997 | 4,982.00 | 0.00 | 0.00 |
| LHI-20 | 0709416 | 2 Elevator Beam Photo Eyes (Lonsdale) | 9/1/1997 | 1,003.82 | 12.57 | 37.62 |
| LHI-10 | 0709338 | TELEPHONES (HENEGHAN) | 9/1/1997 | 874.50 | 0.00 | 0.00 |
| LHI-10 | 0709339 | 15 RAISED TOILET SEATS (NATIONAL) | 4/1/1998 | 528.75 | 0.00 | 0.00 |
| LHI-20 | 0709417 | ELECTRICAL WIRING A\C UNITS (PRECISION) | 7/1/1998 | 1,534.00 | 19.19 | 57.51 |
| LHI-20 | 0709418 | ELECTRICAL PANEL-CLOSET (PRECISION) | 7/1/1998 | 1,898.45 | 23.73 | 71.19 |
| LHI-20 | 0709419 | ELECTRICAL PANEL-CLOSET (M.J. DALY) | 7/1/1998 | 997.88 | 12.45 | 37.44 |
| LHI-20 | 0709420 | Water damage repairs *net of insurance* | 3/1/1999 | 4,330.63 | 54.17 | 162.36 |
| LHI-5 | 0709302 | Window Treatments (Medline) | 4/1/1999 | 931.50 | 0.00 | 0.00 |
| LHI-5 | 0709303 | Window Treatments (Medline) | 5/1/1999 | 918.09 | 0.00 | 0.00 |
| LHI-15 | 0709375 | 2 hot water storage tanks (HIPOINT) | 10/1/1999 | 21,300.00 | 0.00 | 0.00 |
| LHI-25 | 0709444 | backflow preventor (FPT) | 12/1/1999 | 9,862.24 | 98.66 | 295.83 |
| LHI-15 | 0709376 | air compressor (FPT) | 12/1/1999 | 2,110.57 | 0.00 | 0.00 |
| LHI-20 | 0709421 | roof repairs (Classic Construction) | 6/1/2000 | 8,700.00 | 108.75 | 326.25 |
| LHI-5 | 0709304 | cubicle curtains (Poseidon Supply Co) | 2/1/2001 | 987.04 | 0.00 | 0.00 |
| LHI-15 | 0709377 | compressor replacement (Hipoint Heating) | 5/1/2001 | 2,287.48 | 38.11 | 114.39 |
| LHI-5 | 0709305 | excavation (GW Maton Trucking, Inc.) | 8/1/2001 | 3,620.96 | 0.00 | 0.00 |
| LHI-5 | 0709306 | storm drain cleaning (NEPCCO) | 8/1/2001 | 1,226.95 | 0.00 | 0.00 |

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|--------|---------|--|-----------|-----------|--------|----------|
| LHI-5 | 0709307 | 30 cubicle curtains (Contract Furnishing | 8/1/2001 | 3,068.70 | 0.00 | 0.00 |
| LHI-15 | 0709378 | handrails for upper level (Inpro Corpora | 10/1/2001 | 5,923.98 | 98.74 | 296.19 |
| LHI-5 | 0709308 | accordian drapes (Victor Rome Contract F | 12/1/2001 | 7,314.00 | 0.00 | 0.00 |
| LHI-15 | 0709379 | concrete entrance/sidewalk (Borrelli's P | 5/1/2002 | 12,190.00 | 203.19 | 609.48 |
| LHI-12 | 0709365 | signage (Connecticut Signcraft, Inc.) | 6/1/2002 | 3,990.90 | 0.00 | 0.00 |
| LHI-10 | 0709340 | replace heat circulator pump (HiPoint He | 12/1/2002 | 2,201.23 | 0.00 | 0.00 |
| LHI-15 | 0709380 | Carrier condensing unit (National Refrig | 6/1/2004 | 2,737.24 | 45.59 | 136.89 |
| LHI-15 | 0709381 | heat exchanger DHW (Aegis Energy Service | 9/1/2004 | 1,780.00 | 29.66 | 89.01 |
| LHI-10 | 0709341 | wire patient rooms-tv (Precision Electri | 9/1/2004 | 1,528.52 | 0.00 | 0.00 |
| LHI-10 | 0709342 | baseboard heat/install (Precision Electr | 9/1/2004 | 1,966.67 | 0.00 | 0.00 |
| LHI-15 | 0709382 | heat exchanger (Aegis Energy Services, I | 3/1/2005 | 2,320.34 | 38.68 | 116.01 |
| LHI-10 | 0709343 | sewage ejector pump (PJ Electric, Inc.) | 8/1/2005 | 4,787.00 | 0.00 | 0.00 |
| LHI-20 | 0709422 | roof (Allerton Development, Inc.) | 9/1/2006 | 17,887.00 | 223.58 | 670.77 |
| LHI-20 | 0709423 | roof (Allerton Development, Inc.) | 10/1/2006 | 26,832.00 | 335.40 | 1,006.20 |
| LHI-5 | 0709309 | carpet down pmt (Commercial Flooring Con | 12/1/2006 | 12,391.25 | 0.00 | 0.00 |
| LHI-20 | 0709424 | roof final pmt (Allerton Development, In | 12/1/2006 | 26,831.00 | 335.35 | 1,006.20 |
| LHI-15 | 0709383 | design consulting (Design Resource Group | 12/1/2006 | 2,800.00 | 46.63 | 140.04 |
| LHI-15 | 0709384 | lighting (Retrofit Design Lighting) | 1/1/2007 | 8,188.50 | 136.49 | 409.41 |
| LHI-5 | 0709310 | carpet (Commercial Flooring) | 2/1/2007 | 12,391.25 | 0.00 | 0.00 |
| LHI-5 | 0709311 | renovations - wall paper (Design) | 3/1/2007 | 1,857.02 | 0.00 | 0.00 |
| LHI-20 | 0709425 | lighting fixtures (Precision Electrical) | 3/1/2007 | 12,387.69 | 154.80 | 464.58 |
| LHI-15 | 0709385 | fire suppression (Fire Protection Team | 3/1/2007 | 2,279.00 | 37.99 | 113.94 |
| LHI-15 | 0709386 | automatic overbed table (Claflin) | 3/1/2007 | 3,305.66 | 55.14 | 165.24 |
| LHI-10 | 0709344 | new phone system for rehab unit (Total C | 3/1/2007 | 2,627.56 | 65.66 | 197.10 |
| LHI-5 | 0709312 | paint (Sherwin Williams) | 4/1/2007 | 527.83 | 0.00 | 0.00 |
| LHI-20 | 0709426 | Lighting fixtures (Retrofit Lighting) | 4/1/2007 | 2,727.38 | 34.13 | 102.24 |
| LHI-20 | 0709427 | Ceiling tiles (Kamco) | 4/1/2007 | 5,391.00 | 67.41 | 202.14 |
| LHI-10 | 0709345 | 1 metal doors, 3 wood doors (Builders Ha | 4/1/2007 | 1,144.80 | 28.62 | 85.86 |
| LHI-20 | 0709428 | ceiling (Classic Construction) | 7/1/2007 | 3,723.00 | 46.56 | 139.59 |
| LHI-5 | 0709313 | wall paper (DL Couch) | 9/1/2007 | 2,069.88 | 0.00 | 0.00 |
| LHI-5 | 0709314 | carpet (Commercial Flooring) | 9/1/2007 | 25,418.49 | 0.00 | 0.00 |
| LHI-25 | 0709445 | sewage [Eastern Water Solutions) | 9/1/2007 | 2,317.29 | 23.21 | 69.48 |
| LHI-25 | 0709446 | floats for sewage pump (Eastern Water So | 9/1/2007 | 1,346.20 | 13.44 | 40.41 |
| LHI-20 | 0709429 | trees (Shermin Nurseries) | 9/1/2007 | 932.19 | 11.69 | 34.92 |
| LHI-20 | 0709430 | artwork (Design Resource Group) | 11/1/2007 | 1,008.19 | 12.61 | 37.80 |
| LHI-10 | 0709346 | cubicle curtains (Harbor Sales Corp.) | 11/1/2007 | 3,635.80 | 90.88 | 272.70 |
| LHI-20 | 0709431 | artwork (Design Resource Group) | 12/1/2007 | 669.02 | 8.34 | 25.11 |
| LHI-10 | 0709347 | pendant lights (Design Resource Group) | 12/1/2007 | 430.89 | 10.78 | 32.31 |
| LHI-10 | 0709348 | 3/4 plate glass w/ holes (Waterbury Glas | 1/1/2008 | 980.50 | 24.52 | 73.53 |
| LHI-10 | 0709349 | lighting (Retrofit Design Lighting) | 2/1/2008 | 4,344.99 | 108.61 | 325.89 |
| LHI-5 | 0709315 | cubicle curtains (Harbor Sales) | 3/1/2008 | 1,388.01 | 0.00 | 0.00 |
| LHI-5 | 0709316 | cubicle curtains (Harbor Sales) | 3/1/2008 | 76.35 | 0.00 | 0.00 |
| LHI-5 | 0709317 | window curtains (Medline) | 4/1/2008 | 209.40 | 0.00 | 0.00 |
| LHI-5 | 0709318 | window curtains (Medline) | 4/1/2008 | 2,948.28 | 0.00 | 0.00 |
| LHI-12 | 0709366 | signs (Recognition Express) | 4/1/2008 | 2,060.16 | 42.89 | 128.79 |
| LHI-5 | 0709319 | carpet (Commercial Flooring) | 5/1/2008 | 18,000.00 | 0.00 | 0.00 |
| LHI-15 | 0709387 | desks and cabinets nurse's station 1st | 7/1/2008 | 2,438.00 | 40.67 | 121.86 |

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|--------|---------|--|-----------|-----------|--------|----------|
| LHI-5 | 0709320 | cable drops and antennas - access point | 8/1/2008 | 3,015.70 | 0.00 | 0.00 |
| LHI-5 | 0709321 | asbestos abatement (Superior/MGM Environ | 8/1/2008 | 9,915.00 | 0.00 | 0.00 |
| LHI-5 | 0709322 | asbestos abatement (Superior/MGM Environ | 9/1/2008 | 3,605.86 | 0.00 | 0.00 |
| LHI-5 | 0709323 | carpet (Commercial Flooring) | 9/1/2008 | 30,485.57 | 0.00 | 0.00 |
| LHI-25 | 0709447 | sprinkler head - walk in cooler (Fire Pr | 9/1/2008 | 1,903.14 | 19.07 | 57.06 |
| LHI-15 | 0709388 | air conditioning condensor (Perfectemp) | 9/1/2008 | 2,791.25 | 46.49 | 139.59 |
| LHI-15 | 0709389 | desks and cabinets nurse's station 2nd | 9/1/2008 | 10,123.00 | 168.71 | 506.16 |
| LHI-15 | 0709390 | design consulting (Design Resource Group | 12/1/2008 | 2,000.00 | 33.34 | 99.99 |
| LHI-15 | 0709391 | repair heating system and valves(Perfect | 12/1/2008 | 1,590.57 | 26.48 | 79.56 |
| LHI-15 | 0709392 | lighting (Facility Solutions Group) | 12/1/2008 | 943.75 | 15.76 | 47.16 |
| LHI-15 | 0709393 | repairs to fire alarm panel and nurse ca | 12/1/2008 | 2,522.80 | 42.01 | 126.18 |
| LHI-15 | 0709394 | tiles (Karndean International) | 12/1/2008 | 4,904.29 | 81.70 | 245.25 |
| LHI-12 | 0709367 | air compressor - dry sprinkler system (F | 12/1/2008 | 1,869.84 | 38.91 | 116.91 |
| LHI-10 | 0709352 | heat circulator pump (Perfectemp) | 12/1/2008 | 1,288.79 | 32.22 | 96.66 |
| LHI-10 | 0709353 | back up hot water circulator pump (Perfe | 12/1/2008 | 1,011.99 | 25.33 | 75.87 |
| LHI-5 | 0709324 | refinish flooring (Quality Building Main | 1/1/2009 | 5,676.00 | 0.00 | 0.00 |
| LHI-5 | 0709325 | window treatment (Design Resource Group) | 1/1/2009 | 862.03 | 0.00 | 0.00 |
| LHI-15 | 0709395 | tiles (Design Resource Group) | 1/1/2009 | 3,652.84 | 60.91 | 182.61 |
| LHI-5 | 0709326 | emergency generator (Advanced Power Serv | 2/1/2009 | 1,150.10 | 0.00 | 0.00 |
| LHI-20 | 0709432 | electrical wiring (Precision Electrical) | 2/1/2009 | 2,504.78 | 31.28 | 93.96 |
| LHI-20 | 0709433 | Shower Room (Design Resource Group) | 3/1/2009 | 392.48 | 4.86 | 14.76 |
| LHI-15 | 0709396 | tiles (Karndean International) | 3/1/2009 | 9,458.30 | 157.60 | 472.95 |
| LHI-15 | 0709397 | tiles(Antonio Palamo dba Antonio Carpet | 3/1/2009 | 7,982.33 | 133.01 | 399.15 |
| LHI-15 | 0709398 | Design Consulting (Design Resource Group | 3/1/2009 | 480.00 | 7.97 | 24.03 |
| LHI-12 | 0709368 | air compressor -dry sprinkler system (Fi | 3/1/2009 | 1,949.34 | 40.59 | 121.86 |
| LHI-10 | 0709354 | pump for HVAC system (Perfectemp) | 3/1/2009 | 2,280.86 | 57.00 | 171.09 |
| LHI-10 | 0709355 | sign dwnpmt (Connecticut Signcraft) | 4/1/2009 | 1,805.00 | 45.14 | 135.36 |
| LHI-10 | 0709356 | sign final pmt (Connecticut Signcraft) | 4/1/2009 | 2,546.30 | 63.65 | 190.98 |
| LHI-20 | 0709434 | shower room renovation (A.T. Precision P | 5/1/2009 | 3,367.74 | 42.12 | 126.27 |
| LHI-5 | 0709327 | window treatments (Design Resource Group | 6/1/2009 | 836.13 | 0.00 | 0.00 |
| LHI-25 | 0709448 | backflow preventer (American Rooter, LLC | 6/1/2009 | 2,542.94 | 25.40 | 76.32 |
| LHI-15 | 0709399 | Design Consulting (Design Resource Group | 6/1/2009 | 360.00 | 6.00 | 18.00 |
| LHI-10 | 0709357 | vinyl tiles,millwork base (Design Resour | 6/1/2009 | 2,263.10 | 56.57 | 169.74 |
| LHI-10 | 0709358 | decorative accessories (Design Resource | 6/1/2009 | 2,850.94 | 71.25 | 213.84 |
| LHI-10 | 0709359 | lamps, vases, end tables, shelf, clocks, | 6/1/2009 | 2,004.42 | 50.14 | 150.30 |
| LHI-15 | 0709400 | Design Consulting (Design Resource Group | 7/1/2009 | 222.23 | 3.75 | 11.07 |
| LHI-15 | 0709401 | Design Consulting (Design Resource Group | 7/1/2009 | 592.00 | 9.86 | 29.61 |
| LHI-10 | 0709360 | flooring in 16 patient rooms (Antonio P | 8/1/2009 | 11,718.30 | 292.98 | 878.85 |
| LHI-10 | 0709361 | upgrades to the heating system (Perfecte | 8/1/2009 | 2,846.77 | 71.20 | 213.48 |
| LHI-20 | 0709435 | labor on renovation | 9/1/2009 | 1,650.71 | 20.62 | 61.92 |
| LHI-20 | 0709436 | labor on renovation | 9/1/2009 | 1,240.59 | 15.50 | 46.53 |
| LHI-20 | 0709437 | labor on renovation | 9/1/2009 | 382.96 | 4.75 | 14.40 |
| LHI-20 | 0709438 | labor on renovation | 9/1/2009 | 4,964.07 | 62.08 | 186.12 |
| LHI-20 | 0709439 | labor on renovation | 9/1/2009 | 515.80 | 6.44 | 19.35 |
| LHI-15 | 0709402 | Design Consulting (Design Resource Group | 9/1/2009 | 1,424.00 | 23.74 | 71.19 |
| LHI-10 | 0709362 | boiler repairs (Perfectemp) | 9/1/2009 | 5,950.00 | 148.78 | 446.22 |
| LHI-20 | 0709440 | new roof (M&M Roofing) | 10/1/2009 | 32,272.00 | 403.37 | 1,210.23 |

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|--------|---------|--|------------|-----------|----------|----------|
| LHI-20 | 0709441 | roof (M&M Roofing) | 10/1/2009 | 540.00 | 6.75 | 20.25 |
| LHI-10 | 0709363 | roofing shingles (M&M Roofing) | 10/1/2009 | 5,228.00 | 130.67 | 392.13 |
| LHI-10 | 0709364 | gutters and down spouts (M&M Roofing) | 10/1/2009 | 2,862.00 | 71.55 | 214.65 |
| LHI-25 | 0709453 | Dry Valve - Sprinkler System | 2/18/2010 | 1,945.10 | 19.48 | 58.32 |
| LHI-10 | 0709454 | Repair water damaged ceiling | 2/22/2010 | 900.00 | 22.50 | 67.50 |
| LHI-10 | 0709455 | Furnace Burner Motor | 2/23/2010 | 920.53 | 23.02 | 69.03 |
| LHI-25 | 0709452 | Repair Sprinkler Pipe | 2/24/2010 | 2,971.18 | 29.75 | 89.10 |
| LHI-15 | 0709450 | Hardwood Flooring | 4/28/2010 | 7,570.51 | 126.16 | 378.54 |
| LHI-15 | 0709457 | AC Compressor for Lower Level Unit | 8/2/2010 | 1,642.80 | 27.35 | 82.17 |
| LHI-15 | 0709458 | AC Compressor for Upper Level Unit | 8/17/2010 | 2,700.00 | 45.00 | 135.00 |
| LHI-10 | 0709460 | Sprinkler System Repairs | 8/31/2010 | 2,933.20 | 73.36 | 219.96 |
| LHI-15 | 0709465 | Design Consulting Services | 10/1/2010 | 640.00 | 10.63 | 32.04 |
| LHI-15 | 0709466 | Table top and base, silk trees | 10/1/2010 | 328.57 | 5.43 | 16.47 |
| LHI-10 | 0709462 | Relocate lighting fixture - main hallway | 10/4/2010 | 1,397.48 | 34.90 | 104.85 |
| LHI-15 | 0709491 | Egress Magnetic Lock | 11/27/2010 | 2,385.00 | 39.75 | 119.25 |
| LHI-10 | 0709467 | Automatic Door Opener - Lower Level | 11/27/2010 | 1,187.20 | 29.71 | 89.01 |
| LHI-10 | 0709468 | Automatic Door Opener - Lower Level | 11/27/2010 | 1,335.60 | 33.39 | 100.17 |
| LHI-10 | 0709469 | Wiring Door Lock System - Lower Level | 11/27/2010 | 1,038.80 | 25.94 | 77.94 |
| LHI-10 | 0709470 | Wanderguard System Repairs | 11/27/2010 | 1,187.20 | 29.71 | 89.01 |
| LHI-10 | 0709486 | OS&Y Valve on Water Supply | 4/30/2011 | 1,740.52 | 43.55 | 130.50 |
| LHI-20 | 0709478 | 2nd Install. Concrete Patio | 5/31/2011 | 5,473.04 | 68.45 | 205.20 |
| LHI-12 | 0709474 | Electric Beds | 6/6/2011 | 7,844.04 | 163.44 | 490.23 |
| LHI-15 | 0709481 | Sidings, windows, doors | 7/8/2011 | 7,324.60 | 122.10 | 366.21 |
| LHI-15 | 0709488 | Vinyl Siding | 7/8/2011 | 3,759.70 | 62.64 | 188.01 |
| LHI-15 | 0709485 | Vinyl Siding | 7/15/2011 | 1,145.25 | 19.11 | 57.24 |
| LHI-15 | 0709487 | French Doors | 7/20/2011 | 953.03 | 15.93 | 47.61 |
| LHI-20 | 0709477 | 50% Dwnpmt Concrete Patio | 7/25/2011 | 10,946.08 | 136.81 | 410.49 |
| LHI-20 | 0709479 | 3rd Install. Concrete Patio | 8/10/2011 | 5,473.04 | 68.45 | 205.20 |
| LHI-20 | 0709480 | Install posts, gutter pipes, patio seat- | 8/18/2011 | 5,222.25 | 65.27 | 195.84 |
| LHI-20 | 0709482 | Excavate for Electrical Conduit | 8/30/2011 | 2,915.05 | 36.40 | 109.35 |
| LHI-12 | 0709484 | Dry Sprinkler System Compressor | 9/27/2011 | 2,507.73 | 52.29 | 156.69 |
| LHI-15 | 0709492 | Design Consulting Services | 9/30/2011 | 384.00 | 6.43 | 19.17 |
| LHI-10 | 0709510 | Hot Water Pump | 10/1/2011 | 1,167.93 | 29.22 | 87.57 |
| LHI-10 | 0709511 | Air Conditioning Repairs | 10/1/2011 | 1,087.35 | 27.20 | 81.54 |
| LHI-10 | 0709512 | Aquastat - Hot Water Repairs | 10/1/2011 | 1,068.83 | 26.69 | 80.19 |
| LHI-10 | 0709513 | Fan Motor | 10/1/2011 | 1,023.76 | 25.61 | 76.77 |
| LHI-10 | 0709501 | 1st Install. Roof | 10/17/2011 | 14,731.37 | 368.30 | 1,104.84 |
| LHI-10 | 0709502 | 2nd Install. Roof | 10/17/2011 | 12,333.24 | 308.30 | 925.02 |
| LHI-10 | 0709498 | Magnetic Door Locks | 10/26/2011 | 5,462.18 | 136.54 | 409.68 |
| LHI-10 | 0709496 | Boiler loop replairs | 11/1/2011 | 1,054.45 | 26.34 | 79.11 |
| LHI-15 | 0709494 | Heat Exchanger for HVAC System | 11/10/2011 | 5,153.00 | 85.86 | 257.67 |
| LHI-10 | 0709503 | AC/ Heating Units | 11/10/2011 | 3,187.00 | 79.66 | 239.04 |
| LHI-15 | 0709495 | Relocate HVAC piping | 11/14/2011 | 1,765.67 | 29.42 | 88.29 |
| LHI-8 | 0709504 | 1st Install. Driveway, potholes, asphalt | 11/22/2011 | 35,811.60 | 1,119.09 | 3,357.36 |
| LHI-8 | 0709505 | Install Catch Basin | 11/22/2011 | 797.63 | 24.91 | 74.79 |
| LHI-25 | 0709506 | Underground Drain Piping | 11/22/2011 | 797.63 | 7.97 | 23.94 |
| LHI-20 | 0709514 | Ceramic Tiles - Bathroom Walls and Floor | 12/7/2011 | 9,264.68 | 115.83 | 347.40 |

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|--------|----------|--|------------|-----------|--------|----------|
| LHI-20 | 071212 | Shower Room Tiles | 1/1/2012 | 5,115.50 | 63.99 | 191.79 |
| LHI-20 | 071214 | Renovation Materials - Shower Room | 1/1/2012 | 1,382.56 | 17.29 | 51.84 |
| LHI-20 | 0712015 | Ceramic Tiles - Bathroom Walls and Floor | 1/1/2012 | 360.00 | 4.50 | 13.50 |
| LHI-15 | 071211 | Design Consulting Services - Shower Room | 1/4/2012 | 1,392.00 | 23.23 | 69.57 |
| LHI-15 | 071213 | Cabinets, Counter Tops- Ice Cream Parlor | 1/4/2012 | 1,331.70 | 22.18 | 66.60 |
| LHI-5 | 071210 | Shower rods, towel rings, vanity light | 1/24/2012 | 282.65 | 14.14 | 42.39 |
| LHI-10 | 0712001 | White Gutter & 3"x4" Downspout | 1/24/2012 | 7,072.27 | 176.77 | 530.46 |
| LHI-10 | 0712006 | 50% Dwnpmt Grease Trap | 1/30/2012 | 3,211.77 | 80.34 | 240.84 |
| LHI-10 | 0712007 | Final Pmt. Grease Trap | 1/30/2012 | 2,828.23 | 70.69 | 212.13 |
| LHI-10 | 0712005 | Grease Trap | 1/31/2012 | 2,558.00 | 63.92 | 191.88 |
| LHI-20 | 0712009 | Sink, shower valves, heads - Shower Room | 2/6/2012 | 3,270.44 | 40.85 | 122.67 |
| LHI-15 | 0712004 | Generator Radiator | 3/8/2012 | 3,244.58 | 54.04 | 162.27 |
| LHI-15 | 0712016 | 2 Roof Top AC Condenser Units | 3/23/2012 | 1,076.42 | 17.94 | 53.82 |
| LHI-10 | 0709502A | 3rd Install on Roof(M&M Roofing) | 5/18/2012 | 449.20 | 11.26 | 33.66 |
| LHI-10 | 071218 | Grease traps for kitchen (2) | 6/5/2012 | 2,557.70 | 63.98 | 191.79 |
| LHI-5 | 071222 | sewer tank/septic tank repair | 6/11/2012 | 2,913.29 | 145.71 | 436.95 |
| LHI-12 | 071216 | Air Compressor for rehab/gym | 6/14/2012 | 3,691.00 | 76.91 | 230.67 |
| LHI-10 | 071217 | 15 ton AC unit | 6/28/2012 | 4,740.00 | 118.50 | 355.50 |
| LHI-10 | 071219 | 15 ton condensing unit 2nd payment | 7/18/2012 | 4,740.00 | 118.50 | 355.50 |
| LHI-10 | 0713024 | Replaced Piping between Hot Water Tanks | 2/12/2013 | 1,405.00 | 35.11 | 105.39 |
| LHI-10 | 0713028 | vinyl tile (ACI) | 8/2/2013 | 5,742.90 | 143.55 | 430.74 |
| LHI-20 | 0713027 | deposit for boiler | 9/17/2013 | 28,111.50 | 351.41 | 1,054.17 |
| LHI-20 | 0713029 | Remove & Replace Boiler w/ Nat Gas | 10/15/2013 | 28,116.50 | 351.48 | 1,054.35 |
| LHI-20 | 0713030 | Ceramic Flooring | 11/21/2013 | 8,180.09 | 102.28 | 306.72 |
| LHI-10 | 0713031 | 16 X 16 Vinyl Tile & Wall Base | 12/24/2013 | 1,322.07 | 33.03 | 99.18 |
| LHI-10 | 0714032 | REPAIR SPRINKLER SYSTEM (FIRE PRO TEST) | 1/10/2014 | 2,390.40 | 59.76 | 179.28 |
| LHI-10 | 0714037 | PUMP INTERIOR SEWER (EASTERN WATER) | 4/3/2014 | 1,357.24 | 33.93 | 101.79 |
| LHI-10 | 0714038 | AUTO DOOR OPENER (IDN) | 4/22/2014 | 1,033.56 | 25.87 | 77.49 |
| LHI-10 | 0714035 | ROOFING GAF TIMBERLINE (M&M ROOFING) | 5/7/2014 | 4,000.00 | 100.03 | 299.97 |
| LHI-20 | 0714034 | 1000 GALLON SKID TANK (PETROLEUM EQUIP) | 5/12/2014 | 4,336.99 | 54.22 | 162.63 |
| LHI-25 | 0714036 | PIPING UNDERGRD for OIL TANK (B&R PLUMB) | 6/27/2014 | 1,400.00 | 13.97 | 42.03 |
| LHI-20 | 0714044 | OIL TANK PAD EXCAVATION (EDWARD J SMITH) | 7/30/2014 | 2,233.35 | 27.88 | 83.79 |
| LHI-10 | 0715056 | Replaced Roofing Shingles-Down Payment | 1/1/2015 | 4,500.00 | 56.25 | 337.50 |
| LHI-15 | 0715045 | SHEETROCK CEILINGS PREP&PAINT(THKEIFER) | 3/16/2015 | 899.24 | 9.44 | 45.00 |
| LHI-12 | 0715050 | Air Compressor for Dry Sprinkler System | 4/27/2015 | 2,507.73 | 38.53 | 156.69 |
| LHI-10 | 0715052 | Sewer Injection Pump Replacement | 5/19/2015 | 5,462.01 | 110.42 | 409.68 |
| LHI-10 | 0715053 | Replace 74' of Galvanized Sprinkler Pipe | 6/30/2015 | 4,391.01 | 109.17 | 329.31 |
| LHI-10 | 0715055 | Two 5 Ton A/C Units Install-Lower Level | 8/6/2015 | 3,765.00 | 116.71 | 282.42 |
| LHI-10 | 0715055A | Two 5 Ton A/C Units Install-Lower Level | 8/6/2015 | 4,595.00 | 142.45 | 344.61 |
| LHI-10 | 0715058 | Install of Vinyl Tiling-Materials | 9/28/2015 | 4,750.56 | 229.87 | 356.31 |
| LHI-10 | 0716058A | Install of Vinyl Tiling-Labor | 9/28/2015 | 5,167.01 | 0.00 | 509.03 |
| LHI-8 | 0715059 | Driveway Repair-Deposit | 10/20/2015 | 3,227.50 | 201.72 | 302.58 |
| LHI-8 | 0715059A | Driveway Repair-Final Payment | 10/20/2015 | 3,227.50 | 201.72 | 302.58 |
| LHI-20 | 0716060 | 350 Gallon Hot Water Storage Tank | 2/24/2016 | 10,500.00 | 0.00 | 185.36 |
| LHI-20 | 0716060A | 350 Gallon Hot Water Storage Tank | 2/24/2016 | 2,200.00 | 0.00 | 38.84 |
| LHI-5 | 0716063 | Install Bearing Assembly-Circulator Pump | 4/22/2016 | 1,000.00 | 0.00 | 63.86 |
| LHI-5 | 0716063A | Install Bearing Assembly-Circulator Pump | 4/22/2016 | 500.00 | 0.00 | 31.91 |

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| LHI-5 | 0716063B | Install Bearing Assembly-Circulator Pump | 4/22/2016 | 250.00 | 0.00 | 15.95 |
| LHI-5 | 0716063C | Install Bearing Assembly-Circulator Pump | 4/22/2016 | 500.00 | 0.00 | 31.91 |
| LHI-5 | 0716065 | 2.5 Ton A/C Unit-Lower Level Rehab Units | 4/30/2016 | 1,648.43 | 0.00 | 103.28 |
| LHI-5 | 0716065A | 2.5 Ton A/C Unit-Lower Level Rehab Units | 4/30/2016 | 1,648.43 | 0.00 | 103.28 |
| LHI-10 | 0716062 | Vinyl Tiling for Taft & Cortland Units | 7/28/2016 | 8,833.12 | 0.00 | 183.33 |
| LHI-10 | 0716062A | Vinyl Tiling for Taft & Cortland Units | 7/28/2016 | 5,588.43 | 0.00 | 115.99 |
| LHI-10 | 0716062B | Vinyl Tiling for Taft & Cortland Units | 7/28/2016 | 827.93 | 0.00 | 17.18 |
| Leasehold Improvements as of 09/30/16 | | | | 1,138,507.66 | 14,252.75 | 43,375.74 |
| Depreciation 10/1/15 - 9/30/16 | | | | | | 57,628.49 |
| Cost Report Adjustments | | | | | | |
| | | To Moveable Equipment | | (\$663.50) | | \$0.00 |
| | | From Moveable Equipment | | \$387.50 | | \$0.00 |
| | | boiler repairs (Perfectemp) | | \$357.00 | | \$0.00 |
| | | Phone Call System insurance claim | | (\$2,007.66) | | \$0.00 |
| 0709474 | | Electric Beds | 6/6/2011 | (\$7,844.04) | | (\$653.67) |
| | | Adjusted Balance 9/30/14 | | ##### | | \$56,974.82 |
| | | Prior Period | | \$1,083,618.61 | | \$54,566.30 |
| | | Retired (See Attached) | | \$0.00 | | \$0.00 |
| | | Current Period | | \$45,118.35 | | \$2,408.52 |