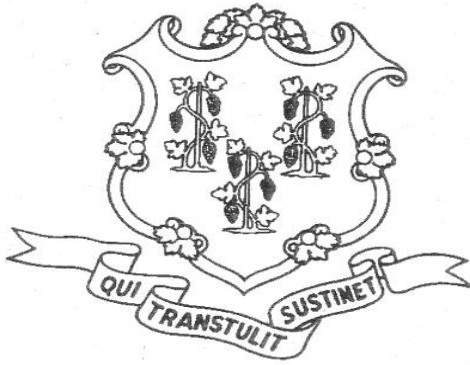


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Bride Brook Health and Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 23 Liberty Way, Niantic, CT 06357	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2082-C	RHNS	(Specify)	Medicare Provider 07-5375
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Medicaid Provider Numbers:	CCNH 2082-C	RHNS	ICF-IID
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**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) Bride Brook Health and Rehabilitation Center	License No. 2082-C	Report for Year Ended 9/30/2016	Page 1	of 37
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#### 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 Bride Brook Health and Rehabilitation Center [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) N/A Administrator is not responsible for Cost Reporting		Date	Signed (Owner)	Date
Printed Name (Administrator)			Printed Name (Owner) Janice Martinez SVP, Controller SavaSeniorCare Admin. Svc. LLC	on behalf of Bride Brook Health and Rehab
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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Bride Brook Health and Rehabilitation Center		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 23 Liberty Way, Niantic, CT 06357				
Report Prepared By Margaret Philen		Phone Number 832-467-6225	Date 2/12/2016	
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (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 860-739-4007		Report for Year Ended 9/30/2016		Page 2	of 37
Name of Facility (as shown on license) Bride Brook Health and Rehabilitation Center			Address (No. & Street, City, State, Zip) 23 Liberty Way, Niantic, CT 06357		
License Numbers:		CCNH 2082-C	RHNS	(Specify)	Medicare Provider No. 07-5375
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 checked="" type="radio"/> LLC <input type="radio"/> Partnership <input 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.					
<b>Administrator</b>					
Name of Administrator Lisa Mailloux			Nursing Home Administrator's License No.:	1992	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		









**General Information and Questionnaire  
 Related Parties\***

Name of Facility Bride Brook Health and Rehabilitation Center	License No. 2082-C	Report for Year Ended 9/30/2016	Page 4	of 37
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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	%**				
SSC Equity Holdings, LLC	5300 W. Sam Houston Pkwy North, Ste 100, Houston, TX 77041	<input type="radio"/>	<input checked="" type="radio"/>		Back Office Services	Page 16 C.1.m.12	783,494	862,377
		<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.  
 \*\* Provide the percentage amount of revenue received from non-related parties.

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Bride Brook Health and Rehabilitation Center	License No. 2082-C	Report for Year Ended 9/30/2016	Page 5	of 37
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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.

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.

## 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 Bride Brook Health and Rehabilitation Center			License No. 2082-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"/>							
	<input type="radio"/>	<input type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?								<input type="radio"/> Yes <input type="radio"/> No	<b>Total ***</b>

\* 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 Bride Brook Health and Rehabilitat	License No. 2082-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	
2	
3	
4	

**Services Provided by This Firm (describe fully)**

1	\$
2	\$
3	\$
4	\$
Charge for Services Provided	
\$	

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

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1	
2	
3	
4	
5	

Address (No. & Street, City, State, Zip Code)  
 1  
 2  
 3  
 4  
 5

**Services Provided by This Firm (describe fully)**

1	\$
2	\$
3	\$
4	\$
5	\$
Charge for Services Provided	
\$	

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

**Annual Report of Long-Term Care Facility**

**Schedule of Resident Statistics**

Name of Facility Bride Brook Health and Rehabilitation Center			License No. 2082-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	130	130			130	130			130	130			
B. On last day of THIS report period	130	130			130	130			130	130			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	117	117			117	117			130	130			
B. As of midnight of THIS report period	121	121			130	130			121	121			
3. Total Number of Days Care Provided During Period													
A. Medicare	12,164	12,164			9,353	9,353			2,811	2,811			
B. Medicaid (Conn.)	25,112	25,112			18,494	18,494			6,618	6,618			
C. Medicaid (other states)													
D. Private Pay	4,037	4,037			3,166	3,166			871	871			
E. State SSI for RCH													
F. Other (Specify) Insurance/VA/Hospice	3,651	3,651			2,595	2,595			1,056	1,056			
G. Total Care Days During Period (3A thru F)	44,964	44,964			33,608	33,608			11,356	11,356			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	8	8			6	6			2	2			
B. Other Bed Reserve Days	85	85			60	60			25	25			
5. <b>Total Resident Days (3G + 4A + 4B)</b>	45,057	45,057			33,674	33,674			11,383	11,383			

### Schedule of Resident Statistics (Cont'd)

Name of Facility Bride Brook Health and Rehabilitation Center			License No. 2082-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	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents													
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								3,140	3,140				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								507	507				
C. Other								32,983	32,983				
D. <b>Total Physical Therapy Treatments</b>								36,630	36,630				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								695	695				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								87	87				
C. Other								3,557	3,557				
D. <b>Total Speech Therapy Treatments</b>								4,339	4,339				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								3,403	3,403				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								296	296				
C. Other								33,785	33,785				
D. <b>Total Occupational Therapy Treatments</b>								37,484	37,484				

### Report of Expenditures - Salaries & Wages

Name of Facility Bride Brook Health and Rehabilitation Center	License No. 2082-C	Report for Year Ended 9/30/2016	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)						
	129,117	2,166				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)						
	367,837	16,493				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
	332,644	24,527				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
	59,197	2,096				
b. Other Maintenance Workers						
	40,878	2,163				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses						
	215,551	4,192				
b. RN						
1. Direct Care						
	1,760,066	46,429				
2. Administrative**						
	163,656	4,235				
c. LPN						
1. Direct Care						
	839,651	27,463				
2. Administrative**						
	145,912	4,147				
d. Aides and Attendants						
	1,545,433	94,825				
e. Physical Therapists						
	633,656	16,929				
f. Speech Therapists						
	74,003	1,739				
g. Occupational Therapists						
	409,706	12,041				
h. Recreation Workers						
	133,992	6,730				
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						
	129,543	4,414				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
	65,047	2,225				
<i>A-13. Total Salary Expenditures</i>						
	7,045,889	272,814				

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

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

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

**Schedule of Other Salaries and Wages (Page 10)**

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Medical Records Supervisor	\$ 63,208	2,125				
Transport Non-Emergency - Driver	\$ 1,839	100				
<b>Total</b>	\$ 65,047	2,225	\$ -	-	\$ -	-

**Schedule of Other Fees (Page 13)**

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-



**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
Bride Brook Health and Rehabilitation Center				2082-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)							
<b>Section I - Operators/Owners</b>										
<b>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).</b>										

\* 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	
Bride Brook Health and Rehabilitation Center				2082-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)							
<b>Section III - Administrators***</b>										
Lisa Mailloux	129,117			Standard package	Administrative responsibilities over day to day operations	2,166	A.2.	N/A		
<b>Section IV - Assistant Administrators</b>										

\*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.

**Annual Report of Long-Term Care Facility**

CSP-13 Rev. 9/2002

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Bride Brook Health and Rehabilitation Center	2082-C	9/30/2016	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	5,136					
3. Pharmacist	10,227					
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	8,674	155				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	153,000					
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	13,852					
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	3,303					
2. Administrative***	2,339					
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>196,531</b>	<b>155</b>				

\* 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.



**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended		Page	of
Bride Brook Health and Rehabilitation Center	2082-C	9/30/2016		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 248,195	248,195			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 166,277	166,277			
4. Social Security (F.I.C.A.)	\$ 524,880	524,880			
5. Health Insurance	\$ 194,045	194,045			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 5,922	5,922			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$ 3,973	3,973			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 7,673	7,673			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 66,260	66,260			
d. Accounting and Auditing	\$				
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 13,393	13,393			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 30,693	30,693			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 32,888	32,888			
2. Cellular Phones	\$ 1,565	1,565			
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ 550	550			
k. Other Taxes ( <i>Not related to property - See Page 22</i> )					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$ 62,678	62,678			
3. Resident Day User Fee	\$ 691,152	691,152			
<b>Subtotal</b>	\$ 2,050,144	2,050,144			

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

(Carry Subtotals forward to next page)

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

Bride Brook Health and Rehabilitation Center  
9/30/2016

Attachment Page 15

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Employee Med. Exp - Innoculations	\$ 7,117		
Employee Physical	\$ 556		
<b>Total</b>	\$ 7,673	\$ -	\$ -

---

**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Sales Tax	\$ 62,678		
<b>Total</b>	\$ 62,678	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Bride Brook Health and Rehabilitation Center	2082-C	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>					
	2,050,144	2,050,144			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	9,811	9,811		
4. Employee Travel	\$	7,609	7,609		
5. Education Expenses Related to Seminars and Conventions	\$	7,524	7,524		
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> )	\$	8,538	8,538		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )***	\$	19,813	19,813		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$	378	378		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$	2,633	2,633		
7. Postage	\$	4,871	4,871		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> )	\$	13,457	13,457		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	650	650		
9. Subscriptions	\$	1,126	1,126		
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> )	\$	27,084	27,084		
12. Administrative Management Services**	\$	783,494	783,494		
13. Other ( <i>Specify</i> )	\$	(19,175)	(19,175)		
See Attached Schedule					
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$	2,917,957	2,917,957		

\* 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)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Marketing Advertising and Supplies	\$ 19,813		
<b>Total Other Advertising</b>	\$ 19,813	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
Activity Connection	\$ 175		
AMDA	\$ 267		
Curaspan	\$ 2,334		
Avalere Health	\$ 218		
Connecticut Association of Healthcare Facilities	\$ 9,938		
Taylor Healthcare Associates	\$ 525		
<b>Total Dues</b>	\$ 13,457	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
<b>Total Contributions</b>	\$ -	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Director and Trustee Fees	\$ 773		
Staff Meetings	\$ 649		
Employee Background Screening	\$ 10,793		
Licenses - Administrative	\$ 1,729		
Penalties and Late Filings	\$ 66		
Bank Charges	\$ 6,452		
Cash Over/Short Patient Trust Reconciliation	\$ 5		
Surety Bonds	\$ 1,038		
Memoriam/Benevolence	\$ 822		
Lost Resident Property	\$ 6,359		
Miscellaneous Expense Administrative	\$ 80		
Interest Expense	\$ 24		
Extraordinary Gain/Loss Administrative	\$ (47,965)		
<b>Total Other Administrative and General</b>	\$ (19,175)	\$ -	\$ -



### Schedule C-1 - Management Services\*

Name of Facility	License No.	Report for Year Ended	Page of
Bride Brook Health and Rehabilitation Ce	2082-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 #
SSC Equity Holdings, LLC 5300 W. Sam Houston Pkwy North, Ste 100, Houston, TX 77041	783,494	Back Office Services	Page 16, line C.1.m.12
SSC Equity Holdings, LLC 5300 W. Sam Houston Pkwy North, Ste 100, Houston, TX 77041	78,883	Back Office Services	Page 28, item 21

**\* 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 Bride Brook Health and Rehabilitation Center	License No. 2082-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	\$ 232,781	232,781		
2. Non-Food Supplies	\$ 4,194	4,194		
3. Other (Specify) _____ Equipment Lease Expense - Dietary	\$ 4,273	4,273		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 181,385	181,385		
c. Management Services**	\$			
d. Other (Specify) _____	\$			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 422,633</b>	<b>422,633</b>		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No				
I. Did you receive revenue from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No                                   If yes, specify amt.                                   \$1,056				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Page 30, IV.1.
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 Bride Brook Health and Rehabilitation Center		License No. 2082-C	Report for Year Ended 9/30/2016	Page 19	of 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. \$	5,854	5,854	
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. \$	14,130	14,130	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	215,610	215,610	
c. Management Services**		\$			
d. Other (Specify)		\$			
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	<b>235,594</b>	<b>235,594</b>	
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	
Bride Brook Health and Rehabilitation Center	2082-C	9/30/2016	20	37	
<b>Item</b>		<b>Total</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	22,759	22,759		
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. \$	247,633	247,633		
c. Management Services*		\$			
d. Other ( <i>Specify</i> )		\$			
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)</b>		\$ 270,392	270,392		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	407,832	407,832		
b. Medicine Cabinet Drugs	\$	20,208	20,208		
c. Medical and Therapeutic Supplies	\$	150,781	150,781		
d. Ambulance/Limousine***	\$	50,337	50,337		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	16,870	16,870		
f. X-rays and Related Radiological Procedures***	\$	37,565	37,565		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	66,586	66,586		
i. Recreation	\$	5,348	5,348		
j. Other (Specify)**** See Attached Schedule	\$	230,312	230,312		
<b>5K. Total Resident Care Expenditures (5a - 5j)</b>		\$ 985,839	985,839		

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

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

\*\*\* Facility should self-disallow the expense on Page 29 of the Cost Report.

\*\*\*\* ICFMR's should provide a detailed schedule of all Day Program Costs.

**Schedule of Other Resident Care**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Nursing Supplies	\$ 126,926		
Non Chargeable IV Therapy Supplies	\$ 22,005		
Non Chargeable Non-Emergency Transport	\$ 613		
Incontinent Care Supplies	\$ 60,292		
Equipment Lease Expense - Nursing	\$ 1,460		
Minor Equipment Purchase - Nursing	\$ 19,016		
<b>Total Other Resident Care</b>	\$ 230,312	\$ -	\$ -

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

Name of Facility Bride Brook Health and Rehabilitation Center			License No. 2082-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
		<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"/>							
		<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
Bride Brook Health and Rehabilitation Center	2082-C	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 193,658	193,658				
b. Heat	\$ 75,917	75,917				
c. Light & Power	\$ 164,562	164,562				
d. Water	\$ 51,364	51,364				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 11,449	11,449				
f. Other ( <i>itemize</i> )	\$ 94,047	94,047				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 590,997</b>	<b>590,997</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 201,415	201,415				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 72,571	72,571				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 273,986</b>	<b>273,986</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$ 2,935	2,935				
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 2,935</b>	<b>2,935</b>				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,792,025	1,792,025				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 98,890	98,890				
c. Personal property taxes	\$ 9,851	9,851				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 2,177,687</b>	<b>2,177,687</b>				

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

**Schedule of Other Repairs and Maintenance**

Description	CCNH	RHNS	(Specify)
Maintenance Supplies	\$ 2,693		
Infectious Waste Disposal	\$ 3,336		
Garbage Service	\$ 20,578		
Contract Services Periodic Maintenance	\$ 29,517		
Equipment Lease Expense - Physical Plant	\$ 796		
Lease Expense - Offsite Storage	\$ 9,663		
Minor Equipment Purchase - Physical Plant	\$ 15,046		
TV Cable/Dish	\$ 8,558		
Network WAN	\$ 3,860		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 94,047</b>	<b>\$ -</b>	<b>\$ -</b>

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Bride Brook Health and Rehabilitation Center  
9/30/2016

**Schedule of Land Improvements Acquired during this report period**

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

\*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
<b>Additions:</b>				
see attached list		\$ 67,510	various	\$ 2,801
<b>Total additions for Building Improvements</b>		\$ 67,510		\$ 2,801 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
see attached list		\$ 55,931	various	\$ 6,722
<b>Total additions for Movable Equipment</b>		\$ 55,931		\$ 6,722 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Leasehold Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

### Amortization Schedule\*

Name of Facility Bride Brook Health and Rehabilitation Center			License No. 2082-C		Report for Year Ended 9/30/2016			Page 24	of 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							
<b>A. Organization Expense</b>									
1.				32,855	29,431			2,935	
2.									
3.									
A-4. Subtotal									2,935
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									2,935

\* 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 Bride Brook Health and Rehabilitation	License No. 2082-C	Report for Year Ended 9/30/2016	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
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 <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		130		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd 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)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
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				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
SMV Niantic, Inc.	Land and Building	12/10/04	12 years	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Bride Brook Health and Rehabilitation		2082-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. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$			

*(Carry Subtotals forward to next page)*

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

Name of Facility		License No.		Report for Year Ended		Page	of
Bride Brook Health and Rehabilitat		2082-C		9/30/2016		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)				\$			
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 16,531	16,531		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
Gen/Prof Liability -\$3337 Crime/Kidnap \$ 745				(2,592)	(2,592)		
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 13,939	13,939		
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 14,857,458	14,857,458		

### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Bride Brook Health and Rehabilitation Center			2082-C	9/30/2016	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$ 409,706	409,706		
4.			Other - See attached Schedule	\$ (40,003)	(40,003)		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$ 13,852	13,852		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 66,260	66,260		
10.			Accounting & Legal	\$			
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	\$ 1,250	1,250		
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.			Unallowable Advertising *	\$ 19,813	19,813		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$ 2,633	2,633		
23.			Other - See attached Schedule	\$ (193,331)	(193,331)		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$ (1,056)	(1,056)		
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 279,124	279,124		

\* 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	Various	Record Bonuses (see Schedule of Adjustments for line item detail )	\$ (40,003)		
<b>Total Other Salaries Adjustment</b>			\$ (40,003)	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Fees Adjustments</b>			\$ -	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	C.1.m.12	Adjust to Home Office Cost Report	\$ (78,883)		
15	C.1.a.1	Remove Workmen's Compensation Reserve Expense	\$ 224,833		
15	C.1.a.1	Include Workmen's Compensation Paid Claims	\$ (297,597)		
15	C.1.a.4	Record Bonuses - FICA	\$ (3,060)		
15	C.1.j	Franchise Taxes in Excess of \$250	\$ 300		
16	C.1.m.8a.	Civic Dues	\$ 650		
16	C.1.m.13.	Interest Expense	\$ 24		
16	C.1.m.13.	Cash Over/Short and Patient Trust Reconciliation	\$ 5		
16	C.1.m.13.	Memorium / Benevolence Expense	\$ 822		
16	C.1.m.13.	Lost Resident Property	\$ 6,359		
16	C.1.m.13.	Miscellaneous Receipts - Administrative (from page 30, line IV.8.)	\$ 332		
16	C.1.m.13.	Penalties and Late Filings	\$ 66		
16	C.1.m.13.	Director and Trustee Fees	\$ 773		
16	C.1.m.13.	Extraordinary Gain/Loss - Administrative	\$ (47,965)		
16	C.1.m.13.	Interest Income (from page 30, line IV.5.)	\$ 10		
<b>Total Other A&amp;G Adjustments</b>			\$ (193,331)	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Bride Brook Health and Rehabilitation Center			2082-C	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 279,124	279,124		
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$ 407,832	407,832		
28.			Ambulance/Limousine	\$ 50,337	50,337		
29.			X-rays, etc	\$ 37,565	37,565		
30.			Laboratory	\$ 66,586	66,586		
31.			Medical Supplies	\$ 6,919	6,919		
32.			Oxygen (non emergency)	\$ 16,870	16,870		
33.			Occupational Therapy	\$ 919	919		
34.			Other - See Attached Schedule	\$ 105,266	105,266		
<b>Page 22 - Maintenance and Property</b>							
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	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.	27	C.14.	Property Insurance	\$ (9,194)	(9,194)		
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.	18	C.2.a.	Vending Machine Revenue	\$ 93	93		
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.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 962,317	962,317		

\*\*\* 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.

Bride Brook Health and Rehabilitation Center  
9/30/2016

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	C.5.c.	Ancillary Cost of Goods Sold - P.E.N. Therapy	\$ 7,787		
20	C.5.c.	Respiratory Therapy	\$ 3,798		
20	C.5.c.	Ancillary Cost of Goods Sold - IV Therapy	\$ 29,418		
20	C.5.c.	Ancillary Cost of Goods Sold - Equipment Rental	\$ (7,540)		
20	C.5.c.	Oxygen Concentrators	\$ 1,847		
20	C.5.c.	Adjust Medical Supplies to Proper Cost-to-Charge Ratio	\$ 69,956		
<b>Total Other Ancillary Costs</b>			\$ 105,266	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ -

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Property Adjustments</b>			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -

### F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Bride Brook Health and Rehabilitation C	2082-C	9/30/2016		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 9,377,313	9,377,313			
b. Medicaid Room and Board Contractual Allowance **	\$ (3,435,696)	(3,435,696)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 7,250,966	7,250,966			
b. Medicare Room and Board Contractual Allowance **	\$ (473,337)	(473,337)			
4. a. Private-Pay Residents and Other	\$ 3,513,503	3,513,503			
b. Private-Pay Room and Board Contractual Allowance **	\$ (718,031)	(718,031)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 369,992	369,992			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (366,439)	(366,439)			
c. Prescription Drugs - Non-Medicare	\$ 111,751	111,751			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (92,056)	(92,056)			
2. a. Medical Supplies - Medicare	\$ 11,091	11,091			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (11,091)	(11,091)			
c. Medical Supplies - Non-Medicare	\$ 901	901			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (1,383)	(1,383)			
3. a. Physical Therapy - Medicare	\$ 1,102,373	1,102,373			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (1,011,609)	(1,011,609)			
c. Physical Therapy - Non-Medicare	\$ 179,694	179,694			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (154,535)	(154,535)			
4. a. Speech Therapy - Medicare	\$ 177,796	177,796			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (152,028)	(152,028)			
c. Speech Therapy - Non-Medicare	\$ 17,463	17,463			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (15,092)	(15,092)			
5. a. Occupational Therapy - Medicare	\$ 1,160,104	1,160,104			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (1,062,028)	(1,062,028)			
c. Occupational Therapy - Non-Medicare	\$ 151,852	151,852			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (128,818)	(128,818)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 898	898			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (16,446)	(16,446)			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 15,787,108	15,787,108			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$ (1,056)	(1,056)			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 10	10			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 425	425			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ (621)	(621)			
<b>VI. Total All Revenue</b> (III +V)	\$ 15,786,487	15,786,487			

\* 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)
	Medicare A Revenue - Oxygen Concentrator Rental - SNF Anc Revenue	\$ 3,444		
	Medicare A Revenue - IV Therapy - SNF Anc Revenue	\$ 49,502		
	Medicare A Revenue - Laboratory - SNF Anc Revenue	\$ 312,118		
	Medicare A Revenue - X-Ray - SNF Anc Revenue	\$ 50,697		
	Medicare Ancillary Revenue - Contractual Adjustment	\$ (414,863)		
<b>Total Other Resident Revenue - Medicare</b>		\$ 898	\$ -	\$ -

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
	Private Revenue - Laboratory- SNF Anc Revenue	\$ 61		
	Medicaid Revenue - Oxygen Concentrator - SNF Anc Revenue	\$ 4,203		
	Medicaid Revenue - IV Therapy - SNF Anc Revenue	\$ 839		
	Medicaid Revenue - Laboratory - SNF Anc Revenue	\$ 2,114		
	HMO/MGD/Insurance Revenue - Oxygen Concentrator - SNF Anc Revenue	\$ 331		
	HMO/MGD/Insurance Revenue - IV Therapy - SNF Anc Revenue	\$ 16,202		
	HMO/MGD/Insurance Revenue - Laboratory - SNF Anc Revenue	\$ 23,032		
	HMO/MGD/Insurance Revenue - X-Ray - SNF Anc Revenue	\$ 5,324		
	VA/Hospice Revenue - Oxygen Concentrator - SNF Anc Revenue	\$ 272		
	VA/Hospice Revenue - Laboratory - SNF Anc Revenue	\$ 18,822		
	VA/Hospice Revenue - X-Ray - SNF Anc Revenue	\$ 6,141		
	Managed B IV Therapy Revenue	\$ 173		
	Medicaid Ancillary Revenue - Contractual Adjustment	\$ (4,208)		
	Private/HMO/MGD/Insurance/VA/Hospice Ancillary Revenue - Contractual Adjustment	\$ (89,752)		
<b>Total Other Resident Revenue</b>		\$ (16,446)	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income Administrative paid on late claims processing		\$ 10		
<b>Total Interest Income</b>			\$ 10	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
	Miscellaneous Receipts Vending	\$ 93		
	Miscellaneous Receipts Administrative	\$ 332		
<b>Total Other Revenue</b>		\$ 425	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bride Brook Health and Rehabilitation	2082-C	9/30/2016	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	400,786
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,441,017
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	43,883
a. Prepaid Insurance	2,497			
b. Prepaid Licenses	136			
c. Prepaid Deposits	37,903			
d. Prepaid Dues and Subscriptions	3,347			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
_____				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	1,885,686
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost 1,637,419		\$	107,254
	Accum. Depreciation 1,530,165	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost 582,608		\$	72,823
	Accum. Depreciation 509,785	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	5,932
Asset Clearing	5,932			
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	186,009

\* 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
Bride Brook Health and Rehabilitation	2082-C	9/30/2016	32	37
<b>Account</b>			<b>Amount</b>	
Total Brought Forward:			\$	2,071,695
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
<b>D. Investment and Other Assets</b>				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	32,855		
	Accum. Depreciation	32,366	Net	\$ 489
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> )			\$	337,217
	Refundable Deposits	337,217		
_____				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	337,706
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	2,409,401

\* 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 Bride Brook Health and Rehabilitation Center		License No. 2082-C		Report for Year Ended 9/30/2016		Page 33		of 37	
Account							Amount		
<b>Liabilities</b>									
A. Current Liabilities									
1. Trade Accounts Payable							\$ 522,634		
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> )							\$ 469,176		
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )							\$		
6. Accrued Payroll Taxes Payable							\$ 78,107		
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*							\$ 662		
12. Other Current Liabilities ( <i>itemize</i> )							\$ 476,526		
Utility Accruals		40,985		Accrued Res Day User F		181,655			
Accrued Insurance		7,866		Accrued Rent		6,008			
Accrued Ins - PL/GL Post Petition		56,677		Accrued CR/IPP		133,974			
Accrued Property Taxes		29,303		Deferred CLO Gain/Loss		20,058			
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)							<b>\$ 1,547,105</b>		

\* 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 Bride Brook Health and Rehabilitation Cen		License No. 2082-C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,547,105	
<b>Liabilities (cont'd)</b>					
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> )					
\$ (11,062,496)					
Name and Address of Lender	Amount	Loan Date			
Intercompany Revolver - SSC	(11,062,496)				
4. Other Long-Term Liabilities ( <i>itemize</i> )					
L/T Benefits Reserve PL/GL Post Petition Claim:				289,076	
L/T Benefits Reserve Workers Comp Post Petitio				38,538	
Deferred CLO Gain/Loss / Deferred Income				287,546	
Rent Accrual / CR/IPP Accrual				1,286,859	
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)					
\$ (9,160,477)					
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)					
\$ (7,613,372)					

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bride Brook Health and Rehabilitation	2082-C	9/30/2016	35	37
Account			Amount	
<b>A. Reserves</b>				
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>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	9,093,751
6. Gain or Loss for Period			\$	929,022
	10/1/2015	thru	9/30/2016	
7. Total Net Worth			\$	10,022,773
<b>C. Total Reserves and Net Worth</b>			\$	10,022,773
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	2,409,401

### H. Changes in Total Net Worth

Name of Facility Bride Brook Health and Rehabilitation C	License No. 2082-C	Report for Year Ended 9/30/2016	Page 36	of 37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$		
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$		
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$		
D. Net Income or Deficit			\$		
E. Balance			\$		
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> )					
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount		
2. Other Withdrawings ( <i>Specify</i> )			\$		
Purpose		Amount			
3. Total Deductions			\$		
H. <b>Balance at End of Period</b>			\$		
09/30/16					

### I. Preparer's/Reviewer's Certification

Name of Facility Bride Brook Health and Rehabilitation	License No. 2082-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)		
<b>Preparer/Reviewer Certification</b>				
<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				
Margaret Philen				
Address Address			Phone Number	
5300 W. Sam Houston Pkwy N, Ste 100, Houston, TX 77041			832-467-6225	

Error Check

Level	Item	Reported as	
	Page 22 - Movable Depreciation	72,571 is inconsistent with Page 23	72,751