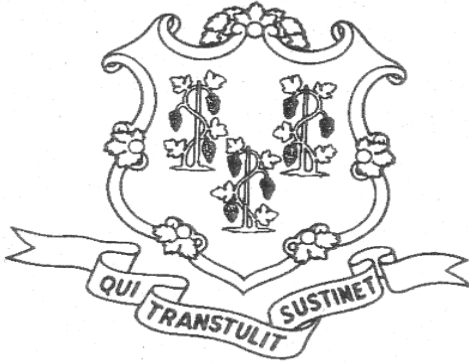


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Apple Rehab Avon	
Address (No. & Street, City, State, Zip Code) 220 Scoville Rd. Avon, CT 06001	
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 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 1035 - C	RHNS	(Specify)	Medicare Provider 07 - 5388
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Medicaid Provider Numbers:	CCNH 10356	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) Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2017	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 Apple Rehab Avon [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the 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) Jane Devries			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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Apple Rehab Avon	Period Covered:	From 10/1/2016	To 9/30/2017	
Address of Facility 220 Scoville Rd. Avon, CT 06001				
Report Prepared By Apple Health Care	Phone Number (860) 678-9755	Date		
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 860-673-3265		Report for Year Ended 9/30/2017		Page 2	of 37
Name of Facility (as shown on license) Apple Rehab Avon			Address (No. & Street, City, State, Zip) 220 Scoville Rd. Avon, CT 06001		
License Numbers:	CCNH 1035 - C	RHNS	(Specify)	Medicare Provider No. 07 - 5388	
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.					
<b>Administrator</b>					
Name of Administrator Jane Devries			Nursing Home Administrator's License No.:	1094	
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 Avon	License No. 1035 - C	Report for Year Ended 9/30/2017	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 Avon	220 Scoville Rd. Avon, CT 06001	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	





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

Name of Facility Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2017	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	%**				
Brian J. Foley	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Rental	Pg. 22 Line 9	459,000	459,000
Apple Health Care	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	218,694	218,694
Healthport Services	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 /16 m13	12,748	12,748
Corporate Employees	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	5,800	5,800
Employees @ Various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	12,071	12,071
Apple Health Care	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	8,800	8,800
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	423,388	
Delta Dental		<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	21,910	
Aetna Ancillary		<input type="radio"/>	<input type="radio"/>		Group Life & Disability	Pg. 15 1a6	13,019	

\* 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 Avon	License No. 1035 - C	Report for Year Ended 9/30/2017	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	%**				
Marsh	PO Box 19636 Newark, NJ	✖			Property, Liability & Umbrella Insurance	Pg. 27 14a	56,242	
AIG	PO Box 10472 Newark, NJ	✖			Worker's Compensation	Pg. 15 1a1	98,137	
CRS Landscaping	68 HARTFORD RD. SIMSBURY, CT	✖			Landscaping/Snow removal	Pg. 22 6a	41,923	41,923
Ryan Vess	21 Waterville Road Avon, CT		✖			##		
Brendan Foley	22 Waterville Road Avon, CT		✖			##		

\* 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 Avon	License No. 1035 - C	Report for Year Ended 9/30/2017	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.

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 Avon			License No. 1035 - C		Report for Year Ended 9/30/2017		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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input checked="" 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 Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2017	Page 7	of 37
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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 1 Blum Shapiro & Co. PC 2 Brazee & Huban 3 4	Address (No. & Street, City, State, Zip Code) 29 South Main St. West Hartford, CT 06127 35 Wendell Ave. Pittsfield, MA 10202
--	--

Services Provided by This Firm (*describe fully*)

1 Preparation of audited financials (disallow Pg. 28)	\$ 3,768
2 Preparation of tax returns	\$ 2,131
3	\$
4	\$
<b>Charge for Services Provided</b>	
\$ 5,899	

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 1 Summa & Ryan 2 3 4 5	Telephone Number 203-755-0390
--	----------------------------------

Address (*No. & Street, City, State, Zip Code*)  
 1 21 HOLMES AV, WTBRY, CT  
 2  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1 Legal Advice Before Settlement	\$ 6,095
2	\$
3	\$
4	\$
5	\$
<b>Charge for Services Provided</b>	
\$ 6,095	

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 Avon		License No. 1035 - C			Report for Year Ended 9/30/2017				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	60	60			60	60			60	60			
B. On last day of THIS report period	60	60			60	60			60	60			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	48	48			48	48			48	48			
B. As of midnight of THIS report period	46	46			46	46			46	46			
3. Total Number of Days Care Provided During Period													
A. Medicare	2,379	2,379			1,800	1,800			579	579			
B. Medicaid (Conn.)	9,164	9,164			6,631	6,631			2,533	2,533			
C. Medicaid (other states)													
D. Private Pay	5,104	5,104			3,844	3,844			1,260	1,260			
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	16,647	16,647			12,275	12,275			4,372	4,372			
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. <b>Total Resident Days (3G + 4A + 4B)</b>	16,647	16,647			12,275	12,275			4,372	4,372			

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

Name of Facility Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2017	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?       Yes       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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	7	23		16				
Per Diem Rate								
a. One bed rm.				424.00				
b. Two bed rms.	RUGS III	211.45		410.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	4,184	4,184		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	11,547	11,547		
<b>D. Total Physical Therapy Treatments</b>	<b>15,731</b>	<b>15,731</b>		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	298	298		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	971	971		
<b>D. Total Speech Therapy Treatments</b>	<b>1,269</b>	<b>1,269</b>		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	2,652	2,652		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	8,011	8,011		
<b>D. Total Occupational Therapy Treatments</b>	<b>10,663</b>	<b>10,663</b>		

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Avon	1035 - C	9/30/2017	10	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
<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)	105,989	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	30,701	1,805				
5. Dietary Service						
a. Head Dietitian	2,136	71				
b. Food Service Supervisor	42,813	2,056				
c. Dietary Workers	169,819	11,359				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	88,438	6,632				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	52,915	2,306				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	5,926	367				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	77,843	3,435				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	106,831	2,599				
b. RN						
1. Direct Care	487,611	13,792				
2. Administrative**	79,916	2,431				
c. LPN						
1. Direct Care	245,972	9,231				
2. Administrative**						
d. Aides and Attendants	567,857	36,467				
e. Physical Therapists	273,572	6,572				
f. Speech Therapists	43,852	861				
g. Occupational Therapists	152,585	4,761				
h. Recreation Workers	51,793	2,607				
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	58,235	2,058				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	2,644,805	111,488				

\* 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
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Integrity Auditor	\$ 3,300	33				
Purchasing Consultants	\$ 2,053	20				
Admissions Discharge Consultant	\$ 1,837	18				
<b>Total</b>	\$ 7,190	71	\$ -	-	\$ -	-

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

Name of Facility Apple Rehab Avon				License No. 1035 - C	Report for Year Ended 9/30/2017			Page 11	of 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	
Apple Rehab Avon				1035 - C	9/30/2017			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>										
Jane Devries	23,864				Administrator 7/9/2017 - 9/30/2017	400	A.2	Ridgeview Healthcare	1,680	98,603
Janet Shahan	82,125				Administrator 10/01/2016 -7/8/2017	1,680	A.2	Ridgeview Healthcare	400	21,997
<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**

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Avon	1035 - C	9/30/2017	13	37		
Total Cost and Hours						
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	6,408	161				
3. Pharmacist	17,968	83				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	43,042					
b. Utilization Review (Title 18 and 19 only) monthly meeting						
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)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care	6,840	317				
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	7,190	71				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>81,448</b>	<b>633</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.

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

Name of Facility Apple Rehab Avon		License No. 1035 - C		Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
West River Pharmacy of CT LLC Plainville, CT	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>			
Healthdrive Dental 1 Prestige Dr. Meriden, CT	Dentist	<input type="radio"/>	<input checked="" type="radio"/>			
Hartford Hospital 80 Seymour St. Hartford, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
St. Francis Med Grp 114 Woodland St. Hartford, CT	Assistant Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Patientping, Inc., 10 Post Office Square, Boston, MA 02109	Admissions Discharge Consultant	<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"/>			
Connecticut Purchasing Consultants, LLC 88 Ryders Ln, 2nd Fl, Stratford, CT 06614	Purchasing Consultants	<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"/>			
		<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 Avon	1035 - C	9/30/2017		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 98,137	98,137			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 33,846	33,846			
4. Social Security (F.I.C.A.)	\$ 182,521	182,521			
5. Health Insurance	\$ 322,641	322,641			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 13,019	13,019			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 8,800	8,800			
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*	\$ 602,029	602,029			
d. Accounting and Auditing	\$ 5,899	5,899			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 6,095	6,095			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 9,772	9,772			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 13,285	13,285			
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	\$ 283,814	283,814			
<b>Subtotal</b>	\$ 1,580,109	1,580,109			

\* 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**

Apple Rehab Avon  
9/30/2017

Attachment Page 15

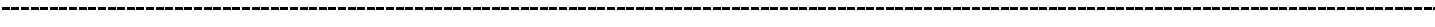
**Schedule of Other Employee Benefits**

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



**Schedule of Other Taxes**

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



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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Avon	1035 - C	9/30/2017	16	37
Item	Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>	1,580,109	1,580,109		
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 477	477		
2. Holiday Parties for Staff	\$ 4,002	4,002		
3. Gifts to Staff and Residents	\$ 7,428	7,428		
4. Employee Travel	\$ 2,346	2,346		
5. Education Expenses Related to Seminars and Conventions	\$ 2,829	2,829		
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> )	\$			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 19,860	19,860		
4. Fund-Raising***	\$			
5. Medical Records	\$ 6	6		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 2,475	2,475		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 4,643	4,643		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 310	310		
9. Subscriptions	\$ 6,602	6,602		
10. Contributions*** See Attached Schedule	\$ 750	750		
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$			
12. Administrative Management Services**	\$ 218,694	218,694		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 57,589	57,589		
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 1,908,120	1,908,120		

\* 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)
Advertising - Public Relations	\$ 19,860		
<b>Total Other Advertising</b>	\$ 19,860	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 4,444		
AADNS	\$ 199		
<b>Total Dues</b>	\$ 4,643	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
First Church of Christ - Unionville	\$ 750		
<b>Total Contributions</b>	\$ 750	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Corporate Fees Non Reimburable	\$ 32,055		
Licenses & Fees	\$ 2,015		
Pre Employment Screenings	\$ 5,365		
Point Click Care Fees	\$ 12,314		
Bank Charges, Penalties, Fees	\$ 38		
Healthport Indirect	\$ 2,733		
Legal Fees - Probate & Collection	\$ 945		
Resident Expenses	\$ 2,061		
Account W/O & Prior Period Adjustments	\$ 63		
<b>Total Other Administrative and General</b>	\$ 57,589	\$ -	\$ -

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

Name of Facility Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2017	Page of 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.	218,694	Accounting & Management 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 Avon	License No. 1035 - C	Report for Year Ended 9/30/2017	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 117,693	117,693		
2. Non-Food Supplies	\$ 16,098	16,098		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 9,592	9,592		
c. Management Services**	\$			
d. Other (Specify) _____	\$			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 143,383</b>	<b>143,383</b>		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	137	137		
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 Avon	1035 - C	9/30/2017	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. \$	1,772	1,772	
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. \$	6,000	6,000	
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$	6,285	6,285	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	60,147	60,147	
c. Management Services**	\$			
d. Other (Specify)	\$			
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>	<b>\$</b>	<b>74,204</b>	<b>74,204</b>	
<b>3F. Laundry Questionnaire</b>				
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 Avon		1035 - C	9/30/2017		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel	10,136	10,136		
a.	In-House Care					
	1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	19,927	19,927		
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. \$				
c.	Management Services*		\$			
d.	Other ( <i>Specify</i> )		\$			
4E.	<b>Total Housekeeping Expenditures</b> (4a + b + c + d)		\$ 19,927	19,927		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from West River Pharmacy	\$	209,443	209,443		
b.	Medicine Cabinet Drugs	\$				
c.	Medical and Therapeutic Supplies	\$	96,629	96,629		
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	15,812	15,812		
f.	X-rays and Related Radiological Procedures***	\$	20,336	20,336		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	12,770	12,770		
i.	Recreation	\$	29,206	29,206		
j.	Other (Specify)**** See Attached Schedule	\$	6,218	6,218		
5K.	<b>Total Resident Care Expenditures</b> (5a - 5j)		\$ 390,415	390,415		

\* 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 Station Supplies	\$ 127		
Rehab Service Supplies	\$ 6,091		
IV Therapy Supplies	\$ -		
<b>Total Other Resident Care</b>	\$ 6,218	\$ -	\$ -

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

Name of Facility Apple Rehab Avon			License No. 1035 - C		Report for Year Ended 9/30/2017			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 PL PLAINVILLE, CT	<input type="radio"/>	<input checked="" type="radio"/>		REFUSE REMOVAL	12,916			22	6F
UNITEX	MACQUESTIEN PKY. MT VERON, CT	<input type="radio"/>	<input checked="" type="radio"/>		LAUNDRY SERVICE	54,061			19	3B
CRS LANDSCAPING	68 HARTFORD RD. SIMSBURY, CT	<input type="radio"/>	<input checked="" type="radio"/>		LANDSCAPING/SNO W REMOVAL	41,923			22	6A
		<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"/>							

\* 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 Avon	1035 - C	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 97,291	97,291				
b. Heat	\$ 18,247	18,247				
c. Light & Power	\$ 50,141	50,141				
d. Water	\$ 15,137	15,137				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$ 13,991	13,991				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 194,807	194,807				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 21,244	21,244				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 21,244	21,244				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 35,070	35,070				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$ 35,070	35,070				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 459,000	459,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 48,980	48,980				
c. Personal property taxes	\$ 3,703	3,703				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 567,997	567,997				

\* 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)
Refuse Removal	\$ 13,991		
<b>Total Other Repairs and Maintenance</b>	\$ 13,991	\$ -	\$ -

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

**Depreciation Schedule**

Name of Facility Apple Rehab Avon		License No. 1035 - C			Report for Year Ended 9/30/2017			Page 23	of 37			
Property Item		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	Totals			
<b>A. Land Improvements</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
<b>B. Building and Building Improvements</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal												
<b>C. Non-Movable Equipment</b>												
1. Acquired prior to this report period		9,247		9,247	9,247	SL	var					
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	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	Totals
	Yes	No	Month	Year								
<b>D. Movable Equipment</b>												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period												
					443,940		443,940	368,078	SL	Var	21,202	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)												
					4,093		4,093		SL	Var	42	
D-3. Subtotal												
E. <b>Total Depreciation</b>												
												21,244
												21,244

Apple Rehab Avon  
9/30/2017

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>				
<b>Total additions for Building Improvements</b>		\$ -		\$ - *
<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>				
9/8/2017	Reach-In 2 Door Refrigerator	\$ 4,093	ME-10	\$ 42
<b>Total additions for Movable Equipment</b>		\$ 4,093		\$ 42 *
<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>				
10/21/2016	Sewage Pump Installation (Avon Plumbing)	\$ 1,136	LHI-10	\$ 142
3/29/2017	Kitchen Fire Suppression System	\$ 1,803	LHI-25	\$ 24
6/21/2017	Fire Alarm Control Panel & Annunciator	\$ 1,845	LHI-10	\$ 49
6/21/2017	Fire Alarm Control Panel & Annunciator	1795.57	LHI-10	47.27
7/3/2017	Installation of 10 Smoke detectors	850	LHI-10	21.02
7/24/2017	Installation of 10 Smoke detectors	850	LHI-10	18.25
<b>Total additions for Leasehold Improvement</b>		\$ 8,279		\$ 301 *
<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 Apple Rehab Avon			License No. 1035 - C		Report for Year Ended 9/30/2017			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.									
2.									
3.									
A-4. Subtotal									
<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				1,177,446	937,191		A	34,769	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				8,279				301	
C-4. Subtotal									35,070
<b>D. Total Amortization</b>									35,070

\* 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 Avon	License No. 1035 - C	Report for Year Ended 9/30/2017	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	60			
6. Square Footage	10,136			
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>	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)				
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)	Variable			
h. Date of Refinancing	12/07/16			
i. New Interest Rate	4.48%			
j. Term of Mortgage (number of years)	5			
k. Amount of Principal Borrowed	4,319,347			
l. Principal Outstanding on Note Paid-Off	4,236,045			
<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

**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
Apple Rehab Avon	1035 - C	9/30/2017	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 Apple Rehab Avon		License No. 1035 - C		Report for Year Ended 9/30/2017		Page 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) Town of Avon/Tax Interest				\$ 1,076	1,076		
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$ 1,076	1,076		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 56,242	56,242		
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. <b>Total Insurance Expenditures</b> (14a + b + c)				\$ 56,242	56,242		
15. <b>Total All Expenditures</b> (A-13 thru C-14)				\$ 6,082,423	6,082,423		



### D. Adjustments to Statement of Expenditures

Name of Facility Apple Rehab Avon				License No. 1035 - C	Report for Year Ended 9/30/2017	Page 28	of 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.	10	A12g	Occupational Therapy	\$ 152,585	152,585		
4.			Other - See attached Schedule	\$ 5,823	5,823		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 6,840	6,840		
7.			Other - See attached Schedule	\$ 43,042	43,042		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 602,029	602,029		
10.	15/16	1d/m	Accounting & Legal	\$ 4,713	4,713		
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 *	\$ 19,860	19,860		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 750	750		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 38,572	38,572		
<b>Page 18 - Dietary Expenditures</b>							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$			
<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)				\$ 874,214	874,214		

\* 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	\$ 5,823		
<b>Total Other Salaries Adjustment</b>			\$ 5,823	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	8a	Medical Director	\$ 43,042		
<b>Total Other Fees Adjustments</b>			\$ 43,042	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Corporate Fee - Non Reimbursable	\$ 32,055		
16	1.3	Employee Recognition/Gift/Parties	\$ 4,002		
16	8a	Chamber of Commerce	\$ 310		
16	m13	Bank Charges, Penalties, Fees	\$ 38		
16	m13	Resident Expenses	\$ 2,061		
16	m13	Acct W/O /Prior Period Adj Exp	\$ 107		
<b>Total Other A&amp;G Adjustments</b>			\$ 38,572	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Apple Rehab Avon			1035 - C	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 874,214	874,214		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 203,376	203,376		
28.	16	L1	Ambulance/Limousine	\$ 477	477		
29.	20	h	X-rays, etc	\$ 20,336	20,336		
30.	20	f	Laboratory	\$ 12,770	12,770		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 11,898	11,898		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 6,091	6,091		
<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.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.	30	IV4	Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.	30	IV8	Purchase Discounts and Allowances	\$ 1,125	1,125		
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	\$ 380	380		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 1,076	1,076		
<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>			\$ 1,131,743	1,131,743		

\*\*\* 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 Avon  
9/30/2017

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ -		
20	5j	Rehab Service Supplies	\$ 6,091		
<b>Total Other Ancillary Costs</b>			\$ 6,091	\$ -	\$ -

**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)
27	12D	Town of Avon/Tax Interest	\$ 1,076		
<b>Total Other Adjustments</b>			\$ 1,076	\$ -	\$ -

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
Apple Rehab Avon	1035 - C	9/30/2017			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> )	\$ 1,931,895	1,931,895				
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> )	\$ 1,123,217	1,123,217				
b. Medicare Room and Board Contractual Allowance **	\$ 381,053	381,053				
4. a. Private-Pay Residents and Other	\$ 1,923,942	1,923,942				
b. Private-Pay Room and Board Contractual Allowance **	\$					
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 96,455	96,455				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (96,455)	(96,455)				
c. Prescription Drugs - Non-Medicare	\$ 84,988	84,988				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (84,988)	(84,988)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 377,303	377,303				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (267,855)	(267,855)				
c. Physical Therapy - Non-Medicare	\$ 173,285	173,285				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (118,370)	(118,370)				
4. a. Speech Therapy - Medicare	\$ 44,776	44,776				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (34,753)	(34,753)				
c. Speech Therapy - Non-Medicare	\$ 11,610	11,610				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (9,135)	(9,135)				
5. a. Occupational Therapy - Medicare	\$ 362,117	362,117				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (272,924)	(272,924)				
c. Occupational Therapy - Non-Medicare	\$ 179,235	179,235				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (116,325)	(116,325)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$					
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 5,689,072	5,689,072				
<b>IV. Other Revenue*</b>						
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> )	\$ 380	380				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 1,186	1,186				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 1,567	1,567				
<b>VI. Total All Revenue</b> (III +V)	\$ 5,690,639	5,690,639				

\* 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)
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

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

**Related Exp**

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

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV5	Interest Income	1,761,841	\$ 380		
<b>Total Interest Income</b>			\$ 380	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV8	Optimum QT Div Payment	1,125		
30 IV8	Prior Period Adj -Exp	43		
30 IV8	Medical Records	18		
<b>Total Other Revenue</b>		\$ 1,186	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Avon	1035 - C	9/30/2017	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	30,779
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,761,841
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	24,401
5. Prepaid Expenses			\$	15,150
a. Prepaid Property Tax	15,150			
b. Prepaid Insurance				
c. Prepaid Other				
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	1,990,719
Due Affiliate (Debit Balance)	1,987,653			
Payroll W/H	3,066			
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	3,822,890
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>1,185,725</u>		\$	213,464
	Accum. Depreciation <u>972,261</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>9,247</u>		\$	
	Accum. Depreciation <u>9,247</u>	Net		
6. Movable Equipment	*Historical Cost <u>448,033</u>		\$	58,711
	Accum. Depreciation <u>389,322</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
Fixed Asset Clearing Account				
Construction in Progress				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	272,176

\* 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 Avon	1035 - C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	4,095,066
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 <b>Total Leasehold or Like Properties</b> (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				
Leasehold Deposits				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	4,095,066

\* 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 Avon	1035 - C	9/30/2017	33	37
Account			Amount	
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable			\$	254,249
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> )			\$	16,505
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )			\$	
6. Accrued Payroll Taxes Payable			\$	5,825
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> )			\$	287,525
Accrued PTO	101,743	Accrued Prof Fees	4,999	
Accrued Pension	344	Payroll W/H		
Accrued Worker's Comp	106,700	Due Affiliate (Credit Bal		
Accrued Expense Other	73,739			
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>			<b>\$</b>	<b>564,104</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 Apple Rehab Avon		License No. 1035 - C	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				564,104	
<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> )				\$ 3,840,782	
Name and Address of Lender	Amount	Loan Date			
Brian J. Foley	3,840,782	Demand			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	
Security Deposits					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 3,840,782	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 4,404,886	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Avon	1035 - C	9/30/2017	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			\$	2,106,192
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,025,228)
6. Gain or Loss for Period			\$	(391,784)
	10/1/2016	thru	9/30/2017	
7. Total Net Worth			\$	(309,820)
<b>C. Total Reserves and Net Worth</b>			\$	(309,820)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	4,095,066

### H. Changes in Total Net Worth

Name of Facility Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2017	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	(404,627)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	5,690,639
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	6,082,423
D. Net Income or Deficit			\$	(391,784)
E. Balance			\$	(796,411)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Brian Foley	490,000			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	490,000
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	3,409
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
Brian J. Foley	President	3,409		
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	3,409
H. <b>Balance at End of Period</b>			\$	(309,820)

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

Name of Facility Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2017	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				
Robert Gwizdak				
Address		Phone Number		
21 Waterville Road Avon, CT 06001		(860) 678-9755		

Error Check

Level	Item	Reported as	
	Page 22 - Leasehold and Other Amortization	35,070	is inconsistent with Page 24 35,070
	Page 24 - Accumulated Amort. of Leasehold Imp.	972,261	is inconsistent with Page 31 972,261
	Page 25 - Total Bed Capacity	60	is inconsistent with page 8 60
-	Page 35 - Total Liabilities, Reserves and Net Worth	4,095,066	Total Assets 4,095,066

Apple Rehab Avon  
For Cost Year Ended September 30, 2017

		2016	2017	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	300.00	0.00			300.00	31A1	
10301	Cash - Patient Personal Need	0.00	0.00			0.00	31A1	
10401	Exchange	27,234.12	92.07			27,326.19	31A1	
10402	Exchange - Arlene Sheehan	0.00	0.00			0.00	31A1	
10403	Exchange - Donations	(832.13)	985.00			152.87	31A1	
10404	Exchange - Wellness	0.00	0.00			0.00	31A1	
10405	Exchange - A/R	0.00	3,000.00			3,000.00	31A1	
11001	A/R Private Patients	1,360,294.79	80,195.42			1,440,490.21	31A2	
11002	A/R Medicare Patients	113,940.35	51,237.09			165,177.44	31A2	
11003	A/R Medicaid Patients	341,994.79	231,113.27			573,108.06	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	0.00	0.00			0.00	31A2	
11011	A/R Medicaid Pending	(60,756.00)	0.00			(60,756.00)	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	(356,178.83)	0.00			(356,178.83)	31A2	
11101	Loans Rec. - Officers/Owner	0.00	0.00			0.00	32D7	
12005	Dietary Supply Inventory	6,128.56	(212.85)			5,915.71	31A4	
12010	Housekeeping Supply Inventory	1,273.00	(20.78)			1,252.22	31A4	
12015	Medical & Nursing Supply Inventory	7,731.05	3,160.28			10,891.33	31A4	
12020	Maintenance Supply Inventory	4,259.00	(792.70)			3,466.30	31A4	
12025	Laundry Supply Inventory	0.00	230.43			230.43	31A4	
12030	Recreation Supply Inventory	0.00	0.00			0.00	31A4	
12035	Office/Misc. Supply Inventory	2,770.61	(126.07)			2,644.54	31A4	
13002	Prepaid Insurance	2,770.93	(2,770.93)			0.00	31A5b	
13006	Prepaid Property Tax	1,856.05	13,294.41			15,150.46	31A5b	
13010	Other Prepaid Expenses	0.00	0.00			0.00	31A5c	
15501	Non Moveable Equipment	9,246.75	0.00			9,246.75	31B5	
15502	Moveable Equipment	424,326.06	4,093.41	19,613.45		448,032.92	31B6	
16001	Auto & Trucks	0.00	0.00			0.00	31B7	
16501	Leasehold Improvements	1,182,266.12	7,143.40	12,113.90	(15,798.06)	1,185,725.36	31B4	
16598	Fixed Asset Proceeds Clearing Account	0.00	0.00			0.00	31B9	
16599	Fixed Asset Clearing A/C	0.00	0.00			0.00	31B9	
16601	Capitalized Refinance Expense	0.00	0.00			0.00	31B9	
16750	Construction in Progress	0.00	0.00			0.00	31B9	
17001	Acc. Depreciation Non Moveable Equipmen	(6,726.27)	(769.08)	1,000.21	(2,751.61)	(9,246.75)	31B5	
17002	Acc. Depreciation Moveable Equipment	(325,804.34)	(15,379.51)		(48,137.87)	(389,321.72)	31B6	
17003	Acc. Depreciation Auto & Truck	0.00	0.00			0.00	31B7	
17005	Acc. Amortization Leasehold Imp.	(924,019.10)	(26,771.67)	755.89	(22,226.00)	(972,260.88)	31B4	
19101	Leasehold Deposits	0.00	0.00			0.00	32D7	
19501	Goodwill	0.00	0.00			0.00	32D7	
20101	A/P Trade	(224,600.92)	(29,647.75)			(254,248.67)	33A1	
20104	A/P Patient Need Account	0.00	0.00			0.00	33A1	
20110	A/P Patient Exchange	0.00	0.00			0.00	33A12	
20115	A/P Other	(3,607,555.77)	(233,226.00)			(3,840,781.77)	34B3	
20200	Due Affiliate -Corporate	1,917,076.26	92,846.37		(22,269.46)	1,987,653.17	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	(57,145.15)	12,034.38	28,605.48		(16,505.29)	33A4	
20601	Accrued Vacation	(89,918.06)	0.00	89,918.06	(101,743.05)	(101,743.05)	33A12	
21001	Federal Withholding	(4,376.90)	4,376.90			0.00	33A6	
21002	State Withholding	(1,298.51)	1,298.51			0.00	33A6	
21005	FICA - Employee	(3,355.29)	3,355.29			0.00	33A6	
21006	FICA - Employer	(7,360.00)	4,141.91			(3,218.09)	33A6	
21010	Federal Unemployment Comp.	(282.00)	309.28			27.28	33A6	
21011	State Unemployment Comp.	(6,803.49)	4,169.78			(2,633.71)	33A6	
21035	Other Employee Withhold	47.39	0.00			47.39	33A12	
21037	Employee Withholding (HCRA/DCRA)	(1,355.62)	3,624.00			2,268.38	33A12	
21040	Union Dues	0.00	0.00			0.00	33A12	
21045	Initiation Fees	0.00	0.00			0.00	33A12	
21050	Payroll Deductions - AFLAC	0.00	430.00			430.00	33A12	
21051	Payroll Deducted Life Insurance	1,650.29	(522.16)			1,128.13	33A12	
21060	401 (K) Salary Reduction	(1,319.09)	511.01			(808.08)	33A12	
22001	Accrued Professional Fees	(4,337.17)	(662.20)			(4,999.37)	33A12	



22010	Accrued Pension	(2,418.06)	2,074.06			(344.00)	33A12	
22015	Accrued Workers compensation	(107,441.30)	741.25			(106,700.05)	33A12	
22040	Accrued Group Insurance	0.00	0.00			0.00	33A12	
22050	Accrued Other Expenses	(68,805.92)	(4,933.08)			(73,739.00)	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	(2,106,192.24)	0.00			(2,106,192.24)	35B1	
28000	Retained Earnings	2,286,261.81	0.00	72,888.59	(15,929.29)	2,343,221.11	35B5	
31001	Room and Board - Private	(588,432.74)	(1,335,509.35)			(1,923,942.09)	30 I 1a4	
31002	Room and Board - Medicare	(243,852.22)	(903,424.00)			(1,147,276.22)	30 I 1a3	
31003	Room and Board - Medicaid	(495,632.08)	(1,435,609.60)			(1,931,241.68)	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	(98,664.44)	(282,388.07)			(381,052.51)	30 I 1a3	
31032	Medicare Recoupment	4,809.18	19,249.77			24,058.95	30 I 1a3	
31033	Medicaid Recoupment	(653.40)	0.00			(653.40)	30 I 1a1	
35001	Physical Therapy	(124,355.59)	(426,232.44)			(550,588.03)	30 II 1b3	
35002	Medical Supply	0.00	0.00			0.00	30 IIa6	
35005	Vending Machines	0.00	0.00			0.00	30 IIa6	
35006	Pharmacy Supplies	(35,523.45)	(145,919.39)			(181,442.84)	30 II 1b1	
35007	Clinical Services	(3,370.43)	(11,426.06)			(14,796.49)	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	(8,730.14)	(47,656.12)			(56,386.26)	30 II 1b4	
35011	Occupational Therapy	(127,395.50)	(413,956.77)			(541,352.27)	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	151,268.14	424,263.15			575,531.29	30 II 1b, 4b, 5b	
35031	Medicare Contractual Allowance - Other	26,359.42	77,811.49			104,170.91	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	1,830.59			1,830.59	30 II 6	
35035	Contractual Allowance - HMO/Insurance/Mc	73,944.46	260,123.37			334,067.83	30 II 6	
35054	Hairdresser & Barber	0.00	0.00			0.00	30 2.1	
35098	Misc. Income - Other	(60.82)	(1,193.27)	68.27		(1,185.82)	See Attached	
36001	Interest Income	0.00	(312.08)			(380.35)	30 IV 5	
36500	Gain (Loss) on Sale of Assets	0.00	0.00			0.00	30 IV 8	
41001	Salaries - Administrator	0.00	84,042.83	21,946.21		105,989.04	10 A2.3	
41002	Salaries - Clerical	8,017.81	22,275.99	3,994.01	(3,586.66)	30,701.15	10 A4	
41003	Salaries - Accounting	24,025.09	54,980.92	3,538.30	(4,701.02)	77,843.29	10 A11b	
41004	Salaries - Social Services/Admissions	14,719.71	43,276.82	1,452.63	(1,214.30)	58,234.86	10 A12m	
41005	Salaries - Management	0.00	0.00			0.00	10A2	
41006	Salaries - Maintenance	14,261.84	38,418.06	3,659.53	(4,110.74)	52,228.69	10 A7b	
41007	Salaries - Projects	528.68	157.68			686.36	10 A7b	
41008	Salaries - Staff Development	1,619.70	4,916.46			6,536.16	10 A12b2	
41009	Salaries - Beautician	0.00	0.00			0.00	10A9	
41010	Employee Physicals	252.00	941.00			1,193.00	16 m13	
41011	Pre-employment Screen	782.94	3,389.35			4,172.29	16 m13	
41015	FICA - Employer	47,401.13	135,120.30			182,521.43	15 1a4	
41016	Unemployment - Federal	427.66	3,028.24			3,455.90	15 1a3	
41017	Unemployment - State	1,108.82	29,281.58			30,390.40	15 1a3	
41020	Insurance - Workmen's Comp	42,903.43	55,233.54			98,136.97	15 1a1	
41021	Insurance - Group Medical	84,189.95	238,451.44			322,641.39	15 1a5	
41023	Insurance - Group Life & Disability	2,873.58	10,145.53			13,019.11	15 1a6	
41022	Insurance - FMLA	0.00	0.00			0.00	15 1a5	
41024	Pension Expense	2,540.40	6,259.47			8,799.87	15 1a7	
41025	Other Employee Benefits	3,644.42	7,785.78			11,430.20	See Attached	
41026	Corporate Fee - Non-reimbursable Costs	12,512.79	19,541.81			32,054.60	16 m13	28 #23 1
41027	Corporate Management Fee	86,064.00	132,306.63	323.25		218,693.88	16 m12	
41028	Healthport Indirect	0.00	0.00	2,733.00		2,733.00	16 m13	
41029	Auto Repair & Maintenance.	0.00	0.00			0.00	16l.6	
41030	Travel - Motor Vehicle	255.04	2,090.54			2,345.58	16 1.4	
41031	Conventions & Meetings	0.00	0.00			0.00	16 1.5	
41032	Education & Seminars	1,401.27	1,427.86			2,829.13	16 1.5	
41033	Auditing Fees	1,398.51	4,500.63			5,899.14	15 1d	See Attached
41034	Point Click Care Fees	2,947.02	9,366.66			12,313.68	16 m13	
41035	Legal Services	0.00	6,095.00			6,095.00	15 1e	See Attached
41036	Legal Fees Collections - Probate Fees	170.00	775.00			945.00	13b6	
41037	Consulting Fees - Other	1,660.00	5,530.00			7,190.00	See Attached	
41038	Licenses & Fees	0.00	2,015.00			2,015.00	16 m13	
41039	Dues & Memberships	1,023.60	3,929.80			4,953.40	See Attached	See Attached

41040	Subscriptions	1,663.77	4,938.36			6,602.13	16 m9	
41041	Advertising - Public Relations	5,106.39	14,753.99			19,860.38	16 m3	28 #18
41042	Advertising - Help Wanted	0.00	0.00			0.00	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	5.73		5.73	16 m5	
41046	In Service Fees	0.00	0.00			0.00	16 1.5	
41047	Transportation - Patients	150.00	327.00			477.00	16 1.1	29 #28
41048	CNA Registration & Validation	0.00	0.00			0.00	16 1.1	
41050	Office Supplies & Printing	1,551.84	8,213.59	7.05		9,772.48	15 lg	
41051	Postage	751.76	1,723.33			2,475.09	16 m7	
41052	Telephone	2,940.23	10,344.42			13,284.65	15 1h	
41053	Rent	135,000.00	324,000.00			459,000.00	22 9	
41054	Insurance - Package	13,322.91	42,918.85			56,241.76	27 14a	
41057	Equipment Lease	1,778.90	5,413.21			7,192.11	22 6a	
41060	Purchased Services & Repair	7,576.02	67,136.40			74,712.42	22 6a	
41061	Maintenance & Repair Supplies	3,189.53	12,196.84			15,386.37	22 6a	
41062	Fuel - Plant Operation	0.00	0.00			0.00	22 6b	
41063	Gas - Plant Operation	4,753.32	13,494.13			18,247.45	22 6b	
41064	Electric - Plant Operation	12,385.66	37,755.38			50,141.04	22 6c	
41065	Water & Sewerage	4,410.25	10,726.42			15,136.67	22 6d	
41066	Refuse Removal / Recyclables	3,431.27	10,495.24	64.49		13,991.00	22 6f	
41067	Corp Office Building Maintenance	0.00	0.00			0.00	Corp Only	
41070	Taxes - Real Estate	11,959.26	37,020.58			48,979.84	22 10b	
41071	Taxes - Personal Property	928.05	2,775.33			3,703.38	22 10c	
41075	Bad Debt	602,028.53	0.00			602,028.53	15 1c	28 #9
41080	Donations	500.00	250.00			750.00	16m10	
41086	Sales Tax	0.00	285.00		(285.00)	0.00	16m13	
41087	Bank Charges/Penalties/Fees	0.00	38.00			38.00	16 m13	28 #23 4
41090	Miscellaneous Expense	0.00	63.27			63.27	See Attached	See Attached
41091	Resident Reimbursements	2,061.00	0.00			2,061.00	16m13	
41095	C.O.N. Expense	0.00	0.00			0.00	16m13	
45001	Salaries - R.N. (CCNH)	121,586.21	362,231.88	22,965.53	(19,172.32)	487,611.30	10 A12b1	
45002	Salaries - L.P.N. (CCNH)	73,210.85	178,088.57	6,358.37	(11,685.42)	245,972.37	10 A12c	
45003	Salaries - Aides (CCNH)	156,386.52	416,143.43	14,809.70	(19,482.18)	567,857.47	10 A12d	
45004	Salaries - Assistant D.O.N.	10,866.52	20,319.42			31,185.94	10 A12a	
45005	Salaries - D.O.N.	28,136.20	54,075.24		(6,566.64)	75,644.80	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	
45009	Salaries - Aides (RHNS/HFA)	0.00	0.00			0.00	10 A12d	
45010	Salaries - Infection Control	5,628.72	15,317.03			20,945.75	10 A12b2	
45011	Salaries - Nursing Administration	615.31	0.00		(615.31)	0.00	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	14,633.08	38,853.87		(1,052.90)	52,434.05	10 A12b2	
45022	Purchased Services - HPS (RN-CCNH)	1,402.00	1,331.00		(2,733.00)	0.00	13 B11a	
45023	Purchased Services - HPS (LPN-CCNH)	0.00	0.00			0.00	13 B11b	
45024	Purchased Services - HPS (CNA-CCNH)	0.00	0.00			0.00	13 B11c	
45025	Equipment Lease Nursing	2,888.03	15,290.56			18,178.59	20 5c	
45032	Purchased Services - HPS (RN-RHNS)	0.00	0.00			0.00	13 B11a	
45033	Purchased Services - HPS (LPN-RHNS)	0.00	0.00			0.00	13 B11b	
45034	Purchased Services - HPS (CNA-RHNS)	0.00	0.00			0.00	13 B11c	
45035 ...	Purchased Services - R.N. (CCNH)	0.00	0.00			0.00	13 B11a	
45036 ...	Purchased Services - L.P.N. (CCNH)	0.00	0.00			0.00	13 B11b	
45037 ...	Purchased Services - Aides (CCNH)	0.00	0.00			0.00	13 B11c	
45041	Purchased Services - Other	3,145.85	5,633.91			8,779.76	13 B3	
45045	Nursing Station Supplies	34.89	90.37	2.22		127.48	20 5j	
45046	Prescription Drugs - Medicare	24,188.17	89,354.71			113,542.88	20 5a	30 #27
45047	Prescription Drugs - Medicaid	2,587.71	3,479.85			6,067.56	20 5a	
45048	Prescription Drugs - Private	1,992.86	12,240.57			14,233.43	20 5a	30 #27
45049	Prescription Drugs Managed Care	14,180.94	61,418.52			75,599.46	20 5a	30 #27
45050	Medical Supplies	16,783.60	49,064.91	3.64		65,852.15	20 5c	
45051	Medicare Part B Billable	0.00	0.00			0.00	205c	
45052	Medical Equipment Purchases	601.47	8,247.23	176.24		9,024.94	20 5c	
45055	O.T.C. Medical Supply	1,416.18	2,157.47			3,573.65	20 5c	
45058	Rehab Service Supplies	0.00	0.00			0.00	205j	
45060	Oxygen - Private	2,064.74	4,591.02			6,655.76	20 5e2	29 #32
45061	Oxygen - Medicare	507.00	1,774.50			2,281.50	20 5e2	29 #32
45062	Oxygen - Medicaid	989.50	2,924.50			3,914.00	20 5e2	
45063	Oxygen - Managed Care	534.00	2,427.00			2,961.00	20 5e2	29 #32
45065	I.V. Therapy Services	0.00	0.00			0.00	20 5j	29 #34
45070	Laboratory Services	3,873.18	8,896.76			12,769.94	20 5h	29 # 30

45075	Diagnostic Services	14,533.42	5,802.24			20,335.66	20 5f	29 # 29
50001	Salaries - Dietitians	0.00	1,878.61	257.56		2,136.17	10 A5a	
50002	Salaries - Chefs, Cooks	20,202.83	59,837.75	8,905.46	(10,034.27)	78,911.77	10 A5c	
50003	Salaries - Helpers, Dishwashers	29,800.65	63,221.39	7,148.76	(9,362.45)	90,808.35	10 A5c	
50004	Salaries - Food Service Supervisor	12,220.29	31,600.53	5,234.48	(6,242.35)	42,812.95	10 A5b	
50005	Salaries - Dietary - Light Duty	0.00	356.04		(257.56)	98.48	10 A5c	
50030	Consultant Fee - Dietary	0.00	0.00			0.00	13B1	
50035	Purchased Services - Dietary	1,574.40	8,017.53			9,591.93	18 2b	
50036	Equipment Lease - Dietary	0.00	0.00			0.00	18 2a1	
50040	Supplies - Dietary	3,141.57	12,361.23			15,502.80	18 2a2	
50041	Other Expenses - Dietary	169.90	425.00			594.90	18 2a2	
50050	Food Supplies - HPC/Thurston	26,012.48	77,528.93			103,541.41	18 2a1	
50051	Food Supplies - Dairy	2,511.43	6,198.89			8,710.32	18 2a1	
50052	Food Supplements	1,232.60	4,208.77			5,441.37	18 2a1	
50053	Enteral Feeding Supplies	0.00	0.00			0.00	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	2,017.49	3,908.05			5,925.54	10 A8b	
55002	Salaries - Laundry Supervisor	0.00	0.00			0.00	10 A8a	
55004	Salaries - Laundry - Light Duty	0.00	0.00			0.00	10 A8b	
55030	Purchased Service - Laundry	16,103.85	41,292.46	2,750.20		60,146.51	19 4b	
55031	Personal Laundry	0.00	0.00			0.00	19 3b	
55035	Linen & Bedding Supplies	3,258.77	3,026.12			6,284.89	19 3a4	
55036	Equipment Lease Laundry	0.00	0.00			0.00	19 3d	
55040	Laundry Supplies	431.58	1,340.69			1,772.27	19 3a1	
60001	Salaries - Housekeeping	26,382.82	65,902.28	7,383.43	(11,230.79)	88,437.74	10 A6b	
60002	Salaries - Housekeeping Supervisor	0.00	0.00			0.00	10A6a	
60003	Salaries - Housekeeping - Light Duty	0.00	0.00			0.00	10 A6b	
60030	Purchased Services - Housekeeping	0.00	0.00			0.00	20 4b	
60035	Supplies - Housekeeping	5,224.83	14,701.67			19,926.50	20 4a	
65001	Salaries - Recreation	14,123.75	38,786.76	1,554.38	(2,671.66)	51,793.23	10 A12h	
65030	Supplies - Recreation	1,072.64	4,616.53	25.63		5,714.80	20 5i	
65035	Other Expenses - Recreation	5,850.60	17,640.54			23,491.14	20 5i	
70010	Medical Director	11,541.67	31,500.00			43,041.67	13 B8a	
70011	Medical Staff/URC Meeting	0.00	0.00			0.00	13 B8b	
70012	Other Physician Fees	0.00	0.00			0.00	13 B8e	
70015	Pharmacist Fees	2,251.44	6,937.20			9,188.64	13 B3	
70025	Prescription Drugs Only	0.00	0.00			0.00	N/A	
70030	Personal Laundry	2,566.41	6,183.79		(2,750.20)	6,000.00	19a3	
70035	Dental Service	1,602.00	4,806.00			6,408.00	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	0.00	0.00			0.00	13 5a	
70048	Purchased Services - Speech Therapist	0.00	0.00			0.00	13 B9a	
70049	Purchased Services - Occupational Therapist	0.00	6,839.81			6,839.81	13 B10a	28 #6
70050	Inactive	0.00	0.00			0.00	N/A	
70052	Rehab. Services Supplies	101.00	5,989.77			6,090.77	20 5j	29 # 34
70060	Salaries - Rehab Director	23,318.47	69,814.12	3,417.89	(686.83)	95,863.65	10 A12e	
70062	Salaries - Therapy Technicians	0.00	0.00			0.00	10 A12e	
70065	Salaries - Physical Therapy Assistant	17,721.61	40,140.80	1,266.46	(2,122.75)	57,006.12	10 A12e	
70066	Salaries - Per Diem PT Assistant	187.50	16,300.50			16,488.00	10 A12e	
70067	Salaries - Physical Therapist	22,026.16	59,143.75			81,169.91	10 A12e	
70068	Salaries - Per Diem Physical Therapist	5,376.07	17,668.13			23,044.20	10 A12e	
70070	Salaries - Certified Occupational Therapist	506.37	2,240.66			2,747.03	10 A12g	28 #3
70071	Salaries - Per Diem Certified OT	2,784.39	12,724.75			15,509.14	10 A12g	28 #3
70072	Salaries - Occupational Therapist	38,669.23	80,527.57	6,955.58	(4,600.26)	121,552.12	10 A12g	28 #3
70073	Salaries - Per Diem Occupational Therapist	609.64	12,167.20			12,776.84	10 A12g	28 #3
70075	Salaries - Speech Therapist	3,026.68	30,683.30	3,713.85		37,423.83	10 A12f	
70076	Salaries - Per Diem Speech Therapist	5,191.00	1,237.50			6,428.50	10 A12f	
71050	User Fee	68,526.05	215,288.00			283,814.05	15 1k3	
76000	Interest	0.00	1,076.34			1,076.34	27 12D	29 #49
78010	Salaries - Owner	3,409.00	0.00			3,409.00	36 G1	
79010	Depreciation of Non Moveable Equipment	231.13	769.08		(1,000.21)	0.00	22 7c	
79011	Depreciation of Moveable Equipment	5,108.69	15,908.51	226.89		21,244.09	22 7d	
79015	Depreciation of Auto & Truck	0.00	0.00			0.00	31B7	
79025	Amortization of Leasehold Improvements.	9,054.17	26,771.67		(755.89)	35,069.95	22 8a	
82010	CT State Income Tax	0.00	250.00			250.00	15 j1	
82050	Provider Specific Tax	0.00	0.00			0.00	15j1	

\$355,844.32 (355,844.32)

Variance (must be \$0.00) 0.00

Total Assets 2,104,346.61  
Total Liabilities (2,414,166.73)

**Total Revenue** (5,690,638.39)  
**Total Expenses** 6,085,831.99

Analysis Accounts		Cost Report References	
		Report Page/Line #	Self Disallow Page/Line #
<b>35098 Misc. Income - Other</b>	<b>1,185.82</b>		
Meal Revenue		30 IV 1	28 #24
Account W/O	0.00	30 IV 4	29 #43
Medical Supply refund	0.00		
Interest ABC /BC/CT Care	68.27		
Optimum QT Div Payment	1,125.00		
Fed Employee Withholding	16.59		
State Withholding	1.34		
Fica	25.34		
Medical Records	17.55	30 IV 8	
State of CT Provider Tax Refund			
<b>Total Misc. Income - Other</b>	<b>1,254.09</b>		
<b>41001 Salaries - Administrator</b>	<b>105,989.04</b>		
Administrator	105,989.04	10 A2	
Asst Administrator/AIT	0.00	10 A3	
<b>Total Administrator</b>	<b>105,989.04</b>		
<b>41025 Employee Benefits</b>	<b>11,430.20</b>		
Holiday Parties	4,002.00	16 12	
Employee gifts/ recognition	7,428.20	16 13	28 #23 2
<b>Total Employee Benefits</b>	<b>11,430.20</b>		
<b>41037 Consulting Fees - Other</b>	<b>7,190.00</b>		
Social Worker	0.00	13 B3	
Data Integrity Auditor	3300	13 B12	
Purchasing Consultant	2053		
Admissions Discharge Consultant	1837		
<b>Total Consulting Fees - Other</b>	<b>7,190.00</b>		
<b>45041 Purchase Service - Other</b>	<b>8,779.76</b>		
Pharmacy Consult	8,779.76	16 m13	28 #23 5
Wound Consultant		16 m13	28 #23 6
<b>Total Consulting Fees - Other</b>	<b>8,779.76</b>		
<b>41090 Misc. Expense</b>	<b>63.27</b>		
Resident Expenses	0.00		28 #23 5
Prior Period Adj/Account W/O	63.27		28 #23 6
Settlement	0.00		
State Penalty	0.00		
User Fee Audit Expense	0.00		
SUTA Tax	0.00		
<b>Total Misc. Expense</b>	<b>63.27</b>		
<b>70012 Physician Fees</b>	<b>0.00</b>		
Psychiatrist	0.00	13 B8de	
Eye Doctor	0.00	13 B8de	
<b>Total Physician Fees</b>	<b>0.00</b>		
<b>41041 Advertising - Public Relations</b>	<b>19,860.38</b>		
Public Relations	19,860.38	16 m3	28 #18
Directory Advertising	0.00		
<b>Total Advertising - Public Relations</b>	<b>19,860.38</b>		
<b>41052 Telephone</b>	<b>13,284.65</b>		
Telephone & Beepers	13,284.65	15 1h1	
Cell Phones	0.00	15 1h2	
<b>Total Telephone</b>	<b>13,284.65</b>		
<i>(check G/L account 41052 for possible cell or beeper reclass J/E)</i>			
<b>41039 Dues &amp; Membership</b>	<b>4,953.40</b>		
Dues & Membership	4,643.40	16 m8	
Chamber of Commerce	310.00	16 m8a	28 #23 3
<b>Total Dues &amp; Membership</b>	<b>4,953.40</b>		
<i>(most homes should have, may need to check other accounts)</i>			

**Apple Rehab Avon  
Cost Year 2017**

J/E #	DB	AMOUNT	ACCOUNT TITLE	CR	AMOUNT	Reverse CY 2017
1	41045	5.73	Supplies - Medical Records			
	41050	7.05	Office Supplies & Printing			
	41061		Maintenance & Repair Supplies			
	41066	64.49	Refuse Removal / Recyclables			
	45045	2.22	Nursing Station Supplies			
	45050	3.64	Medica Supplies			
	45052	176.24	Medical Equipment Purchases			
	65030	25.63	Supplies - Recreation			
			Sales Tax	41086	285.00	
			<b>Allocate Sales Tax</b>			
2	20601	89,918.06	Accrued PTO			
			Salaries - Clerical	41002	3,114.38	
			Salaries - Accounting	41003	3,882.81	
			Salaries - Social Service	41004	1,214.30	
			Salaries - Maintenance	41006	3,355.60	
			Salaries - RN	45001	16,176.49	
			Salaries - LPN	45002	8,631.19	
			Salaries - CNA	45003	7,867.68	
			Salaries - DNS	45005	5,458.64	
			Salaries - Infection Control	45010		
			Salaries - Nursing Administration	45011		
			Salaries - MDS	45017	483.21	
			Salaries - Dietitians	50001		
			Salaries - Chef, Cooks	50002	8,780.08	
			Salaries - Dietary Aid, Dishwasher	50003	7,231.21	
			Salaries - Food Service Suprv	50004	5,606.35	
			Salaries - Laundry	55001		
			Salaries - Housekeeping	60001	8,963.49	
			Salaries - Housekeeping Supervisor	60002		
			Salaries - Recreation	65001	1,742.79	
			Salaries - Rehab Director	70060	686.83	
			Salaries - PT Tech	70062		
			Salaries - Physical Therapy Assistant	70065	2,122.75	
			Occup Therapist	70072	4,600.26	
			<b>Reverse 12/17 PTO Accrual</b>			
3	41002	3,994.01	Salaries - Clerical			
3	41003	3,538.30	Salaries - Accounting			
3	41004	1,452.63	Salaries - Social Service			
3	41006	3,659.53	Salaries - Maintenance			
3	45001	22,965.53	Salaries - RN			
3	45002	6,358.37	Salaries - LPN			
3	45003	14,194.39	Salaries - CNA			
3	45004		Salaries - ADNS			
3	45005		Salaries - DNS			
3	45010		Salaries - Infection Control			
3	45011		Salaries - Nursing Admin			
3	45017		Salaries - MDS			
3	50001		Salaried - Dietician			

3	50002	8,905.46	Salaries - Chef, Cooks			
3	50003	7,148.76	Salaries - Dietary Aid, Dishwasher			
3	50004	5,234.48	Salaries - Food Service Suprv			
3	55001		Salaries - Laundry			
3	60001	7,383.43	Salaries - Housekeeping			
3	60002		Salaries - Housekeeping Supervisor			
3	65001	1,554.38	Salaries - Recreation			
3	70060	3,417.89	Salaries - Rehab Director			
3	70062		Salaries - PT Tech			
3	70065	1266.46	Salaries - Physical Therapy Assistant			
3	70072	6955.58	Occup Therapist			
3	70075	3713.85	Salaries - Speech Therapist			
			Accrued PTO	20601	101,743.05	
			<b>Accrue 9/30/17 PTO</b>			
4	41027	323.25	Corporate Management Fee			
4			Due Affiliate - Corporate	20200	323.25	
			<b>Allocate Interest Income</b>			
5	41001	21,946.21	Salaries - Administrator			
			Accrued PTO	20200	21,946.21	
			<b>Accrue Administrator PTO 9/17</b>			
6	41028	2,733.00	Healthport Indirect			
6			Purchased Services - HPS (RN-CCNH)	45022	2,733.00	
6			<b>Reclass</b>			
6						
6	55030	2,750.20	Purchased Service - Laundry			
6			Personal Laundry	70030	2,750.20	
			<b>Reclass</b>			
7	15502	161.65	ME			CARRY
7	15502	3,698.59	ME			CARRY
7			LHI	16501	161.65	CARRY
7			LHI	16501	3,698.59	CARRY
7	15502	535.39	ME			CARRY
7			RE	28000	535.39	CARRY
7	15502	3,280.00	ME			CARRY
7			RE	28000	3,280.00	CARRY
			<b>ALLOCATE PAYROLL EQUIPMENT</b>			
7						
7	15502	11,937.82	ME			CARRY
7			LHI	16501	11,937.82	CARRY
			<b>RECLASS CARRY CR</b>			
7	16501	12,083.00	LHI			CARRY
7			RE	28000	12,083.00	CARRY
			<b>RECLASS</b>			
7	16501	30.90	LHI			CARRY
7			RE	28000	30.90	CARRY
			<b>ADJUST FOR PRIOR YEARS</b>			
8			Acc. Amortization Leasehold Imp.	17005	22,226.00	
8			Acc Dep - Non Moveable Equip	17001	2,751.61	
8			Acc. Depreciation Moveable Equipment	17002	47,910.98	
8	28000	72,888.59	Retained Earnings			
8						

8	79011	226.89	Depreciation of Moveable Equipment		
8	17001	1,000.21	Acc Dep - Non Moveable Equip		
8	17005	755.89	Acc. Amortization Leasehold Imp.		
8			Depreciation of Non Moveable Equipment	79010	1,000.21
8			Amortization of Leasehold Improvements.	79025	755.89
8			Acc. Depreciation Moveable Equipment	17002	226.89
			<b>Balance A/D &amp; Dep</b>		
9	20501	28,605.48	Accrued Payroll		
9			Salaries - Clerical	41002	472.28
9			Salaries - Accounting	41003	818.21
9			Salaries - Maintenance	41006	755.14
9			Salaries - RN	45001	2,995.83
9			Salaries - LPN	45002	3,054.23
9			Salaries - Aids	45003	11,614.50
9			Salaries - D.O.N	45005	1,108.00
9			Salaries - MDS Coordinator	45017	569.69
9			Salaries - Chefs, Cooks	50002	1,254.19
9			Salaries - Helpers, Dishwashers	50003	2,131.24
9			Salaries - Food Service Supervisor	50004	636.00
9			Salaries - Housekeeping	60001	2,267.30
9			Salaries - Recreation	65001	928.87
			<b>Accrue Wage Enhancement</b>		
10	45003	615.31	Salaries - CNA		
10			Salaries - Nursing Admin	45011	615.31
10	50001	257.56	Salaried - Dietician		
10			Salaries - Dietary - Light Duty	50005	257.56
			<b>To Adjust for Salary variances</b>		
11	35098	68.27	Misc Income		
11			Interest Income	36001	68.27
			<b>Reclass</b>		
		355,844.32	<b>TOTALS</b>		355,844.32

Trial Balance	355,844.32	0	355,844.32
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Variance	0.00	0.00
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Facility: Apple Rehab Avon  
 Cost Yea 9/30/2017  
 Reconciliation of Revenue, Expenses, Balance Sheet

	<u>Expenses</u>	<u>Revenue</u>	<u>Assets</u>	<u>Liabilities</u>
Per Trial Balance	6,085,832	5,690,638	2,104,347	2,414,167
Per Cost Report	6,082,423	5,690,639	4,095,066	4,404,886
<b>Difference</b>	<b>3,409</b>	<b>(0)</b>	<b>1,990,719</b>	<b>(1,990,719)</b>
21035-21060 - Payroll W/H			3,066	(3,066)
10401-10403 Exchange				
35098- Meal Revenue				
20110- A/P-Patient Exchange				
20200- Due Affiliate			1,987,653	(1,987,653)
78010 - Owners Salary	3,409			
13002 - Prepaid Ins				
<b>Difference</b>	<b>3,409</b>	<b>0</b>	<b>1,990,719</b>	<b>(1,990,719)</b>
	(0)	(0)	-	-



**AR Avon**  
**Fixed Asset Schedule**  
**9/30/2017**

Asset Class ID	Asset ID	Asset Description	Place in Service Date	Cost Basis	LTD Depreciation Amount	Net Book Value	YTD Depreciation Amount	
							10/1/16 - 12/31/16	1/1/17 - 9/30/17
<b>Non Moveable Equipment</b>								
NME-10	0109012	install new compressor on cooler (H&H R	6/1/2007	1,007.00	1,007.00	-	25.19	151.05
NME-10	0109013	convection gas oven (Triple A)	5/1/2009	6,692.42	5,521.23	1,171.19	167.31	501.93
NME-10	0109563	Mixing Valve - Eyewash station	5/17/2011	963.51	602.20	361.31	24.08	72.27
NME-10	0109564	Wall Mounted Eyewash and Bowl	5/9/2011	583.82	364.92	218.90	14.55	43.83
<b>Non Moveable Equipment as of 09/30/17</b>				<b>9,246.75</b>	<b>7,495.35</b>	<b>1,751.40</b>	<b>231.13</b>	<b>769.08</b>
<b>Total Depreciation 10/1/16 - 9/30/17</b>								1,000.21
<b>Cost Report Adjustments</b>								
				\$0.00				\$0.00
				\$0.00				\$0.00
<b>Adjusted Balance 9/30/17</b>				<b>\$9,246.75</b>				<b>1,000.21</b> Fully Depreciated
Prior Period				\$9,246.75				\$1,000.21 Per Cost Report
Retired				\$0.00				\$0.00
Current Period				\$0.00				\$0.00

Asset Class ID	Asset ID	Asset Description	Place in Service Date	Cost Basis	LTD Depreciation Amount	Net Book Value	YTD Depreciation Amount	
							10/1/16 - 12/31/16	1/1/17 - 9/30/17
<b>Moveable Equipment</b>								
ME-8	0109039	VaporLux 4000 (Vapor Clean of Connecticu	3/1/2000	1,796.70	1,796.70	-	-	-
ME-7	0112026	Bladder Scanner	5/3/2012	9,790.97	7,343.24	2,447.73	349.67	1,049.04
ME-7	0112028	ekg machine	7/6/2012	2,349.27	1,761.98	587.29	83.88	251.73
ME-7	0115067	NEW PROBE BLADDER SCAN (MEDLINE)	2/18/2015	2,850.18	916.12	1,934.06	101.80	305.37
ME-5	0109019	Holloway's(Air Conditioner)	7/1/1994	572.35	572.35	-	-	-
ME-5	0109020	Avon Appliance(Air Conditioner)	7/1/1994	1,038.80	1,038.80	-	-	-
ME-5	0109021	Huntco(Beds)	10/1/1994	126.29	126.29	-	-	-
ME-5	0109022	Huntco(Beds)	10/1/1994	12,599.16	12,599.16	-	-	-
ME-5	0109023	REFRIGERATOR (AVON APPLIANCE)	2/1/1995	635.95	635.95	-	-	-
ME-5	0109024	AIR CONDITIONER (AVON APPLIANCE)	3/1/1995	551.15	551.15	-	-	-
ME-5	0109025	WHEELCHAIR - LOW DESK ARM (RED LINE)	12/1/1996	615.00	615.00	-	-	-
ME-5	0109027	60 bedspreads (Victor Rome Contract Furn	8/1/2001	3,784.20	3,784.20	-	-	-
ME-5	0109028	site survey/network upgrade (Preferred C	5/1/2005	349.80	349.80	-	-	-
ME-5	0109029	network upgrade (A&F Networking, Inc.)	9/1/2005	7,083.98	7,083.98	-	-	-
ME-5	0109030	Kyocera Mita KM3530 and 2530 copiers (Ad	3/1/2006	5,194.00	5,194.00	-	-	-
ME-5	0109031	Express Think Centre/monitor (PC Connect	6/1/2006	890.47	890.47	-	-	-
ME-5	0109032	wireless pocket adapters (Tech Depot)	6/1/2008	70.38	70.38	-	-	-
ME-5	0109033	52" LCD TV and nintendo wii (Kaplan Comp	8/1/2009	2,117.88	2,117.88	-	-	-
ME-5	0109034	32" LCD TVs (Kaplan Computers)	11/1/2009	2,088.16	2,088.16	-	-	-
ME-5	0109536	Bedspreads	4/24/2010	1,038.80	1,038.80	-	-	-
ME-5	0109544	LCD TVs	12/28/2010	5,908.38	5,908.38	-	-	-
ME-5	0109550	Floor Buffer	12/1/2009	2,015.55	2,015.55	-	-	-
ME-5	0109561	Scanner	4/11/2011	168.74	168.74	-	-	-
ME-5	0109565	Mattress	6/28/2011	896.75	896.75	-	-	-
ME-5	0109574	Notebook Computer (CDW Government)	9/14/2011	260.63	260.63	-	-	-
ME-5	0109578	Photo ID Badge Printing Kit	9/27/2011	1,453.81	1,453.81	-	-	-

ME-5	0109579	Nursing Station Computer	4/26/2011	332.93	332.93	-	-	-
ME-5	0109582	Bedspreads	3/2/2011	3,052.80	3,052.80	-	-	-
ME-5	0113034	Secondary Internet and Wifi(JKS Systems)	1/31/2013	3,003.32	2,552.85	450.47	150.12	450.54
ME-5	0113034A	Secondary Internet and Wifi(Labor)	1/31/2013	2,333.10	1,983.18	349.92	116.61	350.01
ME-5	0113045	17" Floor Scrubber	11/25/2013	4,878.73	4,146.91	731.82	243.96	731.79
ME-5	0114055	MA 65 MATTRESS COVER TOP (INVACARE)	2/28/2014	1,290.99	839.18	451.81	64.52	193.68
ME-5	0114056	MA65 MATTRESS (INVACARE)	3/17/2014	1,368.72	889.64	479.08	68.45	205.29
ME-5	0114057	MATTRESS MA 65 36" (INVACARE)	4/30/2014	1,368.71	889.64	479.07	68.45	205.29
ME-5	0115071	9 Kiosks for POC Implementation	11/26/2015	12,873.67	5,793.14	7,080.53	643.69	1,931.04
ME-20	0114053	CHART RACK MOBILE	1/13/2014	2,157.11	350.56	1,806.55	26.95	80.91
ME-15	0109179	60 automatic overbed tables (Claflin)	8/1/2001	5,835.76	5,835.76	-	-	-
ME-15	0109180	12 motor/17 basic beds (Invacare Continu	9/1/2001	16,065.41	16,065.41	-	-	-
ME-15	0109181	56 head/foot boards (Invacare Continuing	9/1/2001	5,200.00	5,200.00	-	-	-
ME-15	0109182	residents furniture (Claflin)	10/1/2001	33,801.88	33,801.88	-	-	-
ME-15	0109183	dining room table & chairs (Kwalu, Inc.)	12/1/2001	27,211.80	27,211.80	-	-	-
ME-15	0109184	sales tax audit adjustment	1/1/2003	3,875.21	3,681.48	193.73	64.58	193.77
ME-15	0109185	hi lo table and pulley weight system (Sa	3/1/2009	3,199.03	1,759.45	1,439.58	53.34	159.93
ME-15	0109186	wardrobe cabinets (Farmington Displays,	4/1/2009	3,922.00	2,157.13	1,764.87	65.36	196.11
ME-15	0109187	wardrobe cabinets (Farmington Displays,	4/1/2009	8,003.00	4,401.62	3,601.38	133.39	400.14
ME-15	0109188	wardrobe cabinets (Farmington Displays,	5/1/2009	4,134.00	2,273.73	1,860.27	68.87	206.73
ME-15	0109189	cross trainer (NuStep)	6/1/2009	3,867.00	2,126.82	1,740.18	64.48	193.32
ME-15	0109190	30 nightstands, 20 headboards/footboards	7/1/2009	11,861.40	6,523.80	5,337.60	197.66	593.10
ME-15	0109191	9 six drawer dressers (Farmington Displa	7/1/2009	6,212.66	3,416.94	2,795.72	103.59	310.59
ME-15	0109192	arm chairs (Kwalu)	12/1/2009	13,172.00	7,244.60	5,927.40	219.51	658.62
ME-15	0109519	Square Table Top	3/2/2010	2,016.51	974.60	1,041.91	33.63	100.80
ME-15	0109520	Delivery Charges - Square Table Top	3/16/2010	155.62	75.15	80.47	2.63	7.74
ME-15	0109521	Automatic Overbed Table	3/4/2010	3,469.80	1,677.10	1,792.70	57.80	173.52
ME-15	0109527	Dining Room Chairs (50% Dwnpmt)	5/11/2010	2,835.33	1,370.38	1,464.95	47.27	141.75
ME-15	0109529	Dining Room Tables Downpmt	7/22/2010	756.00	365.40	390.60	12.60	37.80
ME-15	0109530	Dining Room Chairs - Final Payment	8/26/2010	2,812.71	1,359.49	1,453.22	46.84	140.67
ME-15	0109542	6 Wardrobe units, 3 six drawer dressers	12/10/2010	7,268.42	3,513.06	3,755.36	121.14	363.42
ME-15	0109559	Table Bases	3/22/2011	625.86	260.78	365.08	10.40	31.32
ME-15	0109573	Single Wardrobe	7/8/2011	747.64	311.47	436.17	12.49	37.35
ME-15	0112031	Extended Low Bed(Specialty Med Equip.)	11/30/2012	1,495.30	523.39	971.91	24.90	74.79
ME-15	0114058	( 2 ) HEADBOARD/FOOTBOARDS (FDI)	4/14/2014	402.00	87.07	314.93	6.73	20.07
ME-15	0114059	(2) HEAD/FOOT BRDS (4) NIGHT TABLES(FDI)	4/14/2014	2,582.18	559.52	2,022.66	43.00	129.15
ME-12	0109159	McCabe(Desk)	4/1/1994	1,022.90	1,022.90	-	-	-
ME-12	0109161	Aking(Furniture)	7/1/1994	1,401.45	1,401.45	-	-	-
ME-12	0109165	Huntco(Furniture)	9/1/1994	1,787.63	1,787.63	-	-	-
ME-12	0109166	Bassett(Furniture)	9/1/1994	1,008.04	1,008.04	-	-	-
ME-12	0109167	Aking(Furniture)	10/1/1994	6,544.21	6,544.21	-	-	-
ME-12	0109168	Penney(Furniture)	11/1/1994	675.69	675.69	-	-	-
ME-12	0109169	Huntco(Furniture)	11/1/1994	2,429.52	2,429.52	-	-	-
ME-12	0109170	30 electric beds (Direct Supply)	5/1/2009	22,903.21	15,745.95	7,157.26	477.15	1,431.45
ME-12	0109171	electric bed (Direct Supply)	10/1/2009	1,402.87	964.48	438.39	29.25	87.66
ME-12	0109523	Electric Bed	4/27/2010	972.98	587.86	385.12	20.24	60.84
ME-12	0109533	Electric Bed with Assist Rail	10/6/2010	935.88	565.44	370.44	19.49	58.50
ME-12	0113041	Bed with end boards	7/31/2013	1,277.93	452.55	825.38	26.66	79.83
ME-12	0114063	CS3 ELECTRIC LOW BED (INVACARE)	5/21/2014	1,438.29	389.56	1,048.73	29.95	89.91
ME-12	0114065	BED ELECTRIC LOW (INVACARE)	8/29/2014	1,262.85	342.03	920.82	26.31	78.93
ME-12	0114066	BED ELECTRIC LOW (INVACARE)	8/23/2014	1,114.28	301.81	812.47	23.20	69.66

ME-12	0115068	Electric Bed(First Choice Medical)	6/17/2015	1,029.47	193.03	836.44	21.44	64.35
ME-12	0115069	Electric Bed(Invacare)	7/31/2015	2,644.51	495.81	2,148.70	55.14	165.24
ME-12	0116072	2 Microair Electric Beds	2/17/2016	1,376.86	143.41	1,233.45	16.48	86.04
ME-10	0109117	UNITED REST (SLICER)	1/1/1992	1,199.04	1,199.04	-	-	-
ME-10	0109120	Ladd Cont(Furniture)	5/1/1993	592.84	592.84	-	-	-
ME-10	0109121	McCabe(Desk)	12/1/1993	983.68	983.68	-	-	-
ME-10	0109122	Red Line(Wheelchair Scale)	3/1/1994	1,681.57	1,681.57	-	-	-
ME-10	0109123	Avon(Washer)	4/1/1994	1,351.39	1,351.39	-	-	-
ME-10	0109124	Bissell(Portable Whirlpool)	9/1/1994	852.00	852.00	-	-	-
ME-10	0109125	United(Refrigerator)	11/1/1994	3,922.00	3,922.00	-	-	-
ME-10	0109126	PATIENT LIFT (ARJO)	3/1/1997	4,664.00	4,664.00	-	-	-
ME-10	0109127	PLATE WARMER (UNITED EAST)	5/1/1997	1,409.80	1,409.80	-	-	-
ME-10	0109128	OVERSIZED WHEELCHAIR (SCALE-TRONICS)	6/1/1997	2,730.25	2,730.25	-	-	-
ME-10	0109129	WASHER BOOSTER (BETTER BRANDS)	1/1/1998	742.00	742.00	-	-	-
ME-10	0109130	WHEELCHAIR RECLINING(ALPHA-MED)	7/1/1998	620.00	620.00	-	-	-
ME-10	0109132	Telephone system (Multicomm)	11/1/1999	5,958.26	5,958.26	-	-	-
ME-10	0109133	Accumax mattress (Red Line Medical Suppl	1/1/2000	1,144.80	1,144.80	-	-	-
ME-10	0109134	beverage cooler (United East Foodservice	1/1/2000	1,966.30	1,966.30	-	-	-
ME-10	0109135	2 dr freezer (United East Foodservice Su	2/1/2000	3,015.70	3,015.70	-	-	-
ME-10	0109136	refrigerator compressor (H&H Refrigerati	4/1/2000	800.30	800.30	-	-	-
ME-10	0109137	patient lift (Invacare Continuing Care G	9/1/2000	1,144.80	1,144.80	-	-	-
ME-10	0109138	mechanical lift (ARJO)	10/1/2000	3,484.82	3,484.82	-	-	-
ME-10	0109139	patient lift (ARJO, Inc.)	8/1/2001	4,683.55	4,683.55	-	-	-
ME-10	0109140	20qt counter mixer (TriMark United East)	11/1/2001	2,098.80	2,098.80	-	-	-
ME-10	0109141	ice maker (TriMark United East)	3/1/2002	1,770.20	1,770.20	-	-	-
ME-10	0109142	install hand scanner (Precision Electric	7/1/2002	699.60	699.60	-	-	-
ME-10	0109143	35 prints (Architectural Woodworking)	9/1/2003	3,302.60	3,302.60	-	-	-
ME-10	0109144	osize wheelchair scale (Scale-Tronix, In	3/1/2004	2,972.00	2,972.00	-	-	-
ME-10	0109145	reach-in fridge (TriMark United East)	9/1/2004	1,827.44	1,827.44	-	-	-
ME-10	0109146	East Wing lounge couch (KWALU, Inc.)	5/1/2005	1,055.60	1,055.60	-	-	-
ME-10	0109147	dishwasher booster (HPC Foodservice)	5/1/2005	1,872.86	1,872.86	-	-	-
ME-10	0109148	freezer compressor (H&H Refrigeration, I	1/1/2006	1,908.00	1,908.00	-	-	-
ME-10	0109149	sofa (Victor Rome)	1/1/2007	1,025.20	1,025.20	-	25.66	51.26
ME-10	0109150	steamtable (HPC Foodservice)	9/1/2008	1,919.93	1,775.92	144.01	47.99	144.00
ME-10	0109151	muscle stim machine (Sammons Preston)	12/1/2008	4,010.93	3,710.05	300.88	100.31	300.78
ME-10	0109152	parallel bars (Sammons Preston)	2/1/2009	5,638.73	4,651.94	986.79	140.96	422.91
ME-10	0109153	2 piece balance beam (Sammons Preston)	2/1/2009	78.34	64.58	13.76	1.98	5.85
ME-10	0109154	folding mat, revolving stool (Sammons Pr	2/1/2009	531.39	438.42	92.97	13.27	39.87
ME-10	0109155	curb and ramp training set (Sammons Pres	3/1/2009	1,228.11	1,013.15	214.96	30.74	92.07
ME-10	0109156	weight rack w/ mirror (Sammons Preston)	3/1/2009	1,461.06	1,205.44	255.62	36.49	109.62
ME-10	0109157	refrigerator (Sid Miller's Appliance)	12/1/2009	444.60	366.84	77.76	11.07	33.39
ME-10	0109516	Arjo Lift with Scale	2/24/2010	5,195.40	3,766.71	1,428.69	129.84	389.70
ME-10	0109518	AED Machine	12/2/2009	1,505.52	1,242.08	263.44	37.60	112.95
ME-10	0109525	Mattress	4/27/2010	931.27	675.18	256.09	23.29	69.84
ME-10	0109526	Mattress	5/21/2010	931.27	675.18	256.09	23.29	69.84
ME-10	0109528	Mattress	6/28/2010	931.27	675.18	256.09	23.29	69.84
ME-10	0109551	Folding Mat, revolving stool 2nd pmt.	12/1/2009	1,246.27	1,028.23	218.04	31.12	93.51
ME-10	0109552	bariatric platform mat	12/1/2009	3,286.00	2,710.92	575.08	82.18	246.42
ME-10	0109558	Stackable washer / electric dryer	2/15/2011	1,091.80	682.39	409.41	27.28	81.90
ME-10	0109572	Refrigerator Compressor	3/24/2011	1,272.00	795.00	477.00	31.80	95.40
ME-10	0112003	Sara 3000 Patient Lifter	2/14/2012	4,556.22	2,392.02	2,164.20	113.89	341.73

ME-10	0112006	Hot Food Table	2/29/2012	2,492.57	1,308.60	1,183.97	62.33	186.93
ME-10	0115070	Payroll System Upgrade-Time Clocks	3/19/2015	1,233.02	277.47	955.55	30.78	92.52
ME-10	0115070A	Payroll System Upgrade-Time Clocks	3/19/2015	1,196.44	269.19	927.25	29.91	89.73
ME-10	0117079	Reach-In 2 Door Refrigerator	9/8/2017	4,093.41	41.66	4,051.75		41.66

**Moveable Equipment as of 09/30/17** **428,419.47**      **341,183.85**      **87,235.62**      **5,108.69**      **15,379.51**

**Total Depreciation 10/1/16 - 9/30/17** **20,488.20**

**Cost Report Adjustments**

	Footboards 2011 from LHI	\$1,877.05	\$0.00
	Curtain/Table from LHI	\$10,060.77	\$0.00
	Sales Tax on Fixed Asset	\$535.39	\$0.00
	Payroll Equipment	\$3,280.00	\$0.00
112023	Glass Mirror for Shower Room	\$161.65	\$16.17
112027	emergency generator-replace (adv power)	\$3,698.59	\$739.72
	<b>Adjusted Balance 9/30/2017</b>	<b>448,032.92</b>	<b>\$21,244.09</b>
	Prior Period	\$443,939.51	\$21,202.43
	Prior Period	\$0.00	\$0.00
	Current Period	4,093.41	41.66

**Leasehold Improvements**

LHI-20	0109385	JOHN ERBERLE	12/1/1982	2,500.00	2,500.00	-	-
LHI-20	0109386	MINER LUMBER	1/1/1983	1,247.31	1,247.31	-	-
LHI-10	0109254	CARPENTRY & HALLWAY FIXTR.	1/1/1983	14,413.10	14,413.10	-	-
LHI-20	0109387	BUILDERS HARDWARE	2/1/1983	6,197.38	6,197.38	-	-
LHI-10	0109255	FIRE ALARM(HORTON)	2/1/1983	5,400.00	5,400.00	-	-
LHI-20	0109391	RAMSGATE DOOR	4/1/1983	857.85	857.85	-	-
LHI-20	0109392	ELECTRICAL,CARPENTRY	4/1/1983	5,000.00	5,000.00	-	-
LHI-20	0109393	MINER LUMBER	4/1/1983	1,141.19	1,141.19	-	-
LHI-10	0109256	SPRINKLER SYSTEM	4/1/1983	1,950.00	1,950.00	-	-
LHI-10	0109258	CARPET & LIGHT FIXTURES	5/1/1983	3,339.09	3,339.09	-	-
LHI-20	0109400	DAIGLE CONTRACTORS	9/1/1983	5,650.00	5,650.00	-	-
LHI-20	0109402	MINER LUMBER	9/1/1983	7,507.98	7,507.98	-	-
LHI-20	0109403	ALLEN EXCAVATION	10/1/1983	2,129.00	2,129.00	-	-
LHI-20	0109404	MINER LUMBER-REC RM	10/1/1983	2,530.26	2,530.26	-	-
LHI-20	0109405	SKARET BUILDERS	10/1/1983	6,549.24	6,549.24	-	-
LHI-20	0109406	CLAY PRODUCTS(BRICK)	11/1/1983	2,558.50	2,558.50	-	-
LHI-20	0109407	HAAS SPRINKLER SYSTEM	11/1/1983	4,600.00	4,600.00	-	-
LHI-20	0109408	KURT JOHNSON(POUR FLOOR)	11/1/1983	950.00	950.00	-	-
LHI-20	0109409	MINER LUMBER	11/1/1983	2,729.38	2,729.38	-	-
LHI-20	0109410	WEST HTFD STAIRS	11/1/1983	1,065.00	1,065.00	-	-
LHI-20	0109411	BUILDERS HARDWARE	12/1/1983	1,694.90	1,694.90	-	-
LHI-20	0109412	MAC'S DRYWALL	12/1/1983	2,000.00	2,000.00	-	-
LHI-20	0109413	MINER LUMBER	12/1/1983	3,203.64	3,203.64	-	-
LHI-20	0109414	S.G. MASONRY(LABOR BRICK)	12/1/1983	4,135.00	4,135.00	-	-
LHI-20	0109416	K & M PLUMBING	1/1/1984	4,370.59	4,370.59	-	-
LHI-20	0109418	SUBURAN SANITATION	1/1/1984	1,998.67	1,998.67	-	-

LHI-20	0109421	MINER LUMBER	2/1/1984	1,418.31	1,418.31	-	-
LHI-20	0109427	MINER LUMBER	5/1/1984	873.08	873.08	-	-
LHI-20	0109428	MAC'S DRYWALL	5/1/1984	1,800.00	1,800.00	-	-
LHI-20	0109429	WALTER LINKOVICH	5/1/1984	760.15	760.15	-	-
LHI-20	0109430	JOHNSON CONCRETE	5/1/1984	1,100.00	1,100.00	-	-
LHI-10	0109261	CARPET(KENTCO)	8/1/1984	2,512.71	2,512.71	-	-
LHI-20	0109436	K & M PLUMBING	9/1/1984	12,572.07	12,572.07	-	-
LHI-10	0109262	HOT WATER TANK(AVON PLUMB)	6/1/1986	2,197.10	2,197.10	-	-
LHI-15	0109330	A.HORTON(INST FAN)	7/1/1987	540.24	540.24	-	-
LHI-15	0109331	C & G(EXHAUST FAN)	7/1/1987	780.00	780.00	-	-
LHI-20	0109437	RYKOFF-SEXTON(SINKS)	12/1/1987	1,196.18	1,196.18	-	-
LHI-20	0109438	AVON PLUMBING (SINKS)	1/1/1988	374.21	374.21	-	-
LHI-10	0109264	GAGNON FLOOR	9/1/1988	900.00	900.00	-	-
LHI-25	0109503	SUBURBAN (SEPTIC)	1/1/1989	7,180.88	7,180.88	-	-
LHI-25	0109504	STRAUSS (SEPTIC - PRE-	1/1/1989	2,047.50	2,047.50	-	-
LHI-20	0109439	(REPAIR VENT. SYSTEM)	3/1/1989	863.00	863.00	-	-
LHI-15	0109332	HORTON, AR (OUTSD LGHTPST)	3/1/1989	2,365.00	2,365.00	-	-
LHI-25	0109505	STRAUSS (SEPTIC SYSTEM)	7/1/1989	6,693.75	6,693.75	-	-
LHI-5	0109194	VICTOR ROME (DRAPERIES)	9/1/1989	2,037.90	2,037.90	-	-
LHI-25	0109506	SUBURBAN (SEPTIC SYSTEM)	9/1/1989	9,651.00	9,651.00	-	-
LHI-10	0109265	VICTOR ROME (WALLPAPER)	9/1/1989	1,253.30	1,253.30	-	-
LHI-25	0109507	SUBURBAN (SEPTIC SYSTEM)	11/1/1989	17,853.40	17,853.40	-	-
LHI-8	0109248	BUILDING)	7/1/1990	1,625.00	1,625.00	-	-
LHI-20	0109440	SUPERIOR (HEATG+COOLG SYS)	7/1/1990	28,295.08	28,295.08	-	-
LHI-20	0109441	SUPERIOR (HEATG+COOLG SYS)	9/1/1990	4,656.52	4,656.52	-	-
LHI-10	0109266	C&R (INSULATION)	11/1/1990	3,993.00	3,993.00	-	-
LHI-15	0109333	HUNTINGTON (GENERATOR)	2/1/1991	35,640.00	35,640.00	-	-
LHI-10	0109267	UNITED RESTURANT(RACK DOME LID)	3/1/1991	785.76	785.76	-	-
LHI-15	0109335	DELTA ENG. (ENGINEERING SVCS)	12/1/1991	279.25	279.25	-	-
LHI-25	0109508	EAGLE WATER(BASEMENT DRAINAGE)	2/1/1992	500.00	500.00	-	4.97
LHI-15	0109336	DELTA ENV.(ENGINEER SVC.)	2/1/1992	535.16	535.16	-	-
LHI-15	0109337	DELTA ENV.(ENGINEER SVC.)	2/1/1992	577.00	577.00	-	-
LHI-25	0109509	GRINNELL (SPRKLR SYS RPR)	5/1/1992	2,000.00	2,000.00	-	19.97
LHI-25	0109510	GRINNELL (SPRKLR SYS RPR)	5/1/1992	3,099.66	3,099.66	-	31.02
LHI-25	0109511	HORTON (SPRKLR SYS RPR)	5/1/1992	392.69	392.69	-	3.92
LHI-25	0109512	GRINNELL, F(PLUMBING RPRS)	6/1/1992	609.50	609.50	-	6.11
LHI-12	0109327	VIKSNES, G(SIGN PEDESTALS)	7/1/1992	785.00	785.00	-	-
LHI-10	0109269	SKARET (DRAWERS,BEDSIDE)	9/1/1992	2,940.00	2,940.00	-	-
LHI-10	0109270	VIKSNES,G(DRAWERS,BEDSIDE)	9/1/1992	252.00	252.00	-	-
LHI-15	0109338	Gunvall(Shower)	11/1/1992	677.00	677.00	-	-
LHI-15	0109339	Gunvall(Shower)	11/1/1992	760.00	760.00	-	-
LHI-5	0109203	Viksnes(Painting)	1/1/1993	1,050.00	1,050.00	-	-
LHI-5	0109204	Benson(Carpets)	1/1/1993	569.00	569.00	-	-
LHI-5	0109205	Brewster(PT Room)	1/1/1993	335.70	335.70	-	-
LHI-15	0109340	Viksnes(Carpentry)	1/1/1993	554.00	554.00	-	-
LHI-15	0109341	Medline(Lift from bed)	1/1/1993	692.13	692.13	-	-
LHI-5	0109206	DRG(Wallpapering)	2/1/1993	500.00	500.00	-	-
LHI-5	0109208	Classic(Painting/Carpentry)	2/1/1993	10,600.00	10,600.00	-	-
LHI-15	0109342	Window Sys(Windows)	2/1/1993	2,660.58	2,660.58	-	-
LHI-5	0109210	Ladd Cont(Miscellaneous)	4/1/1993	762.44	762.44	-	-
LHI-20	0109445	Precision(Electrical)	4/1/1993	780.31	780.31	-	-

LHI-20	0109446	Precision(Electrical)	4/1/1993	820.25	820.25	-	-
LHI-15	0109343	Viksnes(Carpentry work)	4/1/1993	1,767.00	1,767.00	-	-
LHI-15	0109344	Viksnes(Carpentry work)	4/1/1993	1,767.00	1,767.00	-	-
LHI-20	0109447	Stiland(Electical)	5/1/1993	689.00	689.00	-	-
LHI-10	0109271	Allied Roof(Roof)	5/1/1993	17,500.00	17,500.00	-	-
LHI-5	0109211	Window Sys(Curtains&Drapes)	6/1/1993	5,401.78	5,401.78	-	-
LHI-5	0109212	Window Sys(Curtains&Drapes)	6/1/1993	480.60	480.60	-	-
LHI-5	0109213	Classic Con't(Various)	6/1/1993	1,234.90	1,234.90	-	-
LHI-5	0109214	Classic Con't(Various)	6/1/1993	1,320.80	1,320.80	-	-
LHI-20	0109448	Szabo(Plumbing)	6/1/1993	763.94	763.94	-	-
LHI-20	0109449	Szabo(Plumbing)	6/1/1993	1,169.24	1,169.24	-	-
LHI-20	0109450	Stiland(Elect)	6/1/1993	848.00	848.00	-	-
LHI-20	0109451	Stiland(Elect)	6/1/1993	2,311.33	2,311.33	-	-
LHI-15	0109345	Classic(Carpentry)	6/1/1993	5,117.43	5,117.43	-	-
LHI-10	0109272	Allied Roof(Roof)	6/1/1993	17,723.87	17,723.87	-	-
LHI-10	0109274	Victor(Tracking)	9/1/1993	808.78	808.78	-	-
LHI-10	0109275	Precision(Nursing Station)	1/1/1994	564.98	564.98	-	-
LHI-10	0109276	Water damage - Net	1/1/1994	657.40	657.40	-	-
LHI-10	0109277	Classic(Nursing Station)	1/1/1994	4,669.25	4,669.25	-	-
LHI-10	0109278	Classic(Foyer)	2/1/1994	3,562.00	3,562.00	-	-
LHI-5	0109215	Classic(Sub Acute)	3/1/1994	15,000.00	15,000.00	-	-
LHI-5	0109216	Classic(Wallpaper)	4/1/1994	13,500.00	13,500.00	-	-
LHI-10	0109279	Precision(Foyer)	4/1/1994	1,577.61	1,577.61	-	-
LHI-10	0109280	Precision(Sub Acute)	4/1/1994	1,511.63	1,511.63	-	-
LHI-10	0109281	Brewster(Sub Acute)	4/1/1994	109.34	109.34	-	-
LHI-10	0109282	Brewster(Sub Acute)	4/1/1994	207.17	207.17	-	-
LHI-10	0109283	Gencorp(Sub Acute)	4/1/1994	287.35	287.35	-	-
LHI-5	0109217	Classic(Wallpaper)	5/1/1994	871.00	871.00	-	-
LHI-10	0109284	Sub Acute	5/1/1994	2,000.00	2,000.00	-	-
LHI-5	0109218	Brewster(Wallpaper)	6/1/1994	4,388.80	4,388.80	-	-
LHI-15	0109346	Kenyon (Architect)	6/1/1994	487.50	487.50	-	-
LHI-15	0109347	Classic(Door Handles)	6/1/1994	4,700.00	4,700.00	-	-
LHI-15	0109348	Classic(Grab Bars)	6/1/1994	4,346.00	4,346.00	-	-
LHI-15	0109349	Classic(Nursing Station)	6/1/1994	2,778.00	2,778.00	-	-
LHI-15	0109350	Classic(Sub Acute)	6/1/1994	1,776.00	1,776.00	-	-
LHI-10	0109286	Executive(Sub Acute)	7/1/1994	1,257.30	1,257.30	-	-
LHI-10	0109287	Design(Sub Acute)	7/1/1994	158.35	158.35	-	-
LHI-10	0109288	Aking (Sub- Acute)	9/1/1994	392.18	392.18	-	-
LHI-10	0109289	Executive(Sub Acute)	9/1/1994	826.80	826.80	-	-
LHI-10	0109290	Phoenix(Sub Acute)	9/1/1994	2,376.58	2,376.58	-	-
LHI-5	0109219	Sterling(Curtains)	10/1/1994	515.03	515.03	-	-
LHI-15	0109351	Muir(Lighting) - Net	10/1/1994	8,020.47	8,020.47	-	-
LHI-15	0109352	Classic(Carpenter Work)	11/1/1994	834.75	834.75	-	-
LHI-10	0109291	Sanford(Stairs)	11/1/1994	689.43	689.43	-	-
LHI-5	0109221	PAINTING ( VEARIL)	9/1/1995	1,170.00	1,170.00	-	-
LHI-5	0109222	PAINTING (VEARIL SERVICE) 10/12	10/1/1995	780.00	780.00	-	-
LHI-5	0109223	PAINTING (VEARIL SERVICE) 10/20	10/1/1995	585.00	585.00	-	-
LHI-5	0109224	PAINTING (VEARIL SERVICE) 10/27	10/1/1995	780.00	780.00	-	-
LHI-12	0109329	REPLACE CEILING ( CLASSIC)	10/1/1995	6,950.00	6,950.00	-	-
LHI-5	0109225	PAINTING (VEARIL SERVICE) 11/3	11/1/1995	760.00	760.00	-	-
LHI-5	0109226	PAINTING (VEARIL SERVICE) 11/10	11/1/1995	342.50	342.50	-	-

LHI-5	0109227	PAINTING (VEARIL SERVICE) 12/1	12/1/1995	120.00	120.00	-	-	-
LHI-5	0109228	PAINTING (VEARIL)	6/1/1996	7,173.75	7,173.75	-	-	-
LHI-10	0109292	DOOR ALARM DEP (PROTECTION)	9/1/1996	2,368.04	2,368.04	-	-	-
LHI-20	0109452	ELECTRIC PANEL (PRECISION)	2/1/1998	700.00	673.78	26.22	8.72	26.28
LHI-20	0109453	ELECTRIC PANEL (PRECISION)	2/1/1998	700.00	673.78	26.22	8.72	26.28
LHI-20	0109454	NURSE STATION W.WING(CLASSIC)	4/1/1998	6,566.00	6,319.79	246.21	82.06	246.24
LHI-15	0109353	DINING RM & LVG RM REN(CLASSIC)	4/1/1998	11,110.00	11,110.00	-	-	-
LHI-20	0109455	ELECTRIC PANEL (PRECISION)	5/1/1998	700.00	673.78	26.22	8.72	26.28
LHI-20	0109456	ELECTRIC PANEL (PRECISION)	6/1/1998	700.00	673.78	26.22	8.72	26.28
LHI-20	0109457	ELECTRIC PANEL (PRECISION)	7/1/1998	700.00	673.78	26.22	8.72	26.28
LHI-20	0109458	ELECTRIC PANEL (PRECISION)	7/1/1998	700.00	673.78	26.22	8.72	26.28
LHI-15	0109354	Grease Trap (Diversified)	11/1/1998	3,416.10	3,416.10	-	-	-
LHI-25	0109513	SPRINKLER BACKFLOW PREV(FPT)	6/1/1999	3,648.52	2,663.40	985.12	36.50	109.44
LHI-8	0109249	FENCING (M&L FENCING)	10/1/1999	1,760.00	1,760.00	-	-	-
LHI-20	0109459	RECLASS J/E GJ48-000 FLOORING)	10/1/1999	964.60	831.98	132.62	12.05	36.18
LHI-15	0109355	HANDICAP RAMP(WOLLENBERG)	10/1/1999	2,131.00	2,131.00	-	-	-
LHI-15	0109356	14 CHIME/STROBE UNITS	10/1/1999	3,021.00	3,021.00	-	-	-
LHI-15	0109357	SIDEWALK (WOLLENBERG)	11/1/1999	4,579.20	4,579.20	-	-	-
LHI-15	0109358	COURTYARD (WOLLENBERG)	12/1/1999	340.80	340.80	-	-	-
LHI-20	0109460	plumbing for washer (Joel Martin, Inc.)	4/1/2000	961.78	829.57	132.21	12.00	36.09
LHI-8	0109250	fencing (M&L Fencing Co.)	5/1/2000	1,000.00	1,000.00	-	-	-
LHI-10	0109293	west wing courtyard (Clean Cut Lawncare	5/1/2000	4,467.58	4,467.58	-	-	-
LHI-10	0109294	call bell system (Telco One)	7/1/2000	9,771.08	9,771.08	-	-	-
LHI-8	0109251	fencing (M&L Fencing Co.)	8/1/2000	616.00	616.00	-	-	-
LHI-20	0109461	*electrical work (Precision Electrical)	9/1/2000	742.00	639.96	102.04	9.29	27.81
LHI-20	0109462	*electrical work (Precision Electrical)	9/1/2000	700.00	603.78	96.22	8.72	26.28
LHI-10	0109295	french doors (Classic Construction Co, I	11/1/2000	4,950.00	4,950.00	-	-	-
LHI-5	0109229	paint/paper rec room (Classic Constructi	12/1/2000	2,307.62	2,307.62	-	-	-
LHI-10	0109297	call bell system (Telco One)	2/1/2001	20,447.40	20,447.40	-	-	-
LHI-5	0109232	paint & accessories (Sherwin-Williams)	4/1/2001	1,157.60	1,157.60	-	-	-
LHI-5	0109233	wallpaper (Maharam)	4/1/2001	11,172.28	11,172.28	-	-	-
LHI-15	0109366	install concrete walks/ramps (Nod Constr	5/1/2001	12,826.00	12,826.00	-	-	-
LHI-10	0109305	repave parking areas (Nod Construction,	5/1/2001	66,780.00	66,780.00	-	-	-
LHI-15	0109368	fire notification system (Fire Protectio	6/1/2001	901.00	901.00	-	-	-
LHI-15	0109372	magnetic gate locks (Precision Electrica	7/1/2001	2,500.01	2,500.01	-	-	-
LHI-5	0109242	1 1/2 ton condenser/air handler (Classic	8/1/2001	5,406.00	5,406.00	-	-	-
LHI-5	0109243	wired a/c unit for rec room (Precision E	9/1/2001	630.70	630.70	-	-	-
LHI-5	0109244	cubicle curtains/tracks (Victor Rome Con	9/1/2001	490.78	490.78	-	-	-
LHI-15	0109376	4 head/foot boards (Clafin)	9/1/2001	350.00	350.00	-	-	-
LHI-15	0109377	4 basic beds (Invacare Continuing Care G	9/1/2001	1,527.05	1,527.05	-	-	-
LHI-10	0109321	sidewalks, curbing, islands, etc. (Nod C	9/1/2001	20,543.60	20,543.60	-	-	-
LHI-5	0109245	draperies (Victor Rome Contract Furnishi	10/1/2001	8,394.14	8,394.14	-	-	-
LHI-15	0109381	dressers, cabinets, mirrors, tack board	10/1/2001	2,683.36	2,683.36	-	-	-
LHI-5	0109246	pinchpleat drapes (Victor Rome Contract	11/1/2001	360.40	360.40	-	-	-
LHI-5	0109247	carpeting (Commercial Flooring Concepts,	12/1/2001	27,586.50	27,586.50	-	-	-
LHI-15	0109369	magnetic door locks east wing door (Prec	6/1/2002	795.00	795.00	-	13.22	26.50
LHI-10	0109316	nurse's station ceiling repairs	7/1/2002	250.00	250.00	-	-	-
LHI-8	0109252	sales tax audit adjustment	1/1/2003	202.56	202.56	-	-	-
LHI-15	0109359	sales tax audit adjustment	1/1/2003	88.98	84.48	4.50	1.52	4.41
LHI-15	0109378	WanderGuard System (Senior Technologies)	9/1/2003	1,578.88	1,499.93	78.95	26.33	78.93
LHI-15	0109379	door locks (Precision Electrical)	9/1/2003	1,200.00	1,140.03	59.97	19.97	60.03

LHI-20	0109474	load bank test on generator (Central Ele	6/1/2004	1,272.00	842.70	429.30	15.90	47.70
LHI-20	0109481	generator regulator (Central Electric &	8/1/2004	5,722.38	3,791.05	1,931.33	71.56	214.56
LHI-10	0109322	roof repairs (Allerton Development, Inc.	9/1/2004	5,000.00	5,000.00	-	-	-
LHI-10	0109296	water main repairs (The Avon Water Compa	1/1/2005	1,205.00	1,205.00	-	-	-
LHI-15	0109382	water heater (Perfectemp)	10/1/2005	3,651.00	2,981.62	669.38	60.88	182.52
LHI-20	0109482	roof (Allerton Development, Inc.)	9/1/2006	2,809.00	1,580.03	1,228.97	35.15	105.30
LHI-20	0109498	roof (Allerton Development, Inc.)	10/1/2006	4,214.00	2,370.39	1,843.61	52.66	158.04
LHI-20	0109501	roof final pmt(Allerton Development, Inc	12/1/2006	4,213.00	2,369.78	1,843.22	52.70	157.95
LHI-25	0109514	sprinkler system accelerator (Fire Prote	4/1/2007	992.51	406.94	585.57	9.91	29.79
LHI-20	0109502	generator set engine (Advanced Power Ser	12/1/2007	1,416.16	725.79	690.37	17.71	53.10
LHI-10	0109298	toli flooring (Sullivan & Son)	3/1/2008	10,698.66	9,896.33	802.33	267.43	802.44
LHI-10	0109299	sprinkler heads (Fire Protection Testing	3/1/2008	7,137.33	6,602.03	535.30	178.41	535.32
LHI-20	0109500	roof repairs (Allerton Development)	11/1/2008	2,279.00	1,054.08	1,224.92	28.45	85.50
LHI-20	0109463	building materials (Kamco)	2/1/2009	1,966.50	811.18	1,155.32	24.62	73.71
LHI-20	0109464	building materials (Kamco)	2/1/2009	131.86	54.38	77.48	1.64	4.95
LHI-5	0109230	paint (Sherwin Williams)	3/1/2009	1,153.99	1,153.99	-	-	-
LHI-5	0109231	drapes (Design Resource Group)	3/1/2009	1,779.37	1,779.37	-	-	-
LHI-20	0109465	building materials (Kamco)	3/1/2009	1,801.48	743.12	1,058.36	22.48	67.59
LHI-20	0109466	building permit-renovations (Town of Avo	3/1/2009	286.00	117.96	168.04	3.59	10.71
LHI-15	0109360	vanity cabinets (E.W. Granite & Marble,	3/1/2009	2,443.30	1,343.80	1,099.50	40.76	122.13
LHI-15	0109361	tiles (Antonio Palomo dba Antonio Carpet	3/1/2009	1,663.14	914.76	748.38	27.72	83.16
LHI-15	0109362	tiles (Design Resource Group)	3/1/2009	900.95	495.54	405.41	14.97	45.09
LHI-15	0109363	design consulting (Design Resource Group	3/1/2009	320.00	176.00	144.00	5.31	16.02
LHI-10	0109300	clocks, mirrors (Design Resource Group)	3/1/2009	275.50	227.33	48.17	6.85	20.70
LHI-8	0109253	acoustical ceilings (Michael M. Kollasc	4/1/2009	1,125.00	1,125.00	-	35.15	70.28
LHI-20	0109467	ceramic tiles (Antonio Plaomo DBA Antoni	4/1/2009	1,715.08	707.48	1,007.60	21.40	64.35
LHI-20	0109468	grab bars, wall stop (Kamco)	4/1/2009	2,003.40	826.43	1,176.97	25.02	75.15
LHI-20	0109469	electrical wiring (Precision Electrical)	4/1/2009	517.60	213.54	304.06	6.44	19.44
LHI-20	0109470	electrical wiring (Precision Electrical)	4/1/2009	2,750.70	1,134.69	1,616.01	34.40	103.14
LHI-15	0109364	2 vanity cabinets (E.W. Granite & Marble	4/1/2009	1,281.54	704.88	576.66	21.36	64.08
LHI-15	0109365	design consulting (Design Resource Group	4/1/2009	520.00	286.03	233.97	8.66	26.01
LHI-10	0109301	sign dwnpmt (Connecticut Signcraft)	4/1/2009	1,471.00	1,213.59	257.41	36.76	110.34
LHI-10	0109302	electrical fixtures (Precision Electrica	4/1/2009	845.88	697.87	148.01	21.14	63.45
LHI-10	0109303	vinyl flooring (Karndean International)	4/1/2009	3,524.48	2,907.70	616.78	88.12	264.33
LHI-10	0109304	vinyl flooring (Karndean International)	4/1/2009	5,821.58	4,802.79	1,018.79	145.57	436.59
LHI-20	0109471	electrical wiring (Precision Electrical)	5/1/2009	643.42	265.40	378.02	8.05	24.12
LHI-20	0109472	electrical wiring (Precision Electrical)	5/1/2009	2,730.86	1,126.47	1,604.39	34.12	102.42
LHI-20	0109473	building materials (Kamco)	5/1/2009	1,577.31	650.65	926.66	19.74	59.13
LHI-15	0109367	crash rail (Construction Specialties, In	5/1/2009	4,910.98	2,701.02	2,209.96	81.88	245.52
LHI-10	0109306	sign final pmt (Connecticut Sign Craft)	5/1/2009	2,037.60	1,681.02	356.58	50.94	152.82
LHI-10	0109307	electrical fixtures (Precision Electrica	5/1/2009	1,923.01	1,586.52	336.49	48.03	144.27
LHI-10	0109308	flooring (Antonio Palomo DBA Antonios Ca	5/1/2009	2,271.58	1,874.07	397.51	56.79	170.37
LHI-10	0109309	toilets (AT Precision Plumbing and Heati	5/1/2009	1,552.59	1,280.91	271.68	38.80	116.46
LHI-10	0109310	toilets (AT Precision Plumbing and Heati	5/1/2009	2,252.88	1,858.60	394.28	56.36	168.93
LHI-10	0109311	toilets (AT Precision Plumbing and Heati	5/1/2009	975.34	804.65	170.69	24.36	73.17
LHI-5	0109234	window treatments (Design Resource Grou	6/1/2009	2,522.38	2,522.38	-	-	-
LHI-5	0109235	window treatments (Design Resource Grou	6/1/2009	2,946.43	2,946.43	-	-	-
LHI-5	0109236	skim coating (Bard & Son, LLC)	6/1/2009	1,000.00	1,000.00	-	-	-
LHI-5	0109237	paint (D&D Painting)	6/1/2009	2,093.50	2,093.50	-	-	-
LHI-5	0109238	paint (Sherwin Williams)	6/1/2009	3,878.69	3,878.69	-	-	-
LHI-5	0109239	drapery fabric (Design Resource Group)	6/1/2009	1,000.00	1,000.00	-	-	-



LHI-20	0109475	electrical wiring (Precision Electrical)	6/1/2009	846.22	349.10	497.12	10.54	31.77
LHI-15	0109370	nurses station (Farmington Displays, Inc	6/1/2009	5,316.96	2,924.31	2,392.65	88.60	265.86
LHI-15	0109371	design consulting (Design Resource Group	6/1/2009	700.00	385.03	314.97	11.66	35.01
LHI-10	0109312	ceiling tiles (Bard & Son)	6/1/2009	1,000.00	824.97	175.03	25.03	74.97
LHI-10	0109313	flooring (Antonio Palomo DBA Antonios Ca	6/1/2009	912.93	753.17	159.76	22.80	68.49
LHI-10	0109314	flooring (BestFlor Distributors, Inc.)	6/1/2009	1,814.04	1,496.58	317.46	45.32	136.08
LHI-10	0109315	4 mirrors (Design Resource Group)	6/1/2009	169.56	139.89	29.67	4.27	12.69
LHI-5	0109240	painting (D&D Painting)	7/1/2009	702.25	702.25	-	-	-
LHI-5	0109241	painting (D&D Painting)	7/1/2009	2,928.25	2,928.25	-	-	-
LHI-20	0109476	renovation materials (Kamco)	7/1/2009	1,753.85	723.47	1,030.38	21.90	65.79
LHI-20	0109477	toilets, flush valve, faucet, p-trap, in	7/1/2009	895.73	369.49	526.24	11.22	33.57
LHI-20	0109478	electrical wiring (Precision Electrical)	7/1/2009	1,227.86	506.51	721.35	15.31	46.08
LHI-20	0109479	electrical wiring (Precision Electrical)	7/1/2009	2,594.42	1,070.19	1,524.23	32.43	97.29
LHI-20	0109480	electrical wiring (Precision Electrical)	7/1/2009	1,315.99	542.82	773.17	16.48	49.32
LHI-15	0109373	nurses station (Farmington Displays, Inc	7/1/2009	3,286.00	1,807.36	1,478.64	54.73	164.34
LHI-15	0109374	design consulting (Design Resource Group	7/1/2009	262.23	144.24	117.99	4.34	13.14
LHI-15	0109375	design consulting (Design Resource Group	7/1/2009	352.00	193.66	158.34	5.83	17.64
LHI-10	0109317	light fixtures (Precision Electrical)	7/1/2009	1,968.31	1,623.83	344.48	49.23	147.60
LHI-10	0109318	light fixtures (Precision Electrical)	7/1/2009	2,544.00	2,098.80	445.20	63.60	190.80
LHI-10	0109319	ceiling lights and bulbs for gym (Granit	8/1/2009	1,389.96	1,146.72	243.24	34.78	104.22
LHI-10	0109320	corridor ceiling lights and bulbs (Gran	8/1/2009	1,551.08	1,279.69	271.39	38.74	116.37
LHI-20	0109483	electrical wiring (Precision Electrical)	9/1/2009	1,158.05	477.72	680.33	14.43	43.47
LHI-20	0109484	labor on renovation	9/1/2009	14,351.79	5,920.12	8,431.67	179.39	538.20
LHI-20	0109485	labor on renovation	9/1/2009	2,793.75	1,152.43	1,641.32	34.93	104.76
LHI-20	0109486	labor on renovation	9/1/2009	29.58	12.18	17.40	0.40	1.08
LHI-20	0109487	labor on renovation	9/1/2009	112.65	46.46	66.19	1.40	4.23
LHI-20	0109488	labor on renovation	9/1/2009	634.71	261.81	372.90	7.98	23.76
LHI-20	0109489	labor on renovation	9/1/2009	166.55	68.68	97.87	2.12	6.21
LHI-20	0109490	labor on renovation	9/1/2009	998.32	411.84	586.48	12.48	37.44
LHI-20	0109491	labor on renovation	9/1/2009	3,329.62	1,373.43	1,956.19	41.65	124.83
LHI-20	0109492	labor on renovation	9/1/2009	8,012.82	3,305.31	4,707.51	100.13	300.51
LHI-20	0109493	labor on renovation	9/1/2009	4.06	1.68	2.38	0.02	0.18
LHI-20	0109494	labor on renovation	9/1/2009	151.06	62.30	88.76	1.88	5.67
LHI-20	0109495	labor on renovation	9/1/2009	28.02	11.58	16.44	0.32	1.08
LHI-20	0109496	labor on renovation	9/1/2009	173.94	71.73	102.21	2.22	6.48
LHI-20	0109497	labor on renovation	9/1/2009	12,042.01	4,967.37	7,074.64	150.48	451.62
LHI-15	0109380	design consulting (Design Resource Group	9/1/2009	544.00	299.20	244.80	9.09	27.18
LHI-10	0109323	pictures, towel ring, bulletin board, sh	9/1/2009	1,532.28	1,264.15	268.13	38.30	114.93
LHI-10	0109324	installed lighting and smoke detectors (	9/1/2009	742.00	612.12	129.88	18.58	55.62
LHI-20	0109499	boiler (Perfectemp)	10/1/2009	3,718.00	1,533.66	2,184.34	46.49	139.41
LHI-15	0109383	ceramic tiles, millwork, vinyl plank fl	10/1/2009	1,992.80	1,096.01	896.79	33.22	99.63
LHI-10	0109325	electrical fixtures (Precision Electrica	10/1/2009	1,301.68	1,073.92	227.76	32.52	97.65
LHI-15	0109384	design consulting (Design Resource Group	11/1/2009	560.00	307.97	252.03	9.34	27.99
LHI-20	0109532	Capitalized labor - project manager	12/1/2009	711.00	293.27	417.73	8.91	26.64
LHI-20	0109531	Toilet, Flush Valve, P-Trap	12/14/2009	895.73	369.49	526.24	11.22	33.57
LHI-10	0109517	Lighting	1/5/2010	664.09	481.43	182.66	16.64	49.77
LHI-10	0109522	Signs	3/7/2010	954.00	691.65	262.35	23.85	71.55
LHI-5	0109534	Solar Shades - Renovations	3/18/2010	145.75	145.75	-	-	-
LHI-15	0109535	Design Consulting	3/29/2010	328.00	158.53	169.47	5.49	16.38
LHI-10	0109524	Telephone Wiring	4/30/2010	4,387.53	3,180.92	1,206.61	109.71	329.04
LHI-15	0109537	Design Consulting	8/17/2010	262.84	127.02	135.82	4.38	13.14

LHI-15	0109538	Design Consulting	8/26/2010	205.71	99.38	106.33	3.45	10.26
LHI-20	0109548	64' arm, cement, joint compound, tape	11/22/2010	426.88	154.73	272.15	5.32	16.02
LHI-20	0109549	Daybar adjustable frames	11/22/2010	477.00	172.94	304.06	5.94	17.91
LHI-5	0109545	Paint	11/24/2010	1,231.48	1,231.48	-	-	-
LHI-15	0109546	Doors, door hinges	11/24/2010	369.94	178.83	191.11	6.12	18.54
LHI-15	0109547	Doors	12/3/2010	572.40	276.66	295.74	9.54	28.62
LHI-10	0109554	Glass Shelves, Mirrors, Towel Rings	12/3/2010	511.56	370.88	140.68	12.82	38.34
LHI-15	0109555	64" Arm, lumber, drywall	12/17/2010	1,660.85	802.75	858.10	27.65	83.07
LHI-15	0109539	Design Consulting Services	12/21/2010	337.15	162.95	174.20	5.65	16.83
LHI-15	0109556	Doors	12/22/2010	1,202.04	581.03	621.01	20.02	60.12
LHI-20	0109540	Toilet, Flush Valve, Faucet, Sink	12/27/2010	1,006.43	364.79	641.64	12.61	37.71
LHI-20	0109541	Toilet, Flush Valve, Faucet, Sink	12/27/2010	1,006.43	364.79	641.64	12.61	37.71
LHI-10	0109543	Ceiling and Vanity Light, Mirrors,	12/30/2010	712.93	516.85	196.08	17.83	53.46
LHI-20	0109553	Project Manager's Labor - Renovation	12/31/2010	2,132.00	772.82	1,359.18	26.68	79.92
LHI-20	0109577	New Toilet, flush valve, faucet and sink	1/12/2011	1,006.43	314.47	691.96	12.61	37.71
LHI-20	0109557	Painting, Tiling, drywall, baseboard,	2/7/2011	10,176.00	3,180.00	6,996.00	127.20	381.60
LHI-10	0109583	Blinds, lighting, bulletin boards, etc.	2/21/2011	850.77	531.75	319.02	21.27	63.81
LHI-15	0109581	Design Consulting Services	2/23/2011	80.00	33.28	46.72	1.37	3.96
LHI-20	0109560	Toilet, Flush Valve, Sink	3/8/2011	1,293.26	404.14	889.12	16.15	48.51
LHI-20	0109562	Toilet, faucet, sink	5/24/2011	1,298.21	405.70	892.51	16.22	48.69
LHI-15	0109585	Design Consulting	6/5/2011	500.00	208.34	291.66	8.31	25.02
LHI-10	0109584	Mirror, pictures - Shower Room	6/5/2011	469.48	293.41	176.07	11.76	35.19
LHI-20	0109566	Bathroom Renovation - Rm 24&25 Ceiling,	6/23/2011	5,088.00	1,590.00	3,498.00	63.60	190.80
LHI-10	0109568	Lumber, Plywood, Ice Water Shield,	6/23/2011	612.54	382.78	229.76	15.35	45.90
LHI-10	0109567	Roof Repairs	6/24/2011	1,060.00	662.47	397.53	26.53	79.47
LHI-10	0109569	Framing Nails	6/24/2011	398.83	249.22	149.61	10.00	29.88
LHI-20	0109571	Toilet, flush valve, faucet, sink	7/19/2011	1,095.75	342.47	753.28	13.66	41.13
LHI-10	0109570	Hot Water Heater	7/24/2011	5,944.17	3,715.08	2,229.09	148.65	445.77
LHI-10	0109576	Materials for Roof Replacement	9/13/2011	6,873.09	4,295.72	2,577.37	171.79	515.52
LHI-10	0109575	Ice and Water Shield	9/30/2011	1,818.58	1,136.58	682.00	45.51	136.35
LHI-10	0109594	Roofing Materials	10/17/2011	1,496.34	935.20	561.14	37.40	112.23
LHI-10	0109587	Labor to replace roof shingles	10/18/2011	15,995.04	9,996.86	5,998.18	399.89	1,199.61
LHI-10	0109588	Roofing Materials	10/18/2011	16,163.21	10,101.97	6,061.24	404.11	1,212.21
LHI-15	0109586	Handrails for East Wing Hallway	10/19/2011	3,760.54	1,566.86	2,193.68	62.69	188.01
LHI-5	0109589	Waste Removal	10/21/2011	2,525.35	2,525.35	-	-	-
LHI-20	0109595	Contractor Services	10/24/2011	1,534.24	479.42	1,054.82	19.20	57.51
LHI-5	0109593	Paint and Painting Supplies	10/27/2011	2,690.47	2,690.47	-	-	-
LHI-15	0109596	Design Consulting Services	11/4/2011	720.00	300.00	420.00	12.00	36.00
LHI-15	0109597	Building Materials	11/4/2011	203.70	84.86	118.84	3.41	10.17
LHI-10	0109590	12" Sprinkler Heads	11/14/2011	1,380.42	862.72	517.70	34.54	103.50
LHI-10	0109591	4" Dry Pipe Valve	11/14/2011	3,775.43	2,359.61	1,415.82	94.40	283.14
LHI-15	0109592	Flooring Materials for Hallway & Dining	11/21/2011	7,560.78	3,150.28	4,410.50	126.05	378.00
LHI-15	0109600	Flooring Materials for Hallway & Dining	11/21/2011	13,349.23	5,562.16	7,787.07	222.51	667.44
LHI-25	0109598	Dry Sprinkler - Front Entrance Closet	12/12/2011	834.85	208.67	626.18	8.37	25.02
LHI-20	0112009	Misc Building Materials	1/1/2012	351.60	92.34	259.26	4.35	13.23
LHI-15	0112008	White Granite, Vanity Counter w 4" Apron	1/4/2012	695.00	243.23	451.77	11.59	34.74
LHI-10	0112010	Roofing Supplies for Roof Replacement	1/10/2012	4,767.67	2,503.03	2,264.64	119.20	357.57
LHI-10	0112005	Dry Sprinkler Head	1/17/2012	1,227.59	644.49	583.10	30.69	92.07
LHI-10	0112007	Remove and Replace Shingles	1/23/2012	2,637.48	1,384.69	1,252.79	65.93	197.82
LHI-20	0112001	Plumbing - Shower Room Renovation	2/6/2012	4,185.79	1,098.76	3,087.03	52.33	156.96
LHI-20	0112002	Drain Pipe - Fire Protection Test System	3/15/2012	1,063.24	279.09	784.15	13.29	39.87

LHI-5	0112014	Vanity Light, Shower Rods, Hooks	3/31/2012	240.18	240.18	-	12.04	24.00
LHI-5	0112016	Waste Removal - Renovation	3/31/2012	1,061.24	1,061.24	-	53.04	106.12
LHI-5	0112022	Paint - Shower Rm Renovation	3/31/2012	93.94	93.94	-	4.66	9.39
LHI-20	0112011	Tile Bathroom Floor, lobby, corridors	3/31/2012	23,529.99	6,176.61	17,353.38	294.14	882.36
LHI-20	0112013	Shower Room Tiles - Renovation	3/31/2012	3,581.88	940.19	2,641.69	44.81	134.28
LHI-20	0112018	Misc Building Materials - Renovation	3/31/2012	1,512.88	397.08	1,115.80	18.94	56.70
LHI-20	0112019	Materials - W. Wing Shower Rm Renovation	3/31/2012	1,619.01	425.03	1,193.98	20.20	60.75
LHI-20	0112020	Renovation Labor	3/31/2012	891.00	233.87	657.13	11.16	33.39
LHI-20	0112021	Building Permit - Renovation	3/31/2012	120.00	31.50	88.50	1.50	4.50
LHI-20	0112024	Contractor Services	3/31/2012	1,711.79	449.32	1,262.47	21.42	64.17
LHI-20	0112025	Capitalized Labor for Renovation	3/31/2012	10,097.88	2,650.64	7,447.24	126.26	378.63
LHI-15	0112012	Millwork-Renovation	3/31/2012	2,848.31	996.88	1,851.43	47.51	142.38
LHI-15	0112015	Design Consulting Services- Renovation	3/31/2012	1,212.95	424.53	788.42	20.20	60.66
LHI-10	0112017	Electrical Fixtures and Supplies	3/31/2012	1,049.46	551.02	498.44	26.20	78.75
LHI-10	0112023	Glass Mirror for Shower Room	3/31/2012	161.65	84.91	76.74	4.02	12.15
LHI-7	0112004	Accelerator on Sprinkler System	4/30/2012	1,329.91	997.42	332.49	47.52	142.47
LHI-5	0112027	emergency generator-replace (adv power)	5/17/2012	3,698.59	3,698.59	-	184.96	369.85
LHI-15	0112029	1st intall for fence	7/24/2012	3,227.19	1,129.54	2,097.65	53.78	161.37
LHI-15	0112029A	final install for fence	7/24/2012	3,227.19	1,129.54	2,097.65	53.78	161.37
LHI-20	0112030	Construction Labor-Project Mgrs. &	9/30/2012	20,378.89	5,349.42	15,029.47	254.75	764.19
LHI-10	0113032	Satellite TV System - 1st Installment	1/8/2013	2,148.75	913.27	1,235.48	53.69	161.19
LHI-10	0113033	Satellite TV System - 2nd Installment	2/8/2013	2,148.75	913.27	1,235.48	53.69	161.19
LHI-10	0113035	Replacement of Boiler Circulator Pump	4/2/2013	921.04	391.47	529.57	22.98	69.12
LHI-10	0113036	Satellite TV System - 3rd Installment	5/1/2013	2,148.75	913.27	1,235.48	53.69	161.19
LHI-5	0113038	4 system sensor duck smoke detectors	5/29/2013	1,669.70	1,419.26	250.44	83.47	250.47
LHI-10	0113037	Satellite Tv System (4th installment)	6/1/2013	2,148.75	913.27	1,235.48	53.69	161.19
LHI-10	0113039	Satellite TV system (5th install)	7/1/2013	2,148.75	913.27	1,235.48	53.69	161.19
LHI-10	0113040	Satellite TV system (6th install)	8/1/2013	2,148.75	913.27	1,235.48	53.69	161.19
LHI-10	0113042	Satellite TV System (7th install0	9/1/2013	2,148.75	913.27	1,235.48	53.69	161.19
LHI-10	0113043	Satellite TV Installation	10/1/2013	2,148.75	913.27	1,235.48	53.69	161.19
LHI-10	0113044	Satellite TV Senior/Stellar 9th Instal	11/1/2013	2,148.75	913.27	1,235.48	53.69	161.19
LHI-10	0113046	Satellite TV Installation	12/1/2013	2,148.75	913.27	1,235.48	53.69	161.19
LHI-15	0113049	Furnace Replacement	12/10/2013	4,594.54	1,301.82	3,292.72	76.53	229.77
LHI-15	0113048	8X8 Damper Zone Motor	12/11/2013	1,029.26	291.65	737.61	17.14	51.48
LHI-15	0113047	Furnace Zone Damper	12/12/2013	995.39	282.03	713.36	16.59	49.77
LHI-10	0113050	Floor Mount Door Holder	12/31/2013	164.84	70.01	94.83	4.15	12.33
LHI-10	0113051	Floor Mounted Door Holder	12/31/2013	1,451.68	616.99	834.69	36.27	108.90
LHI-10	0114052	SATELLITE TV INSTALLATION	1/1/2014	2,148.75	698.39	1,450.36	53.69	161.19
LHI-10	0114054	SATELLITE CABLE TV (STELLAR/SENIOR)	2/1/2014	2,148.75	698.39	1,450.36	53.69	161.19
LHI-10	0114060	SEWER PUMP REPLC. (AVON PLUMBING)	5/5/2014	2,061.00	669.87	1,391.13	51.48	154.62
LHI-5	0114062	4-TON TRANE A/C (SAUCIER)	5/9/2014	2,405.00	1,563.22	841.78	120.28	360.72
LHI-5	0114062A	4-TON TRANE A/C (SAUCIER)	5/9/2014	2,405.00	1,563.22	841.78	120.28	360.72
LHI-5	0114062B	4-TON TRANE A/C (SAUCIER)	5/9/2014	535.00	86.95	448.05	6.68	20.07
LHI-5	0114061	Generator Exhaust Replc (Advanced Power)	5/27/2014	1,377.23	895.17	482.06	68.90	206.55
LHI-20	0114064D	STEEL DOOR FIRE RATED (IDN)	8/27/2014	953.55	154.93	798.62	11.95	35.73
LHI-20	0114064A	STEEL DOOR HINGE (IDN HARDWARE)	8/28/2014	47.86	7.78	40.08	0.59	1.80
LHI-20	0114064B	STEEL DOOR HINGE (IDN)	8/28/2014	59.44	9.68	49.76	0.72	2.25
LHI-20	0114064C	STEEL DOOR HINGE FILLER (IDN)	8/31/2014	31.94	5.17	26.77	0.43	1.17
LHI-10	0116073	32 Dry Barrel Sprinklers-Fire Sprinkler	7/31/2016	6,691.54	836.42	5,855.12	199.46	501.84
LHI-10	0116074	Sewage Pump Installation(Avon Plumbing)	10/21/2016	1,135.78	141.93	993.85	56.79	85.14
LHI-25	0117075	Kitchen Fire Suppression System	3/29/2017	1,802.63	24.14	1,778.49		24.14

LHI-10	0117076	Fire Alarm Control Panel & Annunciator	6/21/2017	1,845.20	48.57	1,796.63	48.57
LHI-10	0117076A	Fire Alarm Control Panel & Annunciator	6/21/2017	1,795.57	47.27	1,748.30	47.27
LHI-10	0117077	Installation of 10 Smoke Detectors	7/3/2017	850.00	21.02	828.98	21.02
LHI-10	0117078	Installation of 10 Smoke Detectors	7/24/2017	850.00	18.25	831.75	18.25

**Leasehold Improvements as of 09/30/17**

**1,189,409.52                      950,790.77                      238,618.75                      9,054.17                      26,771.67**

**Total Depreciation 10/1/16 - 9/30/17**

**35,825.84**

**Cost Report Adjustments**

	Footboards 2011 from LHI		(\$1,877.05)			\$0.00
	Curtain/Table from LHI		(\$10,060.77)			\$0.00
	Reclass		\$12,083.00			\$0.00
112023	Glass Mirror for Shower Room		(\$161.65)			(\$16.17)
112027	emergency generator-replace (adv power)		(\$3,698.59)			(\$739.72)
	Reclass		\$30.90			\$0.00
	<b>Adjusted Balance 9/30/2017</b>		<b>1,185,725.36</b>			<b>\$35,069.95</b>
	Prior Period		1,177,446.18			\$34,768.77
	0		\$0.00			\$0.00
	Current Period		8,279.18			301.18