State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2017

Name of Facility (as Apple Rehab Laurel	*							
Address (No. & Street 451 North High Street	et, City, State, Z	-						
Type of Facility								
Chronic and C ✓ Nursing Home (CCNH)			Rest Home wit Supervision on (RHNS)	•		(Specify)		
Report for Year Begi 10/1/2016	nning		Report for Year 9/30/2017	r Ending				
License Numbers:		CCNH 2121-C	RHNS		(Specify)		Me	dicare Provider 07-5389
Medicaid Provider N	umbers:	CC 204000008	NH	RH	INS		IC	F-IID
For Department Us	e Only							
Sequence Number Assigned	Signed and Notarized	Date Received	Sequence N Assign		Signed a	nd Notariz	ed	Date Received

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Apple Rehab Laurel Woods	2121-C	9/30/2017	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Apple Rehab Laurel Woods [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)			Printed Name (Owner)			
Linda Urbanski			Brian J. Foley			
Subscribed and Sworn	State of	Date	Signed (Notary Public)	Comm. Expires		
to before me:						
				/ /		
Address of Notary Public						

(Notary Seal)

State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Page	of		
			1A	37
Name of Facility	ered:	From	То	
Apple Rehab Laurel Woods			10/1/2016	9/30/2017
Address of Facility				
451 North High Street East Haven, CT 06512	•		1	
Report Prepared By	Phone Nun		Date	
Apple Health Care	(860) 678-9	9755		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

		hone No. of Fac	cility	-	ear Ended	Page	of
	(2	203) 466-6850		9/30/2017		2	37
Name of Facility (as shown on license)				Street, City, St			
Apple Rehab Laurel Woods			ligh !	Street East Ha	aven, CT		
CCN		RHNS		(Specify)			Provider No.
License Numbers: 2121-C						07-5389	
Type of Facility (Check appropriate box(es))							
Chronic and Convalescent Nursing Home only (CCNH)		est Home with in the supervision only			(Specify))	
Type of Ownership (Check appropriate box)							
O Proprietorship O LLC O Partnersh	hip (9 Profit Corp.	0	Non-Profit Co	orp. O	Government	O Trust
If this facility opened or closed during report year p	provide:		Date	e Opened	Date Clo	sed	
Has there been any change in ownership							
or operation during this report year?	(O Yes	•	No	If "Yes,"	explain full	y.
Administrator							
Name of Administrator				Nursing H	ome		
Linda Urbanski				Administra	itor's	0001170	
				License	No.:		
Other Operators/Owners who are assistant administ	rators (f	ull or part time)	of tl				
Name				License	No.:		

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General Information and Questionnaire Partners/Members

Name of Facility Apple Rehab Laurel Woods		License No. 2121-C	Report for Y 9/30/2017	ear Ended	Page of 3 37	
Legal Name of Parti	nership/LLC	Business A		State(s) and/o		
Name of Partners/Members	Business Ac	ddress	7	Γitle	% Owned	

CSP-3A Rev. 10/2005

General Information and Questionnaire Corporate Owners

Name of Facility Apple Rehab Laurel Woods	License No. 2121-C	_ <u> </u>		Page of 3A 37				
If this facility is owned or operated as a corp								
Legal Name of Corporation		ss Address	7	ch Incorporated				
Apple Rehab Laurel Woods		451 North High Street East Haven,		en meorporated				
Name of Directors, Officers	Business Address		Title	No. Shares Held by Each				
Brian J. Foley	21 Waterville Ro 06001	oad Avon, CT	President	100				
Ryan Vess	21 Waterville Ro 06001	oad Avon, CT	Secretary					
Names of Stockholders Owning at Least 10% of Shares								
Brian J. Foley	21 Waterville Ro 06001	oad Avon, CT	President	100				

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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Laurel Woods	2121-C	9/30/2017	3B	37
If this facility is owned or operated as an	n individual proprietorship,	provide the following inform	ation:	
	Owner(s) of Facility			
	•			

General Information and Questionnaire Related Parties*

Name of Facility		Licens			9/30/2017		Page	01
Apple Rehab Laurel Wo	oods		2121-C				4	37
Are any individuals reco	eiving compensation from the f	acility r	elated th	rough		If "Yes," provide th	e Name/Ad	dress and
1	rol, ownership, family or busing	•		•	Yes ⊙ No	complete the inform		
marrage, asinty to con-	ioi, ownersing, running or easing	C B B C B B B B B B B B B B B B B B B B B B B	· Clation ·		165 0 110	complete the inform	iution on re	ige 11 of the report.
Are any individuals or o	companies which provide good	s or serv	ices,					
including the rental of p	property or the loaning of funds	to this f	facility,					
	association, common ownership		•	iness	⊙ Yes O No			
association to any of the	e owners, operators, or officials	of this	facility?			If "Yes," provide th	e following	information:
	-					•		
		Al	so Provi	des		Indicate Where		
		Good	ds/Servi	ces to		Costs are Included		
Name of Related	Business	Non-l	Related	Parties	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company		Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
Brian J. Foley	21 Waterville Road Avon, CT 06001	0	•		Real Estate Rental	Pg. 22 Line 9	1,080,000	1,080,000
Apple Health Care	21 Waterville Road Avon, CT 06001	0	•		Management & Accounting Services	Pg. 16 Line m12	545,601	545,601
Healthport Services	21 Waterville Road Avon, CT 06001	0	•		Employee Staffing	Pg. 10 /16 m13	1,066	1,066
Corporate Employees	21 Waterville Road Avon, CT 06001	0	•		Employee Staffing	Pg. 10 Schedule	12,972	12,972
Employees @ Various Apple Facilities		0	•		Employee Staffing	Pg. 10 Schedule	91,609	91,609
Apple Health Care	21 Waterville Road Avon, CT 06001	0	•		Pension Plan (401K)	Pg. 15 1a7	24,175	24,175
Aetna	PO Box 88860 Chicago, IL	•	0		Group Medical	Pg. 15 1a5	651,403	
Delta Dental	PO Box 23700 Newark, NJ	•	0		Group Dental	Pg. 15 1a5	41,856	
Aetna Ancillary	PO Box 88860 Chicago, IL	0	0		Group Life & Disability	Pg. 15 1a6	30,609	

^{*} 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		Licens	e No.		Report for Year Ended		Page	of
Apple Rehab Laurel Wo	oods		2121-C		9/30/2017		4	37
Are any individuals reco	eiving compensation from the	facility r	elated th	rough		If "Yes," provide th	ne Name/Ad	dress and
marriage, ability to cont	rol, ownership, family or busi	ness asso	ciation	2 0	Yes ⊙ No	_		age 11 of the report.
			_					
1	companies which provide good							
	roperty or the loaning of fund association, common ownershi			siness	⊙ Yes ○ No			
	e owners, operators, or official				e ies e ivo	If "Yes," provide th	ne following	information.
,						11 105, p10 1100 ti	<u> </u>	,
			so Provi			Indicate Where		
N 65 1 1	D .		ds/Servi			Costs are Included		10
Name of Related Individual or Company	Business Address	Non-I Yes	Related No	Parties %**	Description of Goods/Services Provided	in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
Marsh	PO Box 19636 Newark, NJ	¥			Property, Liability & Umbrella Insurance	Pg. 27 14a	14,373	
		¥					,	
AIG	PO Box 10472 Newark, NJ				Worker's Compensation	Pg. 15 1a1	66,052	
Swallowing Diagnotics	21 Waterville Road Avon, CT	¥		83%	Diagnostic Services	Pg 20 5f	1,440	1,358
Ryan Vess	21 Waterville Road Avon, CT		¥			##		
Brendan Foley	21 Waterville Road Avon, CT		¥			##		
		1						

^{*} 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 (Brendan Foley through 3/9/17)

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No.		Report for Year Ended	Page of		
Apple Rehab Laurel Woods	2121-C		9/30/2017	5 37		
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs						
must be allocated to CCNH and RHNS as follo	ws:					
Item			Method of Allocation	on		
Dietary	Nı	umber of	meals served to residents			
Laundry	Nı	umber of	pounds processed			
Housekeeping	Ni	umber of	square feet serviced			
	Ni	umber of	hours of routine care provid	ed by EACH		
Nursing			classification, i.e., Director (•		
		-	Nurses, Licensed Practical N	Nurses, Aides and		
		ttendants				
Direct Resident Care Consultants			hours of resident care provide	ded by EACH		
			(See listing page 13)			
Maintenance and operation of plant		quare fee				
Property costs (depreciation)		quare fee				
Employee health and welfare		ross salaı				
Management services			e cost center involved			
All other General Administrative expenses			irect and Allocated Costs			
The preparer of this report must answer the foll	lowing question	ns applic	able to the cost information	provided.		
1. In the preparation of this Report, were all	• Yes) No	If "No," explain fully why s	uch allocation was		
costs allocated as required?	O Tes C	7 110	not made.			
2. Explain the allocation of related company ex	_					
The costs incurred by Apple Health Care, inc. (_	vide Accounting and Manage	rial services to each		
facility owned by Brian J. Foley, are allocated	on a per bed ba	ısis.				
3. Did the Facility appropriately allocate and so	elf-disallow di	rect and	indirect costs to non-nursing	home cost centers?		
(e.g., Assisted Living, Home Health, Outpat	ient Services, A	Adult Da	y Care Services, etc.)			
	O Yes) No	If "No," explain fully why s	uch allocation was		
	O les) NO	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	·		License No.	Report for Y	ear Ended		Page of
Apple Rehab Laurel Woods			2121-C	9/30/2017			6 37
		ed * to ners,					
	_	ators,		Date of	Term of	Annual Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
Is a Mileage Log Book Maintained for Al	ll Leased V	ehicles	? • Yes	. 0	No	Total ***	

Is a Mileage Log Book Maintained for All Leased Vehicles?

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

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

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

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General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Laurel Woods	2121-C	9/30/2017		7	37
The records of this facility for the p	period covered by this report	were maintained on the following basis:			
⊙ AccrualO CashO	Modified Cash				
Is the accounting basis for this					
<u>~</u>	Yes	If "No," explain.			
•	No				
2					
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Blum Shapiro & Co. PC		29 South Main St. West Hartford, CT 06	6127		
2 Brazee & Huban		35 Wendell Ave. Pittsfield, MA 10202			
3					
4					
Services Provided by This Firm (de					
1 Preparation of audited financials (disa	allow Pg. 28)		\$	8,533	
2 Prparation of tax returns			\$	3,425	
3			\$		
4			\$		
			Charge for	Services Pr	rovided
			\$	11,958	
Are These Charges Reflected in the Expen	diture Portion of This Report? If Y	Yes, Specify Expense Classification and Line No.			
O Yes O No	Pg. 15 1d				
Legal Services Information					
Name of Legal Firm or Independen	t Attorney		Telephone	Number	
1					
2					
3					
4					
Address (No. 8 Street City Street	7: C - 1- \				
Address (No. & Street, City, State, 1	Zip Coae)				
2					
3					
4					
5					
Services Provided by This Firm (de	escribe fully)				
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
<u></u>			1	Services Pi	rovided
			\$	DCIVICES FI	OVIGEG
Are These Charges Reflected in the Expen	diture Portion of This Report? If Y	Yes, Specify Expense Classification and Line No.	Ψ Ψ		
⊙ Yes O No	Pg. 15 1e				

Schedule of Resident Statistics

Name of Facility			License N	No.			Report for Year Ended				Page	of
Apple Rehab Laurel Woods			2121-C				9/30/2017				8	37
						Period 10	/1 Thru 6/	30	Period 7/		1 Thru 9/30	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
Certified Bed Capacity A. On last day of PREVIOUS report period	120	120			120	120			120	120		
B. On last day of THIS report period	120	120			120	120			120	120		
Number of Residents A. As of midnight of PREVIOUS report period	106	106			106	106			106	106		
B. As of midnight of THIS report period	111	111			111	111			111	111		
3. Total Number of Days Care Provided During Period												
A. Medicare	3,765	3,765			3,026	3,026			739	739		
B. Medicaid (Conn.)	33,868	33,868			24,804	24,804			9,064	9,064		
C. Medicaid (other states)												
D. Private Pay	2,784	2,784			2,163	2,163			621	621		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	40,417	40,417			29,993	29,993			10,424	10,424		
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	40,417	40,417			29,993	29,993			10,424	10,424		

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Faci	ne of Facility License No. Report							1					of				
Apple Rehab	Laurel '	Woods		2	121-C					9/30/201	7		9	37			
	•	•	in the certified l		apacity du	ıring t	the repo	ort yea	ır?	0	Yes	•	No				
	T -		f Change		Cł	nange	in Bed	s		Car	pacity Afte	er Change					
Date of		RHNS	(Specify)		Lost	iunge		Gaine	1	- Cu		a change					
	CCIVII	Kiii (S	(Specify)		Lost		`										
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason f	or Change			
			(-)		. ,	(-)	()		(-)			(-F 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										RHNS	(Spe	ecify)					
1st chang																	
2nd char	_																
3rd chan 4th chan																	
		lents an	d Rates on Septe	ember	· 30 of Co	st Ye	ar			<u> </u>							
o. Ivalliooi	or resid	iones un	Medicare		Medi		ш			Se	lf-Pay		Other State Assiste				
	Item		CCNH	C	CCNH	RI	HNS	CC	CNH	RF	INS	(Specify)	R.C.H.	ICF-MR			
No. of R		1	8		97				6								
Per Dien																	
a. One b			Various		247.46				475.00 435.00								
c. Three			various		247.40				433.00								
bed i																	
7. Total Nu	ımber of		al Therapy Treat	ment	s					TO	TAL	CCNH	RHNS	(Specify)			
	Medica										6,747	6,747					
В.			lusive of Part B	1													
			e Treatments Treatments														
C.	Other	torative	Treatments								12,191	12,191					
		Physical	Therapy Treate	nents							18,938	18,938					
			Therapy Treatr														
A.	Medica	re - Par	t B								315	315					
B.		,	lusive of Part B)													
			e Treatments														
C		torative	Treatments								502	502					
	Other Total S	neech 7	Therapy Treatm	onte						-	693 1,008	1,008					
			ational Therapy		ments						1,008	1,008					
	Medica			ricati	incitto						7,848	7,848					
			lusive of Part B)	1							,,010	7,040					
			e Treatments														
	2. Res	torative	Treatments														
										ļ	11,213	11,213					
C. Other D. Total Occupational Therapy Treatments										I	19,061	19,061	1	1			

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Yea		Page	of
apple Rehab Laurel Woods	2121-C		9/30/2017	Lindea	10	37
re time records maintained by all individuals receiving con	•		Yes	0	No	0,
e time records maintained by an individuals receiving con	impensation:		Total Cost a		NO	
			Total Cost a	liu Hours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I						
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III	100.406	2 100				
of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV	108,406	2,188				
_						
of Schedule A1) 4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	105,388	5,854				
5. Dietary Service						
a. Head Dietitian	28,259	942				
b. Food Service Supervisor	52,921	2,074				
c. Dietary Workers	379,975	24,745				
Housekeeping Service a. Head Housekeeper	45,233	2,231				
b. Other Housekeeping Workers	191,153	11,982				
7. Repairs & Maintenance Services	191,100	11,502				
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	98,490	5,572				
8. Laundry Service						
a. Supervisor	01.052	5 777				
b. Other Laundry Workers 9. Barber and Beautician Services	81,852	5,777				
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	117,024	5,002				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	188,969	4,150				
b. RN	597,754	14,917				
Direct Care Administrative**	298,202	7,940				
c. LPN	270,202	7,240				
1. Direct Care	1,196,833	40,494				
2. Administrative**						
d. Aides and Attendants	1,514,935	91,857				
e. Physical Therapists	361,931	8,986				
f. Speech Therapists g. Occupational Therapists	29,047 291,994	714 7,600				
h. Recreation Workers	143,614	6,178				
i. Physicians	110,011	0,170				
Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists	†				1	
1. Podiatrists						
m. Social Workers/Case Management	153,864	5,880				
n. Marketing						
o. Other (Specify)						
See Attached Schedule A-13. Total Salary Expenditures	5,985,845	255,082		-		
A-15. 10ни занату Ехрепанитеs	2,902,043	433,062			<u> </u>	

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

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

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

Schedule of Other Salaries and Wages (Page 10)

	CC	NH	RH	INS			
Position	\$	Hours	\$	Hours	\$	Hours	
m . 1	Ф		Φ.		ф		
Total	\$ -	-	\$ -	-	\$ -	-	

Schedule of Other Fees (Page 13)

	CCNH				RHNS			cify)
Service		\$	Hours	\$		Hours	\$	Hours
Data Integrity Auditor	\$	3,300	33					
Admissions/Discharge Consultant	\$	1,837	24					
Purchasing Consultant	\$	2,053	26					
		·						
Total	\$	7,190	83	\$ -		-	\$ -	-

CSP-11 Rev. 10/2005

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

Name of Facility			15515 (411	License No. Report for Yea				ort for Year Ended		
-						_	r ear Ended		Page	of
Apple Rehab Laurel Woods	T			2121-C		9/30/2017			11	37
Name	CCNH	Salary Paid	(Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.	Report for Y			Page	of	
Apple Rehab Laurel Woods				2121-C		9/30/2017			12	37
Tippio Itomo Zuuroi (1000)		Salary Pai	d							
Name	CCNH	RHNS	(Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section III - Administrators***										
Benjamin Schiano	52,043				Administrator 10/1/16 - 3/11/17	1,028				
Linda Urbanski	56,363				Administrator 3/12/17 - 9/30/17	1,160	A2			
Section IV - Assistant Administrators										

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

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

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

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Y	ear Ended	Page	of
Apple Rehab Laurel Woods	2121	l-C	9/30/2017		13	37
			Total Cost	and Hours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee	CCMI	Hours	KIINS	Hours	(Specify)	110015
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian	14,383	151				
2. Dentist	12,816	128				
3. Pharmacist	18,286	166				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	493	8				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	48,000	99				
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility 1. Infection Control Committee						
(Quarterly meetings)						
Pharmaceutical Committee						
(Quarterly meetings)						
 Staff Development Committee (Once annually) 						
e. Other (Specify)						
Staff Physician	15,000	126				
9. Speech Therapist	13,000	120				
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
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	83				
B-13 Total Fees Paid in Lieu of Salaries	116,168	762				

^{*} 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	License No.	Report for Y	Year Ended	Page	of			
Apple Rehab Laurel Woods	2121-C	Dalatad*	9/30/2017 * to Owners,		14	37		
Name & Address of Individual	Full Explanation of Service		ors, Officers	7				
Traine & Tradress of Marviadar	Tun Explanation of Bol vice	Yes	No					
Anuruddha Walaiyadda 11 New England Dr. Wallingford, CT	Medical Director	0	•					
Healthport Services 21 Waterville Road Avon, CT	Employee Staffing	•	0	See Disclosure	e Pg. 4			
West River Pharmacy 41 Northwest Dr. Plainville, CT	Pharmacist	0	•					
Health Drive Dental 888 Worster St. Wellesley, MA	Dentist	0	•					
RD Nutriction Concultants LLC 505 Cornhusker Rd. Bellvue, NE	Dietician	0	•					
Rehability Care PO Box 823461 Philadelphia, PA	Therapy Consultant	0	•					
Mark Drabinski 151 Bartlett Dr. Madison, CT	Staff Physician	0	•					
Dharini Sun, MD 2690 Whitney Ave. Hamden, CT	Staff Physician	0	•					
CT Purchasing Consultants 88 Ryders Lane Stratford, CT	Purchasing Consultant	0	•					
PatientPing 10 Post Office Square Boston, MA	Admissions/Discharge Consultant	0	•					
Pointright PO Box 4110 Woburn, MA	Data Integrity Auditor	0	•					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					

^{*} Use additional sheets if necessary.

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility		License No.		Report for Yo	ear Ended	Page	of
Apple Rehab Lau	rel Woods	2121-C		9/30/2017		15	37
	Item			Total	CCNH	RHNS	(Specify)
1. Administrativ							
	Health & Welfare Benefits						
	men's Compensation		\$	66,052	66,052		
	ility Insurance		\$				
	ployment Insurance		\$	87,557	87,557		
	Security (F.I.C.A.)		\$	437,606	437,606		
5. Health	Insurance		\$	503,686	503,686		
6. Life I	nsurance (employees only)						
(not-o	wners and not-operators)		\$	30,609	30,609		
7. Pensio	ons (Non-Discriminatory)		\$	24,175	24,175		
(not-o	wners and not-operators)						
8. Unifo	rm Allowance		\$				
9. Other	(Specify)		\$				
See A	ttached Schedule						
b. Personal I	Retirement Plans, Pensions, and	d	\$				
Profit Sha	ring Plans for Owners and						
Operators	(Discriminatory)*						
•	• •						
c. Bad Debt	S*		\$	596,136	596,136		
d. Accounting	g and Auditing		\$	11,958	11,958		
	vices should be fully described	d on Page 7)	\$				
	on Lives of Owners and	<u> </u>	\$				
Operators	(Specify)*						
g. Office Su			\$	21,946	21,946		
	e and Cellular Phones			,	,		
_	none & Pagers		\$	26,151	26,151		
2. Cellul	•		\$	ŕ	,		
-	(Specify purpose and		\$				
attach coj			Ī				
P							
i. Corporation	on Business Taxes (franchise t	\overline{ax})	\$	250	250		
	es (Not related to property - S	•					
1. Incom			\$				
2. Other			\$				
	ttached Schedule		Ψ				
	ent Day User Fee		\$	750,602	750,602		
Subtotal Subtotal			\$	2,556,728	2,556,728		
~			Ψ	2,230,720	2,330,720		

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

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

Apple Rehab Laurel Woods 9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Tatal	¢	¢	¢
Total	\$ -	\$ -	\$ -

Schedule of Other Taxes

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

CSP-16 Rev. 9/2002

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

Name of Facility	License No.	Report for	Year Ended	Page	of
Apple Rehab Laurel Woods	2121-C	9/30/2017		16	37
	<u> </u>				
Item		Total	CCNH	RHNS	(Specify)
Subtotal	s Brought Forward		2,556,728		. 1
Travel and Entertainment	Ŭ				
Resident Travel and Entertainment		847	847		
2. Holiday Parties for Staff		7,152	7,152		
3. Gifts to Staff and Residents		\$ 23,410	23,410		
4. Employee Travel		5,807	5,807		
Education Expenses Related to Seminars an	d Conventions	2,755	2,755		
6. Automobile Expense (not purchase or depr	eciation)	\$			
7. Other (<i>Specify</i>)		\$			
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expense	s)	\$ 408	408		
2. Advertising Telephone Directory (all such e	expenses)***	\$			
3. Advertising Other (Specify)***		\$ 28,840	28,840		
See Attached Schedule					
4. Fund-Raising***		\$			
5. Medical Records		\$			
6. Barber and Beauty Supplies (if this service	is supplied	\$			
directly and not by contract or fee for service	e)***				
7. Postage		5,159	5,159		
* 8. Dues and Membership Fees to Professional		9,434	9,434		
Associations (Specify)					
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-A	llowable Org.***	\$ 475	475		
9. Subscriptions		3,834	3,834		
10. Contributions***		\$			
See Attached Schedule					
11. Services Provided by Contract (Specify and	Complete	\$			
Schedule C-2, Page 21 for each firm or indi	ividual)				
12. Administrative Management Services**		545,601	545,601		
13. Other (Specify)		\$ 130,808	130,808	_	
See Attached Schedule					
C-14 Total Administrative & General Expenditures		\$ 3,321,256	3,321,256		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CC	NH	RHNS	(Specify)
Advertising - Public Relations	\$	28,840		
Total Other Advertising	\$:	28,840	\$.	\$ -

Schedule of Dues

Description	(CCNH	RF	RHNS		cify)
CAHCF	\$	9,339				
CATRD	\$	95				
Total Dues	\$	9,434	\$	-	\$	-
Total Dues	\$	9,434	\$	-	\$	-

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	(CCNH	RHNS	(Specify)
Corporate Fees Non Reimburable	\$	76,013		
Licenses & Fees	\$	4,552		
Pre Employment Screenings	\$	17,761		
Point Click Care Fees	\$	18,332		
Bank Charges, Penalties, Fees	\$	3,953		
Healthport Indirect	\$	417		
Legal Fees - Probate & Collection	\$	469		
Resident Expenses	\$	4,533		
Account W/O & Prior Period Adjustments	\$	1,322		
User Fee Audit Expense	\$	3,455		
Total Other Administrative and General	\$	130,808	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Apple Rehab Laurel Woods	2121-C	9/30/2017	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.	545,601	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			License		Report for Y		Page of
App	le Rehab Laurel Woods			2121-C	9/30/2017	/ <u> </u>	18 37
	Item			Total	CCNH	RHNS	(Specify)
2.	Dietary						
	a. In-House Preparation & Service						
	1. Raw Food		\$		290,963		
	2. Non-Food Supplies		\$		51,667		
	3. Other (<i>Specify</i>)		_ \$				
	b. Purchased Services (by contract other		\$	1,605	1,605		
	than through Management Services)			,			
	(Complete Schedule C-2 att. Page 21)						
	c. Management Services**		\$				
	d. Other (Specify)		_ \$				
	The Line of the Control of the Contr						
2E.	Total Dietary Expenditures $(2a + b + c + d)$		\$	344,235	344,235	<u> </u>	
2F.	Dietary Questionnaire			Total	CCNH	RHNS	(Specify)
G.	Resident Meals: Total no. of meals served per	day	y:*	332	332		
H.	Is cost of employee meals included in 2E?	0	Yes	•	No		
I.	Did you receive revenue from employees?	0	Yes	•	No	If yes, specify amt.	
J.	Where is the revenue received reported in the	Cos	st Repor	t? (Page/Line	Item)		
	Is cost of meals provided to persons other					If yes, specify	
K.	than employees or residents (i.e., Board	0	Yes	•	No	cost.	
	Members, Guests) included in 2E?						
L.	Is any revenue collected from these people?	0	Yes	•	No	If yes, specify	
				·0 /D ~:	Y . \	amt.	
Μ.	Where is the revenue received reported in the	Cos	st Repor	t? (Page/Line	Item)		
	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board					If yes, specify	
N.	meetings) provided to employees included	0	Yes	•	No	cost.	
	in 2E?					- COSC.	
		_				If yes, specify	
O.	Is any revenue collected from employees?	O	Yes	•	No	amt.	
P.	Where is the revenue received reported in the	Cos	st Repor	t? (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			No.	Report for Y	ear Ended	Page	of
Apple Rehab Laurel Woods			121-C	9/30/2017	T	19	37
	Item		Total	CCNH	RHNS	(Spe	ecify)
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items	Lbs.	22,034	22,034			
	washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.					
	processed.***	Amt. \$					
	3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.					
	4. Repair and/or purchase of linens.***	Lbs.					
	 b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services** d. Other (Specify) 	Amt. \$ \$ \$ \$ \$	16,768	16,768			
3E.	Total Laundry Expenditures $(3a + b + c + d)$	\$	38,802	38,802			
3F.	Laundry Questionnaire		,				
G.	Is cost of employee laundry included in 3E? O	Yes	•	No	If yes, specify cost.		
H.	Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost	Report?		(Page/Line	Item)		
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	•	No	If yes, specify cost.		
K.	Did you receive revenue from these people?	Yes	•	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.	License No. Report for Year Ended			Page	of
Apple Rehab Laurel Woods	2121-C		9/30/2017		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced		44,308	44,308		
a. In-House Care	by Personnel					
1. Supplies - Cleaning (<i>Mops</i> ,	Amt.	\$	38,484	38,484		
pails, brooms, etc.)						
b. Purchased Services (by contract other	Sq. Ft. Serviced					
than through Management Services)	by Personnel					
(Complete Schedule C-2 att.	Amt.	\$				
Page 21)						
c. Management Services*		\$				
d. Other (<i>Specify</i>)		\$				
4E. Total Housekeeping Expenditures (4a +	b+c+d	\$	38,484	38,484		
5. Resident Care (Supplies)**		- 1				
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from		\$	286,981	286,981		
West River Pharmacy						
b. Medicine Cabinet Drugs		\$				
c. Medical and Therapeutic Supplies		\$	237,938	237,938		
d. Ambulance/Limousine***		\$				
e. Oxygen						
1. For Emergency Use		\$				
2. Other***		\$	47,680	47,680		
f. X-rays and Related Radiological		\$	8,667	8,667		
Procedures***						
g. Dental (Not dentists who should be inc	cluded under	\$				
salaries or fees)						
h. Laboratory***		\$	14,795	14,795		
i. Recreation		\$	39,061	39,061		
j. Other (Specify)****		\$	49,788	49,788		
See Attached Schedule						
5K. Total Resident Care Expenditures (5a - 5	ōj)	\$	684,910	684,910		

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

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

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

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

Schedule of Other Resident Care

Description	C	CNH	RHNS	(Specify)
Nursing Station Supplies	\$	2,754		
Rehab Service Supplies	\$	14,048		
IV Therapy Supplies	\$	32,986		
Total Other Resident Care	\$	49,788	\$ -	\$ -

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

Name of Facility Apple Rehab Laurel Woods				License No. 2121-C	Report for Year Ended 9/30/2017				Page 21	of 37
		Related ** Operators					Total Cost	Page Ref.**	*	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
CWPM, LLC	25 Norton Place Plainville, CT	0	•		Refuse Removal	22,891				6f
Stericycle	PO Box 6582 Carol Stream, IL	0	•		Refuse Removal	14,183			22	6f
Perfectemp Heating & Air Conditioning	635 Old Turnpike Rd. Plantsville, CT	0	•		HVAC	15,689			22	ба
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							

st 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 Y	ear Ended		Page	of
Apple Rehab Laurel Woods	2121-C	9/30/2017			22	37
Item		Total	CCNH	RHNS	(Spec	cify)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	168,933	168,933			
b. Heat	\$	52,852	52,852			
c. Light & Power	\$	120,800	120,800			
d. Water	\$	53,268	53,268			
e. Equipment Lease (Provide detail on	page 6) \$					
f. Other (itemize)	\$	44,106	44,106			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a	- 6f) \$	439,959	439,959			
7. Depreciation (complete schedule page 2	3*)					
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$	845	845			
d. Movable Equipment	\$	86,445	86,445			
*7e. <i>Total Depreciation Costs</i> $(7a + b + c + $	d) \$	87,290	87,290			
8. Amortization (Complete att. Schedule P.	age 24*)					
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	17,785	17,785			
d. Other (Specify)	\$					
*8e. <i>Total Amortization Costs</i> (8a + b + c +	d) \$	17,785	17,785			
9. Rental payments on leased real property	less		_			
real estate taxes included in item 10b	\$	1,080,000	1,080,000			
10. Property Taxes			_			
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	1,916	1,916			
c. Personal property taxes	\$	8,327	8,327			
11. <i>Total Property Expenses</i> (7e + 8e + 9 +	- 10) \$	1,195,318	1,195,318			

^{*} 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		\$ 44,106		
Total Other Repairs and Maintenance	9	\$ 44,106	\$ -	\$ -

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Depreciation Schedule

Name of Facility					License No.	iation St		Report for Year F	Ended		Page	of
Apple Rehab Laurel Woods			2121	-C		9/30/2017			23	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
A. Land Improvements												
Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)										
A-4. Subtotal												
B. Building and Building Improvements												
Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)										
B-4. Subtotal												
C. Non-Movable Equipment												
Acquired prior to this report period			8,449		8,449	4,802	SL	Various	845			
<u> </u>	2. Disposals (attach schedule)											
3. Acquired during this report period (atta	ch sch	edule)										
C-4. Subtotal												845
	logb mainta	nileage book ained?	Dat Acqui		Historical Cost Exclusive of	Less Salvage	Cost to Be	Accumulated Depreciation to Beginning of	Method of Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment 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			Var	Var	795,471		795,471	521,368	SL	Various	85,190	
b. Disposals (attach schedule)	-											
c. Acquired during this report period												
(attach schedule)			Var	Var	18,016		18,016		SL	Various	1,255	
D-3. Subtotal												86,445
E. Total Depreciation												87,290

Schedule of Land Improvements Acquired during this report period

-	or required during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Total additions for Land Improvements		\$ -		\$ -
Deletions:				
Total deletions for Land Impro	vements	\$ -		\$ -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

	comments required during and report period		Useful				
Acquisition Date	Description of Item	Cost	Life	Depreciation			
Additions:	-						
Total additions for Buildin	ng Improvements	\$ -		\$ -			
Deletions:							
Total deletions for Building Improvements		\$ -		\$ -			

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

		Useful					
Acquisition Date	Description of Item	Cost	Life	Depreciation			
Additions:							
Total additions for Non-M	Iovable Equipment	\$ -		\$ -			
Deletions:							
Total deletions for Non-M	ovable Equipment	\$ -		\$ -			

^{*}Ties to Page 23, Line C3

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

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

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

Schedule of Movable Equipment Acquired during this report period

belieduic of 1/10/40	ne Equipment required during and report period	• •							
Acquisition Date	Description of Item	Co	.at	Useful Life	Depreciation				
Additions:	Description of item		ist	Life					
	Bladder Scanner	\$	1,597	3	\$	666			
2/1/2017	2 Linen Carts	\$	1,032	10	\$	38			
2/16/2017	12 RCA 32" TV's	\$	4,162	5	\$	297			
3/30/2017	Sit to Stand Patient Lift	\$	2,233	10	\$	75			
7/27/2017	Wheelchair Scale	\$	2,162	10	\$	45			
8/10/2017	Speed Queen Dryer	\$	4,360	10	\$	79			
8/22/2017	Dishwasher repair	\$	1,164	5	\$	36			
9/18/2017	Ice Maker - Water Regulating Valve	\$	1,305	5	\$	20			
Total additions for	Movable Equipment	\$	18,016		\$	1,255			
Deletions:									
Total deletions for	Movable Equipment	\$	-		\$	-			

^{*}Ties to Page 23, Line D2c

.....

Schedule of Leasehold Improvements Acquired during this report period

				Useful			
Acquisition Date	Description of Item		Cost	Life	Depreciation		
Additions:	_						
7/5/2017	Fire Spinkler Backflow	\$	3,102	10	\$	76	
7/28/2017	Fire Sprinkler Bypass	\$	1,098	10	\$	23	
Total additions for	Leasehold Improvement	\$	4,200		\$	99	*
	Leasenoid Improvement	ф	4,200		Þ	99	
Deletions:							
Total deletions for Leasehold Improvement		\$	-		\$	-	*

^{*}Ties to Page 24, Line C3

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

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

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Nam	e of Facility		License No.		Report for Yea	r Ended	Page	of		
Appl	e Rehab Laurel Woods			2121-C		9/30/2017			24	37
			e of sition			Accumulated Amort. to Beginning of	Basis for			
	- .	3.6 .1	T 7	Length of	Cost to Be	Year's	Computing		Amortization	m . 1
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									
-	1.									
	2.									
A 1	3.									
A-4.										
В.	Mortgage Expense									
-	1.									
-	2.									
D 4	3.									
	Subtotal									
C.	Leasehold Improvements and Other 1. Acquired prior to this report period	Var	Var		244,530	126,757	SL		17,687	
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
	(attach schedule)	Var	Var		4,200				99	
C-4.	C-4. Subtotal								17,785	
D.	Total Amortization									17,785

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

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

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

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

Name of Facility	License No.	Report for Year En	ided		Page of		
Apple Rehab Laurel Woods	2121-C	9/30/2017			25 37		
11. Property Questionnaire							
Part A							
Is the property either owned by the	ne Facility				If "Yes," complete Part B.		
or leased from a Related Party?*	C C	Yes	•	No	If "No," complete Part C.		
*If any owner or operator of this fa	cility is related by family	marriage ownershin ahi	lity to control or		ir 100, complete rail co		
business association to any person							
a related party transaction.							
Description		Total					
Date Land Purchased							
2. Date Structure Completed							
3. If NOT Original Owner, Dat	e of Purchase						
4. Date of Initial Licensure							
5. Total Licensed Bed Capacity		120					
6. Square Footage		44,308					
7. Acquisition Cost							
a. Land b. Building							
Part B - Owner and Related Pa	utica	1 at Mantagaga	2md Montages	3rd Mortgage	4th Montoco		
1. Financing	irues	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage		
a. Type of Financing (e.g., f	ived variable)	Fixed					
b. Date Mortgage Obtained	ixed, variable)	12/20/13					
c. Interest Rate for the Cost	Year	439.00%					
d. Term of Mortgage (numb		30					
e. Amount of Principal Born	•	7,882,300					
f. Principal balance outstand		7,389,265					
Complete if Mortgage was	Refinanced						
During Current Cost Yo							
g. Type of Financing (e.g., f							
h. Date of Refinancing							
i. New Interest Rate							
j. Term of Mortgage (numb	er of years)						
 k. Amount of Principal Born 							
Principal Outstanding on							
Part C - Arms-Length Leas			,				
Name and Address of Lesso	or Pro	perty Leased	Date of Lease	Term of Lease	Annual Amount of Lease		
			<u> </u>	<u> </u>	1		

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 Y		Page of	
Apple Rehab Laurel Woods	2121-C		9/30/2017			26 37
It	em		Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Impre	ovement & Non-Movab	le				
Equipment		Φ.				
1. First Mortgage Name of Lender		\$ Data				
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 Inform	nation		-			
1. Original Loan An	nount	\$				
2. Loan Origination	Date					
3. Interest Rate %						
4. Term						
5. CHEFA Interest I	Expense					
12 B7. Total Building Interest B	Expense $(A1 - A4 + B5)$) \$				

(Carry Subtotals forward to next page)

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

Name of Facility	License No.		Report for Year Ended 9/30/2017			Page of
Apple Rehab Laurel Woods	2121-C		7/30/201/			27 37
Ite			Total	CCNH	RHNS	(Specify)
	Subtotals Bro	ught Forward:				
12. C. Movable Equipment						
1. Automotive Equipme		\$				
A. Item	Rate	Amount				
Lender	•	1				
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender		1				
Address of Lender						
B. Item	Rate	Amount				
Lender		1				
Address of Lender						
12. C. 3. Total Movable Equip	ment Interest					
Expense $(C1 + 2)$		\$				
12. D. Other Interest Expense (Specify)	\$	12,142	12,142		
Interest on Dostie Note						
13. Total All Interest Expense (1	12B7 + 12C3 + 12D) \$	12,142	12,142		
14. Insurance						
a. Insurance on Property (b		\$		14,373		
b. Insurance on Automobile		\$				
c. Insurance other than Pro		above) \$				
1. Umbrella (<i>Blanket Co</i> 2. Fire and Extended Co						
3. Other (<i>Specify</i>)	relage	\$ \$				
3. Other (specify)		Ф				
14d Total Inguir - Francisco	og (14g + 1 · -)	\$	14 272	14.272		
14d. Total Insurance Expenditure 15. Total All Expenditures (A-13)			14,373			
13. Ioiai Au Expenauures (A-13	э ин и C-14)	\$	12,191,491	12,191,491		

D. Adjustments to Statement of Expenditures

Name	e of Fa	acility		Lic	ense No.	Report for Year	r Ended	Page of
Appl	e Reha	ab Lau	rel Woods		2121-C	9/30/2017		28 37
	Page No.		Item Description		Total Amount of Decrease	CCNH	RHNS	(Specify)
			es and Wages					1 37
1.			Outpatient Service Costs	\$				
2.			Salaries not related to Resident Care	\$				
3.	10	A12g	Occupational Therapy	\$	291,994	291,994		
4.			Other - See attached Schedule	\$				
Page	13 - I	Profes	sional Fees					
5.			Resident Care Physicians **	\$				
6.	13	B10a	Occupational Therapy	\$				
7.			Other - See attached Schedule	\$				
Page	s 15 &	16 -	Administrative and General					
8.			Discriminatory Benefits	\$				
9.	15	1c	Bad Debts	\$	596,136	596,136		
10.	15/16	1d/m	Accounting & Legal	\$	9,002	9,002		
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 *	\$	28,840	28,840		
19.			Income Tax / Corporate Business Tax	\$,		
20.	16		Fund Raising / Contributions	\$				
21.			Unallowable Management Fees	\$				
22.			Barber and Beauty	\$				
23.			Other - See attached Schedule	\$	148,883	148,883		
	18 - I	Dietar	y Expenditures					
24.	T		Meals to employees, guests and others					
			who are not residents	\$	655	655		
Page	19 - 1	aund	ry Expenditures	т.				
25.			Laundry services to employees, guests					
			and others who are not residents	\$				
Page	20 - I	Iouse	keeping Expenditures	*				
26.			Housekeeping services to employees, guests					
			and others who are not residents	\$				
	1		Subtotal (Items 1 - 26)	_	1,075,510	1,075,510		
<u> </u>			Wanted"	Ψ		arry Subtotal for		

^{*} 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)
Total Othe	Total Other Salaries Adjustment		\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	er Fees Adj	ustments	\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	(CCNH	RHNS	(Specify)
16	m13	Corporate Fee - Non Reimbursable	\$	76,013		
16	1.3	Employee Recognition/Gift/Parties	\$	23,410		
16	8a	Chamber of Commerce	\$	475		
16	m13	Bank Charges, Penalties, Fees	\$	3,953		
16	m13	Resident Expenses	\$	4,533		
16	m13	Account W/O/Prior Period Adjustments	\$	1,322		
16	m13	User Fee Audit	\$	3,455		
30	IV8	Account W/O - True up State WH	\$	35,722		
Total Othe	r A&G Ad	justments	\$	148,883	\$ -	\$ -

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

Nam	e of Fa	acility	D. Adjustments to Statemen		ense No.	Report for Y		Page	of
		-	ırel Woods	Lic	2121-C	9/30/2017		29	37
тррі	l Kena	io Lac	irei woods	1	Total	7/30/2017		2)	31
Itam	Page	Lina			Amount of				
No.	_		Item Description		Decrease	CCNH	RHNS	(\$1	pecify)
INO.	NO.	NO.	Subtotals Brought Forward	\$	1,075,510	1,075,510	KIINS	(5)	ecity)
Paga	20 - I	Posido	nt Care Supplies***	φ	1,073,310	1,075,510			
27.			Prescription Drugs	\$	286,738	286,738			
28.	16	11 L1	Ambulance/Limousine	\$	847	847			
29.		h	X-rays, etc	\$	8,667	8,667			
30.		f	Laboratory	\$	14,795	14,795			
31.	20	1	Medical Supplies	\$	14,793	14,793			
32.	20	5e2	Oxygen (non emergency)	\$	30,609	30,609			
33.	20	302	Occupational Therapy	\$	30,007	30,007			
34.			Other - See Attached Schedule	\$	47,034	47,034			
	22 - 1	Iaint	enance and Property	Ψ	47,034	47,034			
35.	22 - 1	- Luiiii	Excess Movable Equipment Depreciation	\dashv					
55.			See Attached Schedule	\$					
36.			Depreciation on Unallowable	Ψ					
50.			Motor Vehicles	\$					
37.			Unallowable Property and Real	Ψ					
31.			Estate Taxes	\$					
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$					
	27 - I	้ทรบรก	l .	Ψ					
40.	2, -1	nsuru	Mortgage Insurance	\$					
41.			Property Insurance	\$					
	r - Mis	scella	1 ,	Ψ					
42.	1,110		Research or Experimental Activities	\$					
43.	30	IV4	Radio and Television Revenue	\$					
44.	50		Vending Machine Revenue	\$					
45.			Purchase Discounts and Allowances	\$					
46.			Duplications of functions or services	\$					
47.			Expenditures made for the protection,	Ť					
			enhancement or promotion of the						
			providers interest	\$					
48.	30	IV5	Interest Income on Accounts Rec	\$	1	1			
49.	_		Other (include personnel and other						
			costs unrelated to resident care) - See						
			Attached Schedule	\$					
Not 1	For Pr	ofit P	roviders Only						
50.		. J - V - Z	Building/Non Movable Eq. Depreciation	\dashv					
- 0.			Unallowable Building Interest -						
			See Attached Schedule	\$					
51	Total	Amo	unt of Decrease (Items 1 - 50)	\$	1,464,199	1,464,199			

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	C	CNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$	32,986		
20	5j	Rehab Service Supplies	\$	14,048		
Total Othe	Fotal Other Ancillary Costs		\$	47,034	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	·				
Total Exce	ss Movable	Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	r Property	Adjustments	\$ -	\$ -	\$ -

.....

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	er Adjustmo	ents	\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unal	lowable Bu	nilding Interest	\$ -	\$ -	\$ -

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F. Statement of Revenue

Name of Facility Apple Rehab Laurel Woods	License No. 2121-C		Report for Year Ended 9/30/2017			Page of 30 37
	Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine	Care Revenue					
1. a. Medicaid Residents (CT only	v)	\$	8,333,936	8,333,936		
b. Medicaid Room and Board (Contractual Allowance **	\$				
2. a. Medicaid (All other states)		\$				
b. Other States Room and Boar	d Contractual Allowance **	\$				
3. a. Medicare Residents (all incli	usive)	\$	1,744,381	1,744,381		
b. Medicare Room and Board (Contractual Allowance **	\$	490,355	490,355		
4. a. Private-Pay Residents and O		\$	1,091,559	1,091,559		
b. Private-Pay Room and Board	l Contractual Allowance **	\$				
II. Other Resident Revenue						
a. Prescription Drugs - Medica	re	\$	169,398	169,398		
b. Prescription Drugs - Medica		\$	(169,398)	(169,398)		
c. Prescription Drugs - Non-Mo		\$	75,234	75,234		
	edicare Contractual Allowance **	\$	(75,234)	(75,234)		
a. Medical Supplies - Medicare		\$	(13,234)	(73,234)		
b. Medical Supplies - Medicare		\$				
c. Medical Supplies - Non-Med		\$				
	licare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare		\$	507,229	507,229		
b. Physical Therapy - Medicare		\$	(333,612)	(333,612)		
c. Physical Therapy - Non-Med		\$	155,610	155,610		
	licare Contractual Allowance **	\$	(107,764)	(107,764)		
4. a. Speech Therapy - Medicare	neare Contractual 7 mo wance	\$	35,777	35,777		
b. Speech Therapy - Medicare (Contractual Allowance **	\$	(25,354)	(25,354)		
c. Speech Therapy - Non-Medi		\$	9,585	9,585		
d. Speech Therapy - Non-Medi		\$	(8,325)	(8,325)		
5. a. Occupational Therapy - Med		\$	693,505	693,505		
	dicare Contractual Allowance **	\$	(433,860)	(433,860)		
c. Occupational Therapy - Nor		\$	164,250	164,250		
	n-Medicare Contractual Allowance **	\$	(128,430)	(128,430)		
6. a. Other (Specify) - Medicare	i Medicare Contractual / Mowanee	\$	(120,430)	(120,430)		
b. Other (Specify) - Non-Medic	care	\$				
III. Total Resident Revenue (Section		\$	12,188,841	12,188,841		
IV. Other Revenue*	1. und Section II.)	Ψ	12,100,041	12,100,041		
	Pr others	¢.	CE E	CEE		
Meals sold to guests, employees Partial of manual to manual depth.		\$	655	655		
2. Rental of rooms to non-resident	8	\$				1
3. Telephone	C:	\$				
4. Rental of Television and Cable	Services	\$				
5. Interest Income (Specify) 6. Private Duty Nurses' Fees		\$				1
6. Private Duty Nurses' Fees	chanc	\$				1
7. Barber, Coffee, Beauty and Gift	snops	\$	25010	25.016		
8. Other (Specify)		\$	36,013	36,013		
V. Total Other Revenue (1 thru 8)		\$	36,668	36,668		
VI. Total All Revenue (III+V)		\$	12,225,509	12,225,509		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Total Othe	er Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Total Othe	er Resident Revenue	\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Total Inter	rest Income		\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	(CCNH	RHNS	(Specify)
30	Copies of Medical Records	\$	292		
30	Account W/O - True up State WH	\$	35,722		
Total Othe	er Revenue	\$	36,013	\$ -	\$ -

.....

G. Balance Sheet

	- 01	Facility	License No.	Report for Year End	lea	Page	of
Appl	e R	ehab Laurel Woods	2121-C	9/30/2017		31	37
			Account			Aı	mount
Asse	ts						
A.	Cu	rrent Assets					
	1.	Cash (on hand and in banks)		\$		24,755
	2.	Resident Accounts Receivab	ole (Less Allowance	for Bad Debts)	\$		2,083,492
	3.	Other Accounts Receivable	(Excluding Owners of	or Related Parties)	\$		
	4	Inventories			\$		19,038
	5.	Prepaid Expenses			\$		6,840
		a. Prepaid Property Tax		1,724			
		b. Prepaid Insurance					
		c. Prepaid Other		5,116			
		d.					
	6.	Interest Receivable			\$		
	7.	Medicare Final Settlement R	Receivable		\$		
	8.	Other Current Assets (itemiz	e)		\$		
		Due Affiliate (Debit Balance)					
					_		
					_		
A-9.	To	tal Current Assets (Lines A1	thru 8)		\$		2,134,126
B.	Fix	ked Assets					
	1.	Land			\$		
	2.	Land Improvements	*Historical Cost		\$		
		-	Accum. Depreciat	ion Ne	t		
	3.	Buildings	*Historical Cost		\$		
		C	Accum. Depreciat	ion Ne	t I		
	4.	Leasehold Improvements	*Historical Cost	248,730	\$		104,188
		•	Accum. Depreciat	ion 144,542 Net	t I		·
	5.	Non-Movable Equipment	*Historical Cost	8,449	\$		2,803
		1 1	Accum. Depreciat		t l		,
	6.	Movable Equipment	*Historical Cost	813,487	\$		205,674
		1 1	Accum. Depreciat		t l		,
	7.	Motor Vehicles	*Historical Cost	,	\$		
			Accum. Depreciat	ion Ne			
	8.	Minor Equipment-Not Depre			\$		
	9.	Other Fixed Assets (itemize)		\$		
		Fixed Asset Clearing Acc					
		Construction in Progress					
B-10)	Total Fixed Assets (Lines B	1 thru 9)		\$		312,664

^{*} 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 Facil	lity	License No.	Report for Year Ended		Page	of
Apple Rehab	Laurel Woods	2121-C	9/30/2017		32	37
		Account			Amou	ınt
			Total Brought Forward	: \$		2,446,790
C. Leaseho	old or like property record	ded for Equity Purpos	ses.			
1. Land	d			\$		
2. Land	d Improvements	*Historical Cost				
		Accum. Depreciation	on Net	\$		
3. Buil	dings	*Historical Cost				
		Accum. Depreciation	on Net	\$		
4. Non	-Movable Equipment	*Historical Cost				
		Accum. Depreciation	on Net	\$		
5. Mov	able Equipment	*Historical Cost				
		Accum. Depreciation	on Net	\$		
6. Mote	or Vehicles	*Historical Cost				
		Accum. Depreciation	on Net	\$		
7. Mine	or Equipment-Not Depre	ciable		\$		
C-8 Total Le	easehold or Like Properi	ties (C1 thru 7)		\$		
D. Investme	ent and Other Assets					
1. Defe	erred Deposits			\$		
2. Escr	ow Deposits			\$		
3. Orga	anization Expense	*Historical Cost				
		Accum. Depreciation	on Net	\$		
4. Goo	dwill (Purchased Only)			\$		(120)
5. Inve	stments Related to Resid	lent Care (itemize)		\$		
6. Loar	ns to Owners or Related	Parties (itemize)		\$		
	Name and Address	Amount	Loan Date	4		
7 04	A agata (ita :::)			¢.		
	er Assets (itemize)			\$		
	oans Rec Officers/Own	ner		-		
	Capitalized Refinance			-		
	easehold Deposits	gata (Linas D1 th 7	^	¢.		(120)
	vestments and Other As Il Assets (Lines A9 + B1	`)	\$ \$		(120)
ט-9. Total Al	u Asseis (Lilles A5 + D1	υ + Co + Do)		Ф		2,446,670

^{*} 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 Laurel W				33	37	
		Account			Aı	mount
Liabilities						
	Liabilities					
	de Accounts Payable			\$		1,029,041
2. Not	es Payable (itemize)			\$	<u> </u>	
				-		
				-		
2 1	D11. C E	(C	•, • >	0	h	
3. Loa	ns Payable for Equipme Name of Lender				5	
	Name of Lender	Purpose	Amount	Date Due		
4. Acc	crued Payroll (Exclusive	e of Owners and/or Sto	ckholders only)	9	5	80,859
5. Acc	crued Payroll (Owners a	und/or Stockholders on	ly)	9	5	
6. Acc	crued Payroll Taxes Pay	able	-	\$	5	10,553
	dicare Final Settlement			\$	5	
8. Me	dicare Current Financin	g Payable		\$	3	
9. Mo	rtgage Payable (Curren	t Portion)		\$	5	
10. Inte	erest Payable (Exclusive	of Owner and/or Rela	ted Parties)	\$	5	
11. Acc	crued Income Taxes*			\$	5	
12. Oth	er Current Liabilities (i	temize)		\$	5	2,743,908
Accr	ued PTO	257,203	Accrued Prof Fees	13,306		
Accr	ued Pension	868	Payroll W/H	26,882		
Accr	ued Worker's Comp	77,055	Due Affiliate (Credit Bala	2,170,819		
	ued Expense Other	197,776				
A-13. <i>Total C</i>	urrent Liabilities (Line	es A1 thru 12)			5	3,864,362

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

CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	r Ended	P	age	of
Apple Rehab Laurel Woods	2121-C	9/30/2017		3	34	37
	Account				Amou	nt
		Total Broug	tht Forward:			3,864,362
Liabilities (cont'd)						
B. Long-Term Liabilities						
Loans Payable-Equipment		•		\$		
Name of Lender	Purpose	Amount	Date Due			
2. Mortgages Payable		ı		\$		
3. Loans from Owners or Rel	ated Parties (itemize)			\$		452,369
Name and Address of Lender	Amount	Loan I	Date	Ť		10 = 1,0 03
Brian J. Foley	452,369	Demand				
	.02,000					
4. Other Long-Term Liabilitie	es (itemize)	1		\$		128,536
Dostie Note L/T	is (meninge)	128,536		Ψ		120,550
Dosile Note Li I		120,330				
-						
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$		580,905
C. Total All Liabilities (Lines A-	13 + B-5)			\$		4,445,267

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

	ne of Facility	License No.	Report for Y	ear Ended	Page	of
App	ole Rehab Laurel Woods	2121-C	9/30/2017		35	37
A.	Reserves	Account			F	Amount
A.		11 1			Φ.	
	1. Reserve for value of lease				\$	
	2. Reserve for depreciation v	alue of leased build	ings and appurte	enances		
	to be amortized				\$	
	3. Reserve for depreciation v	alue of leased perso	nal property (Eq	quity)	\$	
	4. Reserve for leasehold real	properties on which	fair rental valu	e is based	\$	
	5. Reserve for funds set aside	e as donor restricted			\$	
	6. Total Reserves				\$	
B.	Net Worth					
	1. Owner's Capital				\$	6,314,746
	2. Capital Stock				\$	
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	(8,347,361)
	6. Gain or Loss for Period	10/1/20	016 thru	9/30/2017	\$	34,018
	7. Total Net Worth				\$	(1,998,598)
C.	Total Reserves and Net Worth	'n			\$	(1,998,598)
D.	Total Liabilities, Reserves, an	d Net Worth			\$	2,446,670

H. Changes in Total Net Worth

Nam	e of Facility	License No.	Report for Year	Ended	Page	of
Appl	e Rehab Laurel Woods	2121-C	9/30/2017		36	37
		Account			A	mount
A.	Balance at End of Prior Period as s	shown on Report of	09/30/2016		\$	(2,025,798)
B.	Total Revenue (From Statement of	Revenue Page 30)			\$	12,225,509
C.	Total Expenditures (From Stateme	nt of Expenditures	Page 27)		\$	12,191,491
D.	Net Income or Deficit				\$	34,018
E.	Balance				\$	(1,991,780)
F.	Additions					
	1. Additional Capital Contributed	(itemize)				
	2. Other (<i>itemize</i>)					
					Φ.	
	Total Additions				\$	
G.	Deductions	7D (G (G)			Φ.	
	1. Drawings of Owners/Operators				\$	6,818
	Name and Address (No., City,	State, Zip)	Title	Amount		
Bria	n Foley		President	6,818		
	2. Other Withdrawings (Specify)				\$	
	Purpose		Amo	unt		
	3. Total Deductions				\$	6,818
	Balance at End of Period					

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page of		
Apple Rehab Laurel Woods	2121-C	9/30/2017	37 37		
	Check appropriate category				
Chronic and Convalescent Nursing Home only (CCNH)	☐ Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)			
	Preparer/Reviewer Certific	ation			
I have read the most recent Federal a appropriate personnel as to the possi applicable regulations. All non-reim automatically removed in the State raperformed by me are properly reported.	report and am familiar with the applicand State issued field audit reports for the ble inclusion in this report of expenses abursable expenses of which I am aware attended to the computation system) as a result of read as such in this report on Pages 28 and rained in this report is in agreement with	ne Facility and have inquired of which are not reimbursable under to e (except those expenses known to leading reports, inquiry or other ser d 29 (adjustments to statement of	the be vices		
Signature of Preparer	Title	Date Signed	Date Signed		
Printed Name of Preparer	I	L			
Robert Gwizdak					
Address		Phone Number			
21 Waterville Road Avon, CT 06001		(860) 678-9755			

Error Check

Level	Item	Reported as		
	Page 23 - Historical Cost of Non-Movable Eq.	8,449	is inconsistent with Page 31	8,449
	Page 23 - Historical Cost of Movable Eq.	813,487	is inconsistent with Page 31	813,487
	Page 23 - Accumulated Dep. of Non-Movable Eq.	5,647	is inconsistent with Page 31	5,647
	Page 24 - Historical Cost of Leasehold Imp.	248,730	is inconsistent with Page 31	248,730
	Page 24 - Accumulated Amort. of Leasehold Imp.	144,542	is inconsistent with Page 31	144,542
-	Page 35 - Total Liabilities, Reserves and Net Wort	2,446,670	Total Assets	2,446,670

Apple Rehab Laurel Woods For Cost Year Ended September 30, 2017

		2016	2017	Adjustments		Cost	Report Refere	ences
	-	10/1 - 12/31	1/1 - 9/30	DR	CR	Total	Report	Self Disallow
10111	Cash Corporate	\$0.00	\$0.00			0.00	Page/Line # 31A1	Page/Line #
10116	Cash - Laurel Woods	242,393.55	(178,813.51)			63,580.04	31A1	
10117	Cash - Saybrook	0.00	0.00			0.00	31A1	
10201	Petty Cash	400.00	0.00			400.00	31A1	
10301	Cash - Patient Personal Need	0.00	0.00			0.00	31A1	
10401 10402	Exchange Exchange - Arlene Sheehan	(38,161.47) 0.00	(915.78) (176.00)			(39,077.25) (176.00)	31A1 31A1	
10403	Exchange - Donations	28.50	0.00			28.50	31A1	
10404	Exchange - Wellness	0.00	0.00			0.00	31A1	
10405	Exchange - A/R	0.00	0.00			0.00	31A1	
11001 11002	A/R Private Patients A/R Medicare Patients	1,554,974.87 242,882.97	123,751.36 34,348.59			1,678,726.23	31A2 31A2	
11002	A/R Medicaid Patients	986,366.26	456,421.12			277,231.56 1,442,787.38	31A2 31A2	
11004	A/R Veterans Admin	0.00	0.00			0.00	31A2	
11005	A/R Other	0.00	190,520.18			190,520.18	31A2	
11010	A/R State Retro	0.00	0.00			0.00	31A2	
11011	A/R Medicaid Pending	0.00	0.00			0.00	31A2	
11015 11020	A/R Medicare Retro A/R Clearing	0.00 0.00	0.00 0.00			0.00 0.00	31A2 31A2	
11050	Reserve for Doubtful Accounts	(1,505,773.00)	0.00			(1,505,773.00)	31A2	
11101	Loans Rec Officers/Owner	0.00	0.00			0.00	32D7	
12005	Dietary Supply Inventory	7,878.00	(1,638.00)			6,240.00	31A4	
12010	Housekeeping Supply Inventory	962.00	(440.00)			522.00	31A4	
12015	Medical & Nursing Supply Inventory	5,909.00	1,855.00			7,764.00	31A4	
12020 12025	Maintenance Supply Inventory Laundry Supply Inventory	2,559.00 554.00	355.00 212.00			2,914.00 766.00	31A4 31A4	
12023	Recreation Supply Inventory	0.00	0.00			0.00	31A4	
12035	Office/Misc. Supply Inventory	533.00	299.00			832.00	31A4	
13002	Prepaid Insurance	167.81	(167.81)			0.00	31A5b	
13006	Prepaid Property Tax	(0.06)	1,724.36			1,724.30	31A5b	
13010	Other Prepaid Expenses	0.00	5,116.11			5,116.11	31A5c	
15501 15502	Non Moveable Equipment Moveable Equipment	8,449.49 797,068.07	0.00 16,418.58			8,449.49 813,486.65	31B5 31B6	
16001	Auto & Trucks	0.00	0.00			0.00	31B7	
16501	Leasehold Improvements	244,529.99	4,199.91			248,729.90	31B4	
16598	Fixed Asset Proceeds Clearing Account	0.00	0.00			0.00	31B9	
16599	Fixed Asset Clearing A/C	71,336.27	(71,336.27)			0.00	31B9	
16601 16750	Capitalized Refinance Expense Construction in Progress	0.00 0.00	0.00 0.00			0.00 0.00	31B9 31B9	
17001	Acc. Depreciation Non Moveable Equipmen	(5,013.05)	(633.87)			(5,646.92)	31B5	
17002	Acc. Depreciation Moveable Equipment	(557,164.95)	(63,891.09)	13,243.16		(607,812.88)	31B6	
17003	Acc. Depreciation Auto & Truck	0.00	0.00			0.00	31B7	
17005	Acc. Amortization Leasehold Imp.	(134,607.09)	(13,366.43)	3,431.52		(144,542.00)	31B4	
19101	Leasehold Deposits	0.00	0.00			0.00	32D7	
19501 20101	Goodwill A/P Trade	(120.00) (925,033.09)	(118,438.26)			(120.00) (1,043,471.35)	32D7 33A1	
20104	A/P Patient Need Account	0.00	0.00			0.00	33A1	
20110	A/P Patient Exchange	8,627.92	5,802.02			14,429.94	33A12	
20115	A/P Other	(349,946.08)	(102,422.95)			(452,369.03)	34B3	
20200	Due Affiliate -Corporate	(2,195,701.55)	55,240.25	15,495.29	(45,852.53)	(2,170,818.54)	31A8	
20250 20256	Loan Payable Officer Dostie Note S/T	0.00 0.00	0.00 0.00			0.00 0.00	34B4 34B4	
20501	Accrued Payroll	(138,614.71)	29,487.15	28,268.20		(80,859.36)	33A4	
20601	Accrued Vacation	(208,680.74)	0.00	208,680.74	(257,202.53)	(257,202.53)	33A12	
21001	Federal Withholding	(11,654.11)	11,654.11			0.00	33A6	
21002	State Withholding	(4,117.99)	4,117.99			0.00	33A6	
21005	FICA - Employee	(9,418.23)	9,418.23			0.00	33A6	
21006 21010	FICA - Employer Federal Unemployment Comp.	(12,643.17) (745.90)	11,754.66 613.25			(888.51) (132.65)	33A6 33A6	
21010	State Unemployment Comp.	(12,827.94)	3,295.88			(9,532.06)	33A6	
21035	Other Employee Withhold	(25,817.82)	0.00			(25,817.82)	33A12	
21037	Employee Withholding (HCRA/DCRA)	(2,457.03)	(3,755.30)			(6,212.33)	33A12	
21040	Union Dues	0.00	0.00			0.00	33A12	
21045	Initiation Fees	0.00	0.00			0.00	33A12	
21050 21051	Payroll Deductions - AFLAC Payroll Deducted Life Insurance	0.00 7,752.29	(430.76) (3,162.03)			(430.76) 4,590.26	33A12 33A12	
21060	401 (K) Salary Reduction	(1,355.29)	2,344.12			988.83	33A12	
22001	Accrued Professional Fees	(12,300.00)	(1,005.71)			(13,305.71)	33A12	

22010		(4.227.62)	2 260 60				22.112	
22010	Accrued Pension	(4,237.82)	3,369.68			(868.14)	33A12	
22015	Accrued Workers compensation	(78,891.21)	1,835.75			(77,055.46)	33A12	
22040	Accrued Group Insurance	0.00	0.00			0.00	33A12	
22050	Accrued Other Expenses	(190,259.55)	(7,516.46)			(197,776.01)	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	(165,676.42)	37,140.55			(128,535.87)	34B4	
25505	Security Deposits	0.00	0.00			0.00	34B4	
27500	Capital Stock	0.00	0.00			0.00	35B2	
27800	Dividends Paid	0.00	0.00			0.00	35B2	
27900	Capital Contributions	(6,314,745.56)	0.00			(6,314,745.56)	35B1	
28000	Retained Earnings	8,730,093.84	0.00		(16,674.68)	8,713,419.16	35B5	
31001	Room and Board - Private	(456,899.04)	(634,660.00)			(1,091,559.04)	30 I 1a4	
31002	Room and Board - Medicare	(293,690.00)	(1,492,506.94)			(1,786,196.94)	30 I 1a3	
31003	Room and Board - Medicaid	(2,078,944.35)	(6,254,312.27)			(8,333,256.62)	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	(108,830.51)	(381,524.45)			(490,354.96)	30 I 1a3	
31032	Medicare Recoupment	10,002.41	31,814.00			41,816.41	30 I 1a3	
31033	Medicaid Recoupment	(679.56)	0.00			(679.56)	30 I 1a1	
35001	Physical Therapy	(147,002.49)	(515,836.67)			(662,839.16)	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	(46,893.95)	(197,738.23)			(244,632.18)	30 II 1b1	
35007	Clinical Services	(1,561.29)	(10,625.38)			(12,186.67)	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	(16,875.87)	(28,485.95)			(45,361.82)	30 II 1b4	
35011	Occupational Therapy	(211,772.46)	(645,982.36)			(857,754.82)	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	190,966.77	601,859.97				30 II 1b, 4b, 5b	
35031	Medicare Contractual Allowance - Other	37,578.06	139,369.88				30 II 1d, 4d, 5d	
35032	Medicare Contractual Allowance - Supplies	0.00	0.00			0.00	30 II 6	
35032	Medicaid Contractual Allowance - Supplies	0.00	8,978.67			8,978.67	30 II 6	
35035	Contractual Allowance - HMO/Insurance/Ma	43,122.18	272,290.06			315,412.24	30 II 6	
35053	Hairdresser & Barber	0.00	0.00			0.00	30 11 0	
	Misc. Income - Other							
35098		(35,721.61)	(946.83)			, , ,	See Attached	
36001	Interest Income	(0.57)	0.00			(0.57)	30 IV 5	
36500	Gain (Loss) on Sale of Assets	0.00	0.00	24.092.65		0.00	30 IV 8	
41001	Salaries - Administrator	0.00	83,422.34	24,983.65	(22, 652, 00)	108,405.99	10 A2.3	
41002	Salaries - Clerical	27,953.19	84,720.98	5,200.30	(22,653.00)	95,221.47	10 A4	
41003	Salaries - Accounting	35,896.83	83,310.31	3,490.94	(5,673.74)	117,024.34	10 A11b	
41004	Salaries - Social Services/Admissions	39,004.92	114,630.87	8,956.74	(8,728.72)	153,863.81	10 A12m	
41005	Salaries - Management	0.00	0.00			0.00	10A2	
41006	Salaries - Maintenance	21,004.76	76,090.20	2,074.68	(832.74)	98,336.90	10 A7b	
41007	Salaries - Projects	0.00	153.04			153.04	10 A7b	
41008	Salaries - Staff Development	0.00	0.00			0.00	10 A12b2	
41009	Salaries - Beautician	0.00	0.00			0.00	10A9	
41010	Employee Physicals	2,382.50	12,306.33			14,688.83	16 m13	
41011	Pre-employment Screen	615.80	2,456.46			3,072.26	16 m13	
41015	FICA - Employer	113,505.67	324,100.30			437,605.97	15 1a4	
41016	Unemployment - Federal	1,384.30	6,933.83			8,318.13	15 1a3	
41017	Unemployment - State	(9,325.09)	88,564.11			79,239.02	15 1a3	
41020	Insurance - Workmen's Comp	(72,001.95)	138,053.88			66,051.93	15 1a1	
41021	Insurance - Group Medical	136,886.53	366,799.31			503,685.84	15 1a5	
41023	Insurance - Group Life & Disability	7,806.77	22,802.66			30,609.43	15 1a6	
41022	Insurance - FMLA	0.00	0.00			0.00	15 1a5	
41024	Pension Expense	6,117.66	18,057.33			24,174.99	15 1a7	
41025	Other Employee Benefits	13,359.15	17,189.40	13.00		30,561.55	See Attached	
41026	Corporate Fee - Non-reimbursable Costs	25,025.62	50,987.63			76,013.25	16 m13	28 #23 1
41027	Corporate Management Fee	172,127.97	372,718.27	754.58		545,600.82	16 m12	
41028	Healthport Indirect	0.00	0.00	417.00		417.00	16 m13	
41029	Auto Repair & Maintenance.	0.00	0.00			0.00	161.6	
41030	Travel - Motor Vehicle	2,118.48	3,688.96			5,807.44	161.4	
41031	Conventions & Meetings	0.00	0.00			0.00	161.5	
41032	Education & Seminars	1,311.07	1,443.96			2,755.03	161.5	
41033	Auditing Fees	5,775.01	8,682.57		(2,500.00)	11,957.58	15 1d	See Attached
41034	Point Click Care Fees	4,451.67	13,880.61		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	18,332.28	16 m13	
41035	Legal Services	(2,500.00)	0.00	2,500.00		0.00	15 le	See Attached
41036	Legal Fees Collections - Probate Fees	244.00	225.00	, 100		469.00	13b6	28 #10
41037	Consulting Fees - Other	1,660.00	5,530.00			7,190.00	See Attached	4
41038	Licenses & Fees	2,223.43	3,811.75		(1,483.18)	4,552.00	16 m13	
41039	Dues & Memberships	1,404.02	7,021.60	1,483.18	(-, .00.10)	9,908.80	See Attached	See Attached
, , ,		1,.01.02	.,021.00	-,.00.10		3,030.00		

41040	Subscriptions	1,544.60	2,288.93			3,833.53	16 m9	
41041	Advertising - Public Relations	7,485.81	21,341.00	13.00		28,839.81	16 m3	28 #18
41042	Advertising - Help Wanted	170.00	237.84			407.84	16 m1	
41043	Supplies - Social Service	0.00	0.00			0.00	20 5j	
41044	Supplies - Beauty Shop	0.00	0.00			0.00	13m6	
41045	Supplies - Medical Records	0.00	0.00			0.00	16 m5	
41046	In Service Fees	0.00	0.00			0.00	16 1.5	
41047	Transportation - Patients	350.00	496.57			846.57	16 l.1	29 #28
41048	CNA Registration & Validation	0.00	0.00			0.00	161.1	
41050	Office Supplies & Printing	5,792.24	16,153.88			21,946.12	15 lg	
41051	Postage	1,486.76	3,672.00			5,158.76	16 m7	
41052	Telephone	6,185.73	19,964.78			26,150.51	15 1h	
41053	Rent	270,000.00	810,000.00			1,080,000.00	22 9	
41054	Insurance - Package	1,898.11	12,475.12			14,373.23	27 14a	
41057	Equipment Lease	7,058.48	11,322.96			18,381.44	22 6a	
41060	Purchased Services & Repair	21,581.04	88,061.72	90.00		109,732.76	22 6a	
41061	Maintenance & Repair Supplies	12,240.70	28,539.42	39.00		40,819.12	22 6a	
				37.00				
41062	Fuel - Plant Operation	0.00	1,287.74			1,287.74	22 6b	
41063	Gas - Plant Operation	11,015.58	40,548.97			51,564.55	22 6b	
41064	Electric - Plant Operation	29,939.71	90,860.39			120,800.10	22 6c	
41065	Water & Sewerage	13,072.39	40,195.35			53,267.74	22 6d	
41066	Refuse Removal / Recyclables	13,048.24	30,921.40	136.00		44,105.64	22 6f	
41067	Corp Office Building Maintenance	0.00	0.00			0.00	Corp Only	
41070	-							
	Taxes - Real Estate	0.00	1,915.98			1,915.98	22 10b	
41071	Taxes - Personal Property	2,200.77	6,125.91			8,326.68	22 10c	
41075	Bad Debt	597,031.80	(895.40)			596,136.40	15 1c	28 #9
41080	Donations	0.00	0.00			0.00	16m10	
41086	Sales Tax	302.00	1,185.00		(1,487.00)	0.00	16m13	
41087	Bank Charges/Penalties/Fees	1,385.02	2,568.38			3,953.40	16 m13	28 #23 4
41090	Miscellaneous Expense	1,406.76	3,713.94					See Attached
	•		*			5,120.70	See Attached	See Attached
41091	Resident Reimbursements	0.00	4,189.00			4,189.00	16m13	
41095	C.O.N. Expense	0.00	0.00			0.00	16m13	
45001	Salaries - R.N. (CCNH)	165,988.11	433,143.42	20,115.99	(21,493.56)	597,753.96	10 A12b1	
45002	Salaries - L.P.N. (CCNH)	318,701.20	885,464.17	31,331.98	(38,664.29)	1,196,833.06	10 A12c	
45003	Salaries - Aides (CCNH)	395,006.72	1,119,485.81	59,987.47	(59,544.70)	1,514,935.30	10 A12d	
45004	Salaries - Assistant D.O.N.	27,814.22	72,574.23	37,707.17	(5,727.47)	94,660.98	10 A12a	
				12.070.07				
45005	Salaries - D.O.N.	28,693.29	53,696.24	12,978.87	(1,060.00)	94,308.40	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	31,063.99	90,774.54	18,432.71	(8,381.87)	131,889.37	10 A12b2	
						10,166.37		
45011	Salaries - Nursing Administration	4,754.57	3,669.23	1,850.12	(107.55)	•	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	C-1i MDC Cdin-4			10 505 60	(16.012.50)			
	Salaries - MDS Coordinator	49,829.07	122,569.08	10.727.60	(16.813.50)	166.312.25	10 A12b2	
45022	Salaries - MDS Coordinator Purchased Services - HPS (RN-CCNH)	49,829.07	122,569.08	10,727.60	(16,813.50)	166,312.25	10 A12b2	
45022	Purchased Services - HPS (RN-CCNH)	214.00	203.00	10,727.60	(417.00)	0.00	13 B11a	
45023	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH)	214.00 0.00	203.00 0.00	10,727.60	(417.00)	0.00 0.00	13 B11a 13 B11b	
45023 45024	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH)	214.00 0.00 0.00	203.00 0.00 107.94			0.00 0.00 0.00	13 B11a 13 B11b 13 B11c	
45023	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH)	214.00 0.00	203.00 0.00	10,727.60	(417.00)	0.00 0.00	13 B11a 13 B11b	
45023 45024	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH)	214.00 0.00 0.00	203.00 0.00 107.94		(417.00)	0.00 0.00 0.00	13 B11a 13 B11b 13 B11c	
45023 45024 45025	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH) Equipment Lease Nursing	214.00 0.00 0.00 8,781.24	203.00 0.00 107.94 24,153.10		(417.00)	0.00 0.00 0.00 33,042.28	13 B11a 13 B11b 13 B11c 20 5c	
45023 45024 45025 45032 45033	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH) Equipment Lease Nursing Purchased Services - HPS (RN-RHNS) Purchased Services - HPS (LPN-RHNS)	214.00 0.00 0.00 8,781.24 0.00 0.00	203.00 0.00 107.94 24,153.10 0.00 0.00		(417.00)	0.00 0.00 0.00 33,042.28 0.00	13 B11a 13 B11b 13 B11c 20 5c 13 B11a 13 B11b	
45023 45024 45025 45032 45033 45034	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH) Equipment Lease Nursing Purchased Services - HPS (RN-RHNS) Purchased Services - HPS (LPN-RHNS) Purchased Services - HPS (CNA-RHNS)	214.00 0.00 0.00 8,781.24 0.00 0.00	203.00 0.00 107.94 24,153.10 0.00 0.00 0.00	107.94	(417.00)	0.00 0.00 0.00 33,042.28 0.00 0.00	13 B11a 13 B11b 13 B11c 20 5c 13 B11a 13 B11b 13 B11c	
45023 45024 45025 45032 45033 45034 45035	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH) Equipment Lease Nursing Purchased Services - HPS (RN-RHNS) Purchased Services - HPS (LPN-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - R.N. (CCNH)	214.00 0.00 0.00 8,781.24 0.00 0.00 0.00 (1,049.51)	203.00 0.00 107.94 24,153.10 0.00 0.00 0.00 0.00		(417.00)	0.00 0.00 0.00 33,042.28 0.00 0.00 0.00	13 B11a 13 B11b 13 B11c 20 5c 13 B11a 13 B11b 13 B11b 13 B11c	
45023 45024 45025 45032 45033 45034 45035 45036	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH) Equipment Lease Nursing Purchased Services - HPS (RN-RHNS) Purchased Services - HPS (LPN-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - R.N. (CCNH) Purchased Services - L.P.N. (CCNH)	214.00 0.00 0.00 8,781.24 0.00 0.00 0.00 (1,049.51) 0.00	203.00 0.00 107.94 24,153.10 0.00 0.00 0.00 0.00 0.00	107.94	(417.00)	0.00 0.00 0.00 33,042.28 0.00 0.00 0.00 0.00	13 B11a 13 B11b 13 B11c 20 5c 13 B11a 13 B11b 13 B11c 13 B11c 13 B11a	
45023 45024 45025 45032 45033 45034 45035 45036 45037	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH) Equipment Lease Nursing Purchased Services - HPS (RN-RHNS) Purchased Services - HPS (LPN-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - R.N. (CCNH) Purchased Services - L.P.N. (CCNH) Purchased Services - Aides (CCNH)	214.00 0.00 0.00 8,781.24 0.00 0.00 0.00 (1,049.51) 0.00 0.00	203.00 0.00 107.94 24,153.10 0.00 0.00 0.00 0.00 0.00 0.00	107.94	(417.00)	0.00 0.00 0.00 33,042.28 0.00 0.00 0.00 0.00 0.00	13 B11a 13 B11b 13 B11c 20 5c 13 B11a 13 B11b 13 B11c 13 B11b 13 B11c 13 B11a	
45023 45024 45025 45032 45033 45034 45035 45036	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH) Equipment Lease Nursing Purchased Services - HPS (RN-RHNS) Purchased Services - HPS (LPN-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - R.N. (CCNH) Purchased Services - L.P.N. (CCNH)	214.00 0.00 0.00 8,781.24 0.00 0.00 0.00 (1,049.51) 0.00	203.00 0.00 107.94 24,153.10 0.00 0.00 0.00 0.00 0.00	107.94	(417.00)	0.00 0.00 0.00 33,042.28 0.00 0.00 0.00 0.00	13 B11a 13 B11b 13 B11c 20 5c 13 B11a 13 B11b 13 B11c 13 B11c 13 B11a	
45023 45024 45025 45032 45033 45034 45035 45036 45037	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH) Equipment Lease Nursing Purchased Services - HPS (RN-RHNS) Purchased Services - HPS (LPN-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - R.N. (CCNH) Purchased Services - L.P.N. (CCNH) Purchased Services - Aides (CCNH)	214.00 0.00 0.00 8,781.24 0.00 0.00 0.00 (1,049.51) 0.00 0.00	203.00 0.00 107.94 24,153.10 0.00 0.00 0.00 0.00 0.00 0.00	107.94	(417.00)	0.00 0.00 0.00 33,042.28 0.00 0.00 0.00 0.00 0.00	13 B11a 13 B11b 13 B11c 20 5c 13 B11a 13 B11b 13 B11c 13 B11b 13 B11c 13 B11a	
45023 45024 45025 45032 45033 45035 45036 45037 45041 45045	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH) Equipment Lease Nursing Purchased Services - HPS (RN-RHNS) Purchased Services - HPS (LPN-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - R.N. (CCNH) Purchased Services - L.P.N. (CCNH) Purchased Services - Aides (CCNH) Purchased Services - Other Nursing Station Supplies	214.00 0.00 0.00 8,781.24 0.00 0.00 (1,049.51) 0.00 0.00 0.00	203.00 0.00 107.94 24,153.10 0.00 0.00 0.00 0.00 0.00 0.00 0.00 2,190.85	107.94	(417.00)	0.00 0.00 0.00 33,042.28 0.00 0.00 0.00 0.00 0.00 0.00 0.00	13 B11a 13 B11b 13 B11c 20 5c 13 B11a 13 B11b 13 B11c 13 B11b 13 B11c 13 B11a 13 B11b 13 B11c 13 B12 20 5j	30 #27
45023 45024 45025 45032 45033 45034 45035 45037 45041 45045 45046	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH) Equipment Lease Nursing Purchased Services - HPS (RN-RHNS) Purchased Services - HPS (LPN-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - R.N. (CCNH) Purchased Services - L.P.N. (CCNH) Purchased Services - Aides (CCNH) Purchased Services - Other Nursing Station Supplies Prescription Drugs - Medicare	214.00 0.00 0.00 8,781.24 0.00 0.00 (1,049.51) 0.00 0.00 0.00 563.09 38,249.43	203.00 0.00 107.94 24,153.10 0.00 0.00 0.00 0.00 0.00 0.00 0.00 2,190.85 135,520.23	107.94	(417.00)	0.00 0.00 0.00 33,042.28 0.00 0.00 0.00 0.00 0.00 0.00 0.00	13 B11a 13 B11b 13 B11c 20 5c 13 B11a 13 B11b 13 B11c 13 B11b 13 B11c 13 B11a 13 B11b 13 B11c 13 B12 20 5j 20 5a	30 #27
45023 45024 45025 45032 45033 45034 45035 45037 45041 45045 45046 45047	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH) Equipment Lease Nursing Purchased Services - HPS (RN-RHNS) Purchased Services - HPS (LPN-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - R.N. (CCNH) Purchased Services - L.P.N. (CCNH) Purchased Services - Other Nursing Station Supplies Prescription Drugs - Medicare Prescription Drugs - Medicaid	214.00 0.00 0.00 8,781.24 0.00 0.00 (1,049.51) 0.00 0.00 0.00 563.09 38,249.43 0.00	203.00 0.00 107.94 24,153.10 0.00 0.00 0.00 0.00 0.00 0.00 0.00 2,190.85 135,520.23 243.49	107.94	(417.00)	0.00 0.00 0.00 33,042.28 0.00 0.00 0.00 0.00 0.00 0.00 2,753.94 173,769.66 243.49	13 B11a 13 B11b 13 B11c 20 5c 13 B11a 13 B11b 13 B11c 13 B11b 13 B11c 13 B11a 13 B11b 13 B11c 13 B12 20 5j 20 5a 20 5a	
45023 45024 45025 45032 45033 45034 45035 45036 45041 45045 45046 45047 45048	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH) Equipment Lease Nursing Purchased Services - HPS (RN-RHNS) Purchased Services - HPS (LPN-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - R.N. (CCNH) Purchased Services - L.P.N. (CCNH) Purchased Services - Aides (CCNH) Purchased Services - Other Nursing Station Supplies Prescription Drugs - Medicare Prescription Drugs - Medicaid Prescription Drugs - Private	214.00 0.00 0.00 8,781.24 0.00 0.00 (1,049.51) 0.00 0.00 0.00 563.09 38,249.43 0.00 18,242.86	203.00 0.00 107.94 24,153.10 0.00 0.00 0.00 0.00 0.00 0.00 2,190.85 135,520.23 243.49 29,168.51	107.94	(417.00)	0.00 0.00 0.00 33,042.28 0.00 0.00 0.00 0.00 0.00 0.00 2,753.94 173,769.66 243.49 47,411.37	13 B11a 13 B11b 13 B11c 20 5c 13 B11a 13 B11b 13 B11c 13 B11c 13 B11c 13 B11c 13 B11c 13 B11c 13 B12 20 5j 20 5a 20 5a 20 5a	30 #27
45023 45024 45025 45032 45033 45034 45035 45036 45041 45045 45046 45047 45048 45049	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH) Equipment Lease Nursing Purchased Services - HPS (RN-RHNS) Purchased Services - HPS (LPN-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - R.N. (CCNH) Purchased Services - L.P.N. (CCNH) Purchased Services - Aides (CCNH) Purchased Services - Other Nursing Station Supplies Prescription Drugs - Medicare Prescription Drugs - Medicaid Prescription Drugs - Private Prescription Drugs Managed Care	214.00 0.00 0.00 8,781.24 0.00 0.00 0.00 (1,049.51) 0.00 0.00 563.09 38,249.43 0.00 18,242.86 10,083.03	203.00 0.00 107.94 24,153.10 0.00 0.00 0.00 0.00 0.00 0.00 2,190.85 135,520.23 243.49 29,168.51 55,473.55	107.94	(417.00)	0.00 0.00 0.00 33,042.28 0.00 0.00 0.00 0.00 0.00 2,753.94 173,769.66 243.49 47,411.37 65,556.58	13 B11a 13 B11b 13 B11c 20 5c 13 B11a 13 B11b 13 B11c 13 B11c 13 B11c 13 B11a 13 B11b 13 B11c 13 B12 20 5j 20 5a 20 5a 20 5a 20 5a	
45023 45024 45025 45032 45033 45035 45036 45037 45041 45045 45046 45047 45048 45049 45050	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH) Equipment Lease Nursing Purchased Services - HPS (RN-RHNS) Purchased Services - HPS (LPN-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - R.N. (CCNH) Purchased Services - L.P.N. (CCNH) Purchased Services - Aides (CCNH) Purchased Services - Other Nursing Station Supplies Prescription Drugs - Medicare Prescription Drugs - Private Prescription Drugs Managed Care Medical Supplies	214.00 0.00 0.00 8,781.24 0.00 0.00 0.00 (1,049.51) 0.00 0.00 0.00 563.09 38,249.43 0.00 18,242.86 10,083.03 39,505.96	203.00 0.00 107.94 24,153.10 0.00 0.00 0.00 0.00 0.00 0.00 2,190.85 135,520.23 243.49 29,168.51 55,473.55 134,832.87	107.94	(417.00)	0.00 0.00 0.00 33,042.28 0.00 0.00 0.00 0.00 0.00 0.00 2,753.94 173,769.66 243.49 47,411.37 65,556.58 174,338.83	13 B11a 13 B11b 13 B11c 20 5c 13 B11a 13 B11b 13 B11c 13 B11c 13 B11c 13 B11c 13 B11c 20 5j 20 5a 20 5a 20 5a 20 5c	30 #27
45023 45024 45025 45032 45033 45034 45035 45036 45041 45045 45046 45047 45048 45049	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH) Equipment Lease Nursing Purchased Services - HPS (RN-RHNS) Purchased Services - HPS (LPN-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - R.N. (CCNH) Purchased Services - L.P.N. (CCNH) Purchased Services - Aides (CCNH) Purchased Services - Other Nursing Station Supplies Prescription Drugs - Medicare Prescription Drugs - Medicaid Prescription Drugs - Private Prescription Drugs Managed Care	214.00 0.00 0.00 8,781.24 0.00 0.00 0.00 (1,049.51) 0.00 0.00 563.09 38,249.43 0.00 18,242.86 10,083.03	203.00 0.00 107.94 24,153.10 0.00 0.00 0.00 0.00 0.00 0.00 2,190.85 135,520.23 243.49 29,168.51 55,473.55 134,832.87 0.00	107.94	(417.00)	0.00 0.00 0.00 33,042.28 0.00 0.00 0.00 0.00 0.00 2,753.94 173,769.66 243.49 47,411.37 65,556.58	13 B11a 13 B11b 13 B11c 20 5c 13 B11a 13 B11b 13 B11c 13 B11c 13 B11c 13 B11a 13 B11b 13 B11c 13 B12 20 5j 20 5a 20 5a 20 5a 20 5a	30 #27
45023 45024 45025 45032 45033 45035 45036 45037 45041 45045 45046 45047 45048 45049 45050	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH) Equipment Lease Nursing Purchased Services - HPS (RN-RHNS) Purchased Services - HPS (LPN-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - R.N. (CCNH) Purchased Services - L.P.N. (CCNH) Purchased Services - Aides (CCNH) Purchased Services - Other Nursing Station Supplies Prescription Drugs - Medicare Prescription Drugs - Private Prescription Drugs Managed Care Medical Supplies	214.00 0.00 0.00 8,781.24 0.00 0.00 0.00 (1,049.51) 0.00 0.00 0.00 563.09 38,249.43 0.00 18,242.86 10,083.03 39,505.96	203.00 0.00 107.94 24,153.10 0.00 0.00 0.00 0.00 0.00 0.00 2,190.85 135,520.23 243.49 29,168.51 55,473.55 134,832.87 0.00	107.94	(417.00)	0.00 0.00 0.00 33,042.28 0.00 0.00 0.00 0.00 0.00 0.00 2,753.94 173,769.66 243.49 47,411.37 65,556.58 174,338.83	13 B11a 13 B11b 13 B11c 20 5c 13 B11a 13 B11b 13 B11c 13 B11c 13 B11c 13 B11c 13 B11c 20 5j 20 5a 20 5a 20 5a 20 5c	30 #27
45023 45024 45025 45032 45033 45035 45036 45037 45041 45045 45046 45047 45048 45049 45050 45051 45052	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH) Equipment Lease Nursing Purchased Services - HPS (RN-RHNS) Purchased Services - HPS (LPN-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - LPN. (CCNH) Purchased Services - L.P.N. (CCNH) Purchased Services - Aides (CCNH) Purchased Services - Other Nursing Station Supplies Prescription Drugs - Medicare Prescription Drugs - Medicaid Prescription Drugs - Private Prescription Drugs Anaged Care Medical Supplies Medicare Part B Billable Medical Equipment Purchases	214.00 0.00 0.00 8,781.24 0.00 0.00 0.00 (1,049.51) 0.00 0.00 563.09 38,249.43 0.00 18,242.86 10,083.03 39,505.96 0.00 2,147.33	203.00 0.00 107.94 24,153.10 0.00 0.00 0.00 0.00 0.00 0.00 2,190.85 135,520.23 243.49 29,168.51 55,473.55 134,832.87 0.00 15,876.12	107.94	(417.00) (107.94)	0.00 0.00 0.00 33,042.28 0.00 0.00 0.00 0.00 0.00 2,753.94 173,769.66 243.49 47,411.37 65,556.58 174,338.83 0.00 16,973.94	13 B11a 13 B11b 13 B11c 20 5c 13 B11a 13 B11b 13 B11c 13 B11c 13 B11c 13 B11c 13 B11c 13 B11c 20 5j 20 5a 20 5a 20 5a 20 5a 20 5a 20 5c 20 5c	30 #27
45023 45024 45025 45032 45033 45034 45035 45036 45041 45045 45046 45047 45048 45049 45050 45051 45052 45055	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH) Equipment Lease Nursing Purchased Services - HPS (RN-RHNS) Purchased Services - HPS (LPN-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - LP.N. (CCNH) Purchased Services - L.P.N. (CCNH) Purchased Services - Other Nursing Station Supplies Prescription Drugs - Medicare Prescription Drugs - Medicare Prescription Drugs - Private Prescription Drugs Managed Care Medical Supplies Medicare Part B Billable Medical Equipment Purchases O.T.C. Medical Supply	214.00 0.00 0.00 8,781.24 0.00 0.00 0.00 (1,049.51) 0.00 0.00 563.09 38,249.43 0.00 18,242.86 10,083.03 39,505.96 0.00 2,147.33 2,532.42	203.00 0.00 107.94 24,153.10 0.00 0.00 0.00 0.00 0.00 0.00 2,190.85 135,520.23 243.49 29,168.51 55,473.55 134,832.87 0.00 15,876.12 11,050.39	107.94	(417.00) (107.94)	0.00 0.00 0.00 33,042.28 0.00 0.00 0.00 0.00 0.00 2,753.94 173,769.66 243.49 47,411.37 65,556.58 174,338.83 0.00 16,973.94 13,582.81	13 B11a 13 B11b 13 B11c 20 5c 13 B11a 13 B11b 13 B11c 13 B11c 13 B11c 13 B11c 13 B11c 13 B11c 13 B12 20 5j 20 5a 20 5a 20 5a 20 5a 20 5c 20 5c 20 5c	30 #27
45023 45024 45025 45032 45033 45035 45037 45041 45045 45046 45047 45048 45049 45050 45051 45052 45058	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH) Equipment Lease Nursing Purchased Services - HPS (RN-RHNS) Purchased Services - HPS (LPN-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - LP.N. (CCNH) Purchased Services - L.P.N. (CCNH) Purchased Services - Other Nursing Station Supplies Prescription Drugs - Medicare Prescription Drugs - Medicaid Prescription Drugs - Private Prescription Drugs Managed Care Medical Supplies Medicare Part B Billable Medical Equipment Purchases O.T.C. Medical Supply Rehab Service Supplies	214.00 0.00 0.00 8,781.24 0.00 0.00 0.00 (1,049.51) 0.00 0.00 563.09 38,249.43 0.00 18,242.86 10,083.03 39,505.96 0.00 2,147.33 2,532.42 0.00	203.00 0.00 107.94 24,153.10 0.00 0.00 0.00 0.00 0.00 0.00 2,190.85 135,520.23 243.49 29,168.51 55,473.55 134,832.87 0.00 15,876.12 11,050.39 0.00	107.94	(417.00) (107.94)	0.00 0.00 0.00 33,042.28 0.00 0.00 0.00 0.00 0.00 2,753.94 173,769.66 243.49 47,411.37 65,556.58 174,338.83 0.00 16,973.94 13,582.81 0.00	13 B11a 13 B11b 13 B11c 20 5c 13 B11a 13 B11b 13 B11c 13 B11b 13 B11c 13 B11c 13 B11c 13 B11c 13 B12 20 5j 20 5a 20 5a 20 5a 20 5a 20 5c 20 5c 20 5c 20 5c 20 5c	30 #27 30 #27
45023 45024 45025 45032 45033 45034 45035 45037 45041 45045 45046 45047 45048 45049 45050 45050 45051 45052 45055 45058 45060	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH) Equipment Lease Nursing Purchased Services - HPS (RN-RHNS) Purchased Services - HPS (LPN-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - R.N. (CCNH) Purchased Services - Aides (CCNH) Purchased Services - Other Nursing Station Supplies Prescription Drugs - Medicare Prescription Drugs - Medicaid Prescription Drugs - Private Prescription Drugs Managed Care Medical Supplies Medicare Part B Billable Medical Equipment Purchases O.T.C. Medical Supply Rehab Service Supplies Oxygen - Private	214.00 0.00 0.00 8,781.24 0.00 0.00 0.00 (1,049.51) 0.00 0.00 563.09 38,249.43 0.00 18,242.86 10,083.03 39,505.96 0.00 2,147.33 2,532.42 0.00 4,320.02	203.00 0.00 107.94 24,153.10 0.00 0.00 0.00 0.00 0.00 0.00 2,190.85 135,520.23 243.49 29,168.51 55,473.55 134,832.87 0.00 15,876.12 11,050.39 0.00 17,821.64	107.94	(417.00) (107.94)	0.00 0.00 0.00 33,042.28 0.00 0.00 0.00 0.00 0.00 2,753.94 173,769.66 243.49 47,411.37 65,556.55 174,338.83 0.00 16,973.94 13,582.81 0.00 22,141.66	13 B11a 13 B11b 13 B11c 20 5c 13 B11a 13 B11b 13 B11c 13 B11b 13 B11c 13 B11c 13 B11c 13 B11c 13 B12 20 5j 20 5a 20 5a 20 5a 20 5a 20 5c 20 5c 20 5c 20 5c 20 5c 20 5c	30 #27 30 #27 29 #32
45023 45024 45025 45032 45033 45035 45036 45041 45045 45046 45047 45048 45049 45050 45051 45052 45055 45058 45060 45061	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH) Equipment Lease Nursing Purchased Services - HPS (RN-RHNS) Purchased Services - HPS (LPN-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - R.N. (CCNH) Purchased Services - Aides (CCNH) Purchased Services - Other Nursing Station Supplies Prescription Drugs - Medicare Prescription Drugs - Medicaid Prescription Drugs - Private Prescription Drugs Managed Care Medical Supplies Medicare Part B Billable Medical Equipment Purchases O.T.C. Medical Supply Rehab Service Supplies Oxygen - Private Oxygen - Medicare	214.00 0.00 0.00 8,781.24 0.00 0.00 0.00 (1,049.51) 0.00 0.00 563.09 38,249.43 0.00 18,242.86 10,083.03 39,505.96 0.00 2,147.33 2,532.42 0.00 4,320.02 1,930.00	203.00 0.00 107.94 24,153.10 0.00 0.00 0.00 0.00 0.00 0.00 2,190.85 135,520.23 243.49 29,168.51 55,473.55 134,832.87 0.00 15,876.12 11,050.39 0.00 17,821.64 5,727.00	107.94	(417.00) (107.94)	0.00 0.00 0.00 33,042.28 0.00 0.00 0.00 0.00 0.00 2,753.94 173,769.66 243.49 47,411.37 65,556.58 174,338.83 0.00 16,973.94 13,582.81 0.00	13 B11a 13 B11b 13 B11c 20 5c 13 B11a 13 B11b 13 B11c 13 B11b 13 B11c 13 B11c 13 B11c 13 B11c 13 B12 20 5j 20 5a 20 5a 20 5a 20 5a 20 5c	30 #27 30 #27
45023 45024 45025 45032 45033 45034 45035 45037 45041 45045 45046 45047 45048 45049 45050 45050 45051 45052 45055 45058 45060	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH) Equipment Lease Nursing Purchased Services - HPS (RN-RHNS) Purchased Services - HPS (LPN-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - R.N. (CCNH) Purchased Services - Aides (CCNH) Purchased Services - Other Nursing Station Supplies Prescription Drugs - Medicare Prescription Drugs - Medicaid Prescription Drugs - Private Prescription Drugs Managed Care Medical Supplies Medicare Part B Billable Medical Equipment Purchases O.T.C. Medical Supply Rehab Service Supplies Oxygen - Private	214.00 0.00 0.00 8,781.24 0.00 0.00 0.00 (1,049.51) 0.00 0.00 563.09 38,249.43 0.00 18,242.86 10,083.03 39,505.96 0.00 2,147.33 2,532.42 0.00 4,320.02	203.00 0.00 107.94 24,153.10 0.00 0.00 0.00 0.00 0.00 0.00 2,190.85 135,520.23 243.49 29,168.51 55,473.55 134,832.87 0.00 15,876.12 11,050.39 0.00 17,821.64	107.94	(417.00) (107.94)	0.00 0.00 0.00 33,042.28 0.00 0.00 0.00 0.00 0.00 2,753.94 173,769.66 243.49 47,411.37 65,556.55 174,338.83 0.00 16,973.94 13,582.81 0.00 22,141.66	13 B11a 13 B11b 13 B11c 20 5c 13 B11a 13 B11b 13 B11c 13 B11b 13 B11c 13 B11c 13 B11c 13 B11c 13 B12 20 5j 20 5a 20 5a 20 5a 20 5a 20 5c 20 5c 20 5c 20 5c 20 5c 20 5c	30 #27 30 #27 29 #32
45023 45024 45025 45032 45033 45035 45036 45041 45045 45046 45047 45048 45049 45050 45051 45052 45055 45058 45060 45061	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH) Equipment Lease Nursing Purchased Services - HPS (RN-RHNS) Purchased Services - HPS (LPN-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - R.N. (CCNH) Purchased Services - Aides (CCNH) Purchased Services - Other Nursing Station Supplies Prescription Drugs - Medicare Prescription Drugs - Medicaid Prescription Drugs - Private Prescription Drugs Managed Care Medical Supplies Medicare Part B Billable Medical Equipment Purchases O.T.C. Medical Supply Rehab Service Supplies Oxygen - Private Oxygen - Medicare	214.00 0.00 0.00 8,781.24 0.00 0.00 0.00 (1,049.51) 0.00 0.00 563.09 38,249.43 0.00 18,242.86 10,083.03 39,505.96 0.00 2,147.33 2,532.42 0.00 4,320.02 1,930.00	203.00 0.00 107.94 24,153.10 0.00 0.00 0.00 0.00 0.00 0.00 2,190.85 135,520.23 243.49 29,168.51 55,473.55 134,832.87 0.00 15,876.12 11,050.39 0.00 17,821.64 5,727.00	107.94	(417.00) (107.94)	0.00 0.00 0.00 33,042.28 0.00 0.00 0.00 0.00 0.00 2,753.94 173,769.66 243.49 47,411.37 65,556.58 174,338.83 0.00 16,973.94 13,582.81 0.00 22,141.66 7,657.00	13 B11a 13 B11b 13 B11c 20 5c 13 B11a 13 B11b 13 B11c 13 B11b 13 B11c 13 B11c 13 B11c 13 B11c 13 B12 20 5j 20 5a 20 5a 20 5a 20 5a 20 5c	30 #27 30 #27 29 #32
45023 45024 45025 45032 45033 45034 45035 45036 45041 45045 45046 45047 45048 45049 45050 45051 45052 45055 45058 45060 45061 45062	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH) Equipment Lease Nursing Purchased Services - HPS (RN-RHNS) Purchased Services - HPS (LPN-RHNS) Purchased Services - HPS (LPN-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - LPN. (CCNH) Purchased Services - LPN. (CCNH) Purchased Services - Other Nursing Station Supplies Prescription Drugs - Medicare Prescription Drugs - Medicaid Prescription Drugs - Private Prescription Drugs Managed Care Medical Supplies Medicare Part B Billable Medical Equipment Purchases O.T.C. Medical Supply Rehab Service Supplies Oxygen - Private Oxygen - Medicare Oxygen - Medicare Oxygen - Medicaid Oxygen - Managed Care	214.00 0.00 0.00 8,781.24 0.00 0.00 0.00 (1,049.51) 0.00 0.00 563.09 38,249.43 0.00 18,242.86 10,083.03 39,505.96 0.00 2,147.33 2,532.42 0.00 4,320.02 1,930.00 5,571.00 155.00	203.00 0.00 107.94 24,153.10 0.00 0.00 0.00 0.00 0.00 0.00 2,190.85 135,520.23 243.49 29,168.51 55,473.55 134,832.87 0.00 15,876.12 11,050.39 0.00 17,821.64 5,727.00 11,500.34 655.00	107.94	(417.00) (107.94)	0.00 0.00 0.00 33,042.28 0.00 0.00 0.00 0.00 0.00 2,753.94 173,769.66 243.49 47,411.37 65,556.58 174,338.83 0.00 16,973.94 13,582.81 0.00 22,141.66 7,657.00 17,071.34 810.00	13 B11a 13 B11b 13 B11c 20 5c 13 B11a 13 B11b 13 B11c 13 B11c 13 B11c 13 B11c 13 B11c 13 B11c 13 B12 20 5j 20 5a 20 5a 20 5a 20 5a 20 5c	30 #27 30 #27 29 #32 29 #32 29 #32
45023 45024 45025 45032 45033 45034 45035 45037 45041 45045 45046 45047 45048 45049 45050 45051 45052 45055 45058 45060 45061 45062 45063 45065	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH) Equipment Lease Nursing Purchased Services - HPS (RN-RHNS) Purchased Services - HPS (LPN-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - LP.N. (CCNH) Purchased Services - Aides (CCNH) Purchased Services - Other Nursing Station Supplies Prescription Drugs - Medicare Prescription Drugs - Medicare Prescription Drugs - Medicaid Prescription Drugs Amanaged Care Medical Supplies Medical Equipment Purchases O.T.C. Medical Supply Rehab Service Supplies Oxygen - Private Oxygen - Medicare Oxygen - Medicare Oxygen - Medicaid Oxygen - Medicaid Oxygen - Managed Care I.V. Therapy Services	214.00 0.00 0.00 8,781.24 0.00 0.00 0.00 (1,049.51) 0.00 0.00 563.09 38,249.43 0.00 18,242.86 10,083.03 39,505.96 0.00 2,147.33 2,532.42 0.00 4,320.02 1,930.00 5,571.00 155.00 8,103.72	203.00 0.00 107.94 24,153.10 0.00 0.00 0.00 0.00 0.00 0.00 2,190.85 135,520.23 243.49 29,168.51 55,473.55 134,832.87 0.00 15,876.12 11,050.39 0.00 17,821.64 5,727.00 11,500.34 655.00 24,882.00	107.94	(417.00) (107.94)	0.00 0.00 0.00 33,042.28 0.00 0.00 0.00 0.00 0.00 2,753.94 173,769.66 243.49 47,411.37 65,556.58 174,338.83 0.00 16,973.94 13,582.81 0.00 22,141.66 7,657.00 17,071.34 810.00 32,985.72	13 B11a 13 B11b 13 B11c 20 5c 13 B11a 13 B11b 13 B11c 20 5j 20 5a 20 5a 20 5a 20 5a 20 5c	30 #27 30 #27 29 #32 29 #32 29 #32 29 #34
45023 45024 45025 45032 45033 45034 45035 45037 45041 45045 45046 45047 45048 45049 45050 45051 45052 45052 45055 45060 45061 45062 45062 45063	Purchased Services - HPS (RN-CCNH) Purchased Services - HPS (LPN-CCNH) Purchased Services - HPS (CNA-CCNH) Equipment Lease Nursing Purchased Services - HPS (RN-RHNS) Purchased Services - HPS (LPN-RHNS) Purchased Services - HPS (LPN-RHNS) Purchased Services - HPS (CNA-RHNS) Purchased Services - LPN. (CCNH) Purchased Services - LPN. (CCNH) Purchased Services - Other Nursing Station Supplies Prescription Drugs - Medicare Prescription Drugs - Medicaid Prescription Drugs - Private Prescription Drugs Managed Care Medical Supplies Medicare Part B Billable Medical Equipment Purchases O.T.C. Medical Supply Rehab Service Supplies Oxygen - Private Oxygen - Medicare Oxygen - Medicare Oxygen - Medicaid Oxygen - Managed Care	214.00 0.00 0.00 8,781.24 0.00 0.00 0.00 (1,049.51) 0.00 0.00 563.09 38,249.43 0.00 18,242.86 10,083.03 39,505.96 0.00 2,147.33 2,532.42 0.00 4,320.02 1,930.00 5,571.00 155.00	203.00 0.00 107.94 24,153.10 0.00 0.00 0.00 0.00 0.00 0.00 2,190.85 135,520.23 243.49 29,168.51 55,473.55 134,832.87 0.00 15,876.12 11,050.39 0.00 17,821.64 5,727.00 11,500.34 655.00	107.94	(417.00) (107.94)	0.00 0.00 0.00 33,042.28 0.00 0.00 0.00 0.00 0.00 2,753.94 173,769.66 243.49 47,411.37 65,556.58 174,338.83 0.00 16,973.94 13,582.81 0.00 22,141.66 7,657.00 17,071.34 810.00	13 B11a 13 B11b 13 B11c 20 5c 13 B11a 13 B11b 13 B11c 13 B11c 13 B11c 13 B11c 13 B11c 13 B11c 13 B12 20 5j 20 5a 20 5a 20 5a 20 5a 20 5c	30 #27 30 #27 29 #32 29 #32 29 #32

45075	Diagnostic Services	1,608.59	7,058.22			8,666.81	20 5f	29 # 29
50001	Salaries - Dietitians	3,706.50	2,109.53	22,544.72	(101.55)	28,259.20	10 A5a	
50002	Salaries - Chefs, Cooks	37,242.29	105,800.04	8,394.56	(5,998.52)	145,438.37	10 A5c	
50003	Salaries - Helpers, Dishwashers	63,862.80	170,532.97	11,101.86	(10,960.64)	234,536.99	10 A5c	
50004	Salaries - Food Service Supervisor	12,831.34	39,704.34	3,583.73	(3,198.61)	52,920.80	10 A5b	
50005	Salaries - Dietary - Light Duty	0.00	0.00			0.00	10 A5c	
50030 50035	Consultant Fee - Dietary Purchased Services - Dietary	0.00 216.96	14,382.50 1,388.32			14,382.50 1,605.28	13B1 18 2b	
50035	Equipment Lease - Dietary	0.00	0.00			0.00	18 2a1	
50040	Supplies - Dietary	13,444.33	36,579.29	90.00		50,113.62	18 2a2	
50041	Other Expenses - Dietary	0.00	1,387.24	70.00		1,387.24	18 2a2	
50050	Food Supplies - HPC/Thurston	67,028.61	200,310.75			267,339.36	18 2a1	
50051	Food Supplies - Dairy	4,467.16	12,204.35			16,671.51	18 2a1	
50052	Food Supplements	2,237.83	4,451.50			6,689.33	18 2a1	
50053	Enteral Feeding Supplies	65.76	197.28			263.04	18 2a1	
50054	Food Supplies - Other	165.87	0.00			165.87	18 2a1	
50055	Foods Supplies - Rebates	0.00	0.00			0.00	18 2a1	
55001	Salaries - Laundry	18,869.49	59,640.96	8,852.56	(5,511.15)	81,851.86	10 A8b	
55002	Salaries - Laundry Supervisor	0.00	0.00			0.00	10 A8a	
55004 55030	Salaries - Laundry - Light Duty	0.00 0.00	0.00 0.00			0.00	10 A8b 19 4b	
55030	Purchased Service - Laundry Personal Laundry	0.00	0.00			0.00 0.00	19 4b 19 3b	
55035	Linen & Bedding Supplies	3,956.23	11,762.81	1,049.00		16,768.04	19 3a4	
55036	Equipment Lease Laundry	0.00	0.00	1,015.00		0.00	19 3d	
55040	Laundry Supplies	7,850.10	14,142.93	41.00		22,034.03	19 3a1	
60001	Salaries - Housekeeping	46,441.92	142,873.09	13,271.96	(11,433.53)	191,153.44	10 A6b	
60002	Salaries - Housekeeping Supervisor	13,005.88	31,789.84	4,725.06	(4,287.65)	45,233.13	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	8,503.79	29,980.12			38,483.91	20 4a	
65001	Salaries - Recreation	37,387.64	105,969.56	8,001.34	(7,744.54)	143,614.00	10 A12h	
65030	Supplies - Recreation	655.97	45.64	16.00		701.61	20 5i	
65035 70010	Other Expenses - Recreation Medical Director	9,208.73 12,000.00	29,134.38 36,000.00	16.00		38,359.11 48,000.00	20 5i 13 B8a	
70010	Medical Staff/URC Meeting	0.00	0.00			0.00	13 B8b	
70011	Other Physician Fees	3,750.00	11,250.00			15,000.00	13 B8e	
70015	Pharmacist Fees	4,502.88	13,782.96			18,285.84	13 B3	
70025	Presrciption Drugs Only	0.00	0.00			0.00	N/A	
70030	Personal Laundry	0.00	0.00			0.00	N/A	
70035	Dental Service	3,204.00	9,612.00			12,816.00	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	493.46			493.46	13 5a	
70048	Purchased Services - Speech Therapist	0.00	0.00			0.00	13 B9a	20.46
70049 70050	Purchased Services - Occupational Therapist	0.00	0.00			0.00	13 B10a	28 #6
70050	Inactive Rehab. Services Supplies	0.00 1,706.13	12,342.25			0.00 14,048.38	N/A 20 5j	29 # 34
70052	Salaries - Rehab Director	25,541.93	69,254.81	6,970.25	(4,394.08)	97,372.91	10 A12e	29 # 34
70062	Salaries - Therapy Technicians	5,506.09	16,454.08	380.33	(657.12)	21,683.38	10 A12e	
70065	Salaries - Physical Therapy Assistant	39.00	41,796.40	127.97	(00.1102)	41,963.37	10 A12e	
70066	Salaries - Per Diem PT Assistant	358.75	2,948.75			3,307.50	10 A12e	
70067	Salaries - Physical Therapist	46,377.32	133,118.92	3,463.36	(2,402.85)	180,556.75	10 A12e	
70068	Salaries - Per Diem Physical Therapist	7,036.82	10,010.00			17,046.82	10 A12e	
70070	Salaries - Certified Occupational Therapist	30,269.67	82,854.16	4,148.38	(4,288.49)	112,983.72	10 A12g	28 #3
70071	Salaries - Per Diem Certified OT	0.00	472.50			472.50	10 A12g	28 #3
70072	Salaries - Occupational Therapist	46,882.34	125,434.68	9,176.58	(4,523.49)	176,970.11	10 A12g	28 #3
70073	Salaries - Per Diem Occupational Therapist	400.00	1,168.13	212.00	(146.10)	1,568.13	10 A12g	28 #3
70075	Salaries - Speech Therapist	9,536.31	17,197.03	312.00	(146.10)	26,899.24	10 A12f	
70076 71050	Salaries - Per Diem Speech Therapist User Fee	325.00 188,297.00	1,822.50 562,305.00			2,147.50 750,602.00	10 A12f 15 1k3	
76000	Interest	5,223.87	6,917.91			12,141.78	27 12D	29 #49
78010	Salaries - Owner	6,818.00	0.00			6,818.00	36 G1	∠) π + ⅓
79010	Depreciation of Non Moveable Equipment	211.08	633.87			844.95	22 7c	
79011	Depreciation of Moveable Equipment	21,399.79	65,045.09			86,444.88	22 7d	
79015	Depreciation of Auto & Truck	0.00	0.00			0.00	31B7	
79025	Amortization of Leasehold Improvements.	4,418.93	13,366.43			17,785.36	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	

\$582,103.83 (582,103.83) **Variance (must be \$0.00)** 0.00

Total Revenue (12,225,508.78) **Total Expenses** 12,198,309.27

	Analysis Accounts	Cost	Report Referei	ices
		-	Report Page/Line #	Self Disallow Page/Line #
35098	Misc. Income - Other	(36,668.44)		
	Meal Revenue	655.00	30 IV 1	28 #24
	Account W/O	35,721.61	30 IV 4	29 #43
	Medical Supply refund	0.00		
	Rebates			
	Medical Records	291.83	30 IV 8	
	State of CT Provider Tax Refund Total Misc. Income - Other	36,668.44		
41001	Salaries - Administrator	108,405.99		
41001	Administrator	108,405.99	10 A2	
	Asst Administrator/AIT	0.00	10 A3	
	Total Administrator	108,405.99		
41025	Employee Benefits	30,561.55		
	Holiday Parties	7,152.00	16 12	
	Employee gifts/ recognition	23,409.55	16 13	28 #23 2
	Total Employee Benefits	30,561.55		
41037	Consulting Fees - Other	7,190.00	40.00	
	Purchasing Consultant	2,053.00	13 B3	
	Data Integrity Auditor	3300	13 B12	
	A&D Consultant Total Consulting Fees - Other	1837 7,190.00		
45041	Purchase Service - Other	0.00		
	Pharmacy Consult		16 m13	28 #23 5
	Wound Consultant		16 m13	28 #23 6
	Total Consulting Fees - Other	0.00		
41090	Misc. Expense	5,120.70		
	Resident Expenses	344.28		28 #23 5
	Prior Period Adj/Account W/O	1,321.73		28 #23 6
	Settlement State Panelty	0.00 0.00		
	State Penalty User Fee Audit Expense	3,454.69		
	SUTA Tax	0.00		
	Total Misc. Expense	5,120.70		
70012	Physician Fees	15,000.00	12 00 1	
	Attending Physicians	15,000.00	13 B8de	
	Eye Doctor Total Physician Fees	0.00 15,000.00	13 B8de	
41041	Advertising - Public Relations	28,839.81		
	Public Relations	28,839.81	16 m3	28 #18
	Directory Advertising	0.00		
	Total Advertising - Public Relations	28,839.81		
41052	Telephone	26,150.51	15 11 1	
	Telephone & Beepers	26,150.51	15 1h1	
	Cell Phones Total Talanhana	0.00 26 150 51	15 1h2	
	Total Telephone (check G/L account 41052 for possible cell or beep	26,150.51 oer reclass J/E)		
41039	Dues & Membership	9,908.80		
	Dues & Membership	9,433.80	16 m8	
	Chamber of Commerce	475.00	16 m8a	28 #23 3
	Total Dues & Membership	9,908.80		
	(most homes should have, may need to check other	accounts)		

Apple Rehab Laurel Woods Cost Year 2017

J/E #	DB	AMOUNT	ACCOUNT TITLE	CR	AMOUNT	Reverse CY 2017
1	41025	13.00	Other Employee Benefits			
	41041	13.00	Advertising - Public Relations			
	41060	90.00	Purchased Services & Repair			
	41061	39.00	Maintenance & Repair Supplies			
	41066	136.00	Refuse Removal / Recyclables			
	50040	90.00	Supplies - Dietary			
	55035	1,049.00	Linen & Bedding Supplies			
	55040	41.00	Laundry Supplies			
	65035	16.00	Other Expenses - Recreation			
			Sales Tax	41086	1,487.00	
			Allocate Sales Tax			
2	20601	208,680.74	Accrued PTO			
			Salaries - Clerical	41002	7,075.73	
			Salaries - Accounting	41003	5,418.75	
			Salaries - Social Service	41004	8,377.28	
			Salaries - Maintenance	41006	496.43	
			Salaries - RN	45001	16,408.05	
			Salaries - LPN	45002	27,184.32	
			Salaries - CNA	45003	54,673.88	
			Salaries - Assistant D.O.N.	45004	5,095.47	
	45005	1,746.86	Salaries - DNS		,	
		,	Salaries - Infection Control	45010	8,224.97	
			Salaries - Nursing Administration	45011	0.00	
			Salaries - MDS	45017	16,442.55	
	50001	1,138.37	Salaries - Dietitians		-,	
		,	Salaries - Chef, Cooks	50002	5,579.31	
			Salaries - Dietary Aid, Dishwasher	50003	9,928.86	
			Salaries - Food Service Supry	50004	3,066.61	
			Salaries - Laundry	55001	5,163.50	
			Salaries - Housekeeping	60001	10,583.43	
			Salaries - Housekeeping Supervisor	60002	4,139.25	
			Salaries - Recreation	65001	7,363.85	
			Salaries - Rehab Director	70060	4,394.08	
			Salaries - PT Tech	70062	588.72	
			Salaries Per Diem PT	70067	2,402.85	
			Salaries - COTA	70070	4,288.49	
			Salaries - OT	70072	4,523.49	
			Salaries - ST	70075	146.10	
			Reverse 12/16 PTO Accrual	. 557.5	110.10	
3	41002	5,200.30	Salaries - Clerical			
	41003		Salaries - Accounting			
	41004		Salaries - Social Service			
	41006		Salaries - Maintenance			
	45001		Salaries - RN			
	45002		Salaries - LPN			
	45003		Salaries - CNA			
	45004		Salaries - ADNS			
	45005		Salaries - DNS			
	45010		Salaries - Infection Control			
	45011		Salaries - Nursing Admin			
	45017		Salaries - MDS			
	50001		Salaries - Dietician			
	50001		Salaries - Chef, Cooks			
	50002		Salaries - Dietary Aid, Dishwasher			
			Salaries - Food Service Suprv			<u> </u>
	50004					

2 4,725.0 1 8,001.3 0 6,970.2 2 380.3 5 127.9 7 3463.3 0 4148.3 2 9176.5 5 312.0 7 754.5	13,271.96 Salaries - Housekeeping	20200	257,202.53 754.58 24,983.65	
1 8,001.3 0 6,970.2 2 380.3 5 127.9 7 3463.3 0 4148.3 2 9176.9 5 312.0 7 754.9	Solution Solution	20200	754.58	
0 6,970.2 2 380.3 5 127.9 7 3463.3 0 4148.3 2 9176.9 5 312.0 7 754.9	70060 6,970.25 Salaries - Rehab Director 70062 380.33 Salaries - PT Tech 70065 127.97 Salaries PT Assistant 70067 3463.36 Salaries - Physical Therapist 70070 4148.38 Salaries - Certified Occupational Therapist 70072 9176.58 Salaries - Occupational Therapist 70075 312.00 Salaries - Speech Therapist Accrue 9/30/16 PTO Accrue 9/30/16 PTO Allocate Interest Income Allocate Interest Income To record Admin Salary 4th Qtr & True up 2017 Auditing Fees To reclass coding error - Blum Shapiro payable	20200	754.58	
2 380.3 5 127.9 7 3463.3 0 4148.3 2 9176.9 5 312.0 7 754.9	70062 380.33 Salaries - PT Tech 70065 127.97 Salaries PT Assistant 70067 3463.36 Salaries - Physical Therapist 70070 4148.38 Salaries - Certified Occupational Therapist 70072 9176.58 Salaries - Occupational Therapist 70075 312.00 Salaries - Speech Therapist Accrue 9/30/16 PTO Accrue 9/30/16 PTO Allocate Interest Income Allocate Interest Income To record Admin Salary 4th Qtr & True up 2017 Auditing Fees To reclass coding error - Blum Shapiro payable	20200	754.58	
5 127.9 7 3463.3 0 4148.3 2 9176.9 5 312.0 7 754.9	70065 127.97 Salaries PT Assistant 70067 3463.36 Salaries - Physical Therapist 70070 4148.38 Salaries - Certified Occupational Therapist 70072 9176.58 Salaries - Occupational Therapist 70075 312.00 Salaries - Speech Therapist Accrue 9/30/16 PTO Accrue 9/30/16 PTO Allocate Interest Income Allocate Interest Income To record Admin Salary 4th Qtr & True up 2017 Legal Services To reclass coding error - Blum Shapiro payable	20200	754.58	
7 3463.3 0 4148.3 2 9176.9 5 312.0 7 754.9 1 24,983.6	70067 3463.36 Salaries - Physical Therapist 70070 4148.38 Salaries - Certified Occupational Therapist 70072 9176.58 Salaries - Occupational Therapist 70075 312.00 Salaries - Speech Therapist Accrue 9/30/16 PTO Accrue 9/30/16 PTO Accrue 9/30/16 PTO Allocate Interest Income Allocate Interest Income To record Admin Salary 4th Qtr & True up 2017 Accrue 9/30/16 PTO Legal Services To reclass coding error - Blum Shapiro payable	20200	754.58	
7 754.5 2 24,983.6	Additional Properties Foundation Found	20200	754.58	
7 754.5 24,983.6	9176.58 Salaries - Occupational Therapist 70075 312.00 Salaries - Speech Therapist Accrue 9/30/16 PTO Accrue 9/30/16 PTO 11027 754.58 Corporate Management Fee Due Affiliate - Corporate Allocate Interest Income 11001 24,983.65 Salaries Administrator Due Affiliate - Corporate To record Admin Salary 4th Qtr & True up 2017 11035 2,500.00 Auditing Fees Legal Services To reclass coding error - Blum Shapiro payable	20200	754.58	
7 754.5 1 24,983.6	Accrue 9/30/16 PTO Accrue 9/30/16 PTO Accrue 9/30/16 PTO To record Admin Salary 4th Qtr & True up 2017 Accrue 9/30/16 PTO Due Affiliate - Corporate To reclass coding error - Blum Shapiro payable Accrue 9/30/16 PTO Accrue 9/30/16 PTO Due Affiliate - Corporate Due Affiliate - Corporate To record Admin Salary 4th Qtr & True up 2017 Legal Services To reclass coding error - Blum Shapiro payable	20200	754.58	
7 754. <u>s</u>	Accrue 9/30/16 PTO Accrue 9/30/16 PTO 1027 754.58 Corporate Management Fee Due Affiliate - Corporate Allocate Interest Income 1001 24,983.65 Salaries Administrator Due Affiliate - Corporate To record Admin Salary 4th Qtr & True up 2017 11035 2,500.00 Auditing Fees Legal Services To reclass coding error - Blum Shapiro payable	20200	754.58	
1 24,983.6	Accrue 9/30/16 PTO 1027 754.58 Corporate Management Fee Due Affiliate - Corporate Allocate Interest Income 1001 24,983.65 Salaries Administrator Due Affiliate - Corporate To record Admin Salary 4th Qtr & True up 2017 1035 2,500.00 Auditing Fees Legal Services To reclass coding error - Blum Shapiro payable	20200	754.58	
1 24,983.6	To reclass coding error - Blum Shapiro payable To pue Affiliate - Corporate Allocate Interest Income Allocate Interest Income Due Affiliate - Corporate Due Affiliate - Corporate To record Admin Salary 4th Qtr & True up 2017 Legal Services To reclass coding error - Blum Shapiro payable	20200	24,983.65	
1 24,983.6	Due Affiliate - Corporate Allocate Interest Income 24,983.65 Salaries Administrator Due Affiliate - Corporate To record Admin Salary 4th Qtr & True up 2017 2,500.00 Auditing Fees Legal Services To reclass coding error - Blum Shapiro payable	20200	24,983.65	
1 24,983.6	Due Affiliate - Corporate Allocate Interest Income 24,983.65 Salaries Administrator Due Affiliate - Corporate To record Admin Salary 4th Qtr & True up 2017 2,500.00 Auditing Fees Legal Services To reclass coding error - Blum Shapiro payable	20200	24,983.65	
	Allocate Interest Income 24,983.65 Salaries Administrator Due Affiliate - Corporate To record Admin Salary 4th Qtr & True up 2017 2,500.00 Auditing Fees Legal Services To reclass coding error - Blum Shapiro payable	20200	24,983.65	
	24,983.65 Salaries Administrator Due Affiliate - Corporate To record Admin Salary 4th Qtr & True up 2017 2,500.00 Auditing Fees Legal Services To reclass coding error - Blum Shapiro payable			
	Due Affiliate - Corporate To record Admin Salary 4th Qtr & True up 2017 2,500.00 Auditing Fees Legal Services To reclass coding error - Blum Shapiro payable			
	Due Affiliate - Corporate To record Admin Salary 4th Qtr & True up 2017 2,500.00 Auditing Fees Legal Services To reclass coding error - Blum Shapiro payable			
5 2,500.0	To record Admin Salary 4th Qtr & True up 2017 2,500.00 Auditing Fees Legal Services To reclass coding error - Blum Shapiro payable			
5 2,500.0	2,500.00 Auditing Fees Legal Services To reclass coding error - Blum Shapiro payable	41033	2,500.00	
5 2,500.0	Legal Services To reclass coding error - Blum Shapiro payable	41033	2,500.00	
5 2,500.0	Legal Services To reclass coding error - Blum Shapiro payable	41033	2,500.00	
	To reclass coding error - Blum Shapiro payable	41033	2,500.00	
	11039 417 00 Hoalthnort Indirect			
	11029 417 00 Hoalthnort Indirect			
	11029 417 00 Healthport Indirect			
8 417.0				
	Purchased Services - HPS (RN-CCNH)	45022	417.00	
	To adjust Healthport Indirect			
5 1,049.5	15035 1,049.51 Purch Service RN			
	Medical Equipment Purchases	45052	1,049.51	
	Reclass KCI			
	17002 13,243.16 Accum Deprec - ME			
5 3,431.5	17005 3,431.52 Accum Deprec - LHI			
	Retained Earnings	28000	16,674.68	
	Adjust Deprec to Actual			
28,268.2	20501 28,268.20 Accrued Payroll	41000	0:00	
	Salaries - Clerical	41002	81.98	
	Salaries - Accounting	+	254.99	
	Salaries - Social Service		351.44	
	Salaries - Maintenance		336.31	
	Salaries - RN	+	5,085.51	
	Salaries - LPN	+	11,479.97	
	Salaries - CNA		4,870.82	
	Salaries - Assistant D.O.N.	45004	632.00	
	Salaries - D.O.N.	45005	1,060.00	
1				
	Ŭ		<u> </u>	
		+		
			1	
	Salaries - Laundry		<u> </u>	
	· · · · · · · · · · · · · · · · · · ·			
	Salaries - Housekeeping			
	Salaries - Housekeeping Salaries - Housekeeping Suprv			
	Salaries - Housekeeping Salaries - Housekeeping Suprv Salaries - Recreation		68.40	
	Salaries - Housekeeping Salaries - Housekeeping Suprv Salaries - Recreation Salaries - Therapy Technicians	70002	·	
-		Salaries - MDS Coordinator Salaries - Dietitians Salaries - Chef, Cooks Salaries - Dietary Aid, Dishwasher Salaries - Food Service Suprv Salaries - Laundry Salaries - Housekeeping Salaries - Housekeeping Suprv Salaries - Recreation	Salaries - Nursing Administration 45011 Salaries - MDS Coordinator 45017 Salaries - Dietitians 50001 Salaries - Chef, Cooks 50002 Salaries - Dietary Aid, Dishwasher 50003 Salaries - Food Service Supry 50004 Salaries - Housekeeping 60001 Salaries - Housekeeping Supry 60002 Salaries - Recreation 65001 Salaries - Therapy Technicians 70062	Salaries - Nursing Administration 45011 107.55 Salaries - MDS Coordinator 45017 370.95 Salaries - Dietitians 50001 101.55 Salaries - Chef, Cooks 50002 419.21 Salaries - Dietary Aid, Dishwasher 50003 1,031.78 Salaries - Food Service Suprv 50004 132.00 Salaries - Laundry 55001 347.65 Salaries - Housekeeping 60001 850.10 Salaries - Housekeeping Suprv 60002 148.40 Salaries - Recreation 65001 380.69

11	45025	107.94	Equipment Lease - Nursing			
			Purchase Service - HPS (CNA-CCNH)	45024	107.94	
			Reclass Dynamic Medical			
12	50001	20,034.00	Salaries - Dietician			
			Due Affiliate - Corporate	20226	20,034.00	
			Reclass PR Expense for Shared with Fowler			
13	20200	15 405 30	Dua Affiliata Corra			
13	20200	15,495.29	Due Affiliate Corp Salaries - Clerical	41002	15 405 30	
				41002	15,495.29	
			Correct Sharon Dudek shared posting with West Haven			
14	41039	1,483.18	Due & Membership			
			License & Fees	41038	1,483.18	
			Reclass CT Extended Care Network			
15	45011	80.30	Salaries Nursing Admin			
15	45011	80.30	Due Affiliate - Corporate	20200	80.30	
			Reclass GL Posting error	20200	00.50	
					İ	
		582,103.83	TOTALS		582,103.83	

Facility: Apple Rehab Laurel Woods

Cost Year 9/30/2017

Reconciliation of Revenue, Expenses, Balance Sheet

	Expenses	Revenue	<u>Assets</u>	Liabilities
Per Trial Balance	12,198,309	12,225,509	2,446,670	4,445,267
Per Cost Report	12,191,491	12,225,509	2,446,670	4,445,267
Difference	6,818	(0)	0	0
21037-21060 - Payroll W/H 10401-10403 Exchange	0.040			
78010 - Owners Salary Difference	6,818 6,818	0	0	0
Difference	0,010	U	O	U
	(0)	(0)	0	0

Fixed Asset Schedule								
Asset Class ID		Anna Parameter	More in Francisco Plea	Core Book	I TD Down Assess	North State	YTD Democian	tion Amount
Non-Hornald Equipment	2400025	A Debug De Moore	10.7010	2 658 20	2.652.70	1 005 00	91.42 91.42 91.42 92.62 24.49 14.55 20.88	274.41 242.01 73.62 43.83 488.87
NME-10	2609058	2 Ethans Fan Motore Walk-in Freezer Condensing Unit Eyewash Station Mixing Valve Eyewash Station Mixing Howl	39/2010 76/2011 5/6/2011 5/5/2011	3,658.29 3,226.32 981.06 583.82 8,68.49	2,652.30 2,016.48 613.22 364.92 8,448.82	1,005.99 1,209.84 367.84 218.90 2,88.87	91.42	242.01
NME-10 NME-10	2609060	Eyewash Station Mixing Valve Eyewash Station Mixing Bowl	552011	981.06 583.82	613.22 364.92	367.84 218.90	24.49 14.55	73.62 43.83
Non-Moreable Equipment as of \$1(10/27		Cost Report Adjustments:		1,600.49	1,668.82	3,862.57	211.08	601.87 844.95
		4.6		8,649.49 58,449.49				844.95 5844.95
		Prior Additions. Current Additions		\$8,449.49 \$0.00				\$844.95 \$0.00
Moreable Squipment								
ME-10	2609000	CORT of A CASCATETOR PROPERTY SERVICE AND A CASCATETOR TO SERVICE AND A	1/1/2009	*******	535,951.35	113,696.65	16240.95	48,722.85
MII-10 MII-5 MII-10 MII-5 MII-3	2609002	power injector and wire access point (Te vectra seniovs combo system (Sammons Per	1/1/2009 5/1/2009 7/1/2009 10/1/2009 10/1/2009	479.01 4,007.51 1,596.43 1,067.44 3,934.89 444.90 1,019.65 7,685.90 825.67 1,590.90 10,905.63 1,137.91	535,951,35 479,01 3,306,45 1,596,44 1,308,03	701.36	100.18	300.60
ME-5	2609008	washing machine repairs (HPC Food Servic	10/1/2009	1,596.44	1,596.44			
ME-10	2609004	steam table (Triple A Supplies, Inc.)	10/1/2009	1,967.44	1,623.15	344.29	49.14	147.60
MII-10 MII-10 MII-10 MII-3 MII-10	2609005	2 meum tables (Triple A Supplies, Inc.) refrigerator (Sid Miller's Appliance)	101/2009 101/2009 101/2009 412/2010 4/20/2010 4/20/2010 4/4/2011 5/18/2011 5/18/2011	3,934.99 444.60	1,623.15 3,346.28 1,099.65 3,218.45 3,571.61 825.67 168.74 1,590.00 6,733.53 1,137.91	344.29 688.61 77.76	49.14 98.38 11.07	147.60 295.11 33.39
MIL-S MIL-10	2609041	Blender Miner Motor Deyer	4/12/2010 4/20/2010	1,019.65 4,439.28	1,019.65 3,218.45	1,220.83 2,113.39	111.02 192.14	332.91 576.36
	2609039	Washer Extractor Wifi	6/10/2010 4/4/2011	7,685.00 825.67	5,571.61 925.67	2,113.39	192.14	576.36
MILS MILS MILS MILS MILIO	2609048	Science Drawn	4/11/2011	168.74	168.74			
ME-10 ME-5	2609059	Bladder Scamer	7/1/2011	10,805.63	6,753.53	4,052.10	270.11	810.45
ME-5	2609053	Notebook Computer for photo ID	914/2011	260.64	260.64			
MIL-5 MIL-5 MIL-15 MIL-5 MIL-5	2609068 2609068	Photo ID Badge Printing Kits Headboard Footboard	9/14/2011 9/27/2011 10/17/2011 10/27/2011 1/30/2012	260.64 1,453.80 996.90 1,733.48 3,980.95 5,210.50 2,001.46 2,310.98 5,882.38 2,452.28 1,360.21 978.42 1,160.21 978.42 1,702.99 4,878.73 3,754.67 9,705.50 1,813.24 1,506.18 4,233.51 1,506.18	20064 1,433 41,304 1,433 1,106	581.51	16.6	49.86
ME-5	2609067 2612000	Totaliba LCD TV 10 32" LTC 3200 LED Televisions	1/30/2012	1,733.48	1,733.48 3,980.95		199.04	398.09
MIL-15 MIL-7 MIL-5 MIL-15	2612007 2612008	50% depoint on washing machine ECG MACHENE	7711/2012 8772012 8772012 1015/2012 1015/2012 1011/2013 1172014 1172014 1172014 4722014 47272014 47272014 47272014 47272014 47272014 47272014 47272014 47272014	5,219.50 2,901.46	1,826.86	3,392.64 725.39	199.04 86.97 103.63 115.52 96.04 122.63 33.06 48.89 99.14 42.59 243.96 453.36 753.4 105.83 30.72.82 34.90 35.83 36	261.09 310.36 231.08 294.12 367.83 102.06 146.29 177.39 127.62 731.79 187.74 1,455.84 135.99 225.90 317.52 92.52
ME-5	2612009	SPOT VITAL SIGNS & STAND	8/7/2012	2,310.98	2,310.98	3,823.54 367.84	115.52	231.08
	2613011	viral signs monitor (mckesson)	6/11/2013	2,452.28	2,084.44	367.84	122.63	367.83
MII-10 MII-5 MII-5 MII-10 MII-5	2614024	COMPUTER WLS CTRL 2504 5 LIC (JKS)	1/1/2014	978.42	635.99	782.08 342.43 413.95 1,148.95 1,707.57 2,941.15 3,796.91 1,223.65 527.18 2,857.61 935.54	48.89	146.79
MIL-S MIL-10	2614025 2614013	CISCO ASA SECURITY APPLICANCE (RKS) BLENDER CUTTER MIXER (TRIPLE A)	1/1/2014	1,192.67	768.72 553.14	413.95 1,148.95	59.14 42.59	177.99 127.62
	2614014	FLOOR SCRUBBER 17" (HELLYARD-ROVIC) 6 TABLES HIGH-LO SEAMLESS (DIRECT SUP)	2/11/2014 4/2/2014	4,878.73	3,171.16 813.52	1,707.57 2,941.15	243.96 62.57	731.79 187.74
MIE-5 MIE-10 MIE-5 MIE-10	2614021	ROAM ALIRT WRILLISS (RAINTECH) MAGE OCCS TIMER REPPARTITION REPWARES	4%/2014	9,705.50	6,306.59	3,396.91	485.26 45.33	1,455.84
MII-5	2614022	WASHER COMPUTER APARTS (DANIELS EQUIP)	4/17/2014	1,506.18	979.00	527.18	75.34	225.90
	2615037	Payroll System Upgrade-Time Clocks	3/19/2015	1,233.01	277.47	955.54	30.78	92.52
MIE-10 MIE-5 MIE-5 MIE-5	2615037. 2615035	A Payroll System Upgrade-Time Clocks 10 Monitors for Point of Caro(CDW)	3/19/2015 6/26/2015 7/6/2015 7/6/2015 7/6/2015	1,233.01 1,395.84 1,172.91 21,456.11 5,721.63 809.92 1,478.83 4,676.16	314.04 527.82	1,081.80 645.09 11,800.88 3,146.90 445.45	34.91 58.63	104.67 175.95 3,218.40 858.24 121.50 221.85 350.73 151.83 174.51 191.25 146.43 354.15 399.33 37.52 40.34 50.31
MIL-5 MIL-5	2615033 2615033	19 Kinsks for Point of Case(Carewore) A 19 Kinsks for Point of Case(Carewore)	76/2015	21,456.11 5,721.63	9,685.23	11,990.88 3,146.90	9972.82 286.09	3,218.40 858.24
	26150331	1 Klock Supplies for Point of Care-(CDW)	76/2015	809.92	364.47	445.45	40.48	121.50
MIL-5 MIL-10 MIL-5 MIL-15	2615036	2 Parient Lifts & Parient Lift Scale	7/21/2015 7/21/2015 9/10/2015 11/10/2015 4/15/2016	4,676.16	1,052.16	813.33 3,624.00 556.60 2,967.02 956.38 732.23 826.29 931.81 994.71 641.94 641.94 641.94 641.94 641.94 641.94	73.92 116.89 50.58 58.2 44.84	350.73
ME-15	2615034 2615038	A Parient Lift Repairs on 4 Lifts 2 Sneam Tables(Triple A Supplies)	9/10/2015 11/10/2015	4,676.16 1,012.05 3,490.59 1,275.14	485.45 523.57	556.60 2,967.02	50.58 58.2	151.83
ME-5	2616039 2616041	Floor Buffing Machine(HD Supply) Install of Wireless Network Controller	4/15/2016 6/30/2016	1,275.14 976.29	318.76 244.06	956.38 732.23		191.25
MIE-3 MIE-3 MIE-10 MIE-5	2616042	2 Laptops for Robab Department Bladder Scanner Roman Droba Advance De-	4/15/2016 6/30/2016 9/14/2016 10/10/2016 2/1/2017 2/16/2017 2/16/2017	1,275.14 976.29 1,416.53 1,597.37 1,032.23 691.28 704.85	590.24 663.56	826.29 911.61	198.58 266.23	354.15
ME-10	2617044	2 Lines Carte(Star Silk & Wooles Comp)	2/1/2017	1,032.23	37.52	994.71	-	37.52
MII-5	2617046	2 BCA 32 Television(HD Supply)	2/16/2017	704.85	50.31	654.54		50.31
MIL-5 MIL-5	26170460	1 2 RCA 32" Televisions(HD Supply) 2 2 RCA 32" Televisions(HD Supply)	2/16/2017 2/16/2017	691.28 691.28	49.34 49.34 49.34 49.34 74.71	641.94		49.34 49.34 49.34 49.34
MIL-5	26170461	1 2 RCA 32" Televisions(HD Supply) 1 2 RCA 32" Televisions(HD Supply)	2/16/2017 2/16/2017	691.28 691.28	49.34 49.34	641.94		49.34 49.34
ME-10 ME-10	2617045	Six to Stand Patient Lift Machine	3/30/2017	2,233.35	74.71	2,158.64		
ME-10	2617050	Speed Queen 75 LB. Dryer(Yankee)	8/10/2017	4,360.35	45.28 79.14 35.62 19.70	2,116.80 4,281.21 1,128.29 1,285.21		45.28 79.14 35.62 19.70
ME-5	2617052	Lee Maker Repair-Water Regulating Valva	2/16/2017 2/16/2017 2/16/2017 2/16/2017 2/16/2017 3/30/2017 8/10/2017 8/10/2017 8/15/2017	704.85 691.28 691.28 691.28 691.28 2,233.35 2,162.08 4,360.35 1,163.91 1,304.91	19.70	1,285.21		19.70
Managable Equipment as of 08/85/17				\$11,486.15	625,016.01	10,461	джя	56,444.55
		Cost Report Adjustments:						
					,			\$86,444.88
				50.00				\$86,644.88 \$84,036.34 \$1,154.00
		Adjusted Balance @ 9/20/17		\$0.00 18,015.45				\$86,444.58 \$84,036.36 \$1,154.00 \$1,254.54
Lazarhold Improvements				\$0.00 18,015.45				\$85,464.50 \$84,036.36 \$1,154.00 \$1,254.54
Canadised Improvements.	2009009	Adjusted Balance @ 9/30/127 Prior Additions Payroll Equipment - Depreciation Current Additions		18,015.45		2,275,01		\$86,644.98 \$88,036.36 \$1,154.00 \$1,254.54
LIB-10 LIB-5	2609009 2609015 2609015	Adjusted Balance @ 9/30/127 Prior Additions Payroll Equipment - Depreciation Current Additions		18,015.45		2,275.03	325.03	\$86,444.39 \$84,036.34 \$1,154.00 \$1,254.54 974.97
LBI-10 LBI-5 LBI-5 LBI-5	2609009 2609015 2609025 2609034	Adjusted Balance @ 9/30/127 Prior Additions Payroll Equipment - Depreciation Current Additions		18,015.45			325.03	974.97
List-10 List-10 List-10 List-10 List-10 List-10 List-10 List-15 List-15	2609009 2609015 2609034 2609012 2609012	Adjusted Balance @ 9/30/127 Prior Additions Payroll Equipment - Depreciation Current Additions		18,015.45			325.03	974.97
LIB-15 LIB-15 LIB-15	2609009 2609015 2609025 2609024 2609011 2609013 2609013	Adjusted Balance @ 9/30/127 Prior Additions Payroll Equipment - Depreciation Current Additions		18,015.45			325.03	974.97
LIB-15 LIB-15 LIB-15 LIB-15	2609009 2609015 2609025 2609024 2609012 2609013 2609018 2609026	Adjusted Balance @ 9/30/127 Prior Additions Payroll Equipment - Depreciation Current Additions		18,015.45			325.03	974.97
LIB-15 LIB-15 LIB-15 LIB-15	2609009 2609015 2609035 2609034 2609012 2609012 2609032 2609032 2609039 2609039	Adjusted Balance @ 9/30/127 Prior Additions Payroll Equipment - Depreciation Current Additions		18,015.45			325.03	974.97
LIB-15 LIB-15 LIB-15 LIB-15	2609009 2609015 2609025 2609024 2609012 2609012 2609013 2609026 2609029 2609029 2609029	Adjusted Balance @ 9/30/127 Prior Additions Payroll Equipment - Depreciation Current Additions		18,015.45			325.03	974.97
LHB-15 LHB-15 LHB-15 LHB-15 LHB-15 LHB-15 LHB-15 LHB-12 LHB-10 LHB-10 LHB-10	2609000 2609015 2609025 2609024 2609012 2609013 2609023 2609026 2609026 2609027 2609027 2609027 2609027 2609027	Adjusted Balance @ 9/30/127 Prior Additions Payroll Equipment - Depreciation Current Additions		18,015.45			325.03	974.97
LHB-15 LHB-15 LHB-15 LHB-15 LHB-15 LHB-15 LHB-15 LHB-12 LHB-10 LHB-10 LHB-10	2609009 2609015 2609025 2609025 2609012 2609013 2609013 2609025 2609020 2609025 2609025 2609025 2609025 2609025 2609025	Adjusted Balance @ 9/30/127 Prior Additions Payroll Equipment - Depreciation Current Additions		18,015.45			325.03	974.97
110-15 110-15 110-15 110-15 110-15 110-15 110-15 110-10 110-10 110-10 110-10 110-10 110-10 110-10 110-10 110-10	2609009 2609003 2609003 2609003 2609003 2609003 2609003 2609003 2609003 2609003 2609003 2609003 2609003 2609003 2609003	Adjusted Balance @ 9/30/127 Prior Additions Payroll Equipment - Depreciation Current Additions		18,015.45			325.03	974.97
1.18-15 1.18-15 1.18-15 1.18-15 1.18-15 1.18-15 1.18-15 1.18-15 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10	2609000 2609005 2609005 2609005 2609001 2609002 2609002 2609002 2609002 2609002 2609002 2609002 2609002 2609002 2609002 2609002 2609002 2609002	Adjusted Balance @ 9/30/127 Prior Additions Payroll Equipment - Depreciation Current Additions		18,015.45			325.03	974.97
1.18-15 1.18-15 1.18-15 1.18-15 1.18-15 1.18-15 1.18-15 1.18-15 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10 1.18-10	2609000 2609015 2609015 2609016 2609011 2609012 2609012 2609012 2609012 2609012 2609012 2609012 2609012 2609012 2609012 2609012 2609012 2609012 2609012	Adjusted Balance @ 9/30/127 Prior Additions Payroll Equipment - Depreciation Current Additions		18,015.45			325.03	974.97
LIB-15 LIB-15 LIB-15 LIB-15 LIB-15 LIB-15 LIB-15 LIB-15 LIB-16 LIB-10	2609009 2609013 2609013 2609013 2609013 2609013 2609013 2609013 2609013 2609013 2609013 2609013 2609013 2609013 2609013 2609013 2609013 2609013 2609013	Adjusted Balance @ 9/30/127 Prior Additions Payroll Equipment - Depreciation Current Additions		18,015.45	80,724.97 1,423.22 2,866.89 78.26 131.20 131	761.52 603.12 108.22 637.40 1,112.86 671.62 74.83 3,664.24 157.30 1,524.97 1,768.48 4,962.29 206.63 2071.59 385.03 4,167.22 1,187.53 364.85 1,192.61	325.03 16.29 22.97 3.97 23.6 41.21 24.89 27.7 25.56 66.17 165.78 20.96 61.27 55.77 92.46 62.27 55.77 92.46 62.27 93.31 94.31 9	974.97
LIB-15 LIB-15 LIB-15 LIB-15 LIB-15 LIB-15 LIB-15 LIB-15 LIB-16 LIB-10	2609009 2609003 260900	Adjusted Balance @ 9/30/127 Prior Additions Payroll Equipment - Depreciation Current Additions		18,015.45	80,724.97 1,423.22 2,866.89 78.26 131.20 131	761.52 603.12 108.22 637.40 1,112.86 671.62 74.83 3,664.24 157.30 1,524.97 1,768.48 4,962.29 206.63 2071.59 385.03 4,167.22 1,187.53 364.85 1,192.61	325.03 16.29 22.97 3.97 23.6 41.21 24.89 27.7 25.56 66.17 165.78 20.96 61.27 55.77 92.46 62.27 55.77 92.46 62.27 93.31 94.31 9	974.97
LIB-15 LIB-15 LIB-15 LIB-15 LIB-15 LIB-15 LIB-15 LIB-15 LIB-16 LIB-10	2609000 2609001 2609001 2609001 2609001 2609001 2609002 260900	Adjusted Balance @ 9/30/127 Prior Additions Payroll Equipment - Depreciation Current Additions		18,015.45	80,724.97 1,423.22 2,866.89 78.26 131.20 131	761.52 603.12 108.22 637.40 1,112.86 671.62 74.83 3,664.24 157.30 1,524.97 1,768.48 4,962.29 206.63 2071.59 385.03 4,167.22 1,187.53 364.85 1,192.61	325.03 16.29 22.97 3.97 23.6 41.21 24.89 27.7 25.56 66.17 165.78 20.96 61.27 55.77 92.46 62.27 55.77 92.46 62.27 93.31 94.31 9	974.97
LIBERT LI	2609000 2609001 2609001 2609001 2609001 2609001 2609002 260900	Adjusted Balance @ 9/30/127 Prior Additions Payroll Equipment - Depreciation Current Additions		18,015.45	80,724.97 1,423.22 2,866.89 78.26 131.20 131	761.52 603.12 108.22 637.40 1,112.86 671.62 74.83 3,664.24 157.30 1,524.97 1,768.48 4,962.29 206.63 2071.59 385.03 4,167.22 1,187.53 364.85 1,192.61	321.03 16.29 22.97 23.6 41.21 24.89 27.7 245.64 27.497 245.64 27.497 245.64 27.497 25.60 607.7 25.7 25.7 25.6 607.7 25.7 25.7 25.8 25.7 25.7 25.8 25.7 25.8 25.7 25.8 25.7 25.8 25.7 25.8 25.7 25.8 25.7 25.8 25.7 25.8 25.7 25.8 25.7 25.8 25.8 25.7 25.8 25.7 25.8 25.7 25.8 25.7 25.8 25.	974.97
LIBERT LI	2609000 2609001 2609001 2609001 2609001 2609001 2609001 2609001 2609002 2609001 2609002 2609001 2609002 2609001 2609002 2609001 26090001 26090001 260900000000000000000000000000000000000	Adjusted Balance @ 9/30/127 Prior Additions Payroll Equipment - Depreciation Current Additions		18,015.45	80,724.97 1,423.22 2,866.89 78.26 131.20 131	761.52 603.12 108.22 637.40 1,112.86 671.62 74.83 3,664.24 157.30 1,524.97 1,768.48 4,962.29 206.63 2071.59 385.03 4,167.22 1,187.53 364.85 1,192.61	321.03 16.29 22.97 23.6 41.21 24.89 27.7 245.64 27.497 245.64 27.497 245.64 27.497 25.60 607.7 25.7 25.7 25.6 607.7 25.7 25.7 25.8 25.7 25.7 25.8 25.7 25.8 25.7 25.8 25.7 25.8 25.7 25.8 25.7 25.8 25.7 25.8 25.7 25.8 25.7 25.8 25.7 25.8 25.8 25.7 25.8 25.7 25.8 25.7 25.8 25.7 25.8 25.	974.97
188-6 188-6 188-6 188-6 188-6 188-6 188-6 188-6 188-6 188-8	2609000 2609003 260900	Adjusted Balance @ 9/30/127 Prior Additions Payroll Equipment - Depreciation Current Additions		18,015.45	80,724.97 1,423.22 2,866.89 78.26 131.20 131	761.52 (620.32 (682.32	325.03 16.29 22.97 3.97 3.41.23 24.89 27.7 245.64 22.48 27.49 27.7 22.66 66.17 86.33 27.96 66.7 52.7 52.7 52.7 52.7 52.8 66.7 52.7 52.8 66.7 52.7 52.8 66.7 52.7 52.8 66.7 52.8 66.7 52.8 66.7 52.8 66.7 52.8 66.7 52.8 66.7 52.8 66.7 52.8 66.7 52.8 66.7 52.8 66.7 52.8 66.7 66.7 66.7 66.7 66.7 66.7 66.7 66	974,97 -48,69 68,94 12,06 68,94 12,06 70,83 123,06 74,61 822,03 757,83 67,41 822,03 106,42 22 189,92 110,42 277,38 187,47 110,40 297,99 296,23 200,94 122,40 112,40 112,40 112,40 112,40 112,40 112,40 112,40 112,40 112,40 113,41 113,41
188-6 188-5	2609000 2609003 260900	Adjusted Balance @ 9/30/127 Prior Additions Payroll Equipment - Depreciation Current Additions		18,015.45	80,724.97 1,423.22 2,866.89 78.26 131.20 131	761.52 (620.32 (682.32	325.03 16.29 22.97 3.97 3.41.23 24.89 27.7 245.64 22.48 27.49 27.7 22.66 66.17 86.33 27.96 66.7 52.7 52.7 52.7 52.7 52.8 66.7 52.7 52.8 66.7 52.7 52.8 66.7 52.7 52.8 66.7 52.8 66.7 52.8 66.7 52.8 66.7 52.8 66.7 52.8 66.7 52.8 66.7 52.8 66.7 52.8 66.7 52.8 66.7 52.8 66.7 66.7 66.7 66.7 66.7 66.7 66.7 66	974.97 -48.99 -68.94 -12.06 -70.83 -12.16 -70.83 -72.21 -70.74 -7
188-6 188-5	2,0000000 2,0000015 2,00000015 2,0000015 2,0000015 2,0000015 2,0000015 2,0000015 2,0000015 2,0000015 2,0000015 2,0000015 2,0000015 2,00000015 2,000000000000000000000000000000000000	Adjusted Balance @ 9/30/127 Prior Additions Payodi Equipment - Depreciation Current Additions		18,015.45	80,724.97 1,423.22 2,866.89 78.26 131.20 131	761.52 620.32 108.22 637.40 1,112.86 671.45 784.83 3,685.34 1,123.49 209.63 2,297.19 383.03 894.16 647.22 2,187.53 384.83 1,1972.63 1,19	325.03 16.29 22.97 3.97 23.6 41.21 24.89 27.7 24.97 25.6 66.17 144.78 27.96 66.17 92.46 62.53 35.18 190.33 190.33 190.35 66.37 147.42 62.53 61.37 147.42 62.53 61.37	974,97 -48,69 68,94 12,06 68,94 12,06 70,83 123,06 74,61 822,03 757,83 67,41 822,03 106,42 22 189,92 110,42 277,38 187,47 110,40 297,99 296,23 200,94 122,40 112,40 112,40 112,40 112,40 112,40 112,40 112,40 112,40 112,40 113,41 113,41
188-6 188-5	2009000 20090013 2009	Adjusted Balance @ 9/30/127 Prior Additions Payodi Equipment - Depreciation Current Additions		18,015.45	80,724.97 1,423.22 2,866.89 78.26 131.20 131	761.52 620.32 108.22 637.40 1,112.86 671.45 784.83 3,685.34 1,123.49 209.63 2,297.19 383.03 894.16 647.22 2,187.53 384.83 1,1972.63 1,19	325.03 16.29 22.97 3.97 23.6 41.21 24.89 27.7 24.97 25.6 66.17 144.78 27.96 66.17 92.46 62.53 35.18 190.33 190.33 190.35 66.37 147.42 62.53 61.37 147.42 62.53 61.37	971497
1886 18	2,0000000 2,0000010000000000	Adjusted Balance @ 9/30/127 Prior Additions Payodi Equipment - Depreciation Current Additions		18,015.45	80,724.97 1,423.22 2,866.89 78.26 131.20 131	761.52 620.32 108.22 637.40 1,112.86 671.45 784.83 3,685.43 1,020.28 209.63 2,077.19 383.63 401.14 1,020.28 209.63 2,077.19 383.63 1,187.82 1,187.82 1,187.82 1,187.82 1,187.82 1,187.82 1,187.83 1,187.82 1,187.82 1,187.83 1,187.82 1,187.83 1,187.82 1,187.83 1,187.82 1,187.83 1,187.82 1,187.83 1,187.82 1,187.83 1,187.8	325.03 16.29 22.97 3.97 23.6 41.21 24.89 27.7 24.97 25.6 66.17 144.78 27.96 66.17 92.46 62.53 35.18 190.33 190.33 190.35 66.37 147.42 62.53 61.37 147.42 62.53 61.37	971497
1886 18	2,0090000 2,0090015 2,0090015 2,0090015 2,0090016 2,0090	Adjusted Balance @ 9/30/127 Prior Additions Payodi Equipment - Depreciation Current Additions		18,015.45	80,724.97 1,423.22 2,866.89 78.26 131.20 131	761.52 620.32 108.22 637.40 1,112.86 671.45 784.83 3,685.43 1,020.28 209.63 2,077.19 383.63 401.14 1,020.28 209.63 2,077.19 383.63 1,187.82 1,187.82 1,187.82 1,187.82 1,187.82 1,187.82 1,187.83 1,187.82 1,187.82 1,187.83 1,187.82 1,187.83 1,187.82 1,187.83 1,187.82 1,187.83 1,187.82 1,187.83 1,187.82 1,187.83 1,187.8	325.03 16.29 22.97 3.97 23.6 41.21 24.89 27.7 24.97 25.6 66.17 144.78 27.96 66.17 92.46 62.53 35.18 190.33 190.33 190.35 66.37 147.42 62.53 61.37 147.42 62.53 61.37	971497
188-0 188-0	2609001 260900	The Addison of Will's Price Addison of Will's Addison from the Addison of Will's Addison from the Addison of Will's Addison from the Addison of Will's Addison of William of W	81,2309 861,	18,015.45	80,724.97 1,423.22 2,866.89 78.26 131.20 131	761.52 620.32 108.22 637.40 1,112.86 671.45 784.83 3,685.43 1,020.28 209.63 2,077.19 383.63 401.14 1,020.28 209.63 2,077.19 383.63 1,187.82 1,187.82 1,187.82 1,187.82 1,187.82 1,187.82 1,187.83 1,187.82 1,187.82 1,187.83 1,187.82 1,187.83 1,187.82 1,187.83 1,187.82 1,187.83 1,187.82 1,187.83 1,187.82 1,187.83 1,187.8	325.03 16.29 22.97 3.97 23.6 41.21 24.89 27.7 24.97 25.6 66.17 144.78 27.96 66.17 92.46 62.53 35.18 190.33 190.33 190.35 66.37 147.42 62.53 61.37 147.42 62.53 61.37	971497
1800 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20090010 20090012 200	The Addison of Will's Price Addison of Will's Addison from the Addison of Will's Addison from the Addison of Will's Addison from the Addison of Will's Addison of William of W	81,2309 861,	18,015.45	80,724.97 1,423.22 2,866.89 78.26 131.20 131	761.52 620.32 108.22 637.40 1,112.86 671.45 784.83 3,685.43 1,020.28 209.63 2,077.19 383.63 401.14 1,020.28 209.63 2,077.19 383.63 1,187.82 1,187.82 1,187.82 1,187.82 1,187.82 1,187.82 1,187.83 1,187.82 1,187.82 1,187.83 1,187.82 1,187.83 1,187.82 1,187.83 1,187.82 1,187.83 1,187.82 1,187.83 1,187.82 1,187.83 1,187.8	22162 2237 2237 2246 4422 2442 2244 4422 2244 4422 2244 4422 2244 4422 2344 4422 2444 2442 2444 2442 2444 2442 2444	974.97
1800 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20090010 20090015 20090015 20090015 20090015 20090010 200	The Addison of Will's Price Addison of Will's Addison from the Addison of Will's Addison from the Addison of Will's Addison from the Addison of Will's Addison of William of W	81,2309 861,	18,015.45	80,724.97 1,423.22 2,866.89 78.26 131.20 131	761.52 620.122 627.40 11112.86 674.83 1157.30	22162 2237 2237 2246 4422 2442 2244 4422 2244 4422 2244 4422 2244 4422 2344 4422 2444 2442 2444 2442 2444 2442 2444	974.97
188-5 188-5	2,0000000 2,0000012 2,00000012 2,0000012 2,0000012 2,0000012 2,0000012 2,0000012 2,0000012 2,0000012 2,0000012 2,0000012 2,0000012 2,0000012 2,0000012 2,0000012 2,0000012 2,0000012 2,0000012 2,0000012 2,0000012 2,0000000000	The Addison of Will's Price Addison of Will's Addison from the Addison of Will's Addison from the Addison of Will's Addison from the Addison of Will's Addison of William of W	81,2309 861,	18,015.45	80,724.97 1,423.22 2,866.89 78.26 131.20 131	28322 (2012) (20	22162 2237 2237 2246 4422 2442 2244 4422 2244 4422 2244 4422 2244 4422 2344 4422 2444 2442 2444 2442 2444 2442 2444	974.97
1880 6 1880 1880 1880 1880 1880 1880 188	2,00000000 2,00000013 2,000000013 2,000000013 2,000000000000000000000000000000000000	The Addison of Will's Price Addison of Will's Addison from the Addison of Will's Addison from the Addison of Will's Addison from the Addison of Will's Addison of William of W	81,2309 861,	11,000,000 1,432,32 2,106,300 1,432,32 2,106,300 1,432,32 2,106,300 2,107,30	80,724.97 1,423.22 2,866.89 78.26 131.20 131	28322 (2012) (20	152.60 1 142.00 1 142	97497
1880 6 1880 1880 1880 1880 1880 1880 188	2,0090000 2,0090015 2,0090015 2,0090015 2,0090015 2,0090016 2,0090	The Addison of Will's Price Addison of Will's Addison from the Addison of Will's Addison from the Addison of Will's Addison from the Addison of Will's Addison of William of W	81,2309 861,	11,000,000 1,432,32 2,106,300 1,432,32 2,106,300 1,432,32 2,106,300 2,107,30	80,724.97 1,423.22 2,866.89 78.26 131.20 131	28322 (2012) (20	152.60 1 142.00 1 142	97497
1800 1800 1800 1800 1800 1800 1800 1800	26090000 26090013 260	The Addison of Will's Price Addison of Will's Addison from the Addison of Will's Addison from the Addison of Will's Addison from the Addison of Will's Addison of William of W	81,2309 861,	11,000,000 11,100,000 11,000,000 11,000,000	852.4.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	7, 2012, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2	325.60 16.22 22.77 24.72	974/97 96.69 96.69 96.70 1206 96.70 1206 96.70 1206 96.70 1206 96.70 1206 96.70 1206 96.70 1206 1206 1206 1206 1206 1206 1206 120
1880 1880 1880 1880 1880 1880 1880 1880	2,0099000 2,0099013 2,0099	The Addison of Will's Price Addison of Will's Addison from the Addison of Will's Addison from the Addison of Will's Addison from the Addison of Will's Addison of William of W	81,2309 861,	11,000,000 11,100,000 11,000,000 11,000,000	852.4.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	7, 2012, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2	325.60 16.22 22.77 24.72	974/97 96.69 96.69 96.70 1206 96.70 1206 96.70 1206 96.70 1206 96.70 1206 96.70 1206 96.70 1206 1206 1206 1206 1206 1206 1206 120
1880 6 1880 1880 1880 1880 1880 1880 188	2,009000 2,009001 2,0	The Addison of Will's Price Addison of Will's Addison from the Addison of Will's Addison from the Addison of Will's Addison from the Addison of Will's Addison of William of W	81,2309 861,	11,000,000 11,100,000 11,000,000 11,000,000	852.4.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	7, 2012, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2	325.60 16.22 22.77 24.72	974/97 96.69 96.69 96.70 1206 96.70 1206 96.70 1206 96.70 1206 96.70 1206 96.70 1206 96.70 1206 1206 1206 1206 1206 1206 1206 120
1880 6 1880 1880 1880 1880 1880 1880 188	2009001 200900	The Addison of Will's Price Addison of Will's Addison from the Addison of Will's Addison from the Addison of Will's Addison from the Addison of Will's Addison of William of W	81,2309 861,	11,000,000 11,100,000 11,000,000 11,000,000	852.4.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	7, 2012, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2	152.60 1 142.00 1 142	974/97 96.69 96.69 96.70 1206 96.70 1206 96.70 1206 96.70 1206 96.70 1206 96.70 1206 96.70 1206 1206 1206 1206 1206 1206 1206 120
1880 1880 1880 1880 1880 1880 1880 1880	20090000 2009001 20090001 20090001 2009001 2009001 2009001 2009001 2009001 2009001 2009001 200	Adjusted Balance @ 9/30/127 Prior Additions Payodi Equipment - Depreciation Current Additions	81,2309 861,	11,000,000 1,432,32 2,106,300 1,432,32 2,106,300 1,432,32 2,106,300 2,107,30	80,724.97 1,423.22 2,866.89 78.26 131.20 131	28322 (2012) (20	325.60 16.22 22.77 24.72	97497
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