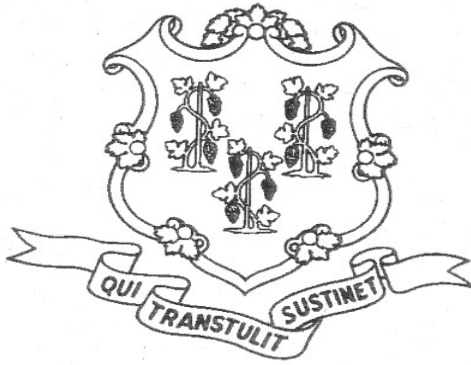


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Whitney Center	
Address (No. & Street, City, State, Zip Code) 200 Leeder Hill Dr., Hamden, CT 06517	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input checked="" type="checkbox"/> Other (CCNH) (RHNS)	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 985-C	RHNS	Other	Medicare Provider 075290
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Medicaid Provider Numbers:	CCNH 123856	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) Whitney Center	License No. 985-C	Report for Year Ended 9/30/2022	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Whitney Center [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, 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) Margaret Joyce			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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State of Connecticut
Department of Social Services
 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Whitney Center		Period Covered:	From 10/1/2021	To 9/30/2022
Address of Facility 200 Leeder Hill Dr., Hamden, CT 06517				
Report Prepared By Anne Matist		Phone Number (230)848-2661	Date 4/26/2023	
Item	Total	CCNH	RHNS	Other
1. Dietary wages paid	\$ 327,340	327,340		
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$ 31,902	31,902		
4. Nursing wages paid	\$ 1,494,014	1,494,014		
5. All other wages paid	\$ 168,986	168,986		
6. Total Wages Paid	\$ 2,022,242	2,022,242		
7. Total salaries paid	\$ 1,053,891	1,053,891		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 3,076,132	3,076,132		

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

		Phone No. of Facility (203)281-6745	Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Whitney Center			Address (No. & Street, City, State, Zip) 200 Leeder Hill Dr., Hamden, CT 06517		
License Numbers:	CCNH 985-C	RHNS	Other	Medicare Provider No. 075290	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input checked="" type="checkbox"/> Other	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?					
		<input type="radio"/> Yes		<input checked="" type="radio"/> No	
If "Yes," explain fully.					
Administrator					
Name of Administrator Margaret Joyce			Nursing Home Administrator's License No.:	000980	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

**General Information and Questionnaire
 Related Parties***

Name of Facility Whitney Center	License No. 985-C	Report for Year Ended 9/30/2022	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Whitney Center	License No. 985-C	Report for Year Ended 9/30/2022	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of	
Whitney Center			985-C	9/30/2022			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
Accelerated Care Plus	<input type="radio"/>	<input checked="" type="radio"/>	Therapy Equipment	01/17/13	12 months - auto renew	15,300	15,300		
AT&T Capital Services	<input type="radio"/>	<input checked="" type="radio"/>	Directv Equipment	06/26/17	(expired midyear)	9,268	2,101		
Axia Technologies	<input type="radio"/>	<input checked="" type="radio"/>	Credit Card Procesisng Terminals		Monthly Contract	5,305	1,203		
EcoLab	<input type="radio"/>	<input checked="" type="radio"/>	Water Softener Equipment	12/19/17	12 months - auto renew	930	234		
Quadient Leasing	<input type="radio"/>	<input checked="" type="radio"/>	Mail Meter	02/05/18	63 Months	5,760	1,306		
Quench USA	<input type="radio"/>	<input checked="" type="radio"/>	Water Coolers	12/28/18	Month to Month	4,080	925		
US Bank Equipment Finance PO Box 790448, St. Louis, MO 63179	<input type="radio"/>	<input checked="" type="radio"/>	Copiers	11/29/17	60 months	94,056	21,323		
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input checked="" type="radio"/> Yes <input type="radio"/> No	Total ***	42,391

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire
Accounting Basis

Name of Facility Whitney Center	License No. 985-C	Report for Year Ended 9/30/2022	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Marcum, LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Warf Dr., 12th Floor, New Haven, CT 06511
---	---

Services Provided by This Firm (*describe fully*)

1 annual audit, preparation of 990 and 5500, and general consulting services related to accounting	\$ 89,675
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 89,675

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

Yes No 15 1d Accounting and Audit Expense

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Wiggin & Dana, LLP 2 Murtha Cullina 3 Littler Mendelson, P.C. 4 5	Telephone Number (203)498-4400 (203)772-7700 (203)974-8700
---	---

Address (*No. & Street, City, State, Zip Code*)

1 PO Box 1832, New Haven, CT 06508
2 265 Church St., New Haven, CT 06510
3 265 Church St., #300, New Haven, CT 06510
4
5

Services Provided by This Firm (*describe fully*)

1 General Counsel	\$ 35,994
2 Bond Issuance Consultant	\$ 25,969
3 Employment Law Representation	\$ 8,116
4	\$
5	\$
	Charge for Services Provided
	\$ 70,079

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

Yes No 15 1e Legal Expenses (Wiggin & Littler)
 Murtha Cullina is not recognized as an expense but as part of deferred development costs on the balance

Schedule of Resident Statistics

Name of Facility Whitney Center			License No. 985-C			Report for Year Ended 9/30/2022				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	59	59			59	59						
B. On last day of THIS report period	59	59							59	59		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	41	41			41	41						
B. As of midnight of THIS report period	27	27							27	27		
3. Total Number of Days Care Provided During Period												
A. Medicare	1,918	1,918			1,308	1,308			610	610		
B. Medicaid (Conn.)	3,617	3,617			2,757	2,757			860	860		
C. Medicaid (other states)												
D. Private Pay	1,693	1,693			1,308	1,308			385	385		
E. State SSI for RCH												
F. Other (Specify) LifeCare	4,087	4,087			3,235	3,235			852	852		
G. Total Care Days During Period (3A thru F)	11,315	11,315			8,608	8,608			2,707	2,707		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	11,315	11,315			8,608	8,608			2,707	2,707		

Schedule of Resident Statistics (Cont'd)

Name of Facility Whitney Center	License No. 985-C	Report for Year Ended 9/30/2022	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Other	Lost			Gained			CCNH	RHNS	Other	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	Other
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	Other	R.C.H.	ICF-MR
No. of Residents	4	9		14				
Per Diem Rate								
a. One bed rm.	541.00	276.89		541.00				
b. Two bed rms.	496.00	276.89		496.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Other
A. Medicare - Part B	7,091	7,091		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	4,385	4,385		
2. Restorative Treatments				
C. Other	87	87		
D. Total Physical Therapy Treatments	11,563	11,563		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	145	145		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	226	226		
2. Restorative Treatments				
C. Other				
D. Total Speech Therapy Treatments	371	371		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	744	744		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	3,784	3,784		
2. Restorative Treatments				
C. Other				
D. Total Occupational Therapy Treatments	4,528	4,528		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Whitney Center	985-C	9/30/2022	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Other	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	78,728	473				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	174,847	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	306,403	9,827				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	86,774	2,225				
c. Dietary Workers	300,342	17,501				
6. Housekeeping Service						
a. Head Housekeeper	2,496	84				
b. Other Housekeeping Workers	31,902	2,017				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	12,007	216				
b. Other Maintenance Workers	26,269	925				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services	1,591	80				
10. Protective Services	27,307	1,531				
11. Accounting Services						
a. Head Accountant	36,749	473				
b. Other Accountants	57,772	1,685				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	119,376	2,086				
b. RN						
1. Direct Care	211,793	7,617				
2. Administrative**	365,530	9,405				
c. LPN						
1. Direct Care	206,238	6,602				
2. Administrative**						
d. Aides and Attendants	806,734	35,303				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	60,244	1,956				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	77,398	2,155				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	85,634	2,542				
<i>A-13. Total Salary Expenditures</i>	3,076,132	106,789				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
VP of Enrichment Services	\$ 8,701	125				
Spiritual Care Coordinator	\$ 5,363	142				
Resource Liaison	\$ 27,628	683				
Well Being Advisor	\$ 6,241	165				
Exercise Physiologist	\$ 8,414	228				
Wellness Coordinator	\$ 5,242	254				
Director of Resident Services	\$ 8,247	228				
Resident Services Supervisor	\$ 7,658	228				
Drivers	\$ 8,140	490				
Total	\$ 85,634	2,542	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
Med A Combined Therapy Services	\$ 91,347					
Medical Waste Disposal	\$ 5,273					
Total	\$ 96,620	-	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Whitney Center				985-C	9/30/2022			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
Section I - Operators/Owners										
Michael Rambarose	78,723				CEO	473		Whitney Center Continuing Care Retirement Community	1,613	268,564
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Whitney Center				985-C	9/30/2022			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
Section III - Administrators***										
Margaret Joyce	174,847					2,086	10 A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Whitney Center	985-C	9/30/2022	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	14,583	276				
2. Dentist						
3. Pharmacist	10,134	67				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	228,521	3,642				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	77,548	624				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	6,694	106				
b. Other						
10. Occupational Therapist						
a. Resident Care	86,165	2,025				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	29,220	329				
2. Administrative***	225	10				
b. LPN						
1. Direct Care	5,004	64				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	96,620					
B-13 Total Fees Paid in Lieu of Salaries	554,713	7,141				

* 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 Whitney Center		License No. 985-C	Report for Year Ended 9/30/2022	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Varsha Trehan, RD 15 S. Branford Rd., Wallingford, CT 06492	Registered Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Trinity Rehabilitation 72640 Fairpoint New Athens Rd., St. Clairsville,	Physical, speech, ad occupational therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Northeast Medical Group 847 Howard Ave., New Haven, CT 06519	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
OmniCare, Inc. PO Box 78000, Detroit, MI 48278	Pharmacy Services	<input type="radio"/>	<input checked="" type="radio"/>		
Michael D. Bergman, MD 215 Sherman Ave., Hamden, CT 06518	Medical Consulting	<input type="radio"/>	<input checked="" type="radio"/>		
Alycia Mulhern 24 Shawmut Ave., North Haven, CT 06473	Registered Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Nurse Network 405 Park Ave., New York, NY 10022	Contract Nurses	<input type="radio"/>	<input checked="" type="radio"/>		
Intelycare 1515 Hancock St., Ste. 203, Quincy, MA 02169	Contract Nurses	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Whitney Center	985-C	9/30/2022	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 100,207	100,207		
2. Disability Insurance	\$ 14,138	14,138		
3. Unemployment Insurance	\$ 20,256	20,256		
4. Social Security (F.I.C.A.)	\$ 220,665	220,665		
5. Health Insurance	\$ 409,657	409,657		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 5,848	5,848		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 54,044	54,044		
8. Uniform Allowance	\$ 1,348	1,348		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 48,352	48,352		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$ 6,946	6,946		
c. Bad Debts*	\$ 96,450	96,450		
d. Accounting and Auditing	\$ 18,414	18,414		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 10,732	10,732		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$ 155	155		
g. Office Supplies	\$ 6,113	6,113		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 4,217	4,217		
2. Cellular Phones	\$ 5,015	5,015		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$			
Subtotal	\$ 1,022,557	1,022,557		

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Other
HSA Match	\$ 9,989		
Dental Insurance	\$ 7,996		
FSA Administration	\$ 342		
EAP/Occupational Health	\$ 1,559		
Tuition Assistance	\$ 696		
Employee Relations	\$ 17,093		
Pre-Employment Screenings	\$ 10,678		
Total	\$ 48,352	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	Other
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Whitney Center	985-C	9/30/2022		16	37
Item	Total	CCNH	RHNS	Other	
<i>Subtotals Brought Forward:</i>	1,022,557	1,022,557			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 11,748	11,748			
2. Holiday Parties for Staff	\$ 4,568	4,568			
3. Gifts to Staff and Residents	\$ 341	341			
4. Employee Travel	\$ 5,265	5,265			
5. Education Expenses Related to Seminars and Conventions	\$ 53,026	53,026			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 119	119			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** 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)***	\$ 276	276			
7. Postage	\$ 937	937			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 8,638	8,638			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 392	392			
9. Subscriptions	\$ 814	814			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 46,801	46,801			
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 154,409	154,409			
C-14 Total Administrative & General Expenditures	\$ 1,309,891	1,309,891			

* 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	Other
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Other
Total Other Advertising	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Other
Purchasing Groups	\$ 401		
ALTCFM	\$ 19		
Society for Human Resources	\$ 126		
IT Professional Org	\$ 101		
NFPA	\$ 9		
CLIA	\$ 180		
CT Assoc of Health Care Facilities	\$ 350		
CT Assited Living Assoc	\$ 950		
CARF	\$ 1,043		
Leading Age	\$ 5,459		
Total Dues	\$ 8,638	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	Other
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
License & Fees	\$ 6,776		
Software Expenses	\$ 112,110		
Bank Fees	\$ 10,087		
Marketing	\$ 48		
Other supplies	\$ 25,388		
Total Other Administrative and General	\$ 154,409	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Whitney Center	License No. 985-C	Report for Year Ended 9/30/2022	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

*** 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 Whitney Center		License No. 985-C	Report for Year Ended 9/30/2022	Page 18	of 37
Item		Total	CCNH	RHNS	Other
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 335,783	335,783		
2.	Non-Food Supplies	\$ 58,386	58,386		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 12,082	12,082		
c. Other (Specify) _____		\$			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 406,251	406,251		
2E. Dietary Questionnaire		Total	CCNH	RHNS	Other
F.	Resident Meals: Total no. of meals served per day:*				
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.	\$2,188
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Whitney Center		License No. 985-C	Report for Year Ended 9/30/2022	Page 19	of 37
Item		Total	CCNH	RHNS	Other
3. Laundry					
a. In-House Processing*	Lbs.	146,941	146,941		
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	10,946	10,946		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$	6,600	6,600		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Other (Specify)	\$				
3D. Total Laundry Expenditures (3a + b + c)	\$	17,545	17,545		
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. 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 3D.

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Whitney Center	985-C	9/30/2022	20	37	
Item		Total	CCNH	RHNS	Other
4. Housekeeping	Sq. Ft. Serviced by Personnel	25,416	25,416		
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	4,443	4,443		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel	25,416	25,416		
	Amt. \$	17,612	17,612		
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	22,055	22,055		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Omicare	\$	98,167	98,167		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	70,653	70,653		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$	15,237	15,237		
2. Other***	\$	6,730	6,730		
f. X-rays and Related Radiological Procedures***	\$	3,934	3,934		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	23,226	23,226		
i. Recreation	\$	17,242	17,242		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	4,902	4,902		
5M. Total Resident Care Expenditures (5a - 5j)	\$	240,092	240,092		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	Other
Misc Purchased Medical Services Related to Consolidated Billing	\$ 4,902		
Total Other Resident Care	\$ 4,902	\$ -	\$ -

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

Name of Facility Whitney Center		License No. 985-C		Report for Year Ended 9/30/2022			Page of 21 37			
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Other	Pg	Line
Performance Environmental Services	111 Kendall St. New Haven, CT 06512	<input type="radio"/>	<input checked="" type="radio"/>		Contract Housekeepers	12,425			20	4b
Waltham Services	POBox 540538 Waltham,MA02454	<input type="radio"/>	<input checked="" type="radio"/>		Pest Control	1,243			20	4b
Plants a la Carte	415 Howe Ave.,Ste 125 Sheltaon, CT 06484	<input type="radio"/>	<input checked="" type="radio"/>		Plant Care	807			20	4b
Chief of Staff	750 Main St., Ste 1304 Hartford, CT 06103	<input type="radio"/>	<input checked="" type="radio"/>		Contract Cooks	8,798			18	2b
CT Computer Services	PO Box 35 Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		IT Consulting and Services	32,120			16	m11
Granite Communications	55 Middletown Ave. North Haven, CT 06473	<input type="radio"/>	<input checked="" type="radio"/>		maintenance and consulting	1,940			22	6a
Schindler Elevator Corp	PO Box 93050 Chicago, IL 60673	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Maintenance	938			22	6a
Daikin Applied	24827 Network Pl. Chicago, IL 60673	<input type="radio"/>	<input checked="" type="radio"/>		HVAC Maintenance	1,852			22	6a
ThyssenKrupp	PO Box 3796 CarolStream,IL 60132	<input type="radio"/>	<input checked="" type="radio"/>		Elevator repair and Maintenance	2,532			22	6a
Pitch Pines Landscaping	319 Washingotn Ave., #4 North Haven, CT 06473	<input type="radio"/>	<input checked="" type="radio"/>		Lanscaping services	5,776			22	6a
Single Digits	PO Box 83363 Las Vegas, NV 93363	<input type="radio"/>	<input checked="" type="radio"/>		IT wiring maintenance	42,851			16	m13
All Waste	PO Box 2472 Hartford, CT 06146	<input type="radio"/>	<input checked="" type="radio"/>		Waste removal	3,562			22	6a
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility Whitney Center	License No. 985-C	Report for Year Ended 9/30/2022			Page 22	of 37
Item		Total	CCNH	RHNS	Other	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	53,518	53,518			
b. Heat	\$	8,989	8,989			
c. Light & Power	\$	33,370	33,370			
d. Water	\$	12,854	12,854			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$	50,275	50,275			
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	159,006	159,006			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$	3,409	3,409			
b. Building & Building Improvements	\$	1,022,594	1,022,594			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	59,882	59,882			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	1,085,886	1,085,886			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$	(38,914)	(38,914)			
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	(38,914)	(38,914)			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$	478,219	478,219			
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$	27,769	27,769			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,552,960	1,552,960			

* 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	Other
Total Other Repairs and Maintenance	\$ -	\$ -	\$ -

Depreciation Schedule

Name of Facility Whitney Center		License No. 985-C			Report for Year Ended 9/30/2022			Page 23	of 37					
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals					
A. Land Improvements														
1. Acquired prior to this report period		340,601		339,652	213,277	SL	Variable	8,026						
2. Disposals (attach schedule)		(159,583)		159,583	151,166	SL	Variable	513						
3. Acquired during this report period (attach schedule)														
A-4. Subtotal									8,540					
B. Building and Building Improvements														
1. Acquired prior to this report period		119,097,708		119,097,708	45,762,867	SL	Variable	2,015,732						
2. Disposals (attach schedule)		(7,037,366)		(7,037,366)	6,957,257	SL	Variable	4,508						
3. Acquired during this report period (attach schedule)		1,879,593		1,879,593		SL	Variable	151,557						
B-4. Subtotal									2,171,796					
C. Non-Movable Equipment														
1. Acquired prior to this report period														
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)														
C-4. Subtotal														
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
		Yes	No	Month	Year									
D. Movable Equipment														
1. Motor Vehicles (Specify name, model and year of each vehicle)														
a. 2014 Ford F550														
		x		10	2017	44,833	4,483	40,350	19,755	SL	96	5,044		
b. 2017 Ford F350														
		x		10	2017	52,543	5,254	47,288	23,151	SL	96	5,911		
c. 2000 Lincoln Town Car														
		x		4	2004	20,503	2,249	18,254	18,254	SL				
d. Box Truck														
		x		3	2017	42,099		42,099	19,379	SL	120	4,210		
2. Movable Equipment														
a. Acquired prior to this report period														
						5,449,734		5,449,734	4,207,856	SL	Variable	101,920		
b. Disposals (attach schedule)														
						(2,664,541)		(2,664,541)	2,660,093	SL	Variable	350		
Acquired during this report period (attach schedule):														
c. Administrative														
						223,972		223,972		SL	Variable	19,856		
d. Standard Resident														
e. Specialized Resident														
Total Acquired during this report period														
						223,972		223,972				19,856		
D-3. Subtotal													137,291	
E. Total Depreciation														2,317,627

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
	Separate Schedule Attached	Administrative			
		Administrative			
		Administrative			
		Administrative	\$ 111,986		\$ 9,928
		Administrative			
Total additions for Movable Equipment			\$ 111,986		\$ 9,928 *
Deletions:					
	Separate Schedule Attached		\$ (2,664,541)		\$ 350
Total deletions for Movable Equipment			\$ (2,664,541)		\$ 350 **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Whitney Center			License No. 985-C		Report for Year Ended 9/30/2022			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. 2019 Bond Premium	10	2019	30 years	(4,808,204)	(200,341)	SL		(280,478)	
2. 2019 Bond Financing	10	2019	30 years	1,548,195	61,327	SL		108,825	
3.									
B-4. Subtotal									(171,653)
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									(171,653)

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Whitney Center	License No. 985-C	Report for Year Ended 9/30/2022	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		07/01/77		
2. Date Structure Completed		07/01/79		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure		07/01/79		
5. Total Licensed Bed Capacity		59		
6. Square Footage		459,658		
7. Acquisition Cost				
a. Land		633,000		
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		fixed bonds		
b. Date Mortgage Obtained		10/25/19		
c. Interest Rate for the Cost Year		385.00%		
d. Term of Mortgage (number of years)		30		
e. Amount of Principal Borrowed		55,595,000		
f. Principal balance outstanding as of		55,595,000		
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Whitney Center		985-C	9/30/2022			26	37
Item		Total	CCNH	RHNS	Other		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 627386.29	627,386				
Name of Lender		Rate					
US Bank Trustee		3.85%					
Address of Lender							
225 Asylum St., 23rd Floor, Hartford, CT 06103							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$ 627,386	627,386				

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Whitney Center	985-C	9/30/2022	27	37
Item	Total	CCNH	RHNS	Other
Subtotals Brought Forward:	627,386	627,386		
12. C. Movable Equipment				
1. Automotive Equipment	\$ 1,985	1,985		
A. Item	Rate	Amount		
2 Passenger Busses	6.45%			
Lender				
Wells Fargo				
Address of Lender				
PO Box 858178 Minneapolis, MN 55485				
2. Other (<i>Specify</i>)	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
B. Item	Rate	Amount		
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$ 1,985	1,985		
12. D. Other Interest Expense (<i>Specify</i>)	\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$ 629,371	629,371		
14. Insurance				
a. Insurance on Property (buildings only)	\$ 12,094	12,094		
b. Insurance on Automobiles	\$ 8,143	8,143		
c. Insurance other than Property (as specified above)				
1. Umbrella (<i>Blanket Coverage</i>)	\$ 7,526	7,526		
2. Fire and Extended Coverage	\$ 20,104	20,104		
3. Other (<i>Specify</i>)	\$ 8,393	8,393		
D&O, Fiduciary, Cyber Security				
14d. Total Insurance Expenditures (14a + b + c)	\$ 56,260	56,260		
15. Total All Expenditures (A-13 thru C-14)	\$ 8,024,275	8,024,275		

D. Adjustments to Statement of Expenditures

Name of Facility Whitney Center				License No. 985-C	Report for Year Ended 9/30/2022	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$ 6,946	6,946		
9.	15	1c	Bad Debts	\$ 96,450	96,450		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$ 155	155		
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 696	696		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 48	48		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$ 276	276		
23.			Other - See attached Schedule	\$ 392	392		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 104,963	104,963		

* 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	Other
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
16	1m8	Chamber of Commerce Dues	\$ 392		
Total Other A&G Adjustments			\$ 392	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Whitney Center				985-C	9/30/2022	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 104,963	104,963		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 98,167	98,167		
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$ 3,934	3,934		
30.			Laboratory	\$ 23,226	23,226		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 6,730	6,730		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 4,902	4,902		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 241,923	241,923		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Other
20	51	Misc Purchsed Medical Services Related to Consolidated Billing	\$ 4,902		
Total Other Ancillary Costs			\$ 4,902	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Whitney Center	985-C	9/30/2022			30	37
Item	Total	CCNH	RHNS	Other		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 1,437,206	1,437,206				
b. Medicaid Room and Board Contractual Allowance **	\$ (669,763)	(669,763)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 594,364	594,364				
b. Medicare Room and Board Contractual Allowance **	\$ 30,244	30,244				
4. a. Private-Pay Residents and Other	\$ 2,037,612	2,037,612				
b. Private-Pay Room and Board Contractual Allowance **	\$ (686,452)	(686,452)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 41,401	41,401				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (41,401)	(41,401)				
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 871	871				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (871)	(871)				
c. Medical Supplies - Non-Medicare	\$ 21,328	21,328				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (4,110)	(4,110)				
3. a. Physical Therapy - Medicare	\$ 281,704	281,704				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (281,704)	(281,704)				
c. Physical Therapy - Non-Medicare	\$ (202)	(202)				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 9,111	9,111				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (9,111)	(9,111)				
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 104,005	104,005				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (104,005)	(104,005)				
c. Occupational Therapy - Non-Medicare	\$ 1,345	1,345				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ 42,208	42,208				
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 2,803,780	2,803,780				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$					
V. Total Other Revenue (1 thru 8)	\$					
VI. Total All Revenue (III +V)	\$ 2,803,780	2,803,780				

* 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	Other
30	Medicare Lab	\$ 20,305		
30	Medicare Lab Contractual	\$ (20,305)		
30	Medicare Radioaology	\$ 160		
30	Medicare Radioaology Contractual	\$ (160)		
30	Medicare Vaccines	\$ 43		
30	Uncollectable/Untimely Filing	\$ (16,509)		
30	Non-Medicare Lab	\$ (369)		
30	Non-Medicare Other income	\$ 416		
30	Reconciling Adjustment - no payer assigned	\$ 58,627		
	Total Other Resident Revenue - Medicare	\$ 42,208	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Other
	Total Other Resident Revenue	\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Other
	Total Interest Income		\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
	Total Other Revenue	\$ -	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Whitney Center	985-C	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	8,304,031
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	586,808
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	17,506
4. Inventories			\$	189,320
5. Prepaid Expenses			\$	611,747
a. Prepaid Insurance	45,492			
b. Prepaid Software	98,239			
c. Prepaid Health Insurance	25,733			
d. See Schedule	442,283			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	687,393
Assets w/ Limited Use	687,393			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	10,396,805
B. Fixed Assets				
1. Land			\$	496,222
2. Land Improvements	*Historical Cost	180,068	\$	103,433
	Accum. Depreciation	76,636	Net	
3. Buildings	*Historical Cost	115,827,663	\$	72,646,466
	Accum. Depreciation	43,181,197	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation		Net	
6. Movable Equipment	*Historical Cost	2,477,737	\$	833,432
	Accum. Depreciation	1,644,305	Net	
7. Motor Vehicles	*Historical Cost	185,959	\$	71,633
	Accum. Depreciation	114,326	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	3,788,330
See Schedule		3,788,330		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	77,939,515

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	a5	Prepaid Life Insurance	\$ 3,118
31	a5	Prepaid Disability Insurance	\$ 4,200
31	a5	Prepaid Voluntary Life & Disability	\$ 6,300
31	a5	Prepaid AFLAC	\$ (902)
31	a5	Prepaid Contracts & Fees	\$ 84,567
31	a5	Project Deposits	\$ 345,000
Total Prepaid Expenses			\$ 442,283

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

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
31	b9	Construction in Progress	\$ 3,413,970
31	b9	Computer Equipment	\$ 397,335
31	b9	Intangible Assets	\$ 764,838
31	b9	Computer Depreciation	\$ (328,722)
31	b9	Software Amortization	\$ (414,536)
31	b9	ROU Asset Amortization	\$ (44,845)
		Reconciling Adjustment	289.17
Total Other Fixed Assets (Itemize)			\$ 3,788,330

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	d7	Deferred Dev. Cost - Thrive	\$ 181,651
32	d7	Deferred Dev. Cost - Strategic Opportunity	\$ 517,863
32	d7	Deferred Dev. Cost - Software	\$ 250,000
Total Other Assets			\$ 949,514

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
		Resident Contract Deposits	\$ 471,475
		Current Portion Bond Debt	\$ 1,201,900
		Uncashed Gift Cards	\$ 5,611
		Chorale Funds Payable	\$ 1,634
		Other Small Misc Accruals	\$ 1,058
Total Other Current Liabilities (Itemize)			\$ 1,681,678

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

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Whitney Center	985-C	9/30/2022	32	37
Account			Amount	
Total Brought Forward:			\$	88,336,321
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	7,327,720
	General Investment Fund & Unreal Gains	7,327,720		
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	6,370,003
	Trustee Held Funds Related to Bonds	5,420,489		
	See Schedule	949,514		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	13,697,723
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	102,034,043

* 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
Whitney Center		985-C	9/30/2022	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	797,238
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	1,025,217
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	68,732
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	695,722
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	2,842,936
Accrued Sales Tax		9,230	Assured Property Taxes	557,883	
Accrued Pension		168,633	Accrued Audit Fees	60,611	
Accrued Unemployment		118,277	Accrued Liab-Other	6,371	
Accrued Self-insured Claims		240,253	See Schedule	1,681,678	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	5,429,845

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Whitney Center	License No. 985-C	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount
Total Brought Forward:				5,429,845
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$ 57,392,234
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 53,387,771
		Deferred Entry Fees	35,806,640	
		Refundable Entry Fees	17,446,131	
		Wait List Deposits	135,000	
		See Schedule		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 110,780,005
C. Total All Liabilities (Lines A-13 + B-5)				\$ 116,209,850

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

Name of Facility	License No.	Report for Year Ended	Page	of
Whitney Center	985-C	9/30/2022	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(9,976,332)
6. Gain or Loss for Period	10/1/2021	thru 9/30/2022	\$	(4,199,475)
7. Total Net Worth			\$	(14,175,807)
C. Total Reserves and Net Worth			\$	(14,175,807)
D. Total Liabilities, Reserves, and Net Worth			\$	102,034,043

H. Changes in Total Net Worth

Name of Facility Whitney Center	License No. 985-C	Report for Year Ended 9/30/2022	Page 36	of 37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$		
D. Net Income or Deficit			\$		
E. Balance			\$		
F. Additions					
1. Additional Capital Contributed (<i>itemize</i>)					
2. Other (<i>itemize</i>)					
F-3. Total Additions			\$		
G. Deductions					
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)					
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount		
2. Other Withdrawings (<i>Specify</i>)			\$		
Purpose		Amount			
3. Total Deductions			\$		
H. Balance at End of Period			\$		
09/30/22					

I. Preparer's/Reviewer's Certification

Name of Facility Whitney Center	License No. 985-C	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Other		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Anne Matist				
Address Address			Phone Number	
200 Leeder Hill Dr., Hamden, CT 06517			(203)848-2661	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Anne Matist			(203)848-2661	
Contact Email Address				
matista@whitneycenter.com				