State of Connecticut



Annual Report of Long-Term Care FacilityCost Year 2023

Name of Facility (as licensed)				
WAT OPCO, LLC d/b/a Woodlake	at Tolland			
Address (No. & Street, City, State, 2				
26 Shenipsit Lake Road, Tolland, C	T 06084			
Type of Facility				
Chronic and Convalescent ☑ Nursing Home (CCNH) & RHNS Combined		(Specify)		(Specify)
Report for Year Beginning 10/1/2022		Report for Year Ending 9/30/2	2023	
License Numbers:	CCNH / RHNS 2433	(Specify)	(Specify)	Medicare Provider 07-5382
	-			
Medicaid Provider Numbers:	20991	CCNH / RHNS	(Specify)	(Specify)

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
WAT OPCO, LLC d/b/a Woodlake at Tolland	2433	9/30/2023	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 WAT OPCO, LLC d/b/a Woodlake at Tolland [facility name], for the cost report period beginning October 1, 2022 and ending September 30, 2023, 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. (a)

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.

(a) Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Christine Tkacz			Printed Name (Owner) Rachel Shakow	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires

(Notary Seal)

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State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page 1A	of 37
Name of Facility		Period Cov	ered:	From	То
WAT OPCO, LLC d/b/a Woodlake at Tolland				10/1/2022	9/30/2023
Address of Facility 26 Shenipsit Lake Road, Tolland, CT 06084		4			
Report Prepared By		Phone Nun		Date	
Marcum LLP		203-781-96	80	1/18/2024	
Item		Total	CCNH / RHNS	(Specify)	(Specify)
Dietary wages paid	\$				
2. Laundry wages paid	\$				
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)	\$			10	

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

						ne No. of Facility		Report for Yea	ır Endec			of 37
					860	-872-2999	7	9/30/2023		2		31
Name of Facility (as				1		Address (No. & S						
WAT OPCO, LLC	d/b/a W	oodlake at	l'olla		1	26 Shenipsit Lake	e Koa		06084	Medicare I	Provid	lar No
				CCNH / RHNS		(Specify)		(Specify)		07-5382	riovic	iei No.
License Numbers:	-,-			2433						07-3302		
Type of Facility (Ch Chronic ☑ Nursing RHNS C	and Co Home (nvalescent (CCNH) &	x(es		(Spe	ecify)			(Specify	')		
Type of Ownership	(Check	appropriate	box	.)								
O Proprietorship	⊙ LI	LC	0	Partnership	0	Profit Corp.	0	Non-Profit Corp	o. O	Government	0	Trust
If this facility opene	ed or ele	osed during	repo	rt year provide:			Date	e Opened	Date Clo	osed		
Has there been any or operation during			ip			Yes	•	No	If "Voc.	" explain ful	la.	
Administrator							-	Nursing F	Iomo			
Name of Administra Christine Tkacz	ator							Administra License	ator's	001995		
Other Operators/Ow	vners w	no are assis	tant a	administrators (full o	r part time) of this	facili	ty.				
Name								License	: No.:			

General Information and Questionnaire Partners/Members

Name of Facility			Report for Y	Year Ended	Page	of
WAT OPCO, LLC d/b/a Woo	dlake at Tolland	2433	9/30/2023		3	37
				State(s) and/o		
Legal Name of Par		Business A			egistered	
		26 Shenipsit Lal		CT		
		Tolland, CT 060)84			
			r			
				m1.1	.,,	
Name of Partners/Members	Business A	ddress		Title	% Ow	nea
					0.1	
Rachel Shakow	324 N Eighth Street, E	dison, NJ 08817	Owner		91	
WAT Investor LLC	675 3RD AVENUE FI	LOOR 8, NEW	Owner		9	
	YORK, NY, 10017					
I						

General Information and Questionnaire Corporate Owners

Name of Facility WAT OPCO, LLC d/b/a Woodlake at Tolland	License No. 2433	Report for Year End 9/30/2023	led	Page of 3A 37
If this facility is owned or operated as a corpor			on:	
Legal Name of Corporation	Busines	s Address	State(s) in Which	ch Incorporated
Name of Directors, Officers	Busines	ss Address	Title	No. Shares Held by Each
				s
			25	
Names of Stockholders Owning at Least 10% of Shares				
	1			
(*)				

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
WAT OPCO, LLC d/b/a Woodlake at Tolland	2433	9/30/2023	3B	37
If this facility is owned or operated as an individua	l proprietorship, pr	rovide the following informat	ion:	
Ow	ner(s) of Facility			
2				
ю.				

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General Information and Questionnaire Related Parties*

Name of Facility WAT OPCO, LLC d/b/a Woodlake at Tolland	Woodlake at Tolland	License No. 243	No. 2433		Report for Year Ended 9/30/2023		Page 4	of 37
Are any individuals recei	Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	acility re	lated thr		Yes © No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	Name/Addition on Pag	ress and
(100)						-		1
Are any individuals or co	Are any individuals or companies which provide goods or services,	or servi	ces,					
including the rental of pr	including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business	to this fa	cility, or busi	ness	O Yes © No			
association to any of the	association to any of the owners, operators, or officials of this facility?	of this fa	acility?			If "Yes," provide the following information:	following	information:
		Als	Also Provides	les		Indicate Where		
		Good	Goods/Services to	es to		Costs are Included		
Name of Related	Business	Non-R	Non-Related Parties	arties	Description of Goods/Services		Cost	Actual Cost to the
Individual or Company	Address	Yes	% No	**%	Provided	Page # / Line #	Reported	Related Party
•		0	0					
		0	0					
		0	0					
		0	0					
		0	•					
		0	0					
		0	0					
		0	•		7			
		0	0					

^{*} 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	License No.		Report for Year Ended	Page	of		
WAT OPCO, LLC d/b/a Woodlake at Tolland	2433		9/30/2023	5	37		
If the facility is licensed as CDH and/or RCH or must be allocated to CCNH and RHNS as follow	provides All	OS or TBI s	services with special Medicaid	rates, costs			
Item	73.		Method of Allocation				
Dietary		Number of	meals served to residents				
Laundry		Number of pounds processed					
Housekeeping			square feet serviced				
		Number of	hours of routine care provided	by EACH			
Nursing		employee classification, i.e., Director (or Charge Nurse),					
		Registered	Nurses, Licensed Practical Nur	ses, Aides	and		
		Attendants					
Direct Resident Care Consultants		Number of	hours of resident care provided	l by EACH			
		specialist (See listing page 13)				
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 follo	wing questic	ns applicat	ole to the cost information prov	ided.			
1. In the propagation of this Papart, were all							
costs allocated as required? • Yes O No made.							
N/A							
O. F. A. t. d. H. Z. C. L. d. C. L. d. C. C. L. d. C.	mangag and at	toch copy o	of appropriate supporting data				
2. Explain the allocation of related company ex	penses and a	tach copy c	or appropriate supporting data.				
N/A							
3. Did the Facility appropriately allocate and se	If disallow d	irost and in	direct costs to non-nursing hon	ne cost cent	ers?		
(e.g., Assisted Living, Home Health, Outpati	ent Services.	Adult Dav	Care Services, etc.)	10 COSt COM			
(e.g., Assisted Living, Home Heatin, Output	ent Services,	Tradit 2 wy	If "No," explain fully why suc	h allocation	was no		
	⊙ Yes	O No	made.	anocation	1 Was 110		
N/A							

General Information and Questionnaire Other Lines of Business

Square footage of entire facility. Square footage of the facility provide outpatient therapy services? No If yes, please complete the following: Square footage of therapy space. Meals on Wheels Does the facility provide Meals on Wheels? No If yes, please complete the following: Square footage of kitchen Number of meals served per week No Are meals included in meals served on page 18 of the Annual Report? No Are direct costs included in the Annual Report? If yes, please state where costs are reported. No Are drivers for the program included in the facility's payroll? If yes, please complete the following: Annual Report page and line Please state the salary amounts of specific cooks and/or dietary aides Please state where the cooks and/or dietary aides are reported in the Annual Report Apartments, Independent Living, Assisted Living Does the facility have apartments, independent living, and/or assisted living? If yes, please complete the following: Square footage of independent living Square footage of assisted living Square footage of assisted living	Name of Facilit	ty License No.	Report for Year Ended Page of				
Outpatient Therapy Does the Facility provide outpatient therapy services? No If yes, please complete the following: Square footage of therapy space. Meals on Wheels Does the facility provide Meals on Wheels? No If yes, please complete the following: Square footage of kitchen Number of meals served per week No Are meals included in meals served on page 18 of the Annual Report? If yes, please state where costs are reported. No Are direct costs included in the Annual Report? If yes, please state where costs are reported. No Are drivers for the program included in the facility's payroll? If yes, please complete the following: Amount Reported Annual Report page and line Please state the salary amounts of specific cooks and/or dietary aides Please state where the cooks and/or dietary aides are reported in the Annual Report Apartments, Independent Living, Assisted Living Does the facility have apartments, independent living, and/or assisted living? Square footage of independent living Square footage of independent living			9/30/2023 6 37				
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Square footage of kitchen Number of meals served per week	CONTRACTOR						
Square footage of kitchen	Does the facili	ty provide inears on wheels?	_				
Number of meals served per week No Are meals included in meals served on page 18 of the Annual Report? No Are direct costs included in the Annual Report? If yes, please state where costs are reported. No Are drivers for the program included in the facility's payroll? If yes, please complete the following: Amount Reported Annual Report page and line Please state the salary amounts of specific cooks and/or dietary aides Please state where the cooks and/or dietary aides are reported in the Annual Report Apartments, Independent Living, Assisted Living Does the facility have apartments, independent living, and/or assisted living? If yes, please complete the following: Square footage of apartments Square footage of independent living	If yes, please c	omplete the following:	· ·				
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If yes, please state where costs are reported. No Are drivers for the program included in the facility's payroll? If yes, please complete the following: Amount Reported Annual Report page and line Please state the salary amounts of specific cooks and/or dietary aides Please state where the cooks and/or dietary aides are reported in the Annual Report Apartments, Independent Living, Assisted Living Does the facility have apartments, independent living, and/or assisted living? If yes, please complete the following: Square footage of apartments Square footage of independent living	No						
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Amount Reported Annual Report page and line Please state the salary amounts of specific cooks and/or dietary aides Please state where the cooks and/or dietary aides are reported in the Annual Report Apartments, Independent Living, Assisted Living Does the facility have apartments, independent living, and/or assisted living? If yes, please complete the following: Square footage of apartments Square footage of independent living	No		omy s payeon.				
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Apartments, Independent Living, Assisted Living Does the facility have apartments, independent living, and/or assisted living? If yes, please complete the following: Square footage of apartments Square footage of independent living		Please state the salary amounts of specific co	oks and/or dietary aides				
Does the facility have apartments, independent living, and/or assisted living? If yes, please complete the following: Square footage of apartments Square footage of independent living		Please state where the cooks and/or dietary ai	des are reported in the Annual Report				
Does the facility have apartments, independent living, and/or assisted living? If yes, please complete the following: Square footage of apartments Square footage of independent living							
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Does the facility have apartments, independent living, and/or assisted living? If yes, please complete the following: Square footage of apartments Square footage of independent living							
assisted living? If yes, please complete the following: Square footage of apartments Square footage of independent living	1 8 2						
If yes, please complete the following: Square footage of apartments Square footage of independent living	Does the facili	ty have apartments, independent living, and/or	No				
Square footage of apartments Square footage of independent living							
Square footage of independent living	If yes, please c	omplete the following:					
		Square footage of apartments					
Square footage of assisted living		Square footage of independent living					
		Square footage of assisted living					
Please identify the services provided:		Please identify the services provided:					

General Information and Questionnaire Other Lines of Business (Continued)

Name of Facility License No. WAT OPCO, LLC d/ 2433	Report for Year Ended 9/30/2023	Page of 7 37
Child Day Care		
Does the Facility provide Child Day Care? No		
If yes, please complete the following:		
Square footage of child day care space.		
Average number of daily participants.		
Number of meals per day provided to child day care	.	
Nature of services provided:		
Adult Day Care		
Does the Facility provide Adult Day Care? No		
If yes, please complete the following:		
Square footage of adult day care space.		
Please state where it is located in relation to the faci	lity.	
Average number of daily participants.		
Number of meals per day provided to adult day care	e.	
Nature of services provided:		
121		

State of Connecticut Annual Report of Long-Term Care Facility CSP-8 Rev. 3/2023

Schedule of Resident Statistics

Name of Facility WAT OPCO, LLC d/b/a Woodlake at Tolland			License No.	No. 2433			Report for 9/30/2023	Report for Year Ended 9/30/2023			Page 8	of 37
						Period 10	Period 10/1 Thru 6/30	0		Period 7/	Period 7/1 Thru 9/30	
	Total All	Total CCNH / RHNS		Total		CCNH/				CCNH /		
	Levels	Level	Total	(Specify)	Total	RHNS	(Specify)	(Specify)	Total	RHINS	(Specify)	(Specify)
Certified Bed Capacity A On last day of PREVIOUS report period	130	130			130	130						
	130	130							130	130		
2. Number of Residents	102	201			102	102						
	104	104							104	104		
1 23												
A. Medicare	4,887	4,887			4,142	4,142			745	745		
B. Medicaid (Conn.)	27,413	27,413			20,139	20,139			7,274	7,274		
C. Medicaid (other states)												
D. Private Pay	4,441	4,441			3,576	3,576			865	865		
E. State SSI for RCH												
F. Other (Specify) (HMO and Hospice)	4,018	4,018			2,778	2,778			1,240	1,240		
G. Total Care Days During Period (3A thru F)	40,759	40,759			30,635	30,635			10,124	10,124		
 Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds 												
A. Medicaid Bed Reserve Days	408	408			331	331			77	77		
B. Other Bed Reserve Days	23	23			14	14			6	6		
5. Total Resident Days (3G + 4A + 4B)	41,190	41,190			30,980	30,980			10,210	10,210		

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Licen	ise No				Report	for Year	Ended		Page	of
WAT OPCO,	LLC d/b	/a Woodlake	at Tolland	24	33					9/30/202	3		9	37
			certified bed can	pacity	durin	g the	report	year?	,	0	Yes	•	No	
H ILS	, provide	Place of C			C	hang	e in Be	ds		Ca	apacity After	Change		
	CCNH	Trace of C	Hunge											
	/													
Date of	RHNS	(Specify)	(Specify)		Lost			Gaine	d	CONTI				
Change	,		(0)	(1)	(0)	(2)	(1)	(2)	(2)	CCNH / RHNS	(Specify)	(Specify)	Reason fo	or Change
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	/ KHINS	(Specify)	(Specify)	icason ic	n Charge
	-							_						
			tified bed capaci			e rep	ort yea	r (as i	reporte	d in item	4 above) pro	vide the numbe	er of	
													(0	
		C	Change in Reside	nt Da	ys					CCNF	I / RHNS	(Specify)	(Spe	cify)
1st chan														
2nd char						_								
3rd chan 4th chan				_										
6. Number	of Resid	ents and Rat	es on September	30 of	Cost	Year								
			Medicare		Med	licaid				S	elf-Pay		Other Sta	te Assisted
					NH/	2000	06/31 30		NH/			0.0000000000000000000000000000000000000	D 0 11	ICE MD
	Item		CCNH / RHNS	RF	INS	(Sp	ecify)	RI	HNS	(SI	secify)	(Specify)	R.C.H.	ICF-MR
No. of R			8	SOUNE	74	100275	10000	10000	22	[8358] SI	TASSEN L	DAY MARKET		1184 3469
Per Dien a. One b			Various	NAME OF TAXABLE PARTY.	######	1907.740	THE PARTY		497.00	Wilder				
b. Two			Various		######				455.00					
c. Three		;												
bed 1														
			_						AT A T	COM	I / RHNS	(Specify)	Outpatient	(Specify)
			erapy Treatments	S				10	4,013	CCNI	4,013	(Specify)	Outpatient	(openij)
A.	Medica	re - Part B id (Exclusive	of Part B)				(6)	ST(00	1,013		ALLEY SUSSEE			
Б.		ntenance Tre							139		139			
		orative Treat							1,250		1,250			
C.	Other							_	10,189		10,189			
			apy Treatments				_	3455	15,591	WASHINGTON TO	15,591	3-74-12-12-12		STATE OF THE REAL PROPERTY.
		Speech Thei re - Part B	capy Treatments					TABLE !	565		565		CONTRACTOR STREET	
A.	Medica	id (Exclusive	of Part B)					5.0	MEST		S S S S S S S S S S S S S S S S S S S			
Б.	1. Mair	ntenance Tre	atments						28		28			
		orative Treat							251		251			
	Other							-	1,140		1,140			
			py Treatments						1,984	Marie Control	1,984	(H) \$ 45 (E)		III SETUS SITU
9. Total Ni	imber of	Occupationa re - Part B	al Therapy Treat	ments				THE REAL PROPERTY.	5,493		5,493			
A.	Medica	id (Exclusive	of Part B)					184	RAPE LO		ALC: CHA	STATE VOTO	80 20 S	S CONTRACTOR
D.		ntenance Tre							161		161			
		orative Treat							1,445		1,445			
C.	Other								12,587		12,587			
D.	Total O	ccupational	Therapy Treatn	ients					19,686	L	19,686			

Report of Expenditures - Salaries & Wages

Jame of Facility	License No. 2433			Report for Year 9/30/2023	r Ended			Page 10	of 37
AT OPCO, LLC d/b/a Woodlake at Tolland				Yes		0	No		
e time records maintained by all individuals receiving co	mpensation?				Cost and Hours		140		_
				Total	Jost and Hours				
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
Salaries and Wages* 1. Operators/Owners (Complete also Sec. I									
of Schedule A1) 2. Administrator(s) (Complete also Sec. III	100.000	A CHARLES	2,066						
of Schedule A1)	129,829	NAME OF TAXABLE PARTY.	2,000	Market State Company	18 18 F. L.	Rt (\$ 51.50)	N. FORKOWSKY	3-7-1	STATE
 Assistant Administrator (Complete also Sec. IV of Schedule A1) 				DEDISERSON					
 Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 	197,279	THE PART	9.071	A SAMERICA		Se paulie	16 and 16	ET COLUMN	PT-S
Dietary Service a. Head Dietitian		n Ballianti	300 NO.				Mark Control		
b. Food Service Supervisor	84,243		2,142						
c. Dietary Workers	493,427		22,477				Bell Francisco		SI I G
6. Housekeeping Service		(H2F) 16-61	Call March State	THE PERSON NAMED IN	ALC: UNCON	100000000000000000000000000000000000000	Manager of the Party of		A Property lies
Head Housekeeper Other Housekeeping Workers	349,575		18,159						i .
Other Housekeeping Workers Repairs & Maintenance Services	349,313		- 10,100	CONTRACTOR OF THE PARTY OF THE	25 202 42	100		The same of	WENT !
a. Engineer or Chief of Maintenance	97,684		1,963						
b. Other Maintenance Workers	27,166		1,166						
8. Laundry Service	Maria (1983)		A STATE	142 37 3		76 y 22 mg		120	Control of the
a. Supervisor									
b. Other Laundry Workers									
Barber and Beautician Services Protective Services									
11. Accounting Services	(0.011.01) (F2.17.8)	0.0	The State	Wiscon Wiscon	No. Open Property	ing the same	THE RESERVE	March 2	5530
a. Head Accountant									
b. Other Accountants					-	DATE OF THE PARTY OF	The second second	MONTH OF THE PARTY OF	MATERIAL PROPERTY.
12. Professional Care of Residents	(0.000 M) (0.000)			STANISH PARTY	PASSE HO		THE PROPERTY	ACTUAL DE	Pal
a. Directors and Assistant Director of Nurses	339,368		4,221		NAME OF TAXABLE PARTY.	100 - 100 - 20 M	TOTO WINDS	SCHOOL SHOOT	CHECK
b. RN	715 555	COH- CRADE	12,934	DESCRIPTION OF THE	A PROPERTY OF THE PARTY OF THE	The state of the s	CONTRACTOR OF THE PARTY OF THE	(64) (64)	The second second
Direct Care Administrative**	715,555 183,937		5,818						
c. LPN	105,757	CANADA HIST		THE PARTY OF				The second	IL PASS
1. Direct Care	1,478,441		35,024						-
2. Administrative**									
d. Aides and Attendants	2,299,990		87,391		-				
e. Physical Therapists			_		-	_	 		
f. Speech Therapists g. Occupational Therapists									
g. Occupational Therapists h. Recreation Workers	135,274		6,149						
i. Physicians	BIIIM SURI	LONG TOTAL	BILL ME	ERM TOWN	(alegiane		(50) E 250		EVEN TO
Medical Director									
Utilization Review					-	-			
3. Resident Care***		Name and Address of the Owner, where		The state of the s	A STATE OF THE PARTY OF THE PAR	N 45		BACK SHELL	100
4. Other (Specify)		AND AND ASSESSMENT		_ hourse					- Contraction
j. Dentists					1				
k. Pharmacists					-				
Podiatrists Social Workers/Case Management	138,166		3,009						
n. Marketing	150,100		5,007						
o. Other (Specify)				THE PARTY.			- 3	ALL SOLES	STATE OF
See Attached Schedule	125,024		3,732						
A-13. Total Salary Expenditures	6,794,958		215,322						

^{*} 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 in the Adjustment column.

Schedule of Other Salaries and Wages (Page 10)

			CCNH / RHNS			(Specify)			(Specify)	
osition		S	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
		0								
ursing Admin Expense>Medical Records>Wages	\$	62,296	5 - 1/55	1,856	Market Name	The Section				
dmin Expense>Admissions>Wages	S	62,728		1,876						
							The second			
								15.00 PM		A 15/2/5-
								FEW B		DATE:
		37 11								NB. 00-
					100-11-				150	
						Manus Stell		HEMI MOD		
		P-CO-III		- College						
							Escholate Company			101
		No. 144	Ne SAITS							
		- 110311								
						100 mm mm mm				
			EMMERS	14-30-8-1	TENED!	Rapid Securi	SIL Seven	TWO SIGN	SSETTION OF THE	
		- 758				BOS CENT	PERSON		TELEVISION OF	
		111,000	1,1100		1792-117	III GAN III II	Mary 17	E, IVE D		0.00
	ACE SERVI	/B (10)		the second		Harris Control	With the same	20001000		
otal	S	125,024	\$	3,732	S -	\$ -		\$ -	S -	

Schedule of Other Fees (Page 13)

			CCNH	/ RHNS			(Specify)				(Specify)	
Service	5	s		stment	Hours	S	Adjustment	Hours	S		Adjustment	Hours
Telefor Andres Cosmission Studies		0					101/21/97					
Independent Nurse Consultants	\$ 1	30,823			1,674		4 4 4 4 4 4			F		
Respiratory Therapist	S	1,266		(1,266)	15	Bell Trans						
IV Insertion Nurse	S	13,948	S	(13,948)								
Orthotics Service	\$	496	S	(496)	N/A	La de la	1/12/2017		1500	N HTTP		
						LIEU BO				TO I	THO RESTA	1 1 1
		450	JUC.				200 200					
		1-55		ALL LES								
		75.7			110000							
	PARTY PROPERTY.	ENDAG	Ulls	1000			1 (57)					
		1000	11/10			Line Line		- 7 July 1	- W		773-101	
		630	W.			I STATEM		FOAT DEAL		812	IN GUITE	Desc
		170	MHOS	72.			11 12 12 12 12 12 12		3-11-11	1000		
		ELETA:	150								DESCRIPTION.	
MANAGEMENT AND THE SERVICE AS A SERVICE		DATE:		0.30				GUMBER I				
		MADE:		- 20				STREET,				
				DET E		ASSO IVE	100/21/6.10					
			VEQ.		DESIRESO.	THE STATE			DA CHE	1311	0 = V W 1	
Total	S I	46,533	\$	(15,710)	1,689	s -	S -	1,10	1 \$		\$ -	

State of Connecticut

Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

11. LD. 11.		- F	Assistant	Administra	Assistant Administrators and Other Related Parties*	Kelate	l Parties	,	0.00	4
Name of Facility				License No.		кероп тог	Keport for Year Ended		rage	10
WAT OPCO, LLC d/b/a Woodlake at Tolland	ke at Tollan	pu		2433		9/30/2023			11	37
		Salary Paid	ı							
,	CCNH/	4.	(9: - 9)	Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where Claimed on	Name and Address of All	Total Hours	Compensation
Name Name Sortion I Onergon (Onergon)	KHINS	(Specify)	(Specify)	(describe fully)	Services Kendered	worked	rage 10	Ouer Employment	w OI Wed	Vecelved
Section 1 - 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).										
	:		., ., .,		1.15° 1.1.	-				

^{*} 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.

State of Connecticut

Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

		A	ssistant	Administrat	Assistant Administrators and Other Related Parties*	Kelated	Parties*	8		
Name of Facility (as licensed)				License No.		Report for Year Ended	ear Ended		Page	Jo
WAT OPCO, LLC d/b/a Woodlake at Tolland	e at Tollanc			2433	5	9/30/2023			12	37
		Salary Paid								
Name	CCNH / RHNS	(Specify)	(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***										
DiMeola, Richard (10/1/2022-5/15/2023)	68,315			Non- Discriminatory	Administrator	1,262	A2			
Tkacz, Christine (5/16/2023-9/30/2023)	61,514			Non- Discriminatory	Administrator	804	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 Y	ear Ended			Page	of
VAT OPCO, LLC d/b/a Woodlake at Tolland		2433		9/30/2023				13	37
AT OFCO, EEC COLO W COMMING OF TOWN				Tota	l Cost and Hou	ırs			
	CCNH /								
Item	RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
B. Direct care consultants paid on a fee	記書を記る								12 12
for service basis in lieu of salary									
(For all such services complete Schedule B1)		COLUMN TO SERVICE				SHE STEE		A SECOND PROPERTY.	ASSET AND A
1. Dietitian	71,376		1,308						
2. Dentist	12,597		138/ Est						
3. Pharmacist	19,538		276						
4. Podiatrist						THE REAL PROPERTY.	The same of the sa	THE REAL PROPERTY.	The second
5. Physical Therapy	472	SHALL AND		The state of the s		STATE MARKET	A STATE OF		100000
a. Resident Care	289,644		4,310					-	
b. Other								-	
Social Worker								-	
7. Recreation Worker							100000000000000000000000000000000000000		CONTRACTOR OF THE PARTY OF THE
8. Physicians	100000				TO STATE OF	invois NV			
 a. Medical Director (entire facility) 	60,000		558			Alle and a second	and the second		The same
 b. Utilization Review 		3.2411	CO. NO.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	March Services	Man Service		A CONTRACT OF THE PARTY OF THE	
(Title 18 and 19 only) monthly meeting								-	-
c. Resident Care**							THE RESIDENCE OF THE PARTY OF T	THE RESERVE TO SERVE THE	TO-STATE OF
d. Administrative Services facility 1. Infection Control Committee (Quarterly meetings)			Carriera.			A CONTRACTOR OF THE PARTY OF TH	Marie E 100		DOM:
Pharmaceutical Committee (Quarterly meetings)									
Staff Development Committee (Once annually)									
e. Other (Specify)	是中國學	THE BUSINESS					100000000000000000000000000000000000000		
9. Speech Therapist		A CHANGE	ZALISH DA	0.03783		17.70			Military .
a. Resident Care	63,819		952						
b. Other									
10. Occupational Therapist	012/2/2010	Result and the				100 m			R PLEA
a. Resident Care	357,226	(357,226)	5,317						
b. Other									The State of the S
11. Nurses and aides and attendants				DERES OF					1000
a. RN	Telephone State		ST IN 130	-				See See	
1. Direct Care	233,832		2,900						
2. Administrative***									
b. LPN	THE STATE OF								DVS TO
1. Direct Care	633,267		12,989						
2. Administrative***									
c. Aides	155,818		3,566						
d. Other								The same of the sa	Villa di Series
12. Other (Specify)	THE PARTY IS		P. C. Wood	E PAUL		STORY ST	E BORIES	SS CONTRACTOR	May Bar
See Attached Schedule	146,533	(15,710)	1,689						
I-13 Total Fees Paid in Lieu of Salaries	2,043,650	(372,936)	33,865						

^{*} 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 in the Adjustment column:

^{***} 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 \ 9/30/2023	Year Ended	Page of 14 37
WAT OPCO, LLC d/b/a Woodlake at Tollar	nd 2433	Dalata Jiki	* to Owners,		17 37
	E. Il Eltion of Comico		rs, Officers	Evolar	nation of Relationship
Name & Address of Individual	Full Explanation of Service	Yes	No No	LAPiai	mion of itomionomp
NutraCo, NutraCo Corporate Offices Bell Works,	Dietician Services	0	• • • • • • • • • • • • • • • • • • •	N/A	
101 Crawfords				N/A	
LTC Management- 174 Scott Rd Prospect CT 06712	Dental Services	0	•		
LTC Compliance 6 Woodcrest Road Monsey, NY 10952	Pharmacist	0	•	N/A	
Starling Physicians 1260 Silas Deane Highway Wethersfield CT 06109	Medical Director	0	0	N/A	
Elaine Barclay	Contract RNs	0	0	N/A	
Jennifer Eluka Obumneke	Contract RNs, LPNs, CNAs	0	0	N/A	
Charity Boakye	Contract LPNs	0	0	N/A	
Yamba Care: 2 Burlington Woods Drive, Suite	Contract LPNs CNAs	0	0	N/A	
EZ Care Staffing 44 Strawberry Hill Ave STE 6, Stamford, CT 06902	Contract CNAs, LPNs	0	0	N/A	
Doris Jennings 16 Harvard St East Hartford, CT 06108	Contract LPNs	0	0	N/A	
Genie Healthcare Inc: 104 Interchange Plaza, Suite 100, Monroe NJ 08831	Contract CNAs LPNs	0	0	N/A	
Gifty Acheampong 20 Adna Rd #13 Bristol, CT 06010	Contract LPNs	0	0	N/A	
Tatola Stewart	Contract LPNs, CNAs	0	0	N/A	
Thomasina Fuller	Contract LPNs	0	0	N/A	
Timeena Nelson	Contract LPNs	0	0	N/A	
Velissa Grullon, 96 High Street Vernon CT 06066	Contract LPNs	0	0	N/A	
Cheninta Barrett	Contract LPNs, CNAs	0	0	N/A	
Clover Marsh	Contract CNAs	0	0	N/A	
The Nurse Network 653 Main St, Plantsville, CT 06479	Contract CNAs	0	0	N/A	
Bria James	Contract CNAs	0	0	N/A	
Joscelyn Taylor	Contract CNAs	0	0	N/A	
Technical Gas Products- 101 North Plains Industri	Respiratory Service Calls	0	0	N/A	

^{*} Use additional sheets if necessary.

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

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

Name of Facility WAT OPCO, LLC d/b/a Woodlake at Tolland		License No. 2433		Report for Year Ended 9/30/2023		Page of 14a 37
Name & Address of Individual	Full Explanation of	Service	_	Related** to Owners, Operators, Officers	Explana	ation of Relationship
Mario de Audress de Marios			Yes	No		
Medwiz- 167 Route 304 Bardonia NY 10954	IV Insertion Nurse		0	0	N/A	
Healthdrive Dental Group- 888 Worcester Street Suite 130 Wellesley, MA 02482	Dental Services		0	0	N/A	
Surgi care Inc 71 1st Avenue Waltham, MA 02451	Orthopedic Specialist		0	0	N/A	
HC Consulting- PO Box 265 Waterbury CT 06720	Clinical Consultant		0	0	N/A	
Regal Care Rehabilitation, 7B Medical Park Drive Pomana NY 10970	PT, OT, ST		Ō	0	N/A	
178			0	0		
			Ō	0		
			0	Ō		

^{*} Use additional sheets if necessary

** Refer to Page 4 for definition of related,

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility WAT OPCO, LLC d/b/a Woodlake at Tolland License No. 2433		Report for Ye 9/30/2023	ear Ended				Page 15	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustmen
Administrative and General		Sparting	RESIDENCE OF		ESTA	162 DULL 1		100
a. Employee Health & Welfare Benefits		Aller to ma						
Workmen's Compensation	\$	133,078	133,078					
Disability Insurance	\$							
Unemployment Insurance	\$	55,676	55,676					
Social Security (F.I.C.A.)	\$	513,299	513,299					
5. Health Insurance	\$	413,727	413,727					
6. Life Insurance (employees only)		ENVISE VAL	DESCRIPTION OF	INTERESTED AND	The state of	E CONTRACTOR OF THE PARTY OF TH	A Contract	100000
(not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory)	\$	6,027	6,027					
(not-owners and not-operators)		- State of the	2000	WE STATE				
8. Uniform Allowance	S							
9. Other (Specify)	\$		9,121	(9,121)				
See Attached Schedule		O PLEONED	THE PAST IS	13 13 15	A CHARLES			
b. Personal Retirement Plans, Pensions, and	\$							
Profit Sharing Plans for Owners and		disk and	CON STATE	Color William				
Operators (Discriminatory)*					16.73	PWANTS.		LA BOX
Operators (Discriminatory)						231516	500	
c. Bad Debts*	\$		150,876	(150,876)				
d. Accounting and Auditing	S	51,963	51,963					
e. Legal (Services should be fully described on Page 15b)		3,322	35,249	(31,927)				
f. Insurance on Lives of Owners and	\$							
Operators (Specify)*						Control of the State	O CALLSON	SENSON,
g. Office Supplies	\$	20,323	20,323					
h. Telephone and Cellular Phones		表表 學為 巴	132		2011		and the office	O TYPE THE REAL
Telephone & Pagers	\$	23,735	23,735					
2. Cellular Phones	\$	208	208					
i. Appraisal (Specify purpose and	\$							
attach copy)*		198000	第4				STATE OF STATE OF	A STATE OF THE STA
anach copy)				No. of the last of		自己	Service Services	
j. Corporation Business Taxes (franchise tax.)	\$	250	760	(510)				
k. Other Taxes (Not related to property - See Page 22)			Walls are			I DE LA COMPANI	THE REAL PROPERTY.	TANK INTER
1. Income*	\$							
2. Other (Specify)	\$							
See Attached Schedule	Ť	Secretary Town	The State of the S	ALS ALSO AS	A. STOR			DIRECTORY.
Resident Day User Fee	\$	697,611	697,611					
Subtotal	\$		2,111,653	(192,434)				

^{*} Facility should self-disallow the expense in the Adjustment column.

(Carry Subtotals forward to next page)

Schedule of Other Employee Benefits

Description	CCN	CCNH / RHNS		justment	(Specify)	Adjustment	Adjustment (Specify)	
	medial a la mail	0	112					MILLER
Employee Benefits Expense>Miscellaneous	S	9,121	\$	(9,121)				
	JS/ SIZE SI	line		151100				
				NOTA TO				
	71 pel 530 Z		5000	zpálniť		1374		IIIZa-sşiriyi
		TOWN.	WHE			AUDIE ARESE		
			3215			Tay Sand		
		- Calling		1 2	Tenh Bist		Carl March	
		31-51			Marnysy si	I I NO PER	Design and	
		(A)	phins	BEA WILL		The state of		
		EIOI (
			15/2	ESTANCE.				N I SEE TOU
						1 000 1		
Total	\$	9,121	\$	(9,121)	\$ -	\$ -	s -	\$ -

Schedule of Other Taxes

Description	CCNH/RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0					
				TO ASOME BEING		INDEAD IN
	NO. DESCRIPTION			TOTAL TIME	84 7.2	-3-4 TITLE
					DESCRIPTION OF	JOSEPH NEWS
Total	\$ -	\$	\$	\$ -	\$ -	\$ -

WAT OPCO Medicaid Cost Report Disallowance Schedule for Cell Phones September 30, 2023

Total Cell Phone Expense	Amount 208 TB Linked
Cell Phone Allowed Based on Bed Capacity Monthly Allowable amount per Cell Phone Months in Cost Report Year Allowable Per Year	\$ 30 12 1,440
Percentage of Year (92 Days / 365 Days) Total Allowable Cost	100% \$ 1,440
Disallowed Cell Phone (Page 15, Line 1h2)	<u>s</u> -

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	ñ	01
WAT OPCO, LLC d/b/a Woodlake		9/30/2023		15b	1_	37
		were maintained on the following basis:				
	Modified Cash				-	
Is the accounting basis for this	37	If IIN In II overlain				
F	Yes	If "No," explain.				
	No					
N/A						
Independent Accounting Firm						
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)				
1 Marcum LLP		555 Long Wharf Drive, New Haven CT,				
2 Roth&Co Certified Public Acc	countants & Consultants	1428 36th St #200, Brooklyn, NY 11218				
3						
4						
Services Provided by This Firm (de	escribe fully)					
1 Advisory Services/Medicaid Cost Re	port/Interim rate preparation		\$	12,96	3	
2 Financial and Tax Prep Services			\$	39,000)	
3			\$			
4			\$			
			Charge for	Services	Prov	ided
			\$	51,96	3	
Are These Charges Reflected in the Expen	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.				
⊙ Yes O No	Page 15 Line 1d					
Legal Services Information						
Name of Legal Firm or Independen	t Attorney		Telephone			
1 Dorsi & Dorsi	·		203-691-71			
2 Schettino and Temchin			203-239-66			
3 Troutman Pepper Hamilton Sa	nders LLP		212-704-60			
4 Novack Burnbaum Crystal LLI			212-682-40	002		
5 See Attatched						
Address (No. & Street, City, State,	=					
1 44 Church Street West Haven,						
2 18 Peck St, North Haven, CT (
3 875 Third Avenue New York,						
4 675 3rd Ave 8th Floor, New Y	ork, NY 10017					
5 Services Provided by This Firm (de	escribe fully)					
Judgement of appraised value (Disall			\$	17,97	5	
Legal Representation, Probate Service			\$	4,50	-	
3 Amendment of two term loans (Disal			\$	8,70		
			\$	2,93		
4 Review loan amendments (Disallowe	arg (3)		\$ \$	1,13		
5 See Attatched			Charge for			ided
				35,24		.uou
	E. D. C. COS. D. 40 202	V Specific Evenence Classification and Line No.	\$	33,24		
Are These Charges Reflected in the Expen		es, Specify Expense Classification and Line No.				
O Yes O No	Page 15 Line 1e					

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-7 Rev. 6/95

General Information and Questionnaire Accounting Basis

Name of Facility License No. Report for Year Ended Page								
WAT OPCO, LLC d/b/a Woodlake at To 2433	9/30/2023		15b		37			
Legal Services Information	- Contraction of the Contraction							
Name of Legal Firm or Independent Attorney		elephone						
1 Murtha Cullina LLP	2	203-772-77	00					
2 Treasurer of CT	m i	360-702-30						
3 State Marshal	8	360-713-53	72					
4								
5								
Address (No. & Street, City, State, Zip Code)								
1 265 Church St, New Haven, CT 06510								
55 Elm St Ste 3, Hartford, CT, 06106								
3 450 Columbus Boulevard, Suite 1403 Hartford, Connecticut 0610	450 Columbus Boulevard, Suite 1403 Hartford, Connecticut 06103							
4								
5								
Services Provided by This Firm (describe fully)								
1 Advisory		\$		822				
2 Probate (Disallowed Pg 15)		\$		250				
3 Probate (Disallowed Pg 15)		\$		65				
4		\$						
5		\$						
		Charge for	Services F	rovide	d d			
		\$	1,	137				
Are These Charges Reflected in the Expenditure Portion of This Report? If Y	es, Specify Expense Classification and Line No							
Page 15, Line 1e								

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

ame of Facility AT OPCO, LLC d/b/a Woodlake at Tolland License No. Report for Year Ended 9/30/2023						Page 16	of 37	
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustmen
	Subtotals Brought Forward:	1,919,219	2,111,653	(192,434)				
1 Travel and Entertainment		18 TE 28	18718			DEVENOUS III	A COUNTY	TICE OWNERS
Resident Travel and Entertainment	\$							
Holiday Parties for Staff	S	1,199	1,199					
Gifts to Staff and Residents	S		5,688	(5,688)				
4. Employee Travel	S	15,885	24,843	(8,958)				
Education Expenses Related to Seminar	s and Conventions \$	1,520	1,520					
Automobile Expense (not purchase or de-	enreciation) S							
7. Other (Specify) See Attached Schedule	\$	500 Sept (180	XIN SA		ShirkAstes			and all and a second
m. Other Administrative and General Expenses		Series of the se	XUDACO	5-52-00 (CSF)	(AVED) ESTA	I DINCE	Bull TAU	
m. Other Administrative and General Expenses		1,183	1,183					
Advertising Help Wanted (all such experi	de avranças (*** S	1,105	1,105					
Z. Advertising Telephone Directory (in such expenses)		-	14,359	(14,359)				
 Advertising Other (Specify)*** 	9	No. of Control of	14,555	Tribunal alternation	The state of the s	CANCEL STATE		12021
See Attached Schedule	\$							
4. Fund-Raising***								
Medical Records								
Barber and Beauty Supplies (if this serv	Ice is supplied	A STATE OF THE PARTY OF THE PAR				CONTRACTOR OF THE PARTY OF THE	ECONO-SI	OR CALL ST
directly and not by contract or fee for se	ervice)***	120000000000	952	N. N. P. BONCO	NI-WARE PROPERTY.	The second		
7. Postage	S	952	952			-		
* 8. Dues and Membership Fees to Profession Associations (Specify)	onal S			1 V// A			DE CONTRACTOR	
See Attached Schedule	r Non-Allowable Org.*** \$	CAL SHIPS	CONTRACTOR STATE	THE RESERVE THE				
8a. Dues to Chamber of Commerce & Othe	r Non-Allowable Org. 5		1,056					
9. Subscriptions			40,000	(40,000)				
10. Contributions***			40,000	(40,000)	MIN CHUIC	S CONTRACTOR	STATE OF THE PARTY	100 M
See Attached Schedule		DESCRIPTION OF THE PERSON OF T	200 161	MANAGEMENT OF THE PARTY OF	CANCELLE	-		
 Services Provided by Contract Specify of Schedule C-2, Page 21 for each firm or 	individual)	Washing D	390,461	BC 07 10 76	THE PARTY OF THE	1000		# 25%
12. Administrative Management Services**	\$							
13. Other (Specify)	\$	8,872	431,098	(422,226)			The state of the s	THE STREET
See Attached Schedule		CONTRACTOR OF THE PARTY OF			PERSONAL PROPERTY.			
C-14 Total Administrative & General Expenditur	res S	2,340,347	3,024,012	(683,665)		1		

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

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

*** Facility should self-disallow the expense in the Adjustment column.

Schedule of Other Travel and Entertainment

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0		M PER VOIL IN			
teren from Africa en el Sinestie I ranvel (ex ettra intresa/se					CATTLE A S	
		NE CHARLE	STORES IN			
		DOMESTIC DESCRIPTION		18/41 H3 15 18	TUTT EDW	7
					LEAVIII S	N /SVA
	Million Dilloway					
	THE PARTY		THE COLUMN PARTY OF			
Total Other Travel and Entertainment	\$	2	\$	\$	\$ -	S

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0		I WILLIAM CO.	THE RELEASE OF		
Admin Expense>Marketing & Advertising	\$ 14,359	\$ (14,35	9)		1 21	District
					Wan stand	
Total Other Advertising	\$ 14,359	\$ (14,35	9) \$ -	\$ -	\$	\$.

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0					
			100100000			
	PART AND SOUTH	Jan 1811				10 25 75 15
	5100 6510 000					
Sometimes was a first free and all to to make						
				WILLIAM STATE		
	ORALI MEMIERA				NEWSTERN ST	
Total Dues	s -	\$	\$ -	\$	\$ -	\$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0			1 PO 10 H HOURS		A SECOND
Admin Expense>Donations/Charity	\$ 40,000	\$ (40,000)			THE THE	
Total Contributions	\$ 40,000	\$ (40,000)	\$ -	\$ -	\$	\$

Schedule of Other Administrative and General

Description	CCNH / RHNS		A	ljustment	(Specify)	Adju	Adjustment (Specify)		Adjustment
	George III	0	10	200				CONTRACTOR OF THE PARTY OF THE	
Activity Expense>Resident Missing Items	\$	64	S	(64)	U SV JALE				1011210-01
Admin Expense>Licenses	\$	1,930	- 69	CEROIC, III		100	Examples	THE STATE OF	
Admin Expense>Fines, Penalties & Settlements	S	200	S	(200)	E-5732	7.5			
Admin Expense>Fines, Penalties & Settlements>COVID19	S	6,340	\$	(6,340)	Charles A.	1 2 2 2	-		
Admin Expense>Late Fees	S	2,633	S	(2,633)	E LECKTON			TADDAZA DA	
Admin Expense>Bank Fees	S	10,899	\$	(10,690)		4-5		21 Halla 7 /5	
ERC Reversal	S	345,392	S	(345,392)		STATE OF			
Employee Food	\$	1,893	5	(1,893)		100			-
Employee Relations	\$	14,309	S	(14,309)		311	W. 100-44		C 0 0
Other Rev>Medical Records	THE PARTY WITH		S	(392)	EDWARD OF THE	Legal		D 100	
Employee Benefits Expense>Background Checks	\$	7,125	n.	803/66	o pas italia	Day lo			1
ERC Reversal	S	40,313	S	(40,313)	100		-Uvevi)	DATE:	
Employee Food	\$	431,098	\$	(422,226)	\$ -	\$		\$ -	2 -

Schedule C-1 - Management Services*

Name of Facility WAT OPCO, LLC d/b/a Woodlake at Tol	License No. 2433	Report for Year Ended 9/30/2023	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 #
			(9)
		5	

^{*} 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.

at monthly staff meetings, board meetings)

provided to employees included in 2D?

Is any revenue collected from employees?

C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs (See Note on Page 5) Report for Year Ended 9/30/2023 of Name of Facility License No. 37 2433 WAT OPCO, LLC d/b/a Woodlake at Tolland CCNH/ (Specify) Adjustment (Specify) Adjustment Adjustment RHNS Total 2. Dietary a. In-House Preparation & Service 320,279 320,279 1. Raw Food \$ 18,734 18,734 Non-Food Supplies 778 778 Other (Specify)_ Dietary Expense>Minor Equip & Supplies Dietary Expense>Training & Education b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify) 2D. Total Dietary Expenditures (2a+b+c+d) S 339,791 339,791 (Specify) CCNH / RHNS (Specify) Total 2E. Dietary Questionnaire Resident Meals: Total no. of meals served per day:* O No G. Is cost of employee meals included in 2D? If yes, specify O No H. Did you receive revenue from employees? O Yes amt. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other than If yes, specify employees or residents (i.e., Board Members, No Guests) included in 2D? If yes, specify O No O Yes Is any revenue collected from these people? amt. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks If yes, specify ⊙ No

⊙ No

cost.

amt.

If yes, specify

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

O Yes

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 WAT OPCO, LLC d/b/a Woodlake at Tolland	License	No. 2433	Report for Yea 9/30/2023	r Ended			Page 19	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.							
gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$							
 Employee items including uniforms, gowns, etc. washed, ironed and/or 	Lbs.							
processed.***	Amt. \$							
3. Personal clothing of residents	Lbs.							
washed, ironed, and/or processed.***	Amt. \$							
4. Repair and/or purchase of linens.***	Lbs.							
	Amt. \$							
b. Purchased Services by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	177,459	177,459					
c. Other (Specify)	\$	3,690	3,690	Market St.	RESIDENCE.		NOSELE DE	
Laundry Expense>Supplies 3D. Total Laundry Expenditures (3a + b + c)	S	181,149	181,149					
3E. Laundry Questionnaire								
F. Is cost of employee laundry included in 3D?	Yes	0	No		If yes, specify cost.			
G. Did you recorre to remain amproject	Yes	•	No		If yes, specify amt.			
H. Where is the revenue received reported in the Cost	Report?		(Page/Line It	em)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	Yes	0	No		If yes, specify cost.			
Bid jourcoom to to make in the property	Yes	0	No		If yes, specify amt.			
K. Where is the revenue received reported in the Cost	Report?		(Page/Line It	em)				

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. F	Repo		nded				Page 20	of 37
WAT OPCO, LLC d/b/a Woodlake at Tolland	2433		9/30/2023					20	
Item			Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Housekeeping	Sq. Ft. Serviced								
a. In-House Care	by Personnel								
 Supplies - Cleaning (Mops, pails, brooms, etc.) 	Amt.	\$							
b. Purchased Services (by contract other	Sq. Ft. Serviced								
than through Management Services)	by Personnel								
(Complete Schedule C-2 att. Page 21)	Amt	\$							
C. Other (Specify)		\$	50,810	50,810					
Housekeeping Expense>Supplies				The state of the s		A PARAMETER		ENGLISHED TO	The state of the
D. Total Housekeeping Expenditures (4a +	b+c)	S	50,810	50,810					
Resident Care (Supplies)**					B. C. R. C. C.		N. A. A. A. Barre	Ser Constitution	134.8118
a. Prescription Drugs***			20.12.23	1 三角岩学	San Carlow			M - 1	Control of the last
Own Pharmacy		S							
2. Purchased from		S		265,542	(265,542)			-	M. St. St.
Medwiz				1224	1241		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A SELECTION	Description of the last
 Medicine Cabinet Drugs 		\$	2,916	2,916					
 Medical and Therapeutic Supplies 		S			40.100.000				
d. Ambulance/Limousine***		\$		11,844	(11,844)		CONTRACTOR OF THE PARTY OF THE	III SANTARA ANTA	market Mark
e. Oxygen				The Party of the P	AND DESCRIPTION OF	2000	- FEB 10 10 10 10 10 10 10 10 10 10 10 10 10		EN YEAR
For Emergency Use		S						-	
2. Other***		S		5,439	(5,439)				
 f. X-rays and Related Radiological 		\$		14,609	(14,609)		CONTRACTOR OF THE PARTY NAMED IN		(CONTRACTOR)
Procedures***				AL CHAIN	N. C. C.	MENTAL STATE	WISHEST FIFTY	COLUMN TO SERVICE STATE OF THE	CONTRACTOR CO
g. Dental (Not dentists who should be inc salaries or fees)	cluded under	S	aselley.			W 30 50	10 500	1 6 M	
h. Laboratory***		\$		19,012	(19,012)				
i. Recreation		\$	3,959	3,959					
 j. Direct Management Services* 		S							
k. Indirect Management Services*		\$						-	
Cable TV		\$	7,200	17,606	(10,406)				
m. Other (Specify)****		\$	121,915	188,961	(67,046)				
See Attached Schedule			A CONTRACTOR	AN HOUSE	100	- L - C (40)		- 10 to 12	INCRES OF
n. Physical Therapy Expense		\$							
o. Speech Therapy Expense		S							
5P. Total Resident Care Expenditures (5a - :	50)	S	135,990	529,888	(393,898)				

^{*} 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 in the Adjustment column.

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

Schedule of Other Resident Care

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0					
Nursing Expense>Supplies	\$ 138,189	\$ (48,555)		and the second		
Nursing Expense>Supplies>COVID19	\$ 3,882	72 LA 11 JE			200, 015,01	MANUAL RU
Nursing Expense>Minor Equip & Supplies	\$ 7,788					
Nursing Expense>Sanitation & Incineration	\$ 2,420				A AM	DA DE MEN
Nursing Expense>Equip-Rental	\$ 33,043	\$ (18,491)			208/11/22	
Nursing Expense>Data Processing	\$ 3,639					
				Engelpoiou	20 T. S. W.	. Valex
			N VERTICAL			
						7.0 7.0 7.0
						Will strong
	图 3 次 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		CONTRACT	T TYPE SEX		ACKNOW!
						///IE E 0011
			Refer to the		The second second	
					118/1-2	LY C. Y
					up breig	or stay to h
		Clate S CVIII	SALIVIL A			
			2 = V(3)		BULL TECH	NY ZUZ
Total Other Resident Care	\$ 188,961	\$ (67,046)	\$ -	S -	\$	\$ -

WAT OPCO Medicaid Cost Report Disallowance Schedule for Cable TV September 30, 2023

Total Cable TV Expense acct #80-232-00	<u>A</u> \$	mount 17,606 TB Linked
Monthly Allowable amount Months in Year Total Allowable Cost	\$	600 12 7,200
Disallowed Cable TV	\$	10,406

Annual Report of Long-Term Care Facility CSP-21 Rev. 3/2023 State of Connecticut

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

Name of Facility WAT OPCO, LLC d/b/a Woodlake at Tolland	odlake at Tolland			License No. 2433	Report for Year Ended 9/30/2023				Page 0 21 3	of 37
		Related ** to Owners, Operators, Officers	Owners,				Total Cost/Page Ref.***	age Ref.**		
		4			•					
Name of Individual or	,		2	Explanation of	Full Explanation of	CCNH/				
Company	Address	Yes	ON.	Kelationsnip	Service Provided	KHINS	(Specify)	(Specify)	rg	TIII E
Tradesmen of New England	21 E Dudley Town Rd, Bloomfield,CT 06002	0	•	N/A	IT	37,353			22 6f	
On-Time IT Solutions Inc	154 Spring Street Monroe, NY 10950	0	0	N/A	Maintenance	15,626			22 6f	6
Century Linen and Uniform	335 Main St. Gloversville NY 12078	0	•	N/A	Laundry	177,459			19 3b	
	1123 McDonald Ave									
Caretech Group	Brooklyn, NY 11230	0	0	N/A	Purchasing	15,600			16 m11	=[
CWPM PO Box 415	Plainville CT 06062	0	0	N/A	Sanitation	26,463			22 6f	
KHP Consulting	40 Lacey Road Bethany CT 06524	0	•	N/A	Staff Development Consultant	25,799			16 m11	11
LTC Consulting	Americas, Lakewood, NJ 08701	0	•	N/A	Consulting	222,833			16 m11	=
Labor Advisors	N/A	0	•	N/A	Avoidance	13,500			16 m11	=======================================
USA Risk Management	868 39th Street Brooklyn NY 11232	0	0	N/A	Cost Reduction Services	28,278			16 m11	=
		0	•							
		0	0							
		0	•							
		0	•							
		0	•							

^{*} 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 Lie	ense No.	Report for Year	Ended				Page	of
WAT OPCO, LLC d/b/a Woodlake at Tolland	2433	9/30/2023					22	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$	50,900	50,900					
b. Heat	\$	63,411	63,411					
c. Light & Power	\$	209,151	209,151					
d. Water	\$	125,124	125,124					
e. Equipment Lease (Provide detail on page 2	(2b) \$	19,459	19,459					
f. Other (itemize)	\$	134,260	134,260					
See Attached Schedule				OR THE DESIGNATION	DIGIONALIS	STORT TRAINS	ESPONE EUM	
6g. Total Maint. & Operating Expense (6a - 6f)	\$	602,305	602,305					
7. Depreciation (complete schedule page 23*)								
a. Land Improvements	\$							
b. Building & Building Improvements	\$							
c. Non-Movable Equipment	\$							
d. Movable Equipment	\$	10,226	10,226					
*7e. Total Depreciation Costs (7a+b+c+d)	\$	10,226	10,226					
Amortization (Complete att. Schedule Page 24 a. Organization Expense	*)							
b. Mortgage Expense	\$							ļ
c. Leasehold Improvements	\$	28,543	28,543					
d. Other (Specify)	\$							
*8e. Total Amortization Costs (8a+b+c+d)	\$	28,543	28,543					
Rental payments on leased real property less real estate taxes included in item 10b	\$	1,500,000	1,500,000					
Property Taxes a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$	167,834	167,834					
c. Personal property taxes	\$	46,199	46,199					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,752,802	1,752,802					

^{*} Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 2

Schedule of Other Repairs and Maintenance

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0			4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Maintenance Expense>Contracted Service	\$ 73,463			Minte - Librer	3 919 (4.1742)	181
Maintenance Expense>Sanitation & Incineration	\$ 26,463					
Maintenance Expense>Extermination	\$ 2,757					
Maintenance Expense>Snow Removal	\$ 8,827					
Maintenance Expense>Landscaping	\$ 6,025	ALCOHOL: NAV				0.01 102
Maintenance Expense>Fire Drill	\$ 8,410				HAPAN A	
Maintenance Expense>Supplies	\$ 7,522	- A				
Maintenance Expense>Minor Equip & Supplies	\$ 793			L IMP		
				N I I I I I		
					E 82 E.51	
	resilie SA Masasila		LURS-LUQUE		TE-FIN	(4)100.00
		dy and the				
			TOTAL TITLE			
					(0)	
						ALLE YOU A
						0-6120.55
	GENERALI GURUNDANIN		Skilone unimi		Direction of	N. House
Total Other Repairs and Maintenance	\$ 134,260	\$ -	s -	\$ -	\$ -	\$ -

Annual Report of Long-Term Care Facility CSP-22b Rev. 3/2023 State of Connecticut

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.

should not be included in these amounts. Name of Facility			License No.	Report for Year Ended	ear Ended		Page of
WAT OPCO, LLC d/b/a Woodlake at Tolland	pı		2433	9/30/2023			22b 37
	Related	i * to					
	Owners,	ers,					
	Operators,	tors,				Annual	
	Officers	ers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	%	Description of Items Leased	Lease**	Lease	of Lease	Claimed
Aztec Leasing Inc.: PO Box 509015, San Diego CA 92150	0	0	7 Kyocera copiers	08/05/21	63 Months	19,143	19,143
Pitney Bowes	0	0	postage shipping printer	08/10/21	63 Months	316	316
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	•					
	0	0					
	0	0					
Is a Mileage Log Book Maintained for All Leased Vehicles?	eased V	ehicles	? O Yes	•	o No	Total ***	19,459

* 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.

State of Connecticut Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2022

				Deprec	Depreciation Schedule	edule					
Name of Facility			1	License No.			Report for Year Ended	nded		Page	Jo
WAT OPCO, LLC d/b/a Woodlake at Tolland				2433	3		9/30/2023			23	37
Property Item			H	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											
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedul	schedule)										A BRIDGE
A-4. Subtotal							The San Street		Per liveri		
B. Building and Building Improvements											
2. Disposals (attach schedule)			İ								
3. Acquired during this report period (attach schedul	schedule)										DE COMPONENT OF THE PARTY OF TH
B-4. Subtotal					SIGN OF					THE PERSON NAMED IN	
C. Non-Movable Equipment											
 Acquired prior to this report period 											
2. Disposals (attach schedule)											
 Acquired during this report period (attach schedul 	schedule)										
C-4. Subtotal				THE WOOD	STREET, STREET, STREET,	ALL STATES	· · · · · · · · · · · · · · · · · · ·	THE PARTY OF	THE PARTY	Confinence of the Confinence o	
	Is a mileage logbook maintained?	Date of A	cquisition	Is a mileage logbook maintained? Date of Acquisition Historical Cost			Accumulated Depreciation to	Method of			
	Yes No	Month	Year	Exclusive of Land	Salvage Value	Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment								The state of the s	10 M	田川の	
Motor Vehicles (Specify name, model and vear of each vehicle)		No.									
and year or each remove)	200.00	O DOCUMENTO	The state of								
b.											
c											
d.											N STEE
2. Movable Equipment		TOTAL STREET									No. of the last
a. Acquired prior to this report period		Var	Var	59,003		59,003	9,334	S/L	Various	8,664	
b. Disposais (attach schedule)		Controlled						Separate Company	CHICAGO INC.	ON SEAS RELIEDED	
Acquired during this report period (attach schedule):							是 一				
c. Administrative											
d. Standard Resident		Var	Var	10,727		10,727		SÆ	Various	1,562	
e. Specialized Resident											
Total Acquired during this report		ACC.								,	
period				10,727	Mark States	10,727	CENTRAL VINCENTY	Collection (Sold	100000000000000000000000000000000000000	1,302	300 01
٠ŀ		SE SE SE			放出 包里		100円の日本の				10,220
E. Total Depreciation	2000										10,24

Schedule of Land Improvements Acquired during this report period

Schedule of Land Improvemen	nts Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
additions:				
معارات عار ماد دا المراجعة ا			10.5	
		THE INVESTIGATION OF THE PARTY.	A CONTRACT	4
svillye six implici				
			THE PERSON	
10.10			280/00	
otal additions for Land Impr	rovemente	\$	11000	\$ -
Ocletions:				4
Daniel State of the Control of the C			William Brown	
			AL DAY	
Total deletions for Land Impro	ovement	\$		\$ -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				ROUTE ENGINEER
Killing of Size Light Size				
			DAME A IN	
		\$ -		S -
Total additions for Building In	provement			
Deletions:				
			C. C.	
			to the	
				100000000000000000000000000000000000000
S / System Self Text Inch				
		\$.		\$ -
Total deletions for Building Im	provement	9		

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
		COLUMB SIDE DISTRIBUTE		
Chisa et l'accie devotete				
THE PROPERTY OF THE PROPERTY O		\$		\$ -
Total additions for Non-Mova	ble Equipmen	\$ 44.2 =		3
Deletions:				
		Ŝ		\$ -
Total deletions for Non-Moval	ole Equipmen			

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

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

^{*}Ties to Page 23, Line C3
**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report perior

		Pick One]		Useful		
Acquisition Date	Description of Item	Movable Category		Cost	Life	Depr	eciation
Additions:							200
6/8/2023	Replacement Cover for Direct Supply	Standard Resident	S	2,986	10	\$	299
7/31/2023	Kick Plate for doors	Standard Resident	\$	2,849	10	S	285
9/14/2023	Repair touch screen monitor	Standard Resident	\$	4,892	5	\$	978
		PICK A CATEGORY	45.110		70.5	1 8	
u chileton so		PICK A CATEGORY		NE SENSO		11540 (1	
(E)WENT EXE		PICK A CATEGORY	700				47 33
Total additions for	Movable Equipmen		\$	10,727	A - 11 - 3	\$	1,562
Deletions:			100			Inne	
							Y DIE
			100		e organi	100	5 13 18 1
			100			15801	1. 7.
			ZI(A	7 = 1×4			AVE I
			S	Tomas I		S	
Total deletions for	Movable Equipment	DESCRIPTION OF THE PARTY OF THE	-				

^{*}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	Dej	preciation
Additions:						
9/13/2022	Fill and patch in all bird and bat holes around building, Paint holes with exterior paint	\$	7,500	5	S	1,500.0
11/17/2022	Remaining 70% of completed project for Walk in Cooler Compressor Replacement	\$	4,814	15	\$	321.0
	Sealcoating of parking lot	\$	40,998	5	\$	8,200.0
11/30/2022	Storage water heater replacement	\$	30,855	10	S	3,086.0
10/31/2022	Walk in cooler compressor replacement	\$	2,063	15	\$	138,0
	Replaced 5 door breaks, door gate switch, door interlocks	\$	6,027	10	\$	603.0
	Replace all carpets with vinyl plank flooring	S	30,000	10	\$	3,000.0
	Replace all carpets with vinyl plank flooring	S	28,276	01	\$	2,828.0
	Leasehold Improvemen	S	150,533		\$	19,676
Deletions:				of the U Burn		
		(C)	II INCOME			
		11011 207			100	
				Millery	101	3/4/3
w	Leasehold Improvemen	S			S	

^{*}Ties to Page 24, Line C3
**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006 State of Connecticut

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended	r Ended		Page	Jo
WAT OPCO, LLC d/b/a Woodlake at Tolland	pu		2433		9/30/2023			24	37
					Accumulated				
	Date	e of			Amort. to				
	Acquisition	sition			Beginning of	Basis for			
			Length of	Cost to Be	Year's	Computing	Rate	Amortization	
Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense									
2.									
3,									
A-4. Subtotal	が出まれ		THE REAL PROPERTY.	THE REAL PROPERTY.	STREET, STREET	The Paris State	1		
B. Mortgage Expense									The second second
1.									
2.									
3.									
B-4. Subtotal			Carried Street					学人管理教育品	
C. Leasehold Improvements and Other	<u>.</u>								
1. Acquired prior to this report period	d Var	Var	Various	115,830	9,019	S/L		8,867	
2. Disposals (attach schedule)									
3. Acquired during this report period						は温度のまた	100 mg	のできるのである。	
(attach schedule)	Var	Var	Various	150,533		S/L		19,676	
C-4. Subtotal	STATE OF THE PARTY		が国際国際で		が意思の変	対の対象を	Sales Sales	不	28,543
D. Total Amortization	1000					が見ると			28,543
, , , , , , , , , , , , , , , , , , , ,									

* 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.

WAT OPCO Medicaid Cost Report FIXED ASSET / DEPRECIATION SCHEDULE

					Historical	2022	2022	2023	2023	
G/L Account	Description	Date In Service	Method	Life	Cost	Deprec.	A/D	Deprec.	A/D	NBV
LEASEHOLD IMPROVEMENTS	VEMENTS									
Leasehold Imp. Leasehold Imp. Leasehold Imp.	unit on roof is causing trouble, repairs on controllers and HR1 thermography scan- panels and transfer switches replaced control board	7/16/2021 8/2/2021 8/30/2021	S/L S/L S/L	20 15 15	3,147 2,595 4,174	39 43 70	78 86 140	39 43 70	117 129 210	3,030 2,466 3,964
TOTAL LEASEHOLD	TOTAL LEASEHOLD IMPROVEMENTS 2021				9,917	152	304	152	456	9,461
Leasehold Imp. Leasehold Imp. Leasehold Imp.	fixed roof Pump, Igniter, flame sensor - pumps not working. Removed old flame rod and installed new new pump and motor	10/18/2021 10/28/2021 11/24/2021	S/L S/L	10 15 15	7,418 3,013 3,205	742 201 214	742 201 214	742 201 214	1,484 402 428	5,934 2,611 2,777
Leasehold Imp. Leasehold Imp. Leasehold Imp.	finish 22 patient bathrooms patient bathroom repairs Architectural & Engineering Services, Change of ownership	1/19/2022 1/31/2022 2/1/2022	S/L S/L	15 15 15	6,548 6,993 7,000	437 466 467	437 466 467	437 466 467	874 932 934	5,674 6,061 6,066
Leasehold Imp. Leasehold Imp. Leasehold Imp.	labor on fire dampers, 407 materials Perform Air Balance Repairs and Investigation at Woodlake removing old counter tops in med rooms, break area and basement	6/10/2022 6/17/2022 7/26/2022	S/L S/L	15 15 15	6,562 2,880 2,600	437 192 173	437 192 173	437 192 173	874 384 346	5,688 2,496 2,254
Leasehold Imp. Leasehold Imp. Leasehold Imp. Leasehold Imp.	water tank installation water tank mstallation replace existing mixing valve emergancy hot water pining	9/28/2022 9/28/2022 9/30/2022 9/30/2022	S/L S/L S/L	10 10 15	4,493 13,211 4,188 23,802	449 1,321 279 1,587	449 1,321 279 1,587	449 1,321 279 1,587	898 2,642 558 3,174	3,595 10,569 3,630 20,628
Leasehold Imp.	paving DIAGDDOVEMENTS 2032	9/30/2022	S/L	00	14,000	1,750	1,750	1,750	3,500	10,500
101AL LEASEHOLD IMPRO 2023 Leasehold Improvements	TOTAL LEASEHOLD INTROVENTRIOS 2022 2023 Leasehold Improvements				616,601		(1)		OCCUPATION	roston
Leasehold Imp. Leasehold Imp.	Fill and patch in all bird and bat holes around building, Paint holes with exterior paint Remaining 70% of completed project for Walk in Cooler Compressor Replacement	9/13/2022	SYL			8 8	* *	1,500	321	6,000
Leasehold Imp. Leasehold Imp. Leasehold Imp.	Sealcoating of parking lot Storage water heater replacement Walk in confor commersor replacement	11/30/2022 11/30/2022 10/31/2022	% K		5 40,998 10 30,855 15 2,063			3,086 138	3,086	27,769 27,769 1,925
Leasehold Imp, Leasehold Imp, Leasehold Imp,	Replaced 5 door breaks, door gate swrith, door interlocks Replace all carpets with vinyl plank flooring Replace all carpets with vinyl plank flooring	S/1/2023 7/1/2023 7/23/2023	S/L S/L S/L		10 6,027 10 30,000 10 28,276		* * *	603 3,000 2,828	603 3,000 2,828	5,424 27,000 25,448
TOTAL LEASEHOL	TOTAL LEASEHOLD IMPROVEMENTS 2023				150,533	•	*	19,676	19,676	130,857
TOTAL LEASEHOL	TOTAL LEASEHOLD IMPROVEMENTS				266,363	8,867	9,019	28,543	37,562	228,801
MOVABLE EQUIPMENT	AENT									
FFE FFE Computer Hardware	locks for med room doors illuminated double sided sign with acrylic letters phones and supplies	7/26/2021 8/11/2021 7/1/2021	S/L S/L	10 10 5	2,849 13,336 5,290	71 334 265	142 668 530	71 334 265	213 1,002 795	2,636 12,334 4,495
TOTAL MOVABLE EQUIPMENT 2021	EQUIPMENT 2021				21,475	029	1,340	029	2,010	19,465
775 779 775 377	steamer steamer washing machine Acer Chromebow/ -Mouse Included	12/9/2021 1/31/2022 2/28/2022 6/9/2022	SYL SYL SYL	5 5 10 5	4,812 4,812 3,303 10,978	962 962 330 2,196	962 962 330 2,196	962 962 330 2,196	1,924 1,924 660 4,392	2,888 2,888 2,643 6,586

WAT OPCO Medicaid Cost Report FIXED ASSET / DEPRECIATION SCHEDULE

						Historical	2022	2022	2023	2023	
G/L Account		Description	Date In Service	Method	Life	Cest	Deprec.	A/D	Deprec.	A/D	NBV
FFE	Touchscreen Controller		7/6/2022	S/L	5	7,476	1,495	1,495	1,495	2,990	4,486
FFE	Software transition/implementation		5/3/2022	S/L	m	6,146	2,049	2,049	2,049	4,098	2,048
TOTAL MOVABLE EQUIPMENT 2022	EQUIPMENT 2022					37,528	7,994	7,994	7,994	15,988	21,540
2023 Movable Equipment	nent										
FFE	Replacement Cover for Direct Supply		6/8/2023	S/L	10	2,986	6	(a)	299	299	2,687
FFE	Kick Plate for doors		7/31/2023	S/L	10	2,849	٠	. 61	285	285	2,564
FFE	Repair touch screen monitor		9/14/2023	S/L	2	4,892	e	60	978	826	3,914
TOTAL MOVABLE EQUIPMENT 2023	EQUIPMENT 2023				11	10,727			1,562	1,562	9,165
TOTAL MOVABLE EQUIPMENT	EQUIPMENT				1 1	69,730	8,664	9,334	10,226	19,560	50,170
TOTAL ASSETS					i	336,093	17,531	18,353	38,769	57,122	278,971
						336 003	17 531	19 352	09Z 8E	57 123	278 971
TOTAL ASSETS PER TRIAL BALANC	TOTAL ASSETS PER TRIAL BALANCE					336,092	17,175	36,847	17,175	36,847	299,245
ROUNDING						Œ	(356)	(18,494)	(21,594)	20,275	20,274
VARIANCE DETAIL (ADD) CIP	H					000'59					65,000
ROUNDING REVISED VARIANCE	CE					65,001	(356)	(18,494)	(21,594)	20,275	85,274
	F/S vs C/R NBV - Page 31, Line B9		20,274								
	F/S vs C/R Depreciation - Page 36, Line F1	ne Fl	(21,594)								

NOTE: Prior operator assets left off this schedule and can be found on the fair rent schedule of the Provider's Rate Computation Report

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

Name of Facility License N	0.	Report for Year En	ded		Page	of
WAT OPCO, LLC d/b/a Woodlake at 2	433	9/30/2023			25	37
11. Property Questionnaire						
Part A						
Is the property either owned by the Facility	0	Yes		No	If "Yes," comple	
or leased from a Related Party?*	O	165	Ü	110	If "No," complet	e Part C.
*If any owner or operator of this facility is relate	d by family, m	arriage, ownership, abili	ty to control or			
business association to any person or organization	n from whom l	ouildings are leased, the	n it is considered a			
related party transaction.		Total		PROPERTY OF THE	THE WINDS	Tech quist
Description 1. Date Land Purchased		12/18/91				
Date Land Purchased Date Structure Completed		02/18/93	THE STATE OF			
3. If NOT Original Owner, Date of Purcha	se.	N/A				A 18 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
4. Date of Initial Licensure		02/01/93				
5. Total Licensed Bed Capacity		130				
6. Square Footage		65,721				
7. Acquisition Cost						
a. Land		720,000	企业的企业			
b. Building		7,013,083				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	gage
1. Financing					SEE OF SEE	
a. Type of Financing (e.g., fixed, varial	ble)					
b. Date Mortgage Obtained						
c. Interest Rate for the Cost Year						
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed						
f. Principal balance outstanding as of	1				AND THE PARTY OF T	MILKS OF
Complete if Mortgage was Refinance	1					
During Current Cost Year g. Type of Financing (e.g., fixed, varia	ble)		The same of the sa			211,00
h. Date of Refinancing	uic)					
i. New Interest Rate						
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed						
Principal Outstanding on Note Paid-	Off					
Part C - Arms-Length Leases for Rea		mprovements Onl	у	VI		
Name and Address of Lessor		perty Leased	Date of Lease	Term of Lease	Annual Amoun	
WAT Realty, 675 3RD AVENUE FLOOR 8,	Land / Bui	lding				1,500,000
NEW YORK, NY, 10017						
8						

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 WAT OPCO, LLC d/b/a Woodlake at 2433		Report for Ye 9/30/2023	ar Ended				Page 26	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
 Interest A. Building, Land Improvement & Non-Movab Equipment 1. First Mortgage 	le \$					1 90		
Name of Lender	Rate							ERRE
Address of Lender								
2. Second Mortgage	S							
Name of Lender	Rate	E AMONG OT	1000		ISLINES CITY			
Address of Lender								
Third Mortgage	5	PARTIE AND THE PARTY NAMED IN	25 00000					
Name of Lender	Rate	War Sign	THE STREET					
Address of Lender								
Fourth Mortgage		MATCHES AND THE	TO STATE OF THE PARTY OF THE PA	MANAGED BASED	DECEMBER 1			
Name of Lender	Rate							TO THE REAL PROPERTY.
Address of Lender								
B. CHEFA Loan Information								OFFICE AND ADDRESS OF THE PARTY
Original Loan Amount	9		THE WEST		E CONTRACTOR OF THE PARTY OF TH	THE SHOPE		25 NO. 151
2. Loan Origination Date							5 5	
3. Interest Rate %			医生物			10-22		
4. Те п п				19 19 19				STATE OF THE PARTY OF
CHEFA Interest Expense								
12 B7. Total Building Interest Expense (A1 - A4 + B5) 5	8			Literatus Communica		L	

(Carry Subtotals forward to next page)

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

Name of Facility WAT OPCO, LLC d/b/a Woodlake	se No. 2433		Report for Yea	r Ended				Page 27	of 37
Item		Helitor - T	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	Subtotals Brou	ight Forward							
12. C. Movable Equipment									
Automotive Equipment A. Item	Rate	Amount	Constitution of the last of th	1 KH - U	LIMBURY STATES		E TO E TO A	CONTRACTOR OF STREET	
A. Item	Nate	Allount					100		SHIP TO T
Lender									
Address of Lender				U ZORTA					
2. Other (Specify)		S							
A. Item	Rate	Amount	O. W. WILSON	NO DESCRIPTION OF THE PARTY OF		S. Was fall	Design of the second		7/2 Land
								genegit	
Lender									
Address of Lender									
B. Item	Rate	Amount							
Lender									
Address of Lender									
12. C. 3. Total Movable Equipment I	nterest		74	THE REAL PROPERTY.		NAME OF TAXABLE PARTY.	Annual Statement of the last o		
Expense $(C1 + 2)$		\$							
12. D. Other Interest Expense (Specify)	\$		44,418	(44,418)			market block	THE CASE STATE
Interest Expense								ARREST SERVICE	THE STATE OF
(12D2)	1002 - 100	s .	STORY OF THE	44,418	(44,418)			NO. OF STREET	
13. Total All Interest Expense (12B7 + 14. Insurance	1203 + 120	3		44,410	(44,410)				
a. Insurance on Property (building	es only)	9	25,555	25,555					
b. Insurance on Automobiles 5									
c. Insurance other than Property (as specified a	bove)							
I. Umbrella (Blanket Coverage		\$							
Fire and Extended Coverage S				721-700					-
Other (Specify) Admin Expense>Insurance/ EPLI/ Surety Bonds			173,601	173,601		Sime dist		F 28 5	
Admin Expenses instrained	DI DII Galoty	Julian							
14d Total Insurance Expanditures (14)	a+b+c	5	199,156	199,156					
			14,068,022	15,562,939	(1,494,917)				

F. Statement of Revenue

F. Statement of Re		Report for Y	ear Ended		Page of
Name of Facility License No. WAT OPCO, LLC d/b/a Woodlake at Tol 2433		9/30/2023	om Ellucu		30 37
WAT OFCO, ELC Wira Woodlake at 1012-133			CCNH /		
Item		Total	RHNS	(Specify)	(Specify)
I. Resident Room, Board & Routine Care Revenue		The street	SEWIE X		阿拉里里多 多
1. a. Medicaid Residents (CT only)	\$	7,809,630	7,809,630		
b. Medicaid Room and Board Contractual Allowance **	\$	(54,096)	(54,096)		
2. a. Medicaid (All other states)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$	3,306,726	3,306,726		
b. Medicare Room and Board Contractual Allowance **	\$	(42,711)	(42,711)		
4. a. Private-Pay Residents and Other	\$	3,955,780	3,955,780		
b. Private-Pay Room and Board Contractual Allowance **	\$	97,516	97,516		
II. Other Resident Revenue					
a. Prescription Drugs - Medicare	\$	149,928	149,928		
b. Prescription Drugs - Medicare Contractual Allowance **	\$	(149,928)	(149,928)		
c. Prescription Drugs - Non-Medicare	\$	630	630		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(630)	(630)		
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	.\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$	265,769	265,769		
b. Physical Therapy - Medicare Contractual Allowance **	\$	(190,226)	(190,226)		
c. Physical Therapy - Non-Medicare	\$	179,499	179,499		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(163,183)	(163,183)		
4. a. Speech Therapy - Medicare	\$	96,925	96,925		
b. Speech Therapy - Medicare Contractual Allowance **	\$	(69,079)	(69,079)		
c. Speech Therapy - Non-Medicare	\$	55,758	55,758		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(49,150)	(49,150)		
5. a. Occupational Therapy - Medicare	\$	328,685	328,685		
b. Occupational Therapy - Medicare Contractual Allowance **	\$		(229,964)		
c. Occupational Therapy - Non-Medicare	\$		225,790		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$		(197,488)		
6. a. Other (Specify) - Medicare	\$	4,350	4,350		
b. Other (Specify) - Non-Medicare	\$		101,961		
III. Total Resident Revenue (Section I. thru Section II.)	\$	15,432,492	15,432,492		MINISTRANCE STATE
IV. Other Revenue*					
 Meals sold to guests, employees & others 	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
Rental of Television and Cable Services	\$				
5. Interest Income (Specify)	\$	145	145		
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$		100 (00		
8. Other (Specify)	\$		177,670		
V. Total Other Revenue (1 thru 8)	\$		177,815		
VI. Total All Revenue (III +V)	\$	15,610,307	15,610,307		

^{*} 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	CC	NH / RHNS	(Specify)		(Spe	ecify)
			0	is in		2163	
lI6a	Radiology Rev>Medicare A	S	6,250	(Chi)		i ditati	
ll6a	Radiology Rev>Medicare A>C/A	S	(6,250)		upol.		- day
II6a	Lab Rev>Medicare A	\$	83,536	XII. DVIII		DI HOL	10/016
II6a	Lab Rev>Medicare A>C/A	\$	(83,536)	All Control		2.5	muris
II6a	Other Ancillary Rev>Medicare B	\$	11,721		185	dines.	08772
II6a	Other Ancillary Rev>Medicare B>Sequester	\$	(3,829)			BILL	
II6a	Vaccine Rev>Medicare A	S	258	illa in rein			74
II6a	Vaccine Rev>Medicare B	\$	3,331	THE PARTY	FOR.		Entered to
II6a	Revenue Adjustments>Medicare A	\$	(7,131)		1153		
Total Oth	er Resident Revenue - Medicare	S	4,350	\$		\$	

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
1107,010				2
II6b	Other Ancillary Rev>HMO	\$ 76,535		IN THE YOU
II6b	Vaccine Rev>HMO	\$ 1,675		
II6b	Other Rev>HMO>Incentive Payments	\$ 11,700		REAL PROPERTY.
	Revenue Adjustments>Commercial HMO	\$ (1,015)		PACK STREET
II6b	Revenue Adjustments>Hospice	\$ 5		The state of the
II6b	Revenue Adjustments>Medicaid	\$ 12,417	CHICK STORY	
II6b	Revenue Adjustments>Ancillary	\$ 644		
ALIC MASS				
Total Oth	er Resident Revenue	\$ 101,961	S -	\$

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
			0		in Experim
Pg 30 IV5	Interest on claims		\$ 145		GOLDEN TO
				dimisa.	
		TO STORY			
Total Inte	rest Income		\$ 145	s -	s -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
		0		
Pg 30 IV8	Other Rev>Medical Records	\$ 392		
	Reversal of PY Startup Expense (Do not disallow No related expense reported)	\$ 93,788		
	Reversal of PY Income	\$ 66,843	Y E O BIAL	
Pg 30 1V8	Other Rev>Startup Costs (No related Expense)	\$ 16,647		
			SERVICE THE	
				12000
			THE OWNER OF THE	
JUIEPE				
				HEALT SHOW
71000 118			11 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Total Oth	er Revenue	\$ 177,670	s -	\$ -

G. Balance Sheet

Name of	f Facility	License No.	Report for Year	Ended	Page	of
WAT O	PCO, LLC d/b/a Woodlake at	T 2433	9/30/2023		31	37
		Account			An	nount
Assets				1		
A. Cu	irrent Assets					=0.0
	Cash (on hand and in banks)			\$		123,703
	Resident Accounts Receivab			\$		2,485,452
3.	Other Accounts Receivable (Excluding Owners or	r Related Parties)	\$		
4	Inventories			\$		200 100
5.	Prepaid Expenses			\$	EXECUTE OF	288,109
	a			1/2		
	b					
	C.					
	d. See Schedule		288,109			NEWSTERN PROPERTY.
	Interest Receivable			\$		
1-511115	Medicare Final Settlement R			\$		
8.	Other Current Assets (itemize	?)		\$	PER MARKET	Autoria december
				- 3		
	See Schedule			d	1000	2 907 264
	otal Current Assets (Lines A1	thru 8)		\$		2,897,264
	xed Assets			6		
	Land			\$		
2.	Land Improvements	*Historical Cost		\$		
		Accum. Depreciati	on	Net \$		
3.	Buildings	*Historical Cost		- I		
		Accum. Depreciati		Net		229 901
4.	Leasehold Improvements	*Historical Cost	266,363	- \$		228,801
		Accum. Depreciati	on 37,562			
5.	Non-Movable Equipment	*Historical Cost		\$		
		Accum. Depreciati		Net		50 170
6.	Movable Equipment	*Historical Cost	69,730	\$		50,170
		Accum. Depreciati	on 19,560			
7.	Motor Vehicles	*Historical Cost		\$		
		Accum. Depreciati	on	Net		
8.	Minor Equipment-Not Depre	eciable	_	\$		
9.	Other Fixed Assets (itemize)			\$		10,878,791
	F/S vs C/R NBV		20,274			
	See Schedule		10,858,517			
B-10.	Total Fixed Assets (Lines B	1 thru 9)		\$		11,157,762

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

Schedule of Prepald Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5d	Prepaid Expenses	\$ 18,469
36	A5d	Prepaid Expenses>Innumnoe	\$ 210,809
		Premid Expenses>Taxes	\$ 58,840
			a sur titl
Total Prepa	eld Expense		\$ 288,105

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

age Ref	Line Rei	Description				7	
W. Land	10 40	Smooth 1			120-20		15
						1111111	-
U SV	35-11-11				0.00000	Det.	
	ZASS						
otal Othe	r Current A	ssets (Itemize)	DELLE SERVICE		AMILES DE	\$	

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

Page Ref	Line Ref	Description		
31	199	Fixed Assets>CIP	\$	65,000
31	139	Fixed Assets>Capital Lease-Building	\$	10,793,517
Total Other	Other Fix	cul Assets (Itemize)	5	10,858,517

Schedule of Other Assets Page 32 Line D7

Page Ref	Line R	f Description		The State Land
32	D7	Due From>Old Owner	5	(33,597)
	D7	Due To/(From)>Ridgeland	2	57
	D7	Due To/(Fmm)>Vendor	S	96,606
	3 10			
Total Othe	Assets		\$	63,066

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description		-
11000	man man			-
-71-				
				15.7
			NI DOL	UIT
Total Notes	Payable		\$	-

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

age Ref	A12	Description Other Current Payable⇒PLS Claim	\$ (41,812)
	A12	Aconed Expenses	\$ 201,179
	A12	Accrued Expenses PRent	\$ 750,000
	A12	Accrued Expenses Ancillary	\$ 4,923
	A12	Accrued Expenses>Insurance - General Liability & Other	\$ 104,030
	A12	Acensed Expenses>Insurance - Property	3 17,651
3.3	A12	Accrued Expenses>Water/Sewer	\$ 772
	A12	Accrued Expenses>Year End Adjustments	\$ 3,896
	A12	Accrued Expenses>Workers Comp	\$ 72,736
	A12	Accrued Expenses>Health Insurance	\$ 198,319
	A12	Accrued Expenses>Health Innurance>2023	5 (73,123)
	A12	Deferred Revenue>Medicare>COVID19	\$ 11,394
	A12	Due To/(From)>Social Security	5 2,271
		iabilities (Itemize)	\$ 1,252,236

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

Total Other	Corre	t Liabilities (Itemize)	\$ 11,012,534
100	WHEE		\$ 5,868
34	B4	Due To/(From)>IncomeDue To/(From)>Employee	\$ 1,103
34	B4	Due To/(From)>Medicaid	\$ 207,430
34	B4	Due To/(From)>HMO	\$ 2,616
34	B4	Long Term Liability>Capital Leane	\$ 10,793,517
Page Ref	Line R	ef Description	T# 10 ftm #11

G. Balance Sheet (cont'd)

Nam	e of	Facility	License No.	Report for Year Ended		Page		of
WA7	ΓOI	PCO, LLC d/b/a Woodlake at	T 2433	9/30/2023		32		37
			Account			Am	ount	
				Total Brought Forward	\$		14,055,	,026
C.	Le	asehold or like property record	\$					
	1.	. Eand						
	2.	Land Improvements	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	3.	Buildings	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	4.	Non-Movable Equipment	*Historical Cost					
			Accum. Depreciation	on Net	\$			
	5.	Movable Equipment	*Historical Cost					
			Accum. Depreciation	on Net	\$			
	6.	Motor Vehicles	*Historical Cost					
			Accum. Depreciation	on Net	\$			
	7.	Minor Equipment-Not Depre	eciable		\$			
C-8		tal Leasehold or Like Proper			\$			
D.		vestment and Other Assets						
		Deferred Deposits			\$			
		Escrow Deposits			\$		62,	,714
		Organization Expense	*Historical Cost	9,882				
			Accum. Depreciation	on Net	\$		9,	,882
	4.	Goodwill (Purchased Only)			\$			
		Investments Related to Resid	lent Care (temize)		\$			
					III A			
	6.	Loans to Owners or Related	Parties (itemize)		\$		1,646	,914
		Name and Address	Amount	Loan Date	133	19.50 B.		
		1,000			181			
		Due To/(From)>Var	1,646,914	1		德思斯	學院	
	7.	Other Assets (itemize)			\$		63,	,066
		, ,						
		See Schedule		63,066	300			
D-8.	To	otal Investments and Other As	sets (Lines D1 thru 7)	\$		1,782	,576
	To	otal All Assets (Lines A9 + B1	0 + C8 + D8		\$		15,837	,602

^{*} 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 Fac		I	License No.	Report for Year	Ended	Page	of
WAT OPCO), LL(C d/b/a Woodlake at Tolland	2433	9/30/2023		33	37
		A	ccount			A	mount
Liabilities							
A.	Cu	rrent Liabilities				•	1 477 056
	1.	Trade Accounts Payable				\$	1,477,056
	2.	Notes Payable (itemize)			la la	\$	600,000
		Note Payable>LOC		600,00	0		
		See Schedule	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	N.N N		\$	26 11 12 15 15
	3.	Loans Payable for Equipment		i) (ilemize)	Date Due	Φ = 30 H 70 H	
		Name of Lender	Purpose	Amount	Date Due		
					1 1		
					1 1		
					1 1		
					1		
				1	1 1		
					1 1		
							220.520
	4.	Accrued Payroll (Exclusive				\$	320,538
	5.	Accrued Payroll (Owners and	nd/or Stockholders	only)		\$	
	6.	Accrued Payroll Taxes Paya				\$	
	7.	Medicare Final Settlement I	Payable			\$	
	8.	Medicare Current Financing	Payable			\$	
	9.	Mortgage Payable (Current	Portion)			\$	
	10	. Interest Payable (Exclusive of	of Owner and/or F	Related Parties)		\$	
		. Accrued Income Taxes*				\$	
	12	. Other Current Liabilities (ite	emize)			\$	1,252,236
	,						
[See Schedule	1,252,236		
A-13	To	tal Current Liabilities (Lines	A1 thru 12)			\$	3,649,830

^{*} 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	License No.	Report for Year Ended		Page	of
WAT OPCO, LLC d/b/a Woodlake at Tollar		9/30/2023		34	37
	Account			An	nount
		Total Broug	ht Forward:		3,649,830
Liabilities (cont'd)			1		
B. Long-Term Liabilities	, <u>.</u>				
Loans Payable-Equipment	itemize)	A a somt	Date Due	SCHOOL ST	100 A N N 2 S FD
Name of Lender	Purpose	Amount	Date Due		
			62		
			10/2		
			100		
			60		
			32		EVALUE OF
2. Mortgages Payable			\$		
3. Loans from Owners or Rela	ated Parties (itemize)		\$		766,028
Name and Address of Lender	Amount	Loan D	ate		
Due To/(From)>Var	766,028				
_ ,			100		
4. Other Long-Term Liabilitie	es (itemize)		\$		11,012,534
iii oma bong roma swemi	· · · ·				
(4-1)			8		
-					
See Schedule		11,012,534			ALL STATES
B-5. Total Long-Term Liabilities (Lines B1 thru 4)		\$		11,778,562
C. Total All Liabilities (Lines A-	13 + B-5)		\$		15,428,392

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

	ne of Facility License No. Report for Y 9/30/2023	ear Ended	Page 35	of 37
WA	AT OPCO, LLC d/b/a Woodlake at 1 2433 9/30/2023 Account			nount
A.	Reserves		C 110	
	Reserve for value of leased land		\$	
	Reserve for depreciation value of leased buildings and appurter to be amortized	ances	\$	
	3. Reserve for depreciation value of leased personal property (Equ	uity)	\$	
	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			(== 0.00)
	1. Owner's Capital		\$	(37,000)
	2. Capital Stock		\$	
	3. Paid-in Surplus		\$	
	4. Treasury Stock		\$	
	5. Cumulated Earnings		\$	377,248
	6. Gain or Loss for Period 10/1/2022 thru	9/30/2023	\$	68,962
	7. Total Net Worth		\$	409,210
C.	Total Reserves and Net Worth		\$	409,210
D.	Total Liabilities, Reserves, and Net Worth		\$	15,837,602

H. Changes in Total Net Worth

Name of Facility License	No.	Report for Year	Ended	Page	of
	2433	9/30/2023	371	36	37
Accou			Amount		
A. Balance at End of Prior Period as shown on			692,148		
B. Total Revenue (From Statement of Revenue			5		15,610,307
C. Total Expenditures (From Statement of Exp		Page 27)		\$	15,541,345
D. Net Income or Deficit				\$	68,962
E. Balance				\$	761,110
1					
Prior Period Adjustment		(388,900)			(000 000
F-3. Total Additions				\$	(388,900)
G. Deductions					(27.000)
Drawings of Owners/Operators/Partner				\$	(37,000)
Name and Address (No., City, State, Zi	p)	Title	Amount		
Capital Draws			(37,000)		
2. Other Withdrawings (Specify)				\$	
Purpose		Amo	ount		
3. Total Deductions				\$	(37,000)
H. Balance at End of Period	09/30	/23		\$	409,210

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page of		
WAT OPCO, LLC d/b/a Woodlake at	2433	9/30/2023	37 37		
	Check appropriate category				
☐ Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined	□ (Specify)	☐ (Specify)	7		
Pr	eparer/Reviewer Certificat	tion			
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. 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.					
Signature of Preparer	Title	Date Signed			
o gamen					
Printed Name of Preparer					
Matthew S. Bavolack					
Address		Phone Number			
555 Long Wharf Drive, New Haven, CT 06511 203-781-9600					
Contacted Person Regarding Additional Inform	Phone Number				
Tzippy Krupenia	732-961-8571				
Contact Email Address					
tainnuk@Itaas.com					



ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for WAT OPCO, LLC d/b/a Woodlake at Tolland for the year ended September 30, 2023, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of WAT OPCO, LLC d/b/a Woodlake at Tolland. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of WAT OPCO, LLC d/b/a Woodlake at Tolland and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT January 18, 2024



Annual Report of Long-Term Care Facility Cost Year 2023 Checklist

This checklist is <u>not</u> required to be submitted with the Annual Report

Facility Na	meWAT OPCO, LLC d/b/a Woodlake at Tolland
Complete the a	following check list. Provide an explanation for any "No" answers. Attachets to explain further, if necessary.
Yes No V Explanation:	1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?
Yes No	 Are the methods of allocating costs consistent with prior year? If not, explain the reporting change.
Explanation:	
Yes No V Explanation:	3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.
Yes No V Explanation:	 Do equipment leases listed on Page 22b agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Yes No V Explanation:	5. Do accounting and legal fees reported on Page 15b agree with Page 15, Lines 1d and 1e, respectively?
Yes No V Explanation:	6. During cost year, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?
Yes No V Explanation:	7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?
Yes No V Explanation:	Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.
Yes No V Explanation:	9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?
Yes No V Explanation:	10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Yes No V Explanation:	11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?
Yes No V Explanation:	12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?
Yes No	13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from the prior cost year?
Yes No ✓ ☐ Explanation:	14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?
Yes No V Explanation:	15. Has asset useful life been reported in accordance with the 2018 edition of the American Hospital Association guidelines?
Yes No ✓ ☐ Explanation:	16. Have all assets been categorized between movable and fixed in accordance with the 2018 edition of the American Hospital Association guidelines?

Yes No Explanation:	17. Have all contractual allowances been properly reported on Page 30?
Yes No ✓ □ Explanation:	18. Were all discrepancies on the Error Page addressed?
Yes No V Explanation:	19. Have Pages 1 and 37 been signed? Cost reports without a signed Page 1 and 37 will not be accepted.
\square	20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions (ensure that the Movable Equipment Category is select for all movable equipment additions.)? <i>If detail is not provided, appropriate disallowances will be made.</i>
Yes No V Explanation:	21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on the applicable expense lines of the Annual Report? If applicable, have pages 6 and 7 been completed for the non-nursing home businesses?
Yes No	22. Has all required documentation, including the working trial balance, crosswalk, Form W-411, movable/fixed asset additions support, and the Nursing Facility Narrative Summary of Expenditures form been submitted to the Annual Report review and audit contractor?
Explanation:	

Client: WAT OPCO
Engagement: Medicaid - WAT OPCO Medicaid Cost Report
Period Ending: 9/30/2023

Description	Trial Balance:	A.01 - TB-CCNH	de la respectation le	mely enion	MODELLE STATE	
10-A 2	Account	Description	UNADJ	RJE	FINAL	1st PP-FINAL
10-A 2			9/30/2023		9/30/2023	9/30/2022
10-A 44	10-A12	Administrators	129,829.00		129,829.00	1 4 7 7 7 7
10-A/5A			197,279.00		197,279.00	
10-A SE Food Service Supervisor			0.00		0.00	
10-A BC Dietary Workers 493,427.00 493,427.00 393,393.93.93.93.93.93.93.93.93.93.93.93.93.			84,243.00			
10-A 76			493,427.00			
10-A/TA			349,575.00			
10-A 7B	,		97,684.00			
10-A1/12A	•	Other Maintenance Workers				. 20
10-A 12B1 RNs - Direct Care		Director of Nurses/Assistant Director			•	
10-A 1221 1-A 1282 1-A 1282		RNs - Direct Care				
10-A 12D	10-A 12B2	RNs - Administrative				•
10-A 12H Accession Workers 135,274.00 135,274.00 106,477.00 10-A 12M Social Workers/Case Management 136,024.00 125,024.00 125,024.00 107,691.00 107,691.00 10-A 12M Social Workers/Case Management 125,024.00 1	10-A 12C1	LPNs - Direct Care				
10-A 12M Recleator Workers 138,166.00 138,166.00 107,691.00 10-A 12M 125,024.00 125,024.00 198,188.00 109,188.00 109,188.00 125,024.00	10-A 12D					
10-A 120	10-A 12H		·			
13-B 2		Social Workers/Case Management				
13-B						
13-B 2				12 597 00		
13-B 5				12,597.00		
13-B 6	•					
13-8 6	,		. 701			·
13-B BA Medical Diffection 13-B BA ST - Resident Care 35,819.00 35,7226.00 350,991.00 35,991.00 35,991.00 35,991.00 35,991.00 35,991.00 33,832.00 428,455.00 33,832.00 428,455.00 33,832.00 428,455.00 33,832.00 428,455.00 33,832.00 428,455.00 33,832.00 428,455.00 33,832.00 428,455.00 33,832.00 428,455.00 33,832.00 428,455.00 33,832.00 428,455.00 33,832.00 428,455.00 33,832.00 428,455.00 33,832.00 428,455.00 33,832.00 428,455.00 33,832.00 428,455.00 33,832.00 428,455.00 43,932.0						
13-B 19A						
13-B 11A1 RN's - Direct Care 233,832.00 233,832.00 248,465.00 13-B 11A1 RN's - Direct Care 633,267.00 633,267.00 1,117,823.00 13-B 12 Cher 155,818.00 155,818.00 1,517,564.00 13-B 12 Cher 66,235.00 66,843.00 133,078.00 88,214.00 151,1A1 Workmen's Compensation Workmen's Comp	•					
13-B 11B1 LPN's - Direct Care 633,267.00 1,117,823.00 13-B 11B1 LPN's - Direct Care 633,267.00 155,618.00 155,618.00 155,618.00 155,618.00 155,618.00 155,618.00 155,618.00 146,533.076.00 88,214.00 151,141 Unemployment Insurance 55,676.00 66,843.00 133,078.00 88,214.00 151,143 Unemployment Insurance 55,676.00 66,843.00 513,299.00 441,776.00 151,145 Health Insurance 413,727.00 413,727.00 538,240.00 151,145 Health Insurance 413,727.00 413,727.00 60,277.00 84,299.00 151,147 Pensions 43,035.00 1,992.00 60,277.00 84,299.00 151,147 Pensions 43,035.00 1,992.00 60,277.00 84,299.00 151,145 Pensions 43,035.00 1,992.00 152,140 Pensions 43,035.00 1,992.00 20,230.00 23,271.00 151,145 Pensions 43,932.00 23,935.00 23,735.00 23,717.00 151,145 Pensions 43,932.00 23,935.00 23,93						
13-B 116						
13-B 1C						1,517,564.00
15 141 Workmen's Compensation 66,235.00 66,843.00 133,078.00 88,214.00 15 143 Unemployment Insurance 55,676.00 55,076.00 55,076.			·	(12.597-00)		254,091.00
15 1A3 Unemployment Insurance 55,676.00 55,676.00 0.00 15 1A4 Social Security (FICA) 553,612.00 (40,313.00) 513,299.00 441,776.00 15 1A5 Health Insurance 413,727.00 413,727.00 583,240.00 15 1A7 Pensions 4,035.00 1,982.00 6,027.00 8,429.00 15 1A7 Pensions 4,035.00 1,982.00 6,027.00 8,429.00 15 1A9 Other 36,329.00 (27,208.00) 9,121.00 0.00 15 1C Bad Debts 150,876.00 150,876.00 155,676.00 155,676.00 15 1D Accounting and Auditing 31,451.00 2,798.00 35,249.00 43,932.00 15 1G Office Supplies 39,782.00 (19,459.00) 20,323.00 23,771.00 15 1H1 Telephone and Telegraph 23,943.00 (208.00) 23,735.00 23,717.00 15 1H2 Cellular Phones and Beepers 760.00 760.00 760.00 168.00 15 1K3 Resident Day User Fee 697,611.00 697,611.00 697,611.00 645,313.00 15 1K3 Resident Day User Fee 697,611.00 697,611.00 645,313.00 16 2 Holiday Parties for Staff 0.00 1,199.00 1,199.00 1,30,799.00 16 3 Giffs to Staff and Residents 0.00 5,688.00 5,688.00 3,827.00 16 4 Employee Travel 24,843.00 24,843	•				133,078.00	88,214.00
15 1A4 Social Security (FICA) 553,612.00 (40,313.00) 513,299.00 441,776.00 15 1A5 Health Insurance 413,727.00 413,727.00 15 1A7 Pensions 4,035.00 1,992.00 6,027.00 8,429.00 15 1A9 Other 36,329.00 (27,208.00) 9,121.00 0.00 15 1C Bad Debts 150,876.00 150,876.00 155,876.00 155,876.00 155,876.00 155,876.00 155,876.00 155,876.00 155,876.00 155,876.00 155,876.00 155,876.00 155,876.00 155,876.00 155,876.00 155,876.00 155,876.00 155,876.00 155,876.00 155,963.00 23,271.00 15 1C Legal 32,451.00 2,798.00 35,249.00 43,932.00 39,782.00 (40,459.00) 20,323.00 26,794.00 15 1G Cellular Phones and Beepers 39,782.00 (19,459.00) 23,735.00 23,717.00 15 1H1 Telephone and Telegraph 23,943.00 (208.00) 23,735.00 23,717.00 15 1H2 Cellular Phones and Beepers 760.00 760.00 760.00 80.00 15 1J Corporation Business Taxes 760.00 697,611.00 697,611.00 645,313.00 15 1K3 Resident Day User Fee 697,611.00 697,611.00 697,611.00 645,313.00 16 3 Gifts to Staff and Residents 24,843.00 24,843.00 24,843.00 24,843.00 24,843.00 16 3 Gifts to Staff and Residents 24,843.00	•	·	· ·	•	55,676.00	0.00
15 1AS Health Insurance				(40,313,00)	513,299,00	441,776.00
15 1A7					413,727.00	583,240.00
15 1A9			4,035.00	1,992.00		
15 1C			36,329.00	(27,208.00)	9,121.00	
15 1D Accounting and Auditing 51,963.00 51,963.00 23,271.00 15 1E Legal 32,451.00 27,98.00 35,249.00 43,932.00 15 1G Office Supplies 39,782.00 (19,459.00) 20,323.00 26,794.00 15 1H1 Telephone and Telegraph 23,943.00 (208.00) 23,735.00 23,717.00 15 1H2 Cellular Phones and Beepers 0.00 208.00 760.00 80.00 15 1J Corporation Business Taxes 760.00 697,611.00 645,313.00 15 1K3 Resident Day User Fee 697,611.00 647,611.00 645,313.00 16 2 Holiday Parties for Staff 0.00 1,199.00 1,199.00 13,079.00 16 3 Gifts to Staff and Residents 0.00 5,688.00 5,688.00 3,827.00 16 4 Employee Travel 24,843.00 24,843.00 24,843.00 24,852.00 16 5 Education Expense 470.00 1,050.00 1,520.00 1,280.00 16 M1 Advertising Help Wanted 1,183.00 11,359.00 23,206.00 16 M3 Advertising Other 952.00 952.00 1,794.00 16 M8 Dues and Membership Fees to Professional Associations 2,106.00 2,106.00 0.00 0.00 16 M1 Services Provided by Contract 393,259.00 (2,798.00) 390,461.00 306,756.00 16 M1 Services Provided by Contract 393,259.00 75,289.00 431,098.00 331,506.00 18 2A1 Raw Food 18,734.00 18,734.00 18,734.00 17,026.00 18 2A2 Non-Food Supplies 0.00 177,459.00 177,459.00 177,459.00 19,910.00 1,910.00 1,910.00 1,910.00 19 3B Purchased Services 177,459.00 177,459.00 149,000.00 1,910.00 1			150,876.00		150,876.00	
15 1E			51,963.00			
15 1G Office Supplies 39,782.00 (19,459.00) 20,323.00 20,735.00 20,747.00 15 1H1 Telephone and Telegraph 23,943.00 (208.00) 23,735.00 23,717.00 168.00 168.00 168.00 168.00 168.00 168.00 169.00 16		-	32,451.00	2,798.00		
Telephone and Telegraph	•	•				· ·
15 1H2	•					
15 1K3 Resident Day User Fee 697,611.00 645,313.00 16 2 Holiday Parties for Staff 0.00 1,199.00 1,199.00 13,079.00 16 3 Gifts to Staff and Residents 0.00 5,688.00 5,688.00 3,827.00 16 4 Employee Travel 24,843.00 24,843.00 24,843.00 24,552.00 16 5 Education Expense 470.00 1,050.00 1,520.00 1,280.00 16 M1 Advertising Help Wanted 1,183.00 14,359.00 22,949.00 16 M3 Advertising Other 952.00 952.00 1,794.00 16 M8 Dues and Membership Fees to Professional Associations 2,106.00 (2,106.00) 0.00 0.00 16 M9 Subscriptions 40,000.00 40,000.00 23,600.00 16 M1 Services Provided by Contract 393,259.00 (2,798.00) 390,461.00 306,756.00 18 2A2 Non-Food Supplies 778.00 75,289.00 431,098.00 17,026.00 18 2A2 Non-Food Supplies 778.00 778.00 170,000 17,056.00 1	•			208:00		
15 1K3 Resident Day User Fee 697,611.00 647,611.00 649,73.3.00 16 2 Holiday Parties for Staff 0.00 1,199.00 1,199.00 13,079.00 16 3 Gifts to Staff and Residents 0.00 5,688.00 5,688.00 3,827.00 16 4 Employee Travel 24,843.00 24,843.00 24,843.00 24,552.00 16 5 Education Expense 470,00 1,050.00 1,520.00 1,280.00 16 M1 Advertising Help Wanted 1,183.00 1,183.00 23,206.00 16 M2 Advertising Other 14,359.00 952.00 1,794.00 16 M3 Advertising Other 952.00 952.00 1,794.00 16 M6 Dues and Membership Fees to Professional Associations 2,106.00 (2,106.00) 0.00 0.00 16 M9 Subscriptions 0.00 1,056.00 1,056.00 439.00 16 M10 Contributions 40,000.00 40,000.00 23,600.00 16 M11 Services Provided by Contract 393,259.00 (2,798.00) 390,461.00 306,756.00 16 M13 Other 355,809.00 75,289.00 431,098.00 (331,506.00) 18 2A1 Raw Food 320,279.00 320,279.00 273,700.00 18 2A2 Non-Food Supplies 18,734.00 18,734.00 17,026.00 18 2B Purchased Services 177,459.00 177,459.00 146,020.00 19 3B Purchased Services 177,459.00 33,600.00 1,960.00 1,960.00 1,960.00 19 3B Purchased Services 177,459.00 177,459.00 146,020.00 19 3B Purchased Services 177,459.00 1,960.00 1,960.00 1,960.00 19 3B Purchased Services 177,459.00 1,960.00 1,960.00 19 3B Purchased Services 177,459.00 1,960.00 1,960.00 19 3B Purchased Services 177,459.00 1,960.00 1,960.00 1,960.00 19 3B Purchased Services 177,459.00 1,960.00 1,960.00 1,960.00 19 3B Purchased Services 177,459.00 146,020.00 19 3B Purchased Services 177,459.00 1,960.00 1,960.00 1,960.00 19 3B Purchased Services 179,459.00 146,020.00 19 3B Purchased Services 179,459.00 146,020.00 19 3B Purchased Services 179,459.00 18,750.00 18,750.00 19 3B Purchased Services 179,459.00	15 1J	Corporation Business Taxes				
Hollday Parties for Staff 16 3 Gifts to Staff and Residents 0.00 5,688.00 5,688.00 24,843.00 24,552.00 16 4 Employee Travel 24,843.00 24,843.00 24,852.00 16 5 Education Expense 470.00 1,050.00 1,520.00 1,280.00 16 M1 Advertising Help Wanted 1,183.00 11,183.00 23,206.00 16 M3 Advertising Other 14,359.00 952.00 17,94.00 16 M7 Postage 952.00 952.00 1,794.00 16 M8 Dues and Membership Fees to Professional Associations 2,106.00 (2,106.00) 0.00 0.00 16 M9 Subscriptions 40,000.00 40,000.00 23,600.00 16 M10 Contributions 40,000.00 40,000.00 23,600.00 16 M11 Services Provided by Contract 393,259.00 (2,798.00) 390,461.00 306,756.00 16 M13 Other 355,809.00 75,289.00 431,098.00 (331,506.00) 18 2A1 Raw Food 320,279.00 320,279.00 320,279.00 273,700.00 18 2A2 Non-Food Supplies 18,734.00 18,734.00 17,026.00 1,576.0						
16 3 Giffs to Stalf and Residents 24,843.00 24,843.00 24,843.00 24,552.00 16 4 Employee Travel 24,000 1,050.00 1,520.00 1,280.00 16 5 Education Expense 470,00 1,050.00 1,520.00 1,280.00 16 M1 Advertising Help Wanted 1,183.00 14,359.00 22,949.00 16 M7 Postage 952.00 952.00 1,794.00 16 M8 Dues and Membership Fees to Professional Associations 2,106.00 (2,106.00) 0.00 0.00 16 M9 Subscriptions 40,000.00 40,000.00 40,000.00 390,461.00 336,000 16 M1 Services Provided by Contract 393,259.00 (2,798.00) 390,461.00 306,756.00 16 M1 Other 355,809.00 75,289.00 431,098.00 (331,506.00) 18 2A1 Raw Food 18,734.00 18,734.00 17,026.00 18 2A2 Non-Food Supplies 778.00 778.00 1,576.00 18 2B Purchased Services 177,459.00 </td <td>16 2</td> <td>Holiday Parties for Staff</td> <td></td> <td></td> <td></td> <td>,</td>	16 2	Holiday Parties for Staff				,
16 4 Employee Travel 27,000 1,050.00 1,520.00 1,280.00 16 5 Education Expense 470.00 1,050.00 1,520.00 1,280.00 16 M1 Advertising Help Wanted 1,183.00 14,359.00 22,949.00 16 M3 Advertising Other 952.00 14,359.00 22,949.00 16 M7 Postage 952.00 952.00 1,794.00 16 M8 Dues and Membership Fees to Professional Associations 2,106.00 (2,106.00) 0.00 1,056.00 439.00 16 M9 Subscriptions 40,000.00 40,000.00 23,600.00 23,600.00 23,600.00 16 M1 Services Provided by Contract 393,259.00 (2,798.00) 390,461.00 306,756.00 306,756.00 306,756.00 309,461.00 306,756.00 306,756.00 320,279.00 431,098.00 (331,506.00) 273,700.00 18 2A1 Raw Food 320,279.00 320,279.00 273,700.00 18 2A2 Non-Food Supplies 18,734.00 18,734.00 17,026.00 1,576.00 172,183.00 172,183.00 172,183.00 172,183.00 172,183.00 174,590.00 176,020.00	16 3	Gifts to Staff and Residents		5,688.00		
16 M1 Advertising Help Wanted 1,183.00 1,183.00 23,206.00 16 M3 Advertising Other 14,359.00 14,359.00 22,949.00 16 M7 Postage 952.00 952.00 1,794.00 16 M8 Dues and Membership Fees to Professional Associations 2,106.00 (2,106.00) 0.00 0.00 16 M9 Subscriptions 40,000.00 40,000.00 23,600.00 16 M10 Contributions 393,259.00 (2,798.00) 390,461.00 306,756.00 16 M13 Other 355,809.00 75,289.00 431,098.00 (331,506.00) 18 2A1 Raw Food 320,279.00 320,279.00 273,700.00 18 2A2 Non-Food Supplies 18,734.00 18,734.00 17,026.00 18 2B Purchased Services 0.00 0.00 172,183.00 19 3B Purchased Services 177,459.00 36,900 1,961.00	16 4	Employee Travel		4.050.00	,	
16 M1 Advertising Help Warited 14,359.00 14,359.00 22,949.00 16 M7 Postage 952.00 952.00 1,794.00 16 M8 Dues and Membership Fees to Professional Associations 2,106.00 (2,106.00) 0.00 0.00 16 M9 Subscriptions 0.00 1,056.00 1,056.00 439.00 16 M10 Contributions 40,000.00 40,000.00 23,600.00 16 M11 Services Provided by Contract 393,259.00 (2,798.00) 390,461.00 306,756.00 16 M13 Other 355,809.00 75,289.00 431,098.00 (331,506.00) 18 2A1 Raw Food 320,279.00 320,279.00 320,279.00 273,700.00 18 2A2 Non-Food Supplies 18,734.00 18,734.00 17,026.00 18 2B Purchased Services 0.00 0.00 172,183.00 19 3B Purchased Services 177,459.00 177,459.00 1961.00	16 5	Education Expense		1,050.00		
16 M3		÷ .				
16 M7 Postage 2,106.00 (2,106.00) 0.00 0.00 16 M8 Dues and Membership Fees to Professional Associations 2,106.00 (2,106.00) 0.00 439.00 16 M9 Subscriptions 40,000.00 40,000.00 40,000.00 23,600.00 16 M1 Services Provided by Contract 393,259.00 (2,798.00) 390,461.00 306,756.00 16 M13 Other 355,809.00 75,289.00 431,098.00 (331,506.00) 18 2A1 Raw Food 320,279.00 320,279.00 273,700.00 18 2A2 Non-Food Supplies 18,734.00 18,734.00 17,026.00 18 2A3 Other 778.00 778.00 1,576.00 18 2B Purchased Services 177,459.00 177,459.00 146,020.00 19 3B Purchased Services 17,459.00 3690.00 1961.00		-				
16 M8 Dues and Membership Fees to Professional Associations 2,000 1,056,00 439.00 16 M9 Subscriptions 40,000.00 40,000.00 40,000.00 23,600.00 16 M1 Services Provided by Contract 393,259.00 (2,798.00) 390,461.00 306,756.00 16 M13 Other 355,809.00 75,289.00 431,098.00 (331,506.00) 18 2A1 Raw Food 320,279.00 320,279.00 273,700.00 18 2A2 Non-Food Supplies 18,734.00 18,734.00 17,026.00 18 2A3 Other 0.00 778.00 778.00 1,576.00 18 2B Purchased Services 177,459.00 177,459.00 177,459.00 1961.00 19 3B Purchased Services 3,690.00 3,690.00 1,961.00		Postage		(2.106.00)		
16 M9 Subscriptions 40,000.00 40,000.00 23,600.00 16 M1 Services Provided by Contract 393,259.00 (2,798.00) 390,461.00 306,756.00 16 M13 Other 355,809.00 75,289.00 431,098.00 (331,506.00) 18 2A1 Raw Food 320,279.00 320,279.00 273,700.00 18 2A2 Non-Food Supplies 18,734.00 18,734.00 17,026.00 18 2A3 Other 0.00 778.00 778.00 1,576.00 18 2B Purchased Services 177,459.00 177,459.00 146,020.00 19 3B Purchased Services 3,690.00 3,690.00 1,961.00						
16 M10 Contributions 16 M11 Services Provided by Contract 393,259.00 (2,798.00) 390,461.00 306,756.00 16 M13 Other 355,809.00 75,289.00 431,098.00 (331,506.00) 18 2A1 Raw Food 320,279.00 320,279.00 273,700.00 18 2A2 Non-Food Supplies 18,734.00 18,734.00 17,026.00 18 2A3 Other 778.00 778.00 1,576.00 18 2B Purchased Services 177,459.00 177,459.00 146,020.00 19 3B Purchased Services 3,690.00 3,690.00 1,961.00		•		1,050,00		
16 M11 Services Provided by Contract 355,809.00 75,289.00 431,098.00 (331,506.00) 16 M13 Other 320,279.00 320,279.00 273,700.00 18 2A1 Raw Food 18,734.00 18,734.00 17,026.00 18 2A2 Non-Food Supplies 778.00 778.00 1,576.00 18 2B3 Purchased Services 0.00 0.00 172,183.00 19 3B Purchased Services 177,459.00 177,459.00 3690.00 1,961.00				/2 709 001		
16 M13 Other 320,279.00 320,279.00 273,700.00 18 2A1 Raw Food 18,734.00 18,734.00 17,026.00 18 2A2 Non-Food Supplies 778.00 778.00 1,576.00 18 2A3 Other 0.00 0.00 172,183.00 18 2B Purchased Services 177,459.00 177,459.00 146,020.00 19 3B Purchased Services 3,690.00 3,690.00 1,961.00	,					
18 2A1 Raw Food 18 2A2 Non-Food Supplies 18,734.00 18,734.00 17,026.00 18 2A3 Other 778.00 778.00 178.00 172,183.00 18 2B Purchased Services 0.00 0.00 177,459.00 146,020.00 19 3B Purchased Services 177,459.00 177,459.00 1,961.00				70,200.00		
18 2A2 Non-Food Supplies 18 2A3 Other 778.00 778.00 1,576.00 18 2B Purchased Services 0.00 0.00 172,183.00 19 3B Purchased Services 177,459.00 177,459.00 1961.00						
18 2A3 Other 18 2B Purchased Services 19 3B Purchased Services		• • •				
19 3B Purchased Services 177,459.00 177,459.00 146,020.00						
19/3B Purchased Services 3,690.00 1,961.00						
19 3C Other					•	
	19 30	Other	0,000.00		,	

20 4C	Account	Description	UNADJ	RJE	FINAL	1st PP-FINAL
2015	Account		9/30/2023		9/30/2023	9/30/2022
2015 2015	20I4C	Other	50,810.00		50,810.00	41,561.00
20150			265,542.00		•	·
20 50 AmbulanceLinrousine			2,916.00			·
20 SEZ Nays and related radiological 14,096.00 14,599.00 12,779.00 20 SH Laboratory 19,012.00 13,012.00 13,055.00 3,989.00 2,985.0		Ambulance/Limousine	11,844.00			
20 5			,		•	·
20 5 Laboratory 19,012.00 19,012.00 3,959.00 5,854.00 20 5 Cable Television 3,956.00 3,959.00 5,854.00 20 5 Cable Television 17,005.00 17,505.00 17,605.00 17,605.00 17,605.00 17,605.00 17,605.00 17,605.00 17,605.00 17,605.00 17,605.00 17,605.00 17,605.00 17,605.00 17,605.00 17,605.00 17,605.00 17,605.00 17,605.00 18,405.00 20,605		X-Rays and related radiological	14,609.00			·
20 5 Recreation 3,989.00 3,989.00 3,989.00 17,457.00 17,457.00 17,457.00 17,457.00 17,457.00 17,457.00 17,457.00 17,457.00 17,457.00 188,961.00 19,459.00 3,090.00 45,472.00 19,459.00 19,459.00 189,961.00 19,459.00			·			
20 5L Cabic Television		Recreation				
20 6M		Cable Television			,	
22 6A Repairs and Maintenance		Other				
2,905 Light & Power 1,905 1,906 1,945,90 1,		Repairs and Maintenance				
22 EC	22 6B	Heat	•		,	,
22 EE		Light & Power				•
22 Eq.	22 6D	Water			•	
22 FG		Equipment Lease		19,459.00		•
22 70		Other				
Rental Payments		Movable Equipment		93,788.00		
22 106 Real estate taxes paid by lessor 167,834.00 169,834.00 40,589.00 40,589.00 27 12D 27 12D 27 12D 27 14C		Rental Payments				
22 10C Personal property taxes		Real estate taxes paid by lessor	167,834.00		· ·	
27 140	22 10C	Personal property taxes	,			•
27 14C3	27 12D	Other Interest Expense	· ·			
Medicaid Residents (CT only)	27 14A	Insurance on Property	25,555.00		•	
Medicaid Residents (CT only)	27 14C3	Other	173,601.00			
Medicare form and board contractual allowance 54,096.00 54,096.00 (3,06,760.00) (4,429,132.00) 30)34 Medicare residents (All inclusive) (3,06,726.00) (4,229,132.00) 30)48 Medicare residents and other (3,955,780.00) (3,		Medicaid Residents (CT only)	(7,809,630.00)			
30 3A Medicare Rosidents (Al! inclusive) (3,306,726.00) (4,2711.00 23,738.00) (3,306,726.00) (3,275.00 (2,275.00 (2,275.		Medicaid room and board contractual allowance	54,096.00			
Medicare room and board contractual allowance 42,711.00 342,711.00 3,788.00 3,948.00 3,		Medicare Residents (All inclusive)	(3,306,726.00)			
Private-pay residents and other (3,955,780.00) (3,955,780.00) (3,957,170.00) (3,9		Medicare room and board contractual allowance	42,711.00			
1914 Private-pay room and board contractual allowance (97,516.00) (149,928.00) (149,949.00) (149,94		Private-pay residents and other	(3,955,780.00)			
30 5A Prescription Drugs - Medicare Contractual Allowance 149,928.00 149,928.00 149,323.00 30 5C Prescription Drugs - Medicare Contractual Allowance (630.00) (630.00) 0.00		Private-pay room and board contractual allowance	(97,516:00)	3), ii ii		
30 5B Prescription Drugs - Medicare Contractual Allowance	,		(149,928.00)			
Solic Prescription Drugs - Non-medicare Contractual Allowance 630.00 630.00 0.00	30 5B	Prescription Drugs - Medicare Contractual Allowance				
30 5D Prescription Drugs - Non-medicare Contractual Allowance 630.00 (265,769.00) (265,769.00) (412,714.00) (412,714.00) (30)78 Physical Therapy - Medicare Contractual Allowance 190,226.00 190,226.00 288,726.00 (30)70 Physical Therapy - Non-medicare Contractual Allowance 163,183.00 163,183.00 163,183.00 71,217.00 (30)84 Speech Therapy - Non-medicare Contractual Allowance (96,925.00) (96,925.00) (96,925.00) (195,058.00) (30)88 Speech Therapy - Medicare Contractual Allowance (55,788.00) (55,758.00) (55,758.00) (30)80 (30)8		Prescription Drugs - Non-medicare				
30 7A		Prescription Drugs - Non-medicare Contractual Allowance				
Solidar	30 7A					•
163,183.00 71,217.00 30 70 Physical Therapy - Non-medicare Contractual Allowance 163,183.00 (96,925.00) (96,925.00) (195,058.00) 30 84 Speech Therapy - Medicare Contractual Allowance 69,079.00 69,079.00 129,447.00 30 86 Speech Therapy - Non-medicare (55,758.00) (55,758.00) (44,488.00) 30 80 Speech Therapy - Non-medicare Contractual Allowance 49,150.00 49,150.00 35,774.00 30 98 Occupational Therapy - Medicare Contractual Allowance (328,685.00) (328,685.00) (50,905.00) (30,	30 7B	Physical Therapy - Medicare Contractual Allowance				
30 7D	30 7C		, , ,			
30 8A Speech Therapy - Medicare Contractual Allowance 69,079.00 (55,758.00) (44,488.00) (30 85 Speech Therapy - Non-medicare Contractual Allowance 49,150.00 49,150.00 35,774.00 (328,685.00) (3		Physical Therapy - Non-medicare Contractual Allowance	•			
Speech Therapy - Non-medicare (55,758.00) (55,758.00) (34,488.00) (30,000) (30 8A					
Speech Therapy - Non-medicare Contractual Allowance 49,150.00 35,774.00 30 9A Occupational Therapy - Medicare (328,685.00) (328,685.00) (501,905.00) (329,964.00 229,964.00 307,381.00 30 9B Occupational Therapy - Non-medicare Contractual Allowance 229,964.00 (225,790.00) (225,790.00) (225,790.00) (225,790.00) (225,790.00) (225,790.00) (113,440.00) (30)9D Occupational Therapy - Non-medicare Contractual Allowance 197,488.00 197,488.00 197,488.00 88,998.00 (30)10B Other - Medicare (101,961.00) (101,961.00) (22,073.00) (22,	30 8B	Speech Therapy - Medicare Contractual Allowance			•	
Special Therapy - Medicare (328,685.00) (326,685.00) (501,905.00) (301,	30 8C		, , ,			
30 9B Occupational Therapy - Medicare Contractual Allowance 229,964.00 329,964.00 30 30 9C Occupational Therapy - Non-medicare (225,790.00) (225,790.00) (113,440.00)	30 8D	Speech Therapy - Non-medicare Contractual Allowance				
30 9C Occupational Therapy - Non-medicare (225,790.00) (225,790.00) (113,440.00) (30 9D Occupational Therapy - Non-medicare Contractual Allowance 197,488.00 197,488.00 (4,350.00) (2,075.00) (2,075.00) (30 10B Other - Medicare (101,961.00) (101,961.00) (101,961.00) (175.00	30 9A	Occupational Therapy - Medicare	,		, ,	
30 9D Occupational Therapy - Non-medicare Contractual Allowance 197,488.00 197,488.00 88,998.00 30 10A Other - Medicare (4,350.00) (4,350.00) (2,075.00) (2,075.00) (30)10B Other - Non-medicare (101,961.00) (101,961.00) (104,500) (175.00) (175.00) (175.00) (175.00) (177,670.00)	30 9B	Occupational Therapy - Medicare Contractual Allowance				
30 10A	30{9C	Occupational Therapy - Non-medicare	, , ,			
30 10B Other - Non-medicare (101,961.00) (101,961.00) (22,073.00) (21,000)	30 9D	Occupational Therapy - Non-medicare Contractual Allowance				•
145.00	30 10A	Other - Medicare				* * * * * * * * * * * * * * * * * * * *
30 18	30 10B	Other - Non-medicare	, , ,		, , ,	
123,703.00	30[15	Interest Income		(4== 0=0 00)		
Sample Casima	30 18	Other Revenue		(177,278.00)		
31-32 A5 Prepaid Expenses 288,109.00 288,109.00 (63,794.00) 31-32 B4 Leasehold Improvements 249,024.00 249,024.00 112,576.00 31-32 B6 Movable Equipment 55,152.00 (4,931.00) 50,221.00 50,891.00 31-32 B9 Other Fixed Assets 10,858,517.00 10,858,517.00 20,499.00 31-32 D2 Escrow Deposits 62,714.00 62,714.00 149,687.00 31-32 D3 Organization Expense 4,951.00 4,931.00 9,882.00 (3,565.00) 31-32 D6 Loans to Owners or Related Parties 1,646,914.00 1,646,914.00 425,513.00 31-32 D7 Other Assets 63,066.00 63,066.00 27,228.00 33-34 A1 Trade A/P (1,477,056.00) (1,477,056.00) (1,477,056.00) (1,462,915.00) 33-34 A4 Accrued Payroll (320,538.00) (320,538.00) (320,538.00) (218,283.00) 33-34 A12 Other Current Liabilities (1,252,236.00) (1,252,236.00) (407,933.00) (407,			·			·
31-32 B4 Leasehold Improvements 249,024.00 249,024.00 112,576.00 31-32 B6 Movable Equipment 55,152.00 (4,931.00) 50,221.00 50,891.00 31-32 B9 Other Fixed Assets 10,858,517.00 10,858,517.00 20,499.00 31-32 D2 Escrow Deposits 62,714.00 62,714.00 149,687.00 31-32 D3 Organization Expense 4,951.00 4,931.00 9,882.00 (3,565.00) 31-32 D6 Loans to Owners or Related Parties 1,646,914.00 1,646,914.00 425,513.00 31-32 D7 Other Assets 63,066.00 63,066.00 27,228.00 31-32 D7 Other Assets 63,066.00 63,066.00 27,228.00 33-34 A1 Trade A/P (1,477,056.00) (1,477,056.00) (1,477,056.00) (1,477,056.00) (1,462,915.00) 33-34 A2 Notes Payable (Current) (600,000.00) (320,538.00) (320,538.00) (218,283.00) 33-34 A1 Other Current Liabilities (1,252,236.00) (1,252,236.00) (407,933.00)	31-32 A2	Resident A/R				
31-32 B4	31-32 A5	Prepaid Expenses				
31-32 B9 Other Fixed Assets 10,858,517.00 10,858,517.00 20,499.00 31-32 D2 Escrow Deposits 62,714.00 4,931.00 9,882.00 (3,565.00) 31-32 D3 Organization Expense 4,951.00 4,931.00 9,882.00 (3,565.00) 31-32 D6 Loans to Owners or Related Parties 1,646,914.00 1,646,914.00 425,513.00 31-32 D7 Other Assets 63,066.00 63,066.00 27,228.00 33-34 A1 Trade A/P (1,477,056.00) (1,477,056.00) (1,477,056.00) (1,477,056.00) (1,477,056.00) (1,477,056.00) (33-34 A2 Notes Payable (Current) (600,000.00) (600,000.00) (320,538.00) (320,538.00) (320,538.00) (218,283.00) 33-34 A1 Other Current Liabilities (1,252,236.00) (1,252,236.00) (407,933.00)	31-32 B4	Leasehold Improvements		(4.004.00)	,	
31-32 D2 Escrow Deposits 62,714.00 4,931.00 9,882.00 (3,565.00) 31-32 D3 Organization Expense 4,951.00 4,931.00 9,882.00 (3,565.00) 31-32 D6 Loans to Owners or Related Parties 1,646,914.00 1,646,914.00 425,513.00 31-32 D7 Other Assets 63,066.00 63,066.00 27,228.00 33-34 A1 Trade A/P (1,477,056.00) (1,477,056.00) (1,477,056.00) (1,462,915.00) 33-34 A2 Notes Payable (Current) (600,000.00) (600,000.00) (400,000.00) 33-34 A4 Accrued Payroll (320,538.00) (320,538.00) (218,283.00) 33-34 A12 Other Current Liabilities (1,252,236.00) (7,252,336.00) (407,933.00)	31-32 B6	Movable Equipment	·	(4,931.00)		
31-32 D2						
31-32 D5	31-32 D2			4.004.00		
31-32 D6 Collect of Netated Parties (3,066.00 63,066.00 27,228.00 (1,477,056.00) (1,477,056.00) (1,477,056.00) (1,477,056.00) (1,477,056.00) (1,477,056.00) (1,477,056.00) (1,477,056.00) (1,477,056.00) (1,477,056.00) (1,477,056.00) (400,000.00) (320,538.00) (320,538.00) (320,538.00) (320,538.00) (320,538.00) (320,538.00) (320,538.00) (400,000.00) (320,538.00) (400,000.00) (320,538.00) (400,000.00) (320,538.00) (400,000	31-32 D3			4,931.00		
31-32[07 Other Assets 33-34]A1 Trade A/P (1,477,056.00) (1,462,915.00) 33-34]A2 Notes Payable (Current) (600,000.00) (600,000.00) (400,000.00) 33-34]A4 Accrued Payroli (320,538.00) (320,538.00) (218,283.00) 33-34]A12 Other Current Liabilities (1,252,236.00) (756,038.00) (407,933.00)	31-32 D6	Loans to Owners or Related Parties				
33-34 A2 Notes Payable (Current) (600,000.00) (600,000.00) (400,000.00) (320,538.00) (218,283.00) (323,538.00) (218,283.00) (323,538.00) (320,538.00) (320,538.00) (320,538.00) (320,538.00) (320,538.00) (320,538.00) (320,538.00) (320,538.00) (320,538.00) (407,932.00) (407,932.00)	31-32 D7	Other Assets				
33-34 A4 Accrued Payroll (320,538.00) (320,538.00) (218,283.00) (33-34 A12 Other Current Liabilities (1,252,236.00) (756.038.00) (407.932.00)	33-34 A1		• • • • • •			
33-34 A12 Other Current Liabilities (1,252,236.00) (1,252,236.00) (69,277.00						
33-34 A12 Ottler Culterit Elabilities (756,039,00) (766,039,00) (776,039,00)	33-34 A4	-				
33-34 B3 Loans from Owners or Related Parties (765,028.00) (407,932.00)						
	33-34 B3	Loans from Owners or Related Parties	(100,028.00)		(100,020.00)	(101,002.00)

Account	Description	UNADJ	RJE	FINAL	1st PP-FINAL
		9/30/2023		9/30/2023	9/30/2022
33-34IB4	Other Long-Term Liabilities	(11,012,534.00)		(11,012,534.00)	(138,269.00)
35 B1	Owner's Capital	37,000.00		37,000.00	0.00
35IB5	Cumulated Earnings	(377,248.00)		(377,248.00)	(279,023.00)
Total		0.00	0.00	0.00	0.00
	Net (Income) Loss	17,606.00	0.00	17,606.00	17,437.00

Client:

WAT OPCO Medicaid - WAT OPCO Medicaid Cost Report 9/30/2023 A.01 - TB-CCNH

Engagement: Period Ending: Trial Balance:

Trial Balance:	A.01 - TB-CCNH					
Workpaper:	A.03 - Grouping Report	LINIA D. I	IE 0.44	D IÉ	FINAL	1st PP-FINAL
Account	Description	UNADJ 9/30/2023	JE Ref#	RJE 9/30/2023	9/30/2023	9/30/2022
		9/30/2023		3/00/2020		
Group : [10-A]	Salaries and Wages					
Subgroup : [2]	Administrators					
80-811-80	Admin Expense>Director>Wages	124,879.00		0.00	124,879.00	148,496.00
80-811-92	Admin Expense>Director>PTO Accrual	4,950.00		0.00	4,950.00	(827.00)
Subtotal [2]	Administrators	129,829.00		0.00	129,829.00	147,669.00
Subgroup : [4]	Other Administrative Salaries	70.000.00		0,00	78,969.00	73,704.00
75-838-80	Maintenance Expense>Security Desk>Wages	78,969,00		0.00	929.00	2,950.00
75-838-92	Maintenance Expense>Security Desk>PTO Accrual	929,00 116,477,00		0.00	116,477.00	86,841.00
80-840-80	Admin Expense>Business Office Wages	904.00		0.00	904.00	51.00
80-840-92	Admin Expense>Business Office>PTO Accrual Other Administrative Salaries	197,279.00		0.00	197,279.00	163,546.00
Subtotal [4]	Ottes Administrative Ottailes					
Subgroup : [5A]	Head Dietitian					
70-833-80	Dietary Expense>Dietician>Wages	0.00		0.00	0.00	32,822.00
70-833-92	Dietary Expense>Dieticlen>PTO Accruel	0.00		0,00	0,00	(887.00)
Subtotal [5A]	Head Dietitian	0.00		0,00	0.00	31,935.00
Subgroup : [5B]	Food Service Supervisor			200	02 982 00	66,795.00
70-811-80	Dietary Expense>Director>Wages	83,882.00		0,00	83,882.00 361.00	376,00
70-811-92	Dielary Expense>Director>PTO Accrual	381.00		0.00	84,243,00	67,171.00
Subtotal [5B]	Food Service Supervisor	84,243.00		0.00	04,240,00	
	P.1. A 181					
Subgroup : [5C]	Dietary Workers Dietary Expense>Aide>Wages	283,755.00		0.00	283,755.00	196,369,00
70-831-80	Dietary Expense-Aide-Vvages Dietary Expense-Aide-PTO Accrual	1,597,00		0.00	1,597,00	2,710.00
70-831-92 70-832-80	Dietary Expense>Cook>Wages	205,701.00		0.00	205,701.00	134,873.00
70-832-92	Dietary Expense>Cook>PTO Accrual	2,374.00		0,00	2,374.00	(613.00)
Subtotal [5C]	Dietary Workers	493,427.00		0.00	493,427.00	333,339.00
Subgroup : [6B]	Other Housekeeping Workers					250 202 00
72-831-80	Housekeeping Expense>Aide>Wages	348,418.00		0,00	348,418.00	258,292.00
72-831-92	Housekeeping Expense>Aide>PTO Accrual	1,157.00		0.00	1,157.00	258,591.00
Subtotal [6B]	Other Housekeeping Workers	349,575.00		0.00	349,575,00	200,001.00
Subgroup : [7A]	Engineer or Chief of Maintenance	94,508.00		0.00	94,508.00	85,140.00
75-811-80	Maintenance Expense>Director>Wages Maintenance Expense>Director>PTO Accrual	3,176.00		0.00	3,176.00	6,921.00
75-811-92	Engineer or Chief of Maintenance	97,684.00		0.00	97,684.00	92,061.00
Subtotal [7A]	Eligineal of Cities of maintenance					
Subgroup : [7B]	Other Maintenance Workers					
75-829-80	Maintenance Expense>Staff>Wages	27,190.00		0.00	27,190.00	4,845.00
75-829-92	Maintenance Expense>Staff>PTO Accrual	(24.00)		0.00	(24.00)	48.00
Subtotal [7B]	Other Maintenance Workers	27,166.00		0.00	27,166.00	4,893.00
Subgroup : [12A]	Director of Nurses/Assistant Director					119,609,00
61-811-80	Nursing Admin Expense>Director>Wages	202,860.00		0.00	202,860,00	0.00
61-811-92	Nursing Admin Expense>Director>PTO Accrual	(1,632,00)		0,00	(1,632,00) 138,803,00	96,812,00
61-812-80	Nursing Admin Expense>Assistent Director>Wages	138,803.00		0.00	(663.00)	1,153.00
61-812-92	Nursing Admin Expense>Assistant Director>PTO Accrual	(663.00)		0.00	339,368.00	217,574.00
Subtotal [12A]	Director of Nurses/Assistant Director	333,300.00				
Subgroup : [12B1]	RNs - Direct Care					
50bgroup : [1251] 60-808-80	Nursing Expense>RN>Wages	321,294,00		0.00	321,294.00	284,446.00
60-808-92	Nursing Expense>RN>PTO Accrue)	7,809.00		0.00	7,809.00	6,845.00
60-809-80	Nursing Expense>RN Supervisor>Wages	377,923.00		0.00	377,923.00	249,447.00
60-809-92	Nursing Expense>RN Supervisor>PTO Accrual	8,529.00		0.00	8,529.00	8,536,00
Subtotal [12B1]	RNs - Direct Care	715,555.00		0.00	715,555.00	549,274.00
•						
Subgroup : [12B2]	RNs - Administrative			0.00	E2 028 00	110,948.00
61-817-80	Nursing Admin Expense>MDS / RNAC>Wages	53,028,00		0.00	53,028.00 (1,343.00)	(3,959,00)
61-817-92	Nursing Admin Expense>MDS / RNAC>PTO Accrual	(1,343.00)		0.00	47,834.00	46,038.00
61-821-80	Nursing Admin Expense>Nursing Secretary>Wages	47,834.00		0.00	689.00	(1,291.00)
61-821-92	Nursing Admin Expense>Nursing Secretary>PTO Accrus	689,00 10,644.00		0.00	10,644.00	181,00
61-823-80	Nursing Admin Expense>Staff Coordinator>Wages	66,044.00		0.00	66,044.00	257,863.00
61-825-80	Nursing Admin Expense>Unit Manager>Wagea Nursing Admin Expense>Unit Manager>PTO Accrual	7,041.00		0.00	7,041.00	56.00
61-825-92 Subtotal (12R2)	RNs - Administrative	183,937.00		0.00	183,937.00	409,834.00
Subtotal [12B2]	mas - Auminian oute					
Subgroup : [12C1]	LPNs - Direct Care					
60-805-80	Nursing Expense>LPN>Wages	1,469,090.00		0.00	1,469,090.00	872,842.00
60-805-92	Nursing Expense>LPN>PTO Accruel	9,351.00		0.00	9,351.00	7,424.00
Subtotal [12C1]	LPNs - Direct Care	1,478,441.00		0.00	1,478,441.00	880,266.00
Subgroup : [12D]	Aldes and Attendants			0.00	2,289,436.00	1,609,814.00
60-801-80	Nursing Expense>CNA>Wages	2,289,436.00		0.00 0.00	10,554,00	7,432.00
60-801-92	Nursing Expense>CNA>PTO Accrual	10,554.00		0,00	10,00-1100	

		0.000.000.00	0.00	2,299,990.00	1,617,246.00
Subtotal [12D]	Aides and Attendants	2,299,990.00	0.00	2,233,330.00	Hettlevelor
Subgroup : [12H]	Recreation Workers	52 817 00	0,00	52,817,00	61,138.00
71-811-80 71-811-92	Activity Expense>Director>Wages Activity Expense>Director>PTQ Accruel	52,817.00 3,119.00	0.00	3,119.00	606,00
71-831-80	Activity Expense>Aide>Wages	78,669.00	0.00	78,669,00	44,730.00
71-831-92	Activity Expense>Aide>PTO Accrual	669.00	0.00	669,00	473.00
Subtotal [12H]	Recreation Workers	135,274.00	0.00	135,274.00	106,947.00
Subgroup : [12M]	Social Workers/Case Management		0.00	424.002.00	110,903.00
69-830-80	Social Services Expense>Assistant>Wages	134,003,00	0.00	134,003.00 4,163.00	(3,212.00)
69-830-92	Social Services Expense>Assistant>PTO Accrual Social Workers/Case Management	4,163.00 138,166.00	0.00	138,166.00	107,691.00
Subtotal [12M]	Social Workers/Case Management	100,100.00	-		
Subgroup : [120]	Other				
61-818-80	Nursing Admin Expense>Medical Records>Wages	61,327.00	0.00	61,327.00 969.00	47,817,00 2,015,00
61-818-92	Nursing Admin Expense>Medical Records>PTO Accrus		0.00 0.00	64,305,00	58,479,00
80-839-80	Admin Expense>Admissions>Wages Admin Expense>Admissions>PTO Accrual	64,305.00 (1,577.00)	0.00	(1,577.00)	1,577.00
80-839-92 Subtotal [120]	Other	125,024.00	0.00	125,024.00	109,888.00
Odbitolal (120)					
Total [10-A]	Salaries and Wages	6,794,958.00	0,00	6,794,958.00	5,097,925.00
Group : [13-B]	Professional Fees				
Subgroup : [1]	Dietitian				
70-700-00	Dietary Expense>Contracted Service	71,376.00	0.00	71,376.00	26,194.00 26,194.00
Subtotal [1]	Dietitian	71,376.00	0.00	11,370.00	20,134.00
Subgroup : [2]	Dentist				
Marcum 101	Denlist	0.00	12,597.00	12,597.00	7,860.00
Subtotal [2]	Dentist	0.00	12,597.00	12,597.00	7,860.00
Subgroup : [3]	Pharmacist	19,538.00	0,00	19,538.00	12,597.00
62-700-00 Subtotal [3]	Pharmacy Expense>Contracted Service Pharmacist	19,538.00	0.00	19,538.00	12,597.00
Subtotal [5]	Filalillacist	-	<u> </u>		
Subgroup : [5A]	PT - Resident Care			000 044 00	293,710.00
65-000-00	PT Expense	289,644.00	0.00	289,644.00 289,644.00	293,710,00
Subtotal [5A]	PT - Resident Care	289,644.00	0.00	203,044.00	200,110,00
Subgroup : [6]	Social Worker				
69-700-00	Social Services Expense>Contracted Service	0.00	0.00	0.00	364,00
Subtotal [6]	Social Worker	0.00	0.00	0.00	364.00
Subgroup : [8A]	Medical Director Nursing Admin Expense>Medical Director>COVID19	60,000.00	0.00	60,000.00	55,000.00
61-750-34 Subtotal [8A]	Medical Director	60,000.00	0.00	60,000.00	55,000.00
Oubtotal [on]	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Subgroup : [9A]	ST - Resident Care	00.040.00	0.00	63,819.00	88,245.00
67-000-00	ST Expense	63,819.00	0.00	63,819.00	88,245.00
Subtotal [9A]	ST - Resident Care	00,013.00			
Subgroup : [18A]	OT - Resident Care				***
66-000-00	OT Expense	357,226,00	0.00	357,226.00	350,991.00 350,991.00
Subtotal [10A]	OT - Resident Care	357,226.00	0.00	357,226.00	330,331.00
Cubanaun - [44.84]	RN's - Direct Care				
Subgroup : [11A1] 60-700-18	Nursing Expense>Contracted Service>RN	0.00	0.00	0.00	426,465.00
60-700-28	Nursing Expense>Contracted Service>CovidRN	233,832.00	0.00	233,832 00	0.00
Subtotal [11A1]	RN's - Direct Care	233,832.00	0.00	233,832.00	426,465.00
Subgroup : [11B1]	LPN's - Direct Care Nursing Expense>Contracted Service>CovidLPN	633,267,00	0.00	633,267.00	1,117,823.00
60-700-29 Subtotal [11B1]	LPN's - Direct Care	633,267.00	0.00	633,267.00	1,117,823.00
Odbiotal [1151]					
Subgroup : [11C]	Aides		0.00	66,043.00	0,00
60-700-34	Nursing Expense>Contracted Service>COVID19	66,043.00 89,775.00	0.00	89,775.00	1,517,564.00
60-700-39 Subtotal [11C]	Nursing Expense>Contracted Service>CovidCNA Aides	155,818.00	0.00	155,818.00	1,517,564.00
Subtotal[110]	Aides				
Subgroup : [12]	Other			0.00	0.00
60-206-00	Nursing Expense>Clinical Services	28,307.00	(28,307.00)	0.00 130,823.00	244,147,00
60-212-00	Nursing Expenses Clinical Consultants	29,200.00 101,623.00	101,623.00 (101,623.00)	0.00	0.00
60-700-06 Marcum 118	Nursing Expense>Contracted Service>Other Respiratory Therapist	0.00	1,266.00	1,266.00	170,00
Marcum 118 Marcum 119	IV Insertion Nurse	0.00	13,948.00	13,948.00	9,774 00
Marcum 120	Orthotics Service	0.00	496.00	496.00	254,091.00
Subtotal [12]	Other	159,130.00	(12,597.00)	146,533.00	234,031,00
Total (42 D)	Professional Fees	2,043,650.00	0.00	2,043,650.00	4,150,904.00
Total [13-B]	Lintesginiidi i cos				
Group : [15]	Expenditures Other than Salaries				
Subgroup : [1A1]	Workmen's Compensation	615.00	66,843.00	67,458.00	64,406.00
61-881-00	Nursing Admin Expense>Workers Comp Social Services Expense>Workers Comp	37,00	0.00	37,00	1,838.00
69-881-00	2009 Salvices Exhelizavanorus Coulh	0,100			

70 004 00	Dietary Evponson Markers Comp	246,00	0.00	246.00	6,852.00
70-881-00	Dietery Expense>Workers Comp	99.00	0_00	99.00	1,856,00
71-881-00	Activity Expense>Workers Comp	193,00	0.00	193.00	4,677.00
74-881-00	Housekeeping & Laundry Expense>Workers Comp		0.00	82.00	3,100,00
75-881-00	Maintenance Expense>Workers Comp	82.00	0.00	(119,00)	5,485,00
80-881-00	Admin Expense>Workers Comp	(119.00)			0.00
85-881-00	Employee Benefits Expense>Workers Comp	65,082.00	0.00	65,082,00	
Subtotal [1A1]	Workmen's Compensation	66,235.00	66,843.00	133,078.00	88,214.00
Subgroup : [1A3]	Unemployment Insurance	48,655,00	0,00	48,655,00	0.00
85-156-62	Employee Benefits Expense>PR Taxes>SUI	7,021.00	0.00	7,021,00	0,00
85-156-63	Employee Benefits Expense>PR Taxes>FUI	55,676.00	0.00	55,676.00	0.00
Subtotal [1A3]	Unemployment Insurance	33,810.00	-		
Subgroup : [1A4]	Social Security (FICA)				
61-880-00	Nursing Admin Expense>Payroll Taxes	83,971.00	(40,313,00)	43,658.00	291,567.00
	Social Services Expense>Payroll Taxes	2,471.00	0.00	2,471.00	8,584.00
69-880-00		8,874.00	0.00	8,874.00	34,349.00
70-880-00	Dietary Expense>Payroll Taxes	2,311.00	0.00	2,311.00	8,429,00
71-880-00	Activity Expense>Payroll Taxes	· ·	0.00	5,020.00	20,835.00
74-880-00	Housekeeping & Laundry Expense>Payroll Taxes	5,020.00		3,367.00	13,740.00
75-880-00	Maintenance Expense>Payroll Taxes	3,367_00	0.00		23,958.00
80-880-00	Admin Expense>Payroll Taxes	4,391.00	0.00	4,391.00	
B5-156-61	Employee Benefits Expense>PR Taxes>Fica	443,207.00	0.00	443,207,00	40,314,00
Subtotal [1A4]	Social Security (FICA)	553,612.00	(40,313.00)	513,299.00	441,776.00
odbiotai [174]	(,,,,,,		***************************************		
Subgroup : [1A5]	Health Insurance			-4 -00 -00	400 474 00
61-882-00	Nursing Admin Expense>Health Insurance	61,989,00	0.00	61,989.00	420,174.00
69-882-00	Social Services Expense>Health Insurance	1,831.00	0.00	1,831_00	12,680,00
70-882-00	Dietary Expense>Health Insurance	6,619.00	0.00	6,619.00	50,783.00
71-882-00	Activity Expense>Health Insurance	1,736.00	0.00	1,738.00	12,292.00
		3,764.00	0.00	3,764.00	31,356.00
74-882-00	Housekeeping & Laundry Expense>Health Insurance		0.00	2,507.00	20,223.00
75-882-00	Maintenance Expense>Health Insurance	2,507.00	0.00	3,185,00	35,732,00
80-882-00	Admin Expense>Health Insurance	3,185.00		332,096.00	0.00
85-882-00	Employee Benefits Expense>Health Insurance	332,096.00	0.00		583,240.00
Subtotal [1A5]	Health Insurance	413,727.00	0.00	413,727.00	383,240.00
Subgroup : [1A7]	Pensions	0.00	1,992.00	1,992.00	8,429.00
85-148-00	401k	4,035.00	0.00	4,035.00	0.00
85-254-00	Employee Benefits Expense>401K Admin Expense		1,992,00	6,027.00	8,429.00
Subtotal [1A7]	Pensions	4,035.00	1,552,55	0,007,100	
Subgroup : [1A9]	Other	20,657,00	(20,657.00)	0.00	0.00
61-883-00	Nursing Admin Expense>Other Benefits		(607.00)	0.00	0.00
69-883-00	Social Services Expense>Other Benefits	607.00		0.00	0.00
70-883-00	Dietary Expense>Other Benefits	2,216,00	(2,216.00)		
71-883-00	Activity Expense>Other Benefits	568.00	(568,00)	0.00	(395,00)
74-883-00	Housekeeping & Leundry Expense>Other Benefits	1,257.00	(1,257.00)	0.00	894,00
75-883-00	Maintenance Expense>Other Benefits	831.00	(831.00)	0.00	(499,00)
	Admin Expense>Other Benefits	1,072.00	(1,072.00)	0.00	0.00
80-883-00	Employee Benefits Expense>Miscellaneous	9,121.00	0.00	9,121.00	0.00
85-100-00	Other	36,329.00	(27,208.00)	9,121.00	0,00
Subtotal [1A9]	Other		y		
Subgroup : [1C]	Bad Debts				
80-251-00	Admin Expense>Bad Debt	150,876.00	0.00	150,876.00	155,161.00
Subtotal [1C]	Bad Debts	150,876.00	0.00	150,876.00	155,161.00
		-			
Subgroup : [1D]	Accounting and Auditing				
	Accounting and Additing			54.000.00	22 274 00
80-239-00	Admin Expense>Accounting Fees	51,963.00	0.00	51,963.00	23,271.00
80-239-00 Subtotal [1D]		51,963.00 51,963.00	0.00	51,963.00 51,963.00	23,271.00 23,271.00
	Admin Expense>Accounting Fees				
	Admin Expense>Accounting Fees	51,963.00	0.00	51,963.00	23,271.00
Subtotal [1D]	Admin Expense>Accounting Fees Accounting and Auditing	51,963.00 32,451.00	2,798.00	51,963.00 35,249.00	23,271.00 43,932.00
Subtotal [1D] Subgroup : [1E]	Admin Expense≻Accounting Fees Accounting and Auditing Legal	51,963.00	0.00	51,963.00	23,271.00
Subtotal [1D] Subgroup : [1E] 80-238-00	Admin Expense>Accounting Fees Accounting and Auditing Legal Admin Expense>Legal Fees	51,963.00 32,451.00	2,798.00	51,963.00 35,249.00	23,271.00 43,932.00
Subtotal [1D] Subgroup : [1E] 80-238-00	Admin Expense>Accounting Fees Accounting and Auditing Legal Admin Expense>Legal Fees Legal Office Supplies	32,451.00 32,451.00	2,798.00 2,798.00	51,963.00 35,249.00 35,249.00	23,271.00 43,932.00 43,932.00
Subtotal [1D] Subgroup : [1E] 80-238-00 Subtotal [1E]	Admin Expense>Accounting Fees Accounting and Auditing Legal Admin Expense>Legal Fees Legal	32,451.00 32,451.00 11,168.00	2,798.00 2,798.00	35,249.00 35,249.00 11,188.00	23,271.00 43,932.00 43,932.00 24,045.00
Subtotal [1D] Subgroup : [1E] 80-238-00 Subtotal [1E] Subgroup : [1G]	Admin Expense>Accounting Fees Accounting and Auditing Legal Admin Expense>Legal Fees Legal Office Supplies	32,451.00 32,451.00	2,798.00 2,798.00 0.00 0.00	35,249.00 35,249.00 35,249.00 11,168.00 4,396.00	23,271.00 43,932.00 43,932.00 24,045.00 2,583.00
Subtotal [1D] Subgroup : [1E] 80-238-00 Subtotal [1E] Subgroup : [1G] 80-183-00 80-184-00	Admin Expense>Accounting Fees Accounting and Auditing Legal Admin Expense>Legal Fees Legal Office Supplies Admin Expense>Supplies Admin Expense>Minor Equip & Supplies	32,451.00 32,451.00 11,168.00	2,798.00 2,798.00 0.00 0.00 (19,459.00)	35,249.00 35,249.00 11,168.00 4,398.00 4,757.00	23,271.00 43,932.00 43,932.00 24,045.00 2,583.00 166.00
Subtrotal [1D] Subgroup : [1E] 80-238-00 Subtotal [1E] Subgroup : [1G] 80-183-00 80-184-00 80-208-00	Admin Expense>Accounting Fees Accounting and Auditing Legal Admin Expense>Legal Fees Legal Office Supplies Admin Expense>Supplies	32,451.00 32,451.00 32,451.00 11,168.00 4,398.00	2,798.00 2,798.00 0.00 0.00	35,249.00 35,249.00 35,249.00 11,168.00 4,396.00	23,271.00 43,932.00 43,932.00 24,045.00 2,583.00
Subtotal [1D] Subgroup : [1E] 80-238-00 Subtotal [1E] Subgroup : [1G] 80-183-00 80-184-00	Admin Expense>Accounting Fees Accounting and Auditing Legal Admin Expense>Legal Fees Legal Office Supplies Admin Expense>Supplies Admin Expense>Minor Equip & Supplies Admin Expense>Equip-Rental	32,451.00 32,451.00 11,168.00 4,398.00 24,216.00	2,798.00 2,798.00 0.00 0.00 (19,459.00)	35,249.00 35,249.00 11,168.00 4,398.00 4,757.00	23,271.00 43,932.00 43,932.00 24,045.00 2,583.00 166.00
Subtrotal [1D] Subgroup : [1E] 80-238-00 Subtotal [1E] Subgroup : [1G] 80-183-00 80-184-00 80-208-00	Admin Expense>Accounting Fees Accounting and Auditing Legal Admin Expense>Legal Fees Legal Office Supplies Admin Expense>Supplies Admin Expense>Minor Equip & Supplies Admin Expense>Equip-Rental	32,451.00 32,451.00 32,451.00 11,168.00 4,398.00 24,216.00 39,782.00	0.00 2,798.00 2,798.00 0.00 0.00 (19,459.00) (19,459.00)	35,249.00 35,249.00 35,249.00 11,168.00 4,396.00 4,757.00 20,323.00	23,271.00 43,932.00 43,932.00 24,045.00 2,583.00 166.00 26,794.00
Subtotal [1D] Subgroup: [1E] 80-238-00 Subtotal [1E] Subgroup: [1G] 80-183-00 80-184-00 80-208-00 Subtotal [1G] Subgroup: [1H1]	Admin Expense>Accounting Fees Accounting and Auditing Legal Admin Expense>Legal Fees Legal Office Supplies Admin Expense>Supplies Admin Expense>Minor Equip & Supplies Admin Expense>Equip-Rental Office Supplies Telephone and Telegraph	32,451.00 32,451.00 11,168.00 4,398.00 24,216.00	0.00 2,798.00 2,798.00 0.00 (19,459.00) (19,459.00)	35,249.00 35,249.00 35,249.00 11,168.00 4,396.00 4,757.00 20,323.00	23,271.00 43,932.00 43,932.00 24,045.00 2,583.00 166.00 26,794.00 23,717.00
Subtotal [1D] Subgroup : [1E] 80-238-00 Subtotal [1E] Subgroup : [1G] 80-183-00 80-184-00 80-208-00 Subtotal [1G]	Admin Expense>Accounting Fees Accounting and Auditing Legal Admin Expense>Legal Fees Legal Office Supplies Admin Expense>Supplies Admin Expense>Minor Equip & Supplies Admin Expense>Equip-Rental Office Supplies	32,451.00 32,451.00 32,451.00 11,168.00 4,398.00 24,216.00 39,782.00	0.00 2,798.00 2,798.00 0.00 0.00 (19,459.00) (19,459.00)	35,249.00 35,249.00 35,249.00 11,168.00 4,396.00 4,757.00 20,323.00	23,271.00 43,932.00 43,932.00 24,045.00 2,583.00 166.00 26,794.00
Subtotal [1D] Subgroup: [1E] 80-238-00 Subtotal [1E] Subgroup: [1G] 80-183-00 80-184-00 80-208-00 Subtotal [1G] Subgroup: [1H1] 80-231-00	Admin Expense>Accounting Fees Accounting and Auditing Legal Admin Expense>Legal Fees Legal Office Supplies Admin Expense>Supplies Admin Expense>Minor Equip & Supplies Admin Expense>Equip-Rental Office Supplies Telephone and Telegraph Admin Expense>Telephone	32,451.00 32,451.00 32,451.00 11,168.00 4,398.00 24,216.00 39,782.00	0.00 2,798.00 2,798.00 0.00 (19,459.00) (19,459.00)	35,249.00 35,249.00 35,249.00 11,168.00 4,396.00 4,757.00 20,323.00	23,271.00 43,932.00 43,932.00 24,045.00 2,583.00 166.00 26,794.00 23,717.00
Subtotal [1D] Subgroup: [1E] 80-238-00 Subtotal [1E] Subgroup: [1G] 80-183-00 80-184-00 80-208-00 Subtotal [1G] Subgroup: [1H1] 80-231-00 Subtotal [1H1]	Admin Expense>Accounting Fees Accounting and Auditing Legal Admin Expense>Legal Fees Legal Office Supplies Admin Expense>Supplies Admin Expense>Minor Equip & Supplies Admin Expense>Equip-Rental Office Supplies Telephone and Telegraph Admin Expense>Telephone	32,451.00 32,451.00 32,451.00 11,168.00 4,398.00 24,216.00 39,782.00	2,798.00 2,798.00 0.00 0.00 (19,459.00) (19,459.00) (208.00)	35,249.00 35,249.00 35,249.00 11,168.00 4,396.00 4,757.00 20,323.00 23,735.00 23,735.00	23,271.00 43,932.00 43,932.00 24,045.00 2,583.00 186.00 26,794.00 23,717.00 23,717.00
Subtotal [1D] Subgroup: [1E] 80-238-00 Subtotal [1E] Subgroup: [1G] 80-183-00 80-184-00 80-208-00 Subtotal [1G] Subgroup: [1H1] 80-231-00 Subtotal [1H1] Subgroup: [1H2]	Admin Expense>Accounting Fees Accounting and Auditing Legal Admin Expense>Legal Fees Legal Office Supplies Admin Expense>Supplies Admin Expense>Minor Equip & Supplies Admin Expense>Equip-Rental Office Supplies Telephone and Telegraph Admin Expense>Telephone Telephone and Telegraph Cellular Phones and Beepers	32,451.00 32,451.00 32,451.00 11,168.00 4,398.00 24,216.00 39,782.00	0.00 2,798.00 2,798.00 0.00 (19,459.00) (19,459.00)	51,963.00 35,249.00 35,249.00 11,168.00 4,396.00 4,757.00 20,323.00 23,735.00 23,735.00	23,271.00 43,932.00 43,932.00 24,045.00 2,583.00 168.00 26,794.00 23,717.00 23,717.00
Subtotal [1D] Subgroup: [1E] 80-238-00 Subtotal [1E] Subgroup: [1G] 80-183-00 80-184-00 80-208-00 Subtotal [1G] Subgroup: [1H1] 80-231-00 Subtotal [1H1] Subgroup: [1H2] Mercum 102	Admin Expense>Accounting Fees Accounting and Auditing Legal Admin Expense>Legal Fees Legal Office Supplies Admin Expense>Supplies Admin Expense>Minor Equip & Supplies Admin Expense>Equip-Rental Office Supplies Telephone and Telegraph Admin Expense>Telephone Telephone and Telegraph	32,451.00 32,451.00 32,451.00 11,168.00 4,398.00 24,216.00 39,782.00 23,943.00 23,943.00	2,798.00 2,798.00 0.00 0.00 (19,459.00) (19,459.00) (208.00)	35,249.00 35,249.00 35,249.00 11,168.00 4,396.00 4,757.00 20,323.00 23,735.00 23,735.00	23,271.00 43,932.00 43,932.00 24,045.00 2,583.00 186.00 26,794.00 23,717.00 23,717.00
Subtotal [1D] Subgroup: [1E] 80-238-00 Subtotal [1E] Subgroup: [1G] 80-183-00 80-184-00 80-208-00 Subtotal [1G] Subgroup: [1H1] 80-231-00 Subtotal [1H1] Subgroup: [1H2]	Admin Expense>Accounting Fees Accounting and Auditing Legal Admin Expense>Legal Fees Legal Office Supplies Admin Expense>Supplies Admin Expense>Minor Equip & Supplies Admin Expense>Equip-Rental Office Supplies Telephone and Telegraph Admin Expense>Telephone Telephone and Telegraph Cellular Phones and Beepers Cell Phone	32,451.00 32,451.00 32,451.00 11,168.00 4,396.00 24,216.00 39,782.00 23,943.00 23,943.00	2,798.00 2,798.00 0.00 0.00 (19,459.00) (19,459.00) (208.00) (208.00)	51,963.00 35,249.00 35,249.00 11,168.00 4,396.00 4,757.00 20,323.00 23,735.00 23,735.00	23,271.00 43,932.00 43,932.00 24,045.00 2,583.00 168.00 26,794.00 23,717.00 23,717.00
Subtotal [1D] Subgroup: [1E] 80-238-00 Subtotal [1E] Subgroup: [1G] 80-183-00 80-184-00 80-288-00 Subtotal [1G] Subgroup: [1H1] 80-231-00 Subtotal [1H1] Subgroup: [1H2] Marcum 102	Admin Expense>Accounting Fees Accounting and Auditing Legal Admin Expense>Legal Fees Legal Office Supplies Admin Expense>Supplies Admin Expense>Minor Equip & Supplies Admin Expense>Equip-Rental Office Supplies Telephone and Telegraph Admin Expense>Telephone Telephone and Telegraph Cellular Phones and Beepers Cell Phone	32,451.00 32,451.00 32,451.00 11,168.00 4,398.00 24,216.00 39,782.00 23,943.00 23,943.00 0.00	2,788.00 2,798.00 0.00 0.00 (19,459.00) (19,459.00) (208.00) (208.00)	51,963.00 35,249.00 35,249.00 11,188.00 4,398.00 4,757.00 20,323.00 23,735.00 23,735.00 208.00 208.00	23,271.00 43,932.00 43,932.00 24,045.00 2,583.00 166.00 26,794.00 23,717.00 23,717.00 168.00 168.00
Subtotal [1D] Subgroup: [1E] 80-238-00 Subtotal [1E] Subgroup: [1G] 80-183-00 80-184-00 80-208-00 Subtotal [1G] Subgroup: [1H1] 80-231-00 Subtotal [1H1] Subgroup: [1H2] Marcum 102 Subtotal [1H2] Subgroup: [1J]	Admin Expense>Accounting Fees Accounting and Auditing Legal Admin Expense>Legal Fees Legal Office Supplies Admin Expense>Supplies Admin Expense>Minor Equip & Supplies Admin Expense>Equip-Rental Office Supplies Telephone and Telegraph Admin Expense>Telephone Telephone and Telegraph Cellular Phones and Beepers Cell Phone Cellular Phones and Beepers	32,451.00 32,451.00 32,451.00 11,168.00 4,396.00 24,216.00 39,782.00 23,943.00 23,943.00	2,798.00 2,798.00 0.00 0.00 (19,459.00) (19,459.00) (208.00) (208.00)	51,963.00 35,249.00 35,249.00 11,168.00 4,398.00 4,757.00 20,323.00 23,735.00 23,735.00 208.00 208.00	23,271.00 43,932.00 43,932.00 24,045.00 2,583.00 166.00 26,794.00 23,717.00 23,717.00 168.00 168.00 168.00
Subtotal [1D] Subgroup: [1E] 80-238-00 Subtotal [1E] Subgroup: [1G] 80-183-00 80-184-00 80-208-00 Subtotal [1G] Subgroup: [1H1] 80-231-00 Subtotal [1H1] Subgroup: [1H2] Mercum 102 Subtotal [1H2] Subgroup: [1J] 80-247-00	Admin Expense>Accounting Fees Accounting and Auditing Legal Admin Expense>Legal Fees Legal Office Supplies Admin Expense>Supplies Admin Expense>Supplies Admin Expense>Equip-Rental Office Supplies Telephone and Telegraph Admin Expense>Telephone Telephone and Telegraph Cellular Phones and Beepers Cell Phone Cellular Phones and Beepers Corporation Business Taxes Admin Expense>Corporate Tax	32,451.00 32,451.00 32,451.00 11,168.00 4,398.00 24,216.00 39,782.00 23,943.00 23,943.00 0.00	2,788.00 2,798.00 0.00 0.00 (19,459.00) (19,459.00) (208.00) (208.00)	51,963.00 35,249.00 35,249.00 11,188.00 4,398.00 4,757.00 20,323.00 23,735.00 23,735.00 208.00 208.00	23,271.00 43,932.00 43,932.00 24,045.00 2,583.00 166.00 26,794.00 23,717.00 23,717.00 168.00 168.00
Subtotal [1D] Subgroup: [1E] 80-238-00 Subtotal [1E] Subgroup: [1G] 80-183-00 80-184-00 80-208-00 Subtotal [1G] Subgroup: [1H1] 80-231-00 Subtotal [1H1] Subgroup: [1H2] Marcum 102 Subtotal [1H2] Subgroup: [1J]	Admin Expense>Accounting Fees Accounting and Auditing Legal Admin Expense>Legal Fees Legal Office Supplies Admin Expense>Supplies Admin Expense>Minor Equip & Supplies Admin Expense>Equip-Rental Office Supplies Telephone and Telegraph Admin Expense>Telephone Telephone and Telegraph Cellular Phones and Beepers Cell Phone Cellular Phones and Beepers	32,451.00 32,451.00 32,451.00 11,168.00 4,398.00 24,216.00 39,782.00 23,943.00 23,943.00 0.00 0.00	2,798.00 2,798.00 0.00 0.00 (19,459.00) (19,459.00) (208.00) (208.00)	51,963.00 35,249.00 35,249.00 11,168.00 4,398.00 4,757.00 20,323.00 23,735.00 23,735.00 208.00 208.00	23,271.00 43,932.00 43,932.00 24,045.00 2,583.00 166.00 26,794.00 23,717.00 23,717.00 168.00 168.00 168.00
Subtotal [1D] Subgroup: [1E] 80-238-00 Subtotal [1E] Subgroup: [1G] 80-183-00 80-184-00 80-208-00 Subtotal [1G] Subgroup: [1H1] 80-231-00 Subtotal [1H1] Subgroup: [1H2] Mercum 102 Subtotal [1H2] Subgroup: [1J] 80-247-00 Subtotal [1J]	Admin Expense>Accounting Fees Accounting and Auditing Legal Admin Expense>Legal Fees Legal Office Supplies Admin Expense>Supplies Admin Expense>Minor Equip & Supplies Admin Expense>Equip-Rental Office Supplies Telephone and Telegraph Admin Expense>Telephone Telephone and Telegraph Cellular Phones and Beepers Cell Phone Cellular Phones and Beepers Corporation Business Taxes Admin Expense>Corporate Tex Corporation Business Taxes	32,451.00 32,451.00 32,451.00 11,168.00 4,398.00 24,216.00 39,782.00 23,943.00 23,943.00 0.00 0.00	2,798.00 2,798.00 0.00 0.00 (19,459.00) (19,459.00) (208.00) (208.00)	51,963.00 35,249.00 35,249.00 11,168.00 4,398.00 4,757.00 20,323.00 23,735.00 23,735.00 208.00 208.00	23,271.00 43,932.00 43,932.00 24,045.00 2,593.00 168.00 23,717.00 23,717.00 168.00 168.00 168.00 168.00
Subtotal [1D] Subgroup: [1E] 80-238-00 Subtotal [1E] Subgroup: [1G] 80-183-00 80-184-00 80-208-00 Subtotal [1G] Subgroup: [1H1] 80-231-00 Subtotal [1H1] Subgroup: [1H2] Mercum 102 Subtotal [1H2] Subgroup: [1J] 80-247-00 Subtotal [1J] Subgroup: [1J] 80-247-00 Subtotal [1J] Subgroup: [1K3]	Admin Expense>Accounting Fees Accounting and Auditing Legal Admin Expense>Legal Fees Legal Office Supplies Admin Expense>Supplies Admin Expense>Supplies Admin Expense>Equip-Rental Office Supplies Telephone and Telegraph Admin Expense>Telephone Telephone and Telegraph Cellular Phones and Beepers Cell Phone Cellular Phones and Beepers Corporation Business Taxes Admin Expense>Corporate Tax Corporation Business Taxes Resident Day User Fee	32,451.00 32,451.00 32,451.00 11,168.00 4,398.00 24,216.00 39,782.00 23,943.00 23,943.00 0.00 0.00 760.00	2,798.00 2,798.00 0.00 0.00 (19,459.00) (19,459.00) (208.00) (208.00)	51,963.00 35,249.00 35,249.00 11,168.00 4,398.00 4,757.00 20,323.00 23,735.00 23,735.00 208.00 208.00	23,271.00 43,932.00 43,932.00 24,045.00 2,583.00 168.00 23,717.00 23,717.00 168.00 168.00 645,313.00
Subtotal [1D] Subgroup: [1E] 80-238-00 Subtotal [1E] Subgroup: [1G] 80-183-00 80-184-00 80-208-00 Subtotal [1G] Subgroup: [1H1] 80-231-00 Subtotal [1H1] Subgroup: [1H2] Marcum 102 Subtotal [1H2] Subgroup: [1J] 80-247-00 Subtotal [1J] Subgroup: [1J] 80-247-00 Subtotal [1J]	Admin Expense>Accounting Fees Accounting and Auditing Legal Admin Expense>Legal Fees Legal Office Supplies Admin Expense>Supplies Admin Expense>Minor Equip & Supplies Admin Expense>Equip-Rental Office Supplies Telephone and Telegraph Admin Expense>Telephone Telephone and Telegraph Cellular Phones and Beepers Cell Phone Cellular Phones and Beepers Corporation Business Taxes Admin Expense>Corporate Tax Corporation Business Taxes Resident Day User Fee Admin Expense>Provider Tax	32,451.00 32,451.00 32,451.00 11,168.00 4,398.00 24,216.00 39,782.00 23,943.00 23,943.00 0,00 0,00 760.00 760.00	2,798.00 2,798.00 0.00 0.00 (19,459.00) (19,459.00) (208.00) (208.00) 208.00 0.00	51,963.00 35,249.00 35,249.00 11,168.00 4,396.00 4,757.00 20,323.00 23,735.00 23,735.00 23,735.00 208.00 760.00	23,271.00 43,932.00 43,932.00 24,045.00 2,593.00 168.00 23,717.00 23,717.00 168.00 168.00 168.00 168.00
Subtotal [1D] Subgroup: [1E] 80-238-00 Subtotal [1E] Subgroup: [1G] 80-183-00 80-184-00 80-208-00 Subtotal [1G] Subgroup: [1H1] 80-231-00 Subtotal [1H1] Subgroup: [1H2] Mercum 102 Subtotal [1H2] Subgroup: [1J] 80-247-00 Subtotal [1J] Subgroup: [1J] 80-247-00 Subtotal [1J] Subgroup: [1K3]	Admin Expense>Accounting Fees Accounting and Auditing Legal Admin Expense>Legal Fees Legal Office Supplies Admin Expense>Supplies Admin Expense>Supplies Admin Expense>Equip-Rental Office Supplies Telephone and Telegraph Admin Expense>Telephone Telephone and Telegraph Cellular Phones and Beepers Cell Phone Cellular Phones and Beepers Corporation Business Taxes Admin Expense>Corporate Tax Corporation Business Taxes Resident Day User Fee	32,451.00 32,451.00 32,451.00 11,168.00 4,398.00 24,216.00 39,782.00 23,943.00 23,943.00 0.00 0.00 760.00	2,798.00 2,798.00 0.00 0.00 (19,459.00) (19,459.00) (208.00) (208.00) 208.00 0.00	51,963.00 35,249.00 35,249.00 11,188.00 4,398.00 4,757.00 20,323.00 23,735.00 23,735.00 208.00 760.00 760.00 760.00	23,271.00 43,932.00 43,932.00 24,045.00 2,583.00 168.00 23,717.00 23,717.00 168.00 168.00 645,313.00

Compact 100	Total [15]	Expenditures Other than Salaries	2,127,000.00	(15,347.00)	2,111,653.00	2,040,095.00
Segregory 17 Montrell Professor 1,190.00 1,19			d General	(.		
Marcan 17		•			ozorozanimszw.	
Seption Process years to due Process P		Holiday Party				
Section Color Co		Holiday Parties for Staff	0,00	1,199.00	1,199.00	13,079.00
Section Color			0.00	5 688 00	5 688 00	3.827.00
Section Sect		PARTY CONTROL OF THE PARTY CON				
80-226-0 Admin Expenser Trival 1,506.00 0.00 9,586.00 1,909.00	Subtotal [3]	Gifts to Staff and Residents	0.00	3,000.00		
Belazies			8.958.00	0.00	8,958.00	6,643.00
Subjects 144		·			15,885.00	17,909,00
8-204-00 Naring Epichera-Trialing & Education 55:00 1,950.00 1,950.00 43:0		1			24,843.00	24,552,00
8-204-00 Naring Epichera-Trialing & Education 55:00 1,950.00 1,950.00 43:0	0	Education Expanse				
Bayostic Biologic			55.00	1,050,00	1,105,00	430,00
Backstaff Calciforn Expense Sertimes CR000 1,000 1,120 1,200 1			443.00	0,00	443,00	
Belgrang [M1] Advertising plane Advert		-	(28.00)		(28,00)	
Bouldard [MT] Advertising the year 1,150.00 0.00 1,150.00 2,2,000.00		·	470.00	1,050.00	1,520.00	1,280.00
Bouldard [MT] Advertising the year 1,150.00 0.00 1,150.00 2,2,000.00	Subaroup : [M1]	Advertising Help Wanted				
Subgroup [M9] Advertising Paley Wanted 1,163.05 0.00 1,153.00 22,469.00			1,183.00			
Booksel [MT] Admit Express=Putating			1,183.00	0.00	1,183.00	23,206.00
Bozzário Admin Expenses-Penkinding & Advertising 1.6,350.00 0.00 1.4,350.00 22,448.00	Subaroup : [M3]	Advertising Other				
Subgroup [M7] Postage		Admin Expense>Marketing & Advertising	14,359_00			
\$2,00.00			14,359.00	0.00	14,359.00	22,949.00
Subgroup Maria Expenses/Postage CVID19 66.00 0.00 952.00 1,784.00	Subgroup : [M7]	Postage				4.705.00
Substrois Min Postage Substrois Min	80-209-00	Admin Expense>Postage				
Subproup [M1] Postage Subproup [M2] Dues and Membership Faes to Professional Associations 2,100.00 2,100.00 0.	80-209-34	Admin Expense>Postage>COVID19				
Substrome National Expenses Dues & Subscriptions 2,106.00 2,210.00 0.	Subtotal [M7]	Postage	952.00	0.00	352,00	1,134,00
Subgroup [M1] Subscriptions	Subgroup : [M8]	Dues and Membership Fees to Professional Associati			0.00	0.00
Subgroup [M9] Subscriptions	80-235-00					
Subscriptions 0.00 1,056.00 1,056.00 1,056.00 439.00	Subtotal [M8]	Dues and Membership Fees to Professional Associal	2,106.00	(2,106.00)		
Subscriptions 0.000 1,055.00 1,055.00 1,055.00 23,500.00 80,245.00 80,245.00 Admin Expense-Donalons/Cherity 40,000.00 0.00 40,000.00 23,500.00 80,245.00 Admin Expense-Poursions/Cherity 40,000.00 0.00 40,000.00 23,500.00 80,215	Subgroup : [M9]	Subscriptions		4.058.00	1.056.00	439.00
Subgroup: [M19] Subscriptions	Marcum 113					
Subtrain Minim Expense>Donations/Charity 40,000.00	Subtotal [M9]	Subscriptions	0,00	1,000.00	Monare	-
Subgroup : [M11] Subgroup : [M11] Survices Provided by Contract 40,000.00 Subgroup : [M11] 80-21-00 Admin Expense-Distal Processing 84,015.00 Admin Expense-Distal Processing 84,015.00 0.00 84,015.00 84,015.00 87,185.00 80-240-00 Admin Expense-Pote Processing 84,015.00 0.00 82,798.00 93,798.00 93			40,000,00	0.00	40,000,00	23.600.00
Subgroup [M11] Services Provided by Contract 2,540.00	80-246-00					
2.754-00	Subtotal [M10]	Contributions	40,000.00	0.00	40,000,00	
80-230-00 Admin Expense-International 84,015.00 (2,798.00) 257,112.00 24,046.00 80-240-00 Admin Expense-Potesising 84,015.00 (2,798.00) 257,112.00 24,046.00 80-240-00 Admin Expense-Potesisional Fees 29,910.00 (2,798.00) 0.00 29,986.00 20,538.00 80.700-00 Admin Expense-Contracted Service 22,789.00 0.00 0.00 23,798.00 12,000.00 80.700-00 Admin Expense-Contracted Service 25,798.00 0.00 0.00 25,798.00 12,000.00 80.700-00 Admin Expense-Contracted Service-Director 25,798.00 0.00 0.00 25,798.00 12,000.00 80.700-00 12,000.00 12,		*	2 540 00	0.00	2 549 00	2.331.00
10-240-00 Admin Expenses-Protessional Fees 259,810.00 0.00 22,988.00 20,988.00 20,988.00 20,988.00 20,988.00 20,988.00 20,988.00 20,988.00 20,988.00 20,988.00 20,000 25,799.00 12,800.00 25,799.00 12,800.00 25,799.00 12,800.00 25,799.00 12,800.00 25,799.00 12,800.00 25,799.00 12,800.00 25,799.00 12,800.00 25,799.00 12,800.00 25,799.00 12,800.00 25,799.00 12,800.00 25,799.00 12,800.00 25,799.00 12,800.00 25,799.00 12,800.00 25,799.00 12,800.00 25,799.00 12,800.00 25,799.00						
20-74-0-0		•				
1.00 1.00						20,536.00
Subtrotal [M11] Services Provided by Contract 393,259,00 (2,798,00) 390,461,00 306,758,00 Subgroup : [M13] Other Rev-ERC-COVID19 345,392,00 0.00 345,392,00 (245,392,00) 1.51,000 0.00 345,392,00 0.00 0.00 0.00 0.00 0.00 0.00 0.00				0.00	25,799.00	12,600.00
Subgroup : [M13] Other 51-J35-34 Other Rev>ERC>COVID19 345,392.00 0.00 345,392.00 (245,392.00) 51-J35-34 Other Rev>ERC>COVID19 345,392.00 0.00 44.00 2.210.00 71-202-00 Activity Expenses-Resident Missing Items 64.00 0.00 1.930.00 1.277.00 80-242-00 Admin Expenses-Flines Penalities & Settlements 200.00 0.00 200.00 0.00 80-242-00 Admin Expenses-Flines Penalities & Settlements 200.00 0.00 0.00 63,40.00 2.293.00 80-242-00 Admin Expenses-Flines Penalities & Settlements 200.00 0.00 0.00 63,40.00 2.293.00 80-242-00 Admin Expenses-Plane Penalities & Settlements 200.00 0.00 0.00 0.00 974.00 80-243-00 Admin Expenses-Plane Flees 10,999.00 0.00 0.00 19,999.00 974.00 80-244-00 Admin Expenses-Blank Flees 10,999.00 0.00 19,999.00 0.00 19,999.00 0.00 19,999.00 0.00 19,999.00 0.00 19,999.00 0.00 0.00 80-252-00 Admin Expenses-Blank Flees 10,999.00 0.00 18,890.00 12,127.00 7,125.00 0.00 85-245-00 Employee Benefits Expenses-Background Checks 4,989.00 2,127.00 7,125.00 0.00 85-245-00 Employee Benefits Expenses-Background Checks 4,989.00 2,127.00 7,125.00 0.00 85-245-00 Employee Relations 0.00 18,993.00 18,993.00 18,993.00 27.00 Marcum 109 Employee Red Indiana 0.00 14,309.00 14,309.00 27.00 Marcum 123 ERC-Reversal of Payroll Taxes 0.00 14,309.00 14,309.00 13,315.00.00 Marcum 123 ERC-Reversal of Payroll Taxes 0.00 14,309.00 15,359.00 32,509.00 Floral [16] Expenditures Other than Salaries (cont'd) - Admin. an 332,981.00 75,289.00 31,255.00 32,509.00 Group : [17] Dietary Basis for Allocation of Costs Subgroup : [2A1] Raw Food 320,279.00 0.00 13,255.00 32,509.00 Subtotal [2A1] Raw Food 18,794.00 0.00 18,734.00 18,886.00 Subgroup : [2A2] Non-Food Supplies 18,734.00 0.00 18,734.00 18,886.00 Subgroup : [2A2] Non-Food Supplies 18,734.00 0.00 18,734.00 118,734.00 118,734.00 118,734.00 118,734.00 118,734.00 118,734.00 118,734.00 117,025.00				(2,798.00)	390,461.00	306,756.00
State Stat						
1-202-00 Activity Expense>Resident Missing Items			345,392.00	0.00	345,392.00	
80-244-00 Admin Expense>Licenses 1,930.00 0.00 1,930.00 0.00				0.00	64_00	
80-242-00 Admin Expense>Fines, Penallies & Settlements 200.00 0.00 0.00 0.00 0.00 0.00 0.00 0				0.00		
80-242-34 Admin Expense>Fines, Penalties & Settlements>COVID1 6,340,00 0.00 6,340,00 2,263,00 974,00			200.00			
80-243-00 Admin Expenses-Bank Fees 10,899.00 0.00 10,899.00 2,388.00 80-252-00 Admin Expenses-Bank Fees 10,899.00 16,647.00 0.00 0.00 85-245-00 Employee Benefits Expenses-Background Checks 4,988.00 2,127.00 7,125.00 0.00 85-245-00 Employee Benefits Expenses-Background Checks 4,988.00 2,127.00 7,125.00 0.00 85-245-00 Employee Benefits Expenses-Background Checks 4,988.00 2,127.00 7,125.00 0.00 1,893.00 1,893.00 4,717.00 Marcum 108 Employee Food 0.00 14,309.00 14,309.00 27.00 Marcum 123 ERC>Reversal of Payroll Taxes 0.00 40,313.00 40,313.00 0.00 Subtotal [M13] Other 355,809.00 75,289.00 75,289.00 431,098.00 (331,505.00)		Admin Expense>Fines, Penalties & Settlements>COVID		0.00	1	
80-252-0 Admin Expense>Startup Costs (16,647.00) 16,647.00 0.00 0.00 85-245-00 Employee Benefits Expense>Background Checks 4,888.00 2,127.00 7,125.00 0.00 85-245-00 Employee Food 0.00 1,883.00 4,717.00 Marcum 108 Employee Relations 0.00 14,309.00 14,309.00 27.00 Marcum 109 Employee Relations 0.00 14,309.00 14,309.00 27.00 Marcum 123 ERC>Reversal of Payroll Taxes 0.00 40,313.00 40,313.00 0.00 Subtotal [M13] Other 355,809.00 75,289.00 431,098.00 (331,506.00)	80-243-00	Admin Expense>Late Fees				
85-252-00	80-244-00					
S-24-00 Employee Benefits Expense-Background Checks 1,893.00 1,893.00 1,893.00 4,717.00	80-252-00					
Marcum 108 Employee Relations 0.00 14,309.00 14,309.00 27.00 Marcum 109 Employee Relations 0.00 40,313.00 40,313.00 40,313.00 0.00 Subtotal [M13] Other 355,809.00 75,289.00 431,098.00 231,598.00 Total [16] Expenditures Other than Salaries (cont'd) - Admin. an 832,981.00 79,378.00 912,359.00 89,976.00 Group: [18] Dietary Basis for Allocation of Costs Subgroup: [2A1] Raw Food 30,255.00 0.00 13,255.00 32,509.00 70-177-00 Dietary Expense>Supplements 13,255.00 0.00 10,00 241,191.00 70-178-00 Dietary Expense>Food 307,024.00 0.00 320,279.00 273,700.00 Subgroup: [2A2] Non-Food Supplies 18,734.00 0.00 18,734.00 16,986.00 Subtotal [2A2] Non-Food Supplies 18,734.00 0.00 18,734.00 17,026.00 Subgroup: [2A3] Other 18,734.00 0.00 18,734.00 17,026.00						
Marcum 109 Employee Relations 0.00 40,313.00 40,313.00 40,313.00 0.00 Marcum 123 ERC/Reversal of Payroll Taxes 0.00 75,289.00 431,098.00 (331,506.00) Subtotal [M13] Other 355,809.00 79,376.00 912,359.00 89,976.00 Group: [18] Dietary Basis for Allocation of Costs Subgroup: [2A1] Raw Food 0.00 13,255.00 32,509.00 70-177-00 Dietary Expense>Supplements 13,255.00 0.00 307,024.00 241,191.00 70-178-00 Dietary Expense>Food 307,024.00 0.00 320,279.00 273,700.00 Subtotal [2A1] Raw Food 320,279.00 0.00 320,279.00 273,700.00 Subtotal [2A2] Non-Food Supplies 18,734.00 0.00 18,734.00 16,986.00 Subtotal [2A2] Non-Food Supplies 18,734.00 0.00 18,734.00 17,026.00 Subgroup: [2A3] Other 18,734.00 0.00 18,734.00 17,026.00						
Subtotal [M13] Other 355,809.00 75,289.00 431,098.00 (331,506.00) Total [16] Expenditures Other than Salaries (cont'd) - Admin. an 832,981.00 79,378.00 912,359.00 89,976.00 Group: [18] Dietary Basis for Allocation of Costs Subgroup: [2A1] Raw Food 13,255.00 0.00 13,255.00 32,509.00 70-177-00 Dietary Expense>Supplements 13,255.00 0.00 307,024.00 241,191.00 Subtotal [2A1] Raw Food 320,279.00 0.00 320,279.00 273,700.00 Subgroup: [2A2] Non-Food Supplies 18,734.00 0.00 18,734.00 16,886.00 70-183-34 Dietary Expense>Supplies 18,734.00 0.00 18,734.00 16,886.00 70-183-34 Dietary Expense>Supplies 18,734.00 0.00 18,734.00 17,026.00 Subgroup: [2A2] Non-Food Supplies 18,734.00 0.00 18,734.00 17,026.00						
Total [16] Expenditures Other than Salaries (cont'd) - Admin. an 832,981.00 79,378.00 912,359.00 89,976.00 Group: [18] Dietary Basis for Allocation of Costs Subgroup: [2A1] Raw Food 0.00 13,255.00 32,509.00 70-177-00 Dietary Expense>Supplements 13,255.00 0.00 207,024.00 241,191.00 Subtotal [2A1] Raw Food 320,279.00 0.00 320,279.00 273,700.00 Subgroup: [2A2] Non-Food Supplies 18,734.00 0.00 18,734.00 16,886.00 70-183-34 Dietary Expense>Supplies>COVID19 0.00 0.00 18,734.00 17,026.00 Subgroup: [2A3] Other 588.00 1,576.00		•				(331,506.00)
Group: [18] Dietary Basis for Allocation of Costs Subgroup: [2A1] Raw Food			822 884 80	79 378 00	912.359.00	89,976.00
Subgroup: [2A1] Raw Food 13,255.00 0.00 13,255.00 32,509.00 70-177-00 Dietary Expense>Supplements 307,024.00 0.00 307,024.00 241,191.00 70-178-00 Dietary Expense>Food 320,279.00 0.00 320,279.00 273,700.00 Subgroup: [2A2] Non-Food Supplies 18,734.00 0.00 18,734.00 16,886.00 70-183-34 Dietary Expense>Supplies COVID19 0.00 0.00 18,734.00 17,026.00 Subtotal [2A2] Non-Food Supplies 18,734.00 0.00 18,734.00 17,026.00 Subgroup: [2A3] Other 588.00 1,576.00	Total [16]	Expenditures Other than Salaries (contid) - Admin. ar	032,301.00	7 0,01 0,00		
70-177-00 Dietary Expense>Supplements 13,255.00 0.00 13,255.00 32,509.00 0.00 207,024.00 241,191.00 0.070-178-00 Dietary Expense>Food 307,024.00 0.00 307,024.00 241,191.00 0.00 320,279.00 0.00 320,279.00 273,760.00 0.00 320,279.00 0.00 320,279.00 0.00 18,734.00 16,985.00 0.00 0.00 18,734.00 16,985.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00		=				
70-178-00 Dietary Expenses-Supplies 307,024.00 0.00 307,024.00 241,191.00 70-178-00 Dietary Expenses-Food 307,024.00 0.00 320,279.00 273,700.00 Subtotal [2A1] Raw Food 320,279.00 0.00 18,734.00 16,886.00 70-183-34 Dietary Expenses-Supplies 18,734.00 0.00 18,734.00 17,026.00 Subtotal [2A2] Non-Food Supplies 18,734.00 0.00 18,734.00 17,026.00 Subtotal [2A2] Non-Food Supplies 18,734.00 0.00 18,734.00 17,026.00 Subtotal [2A2] Other			40.055.00	0.00	13 255.00	32,509.00
70-178-00 Dietary Expenses-Food 300,024-00 0.00 320,279.00 273,700.00 Subtotal [2A1] Raw Food 320,279.00 0.00 320,279.00 273,700.00 Subgroup: [2A2] Non-Food Supplies 18,734.00 0.00 16,886.00 70-183-00 Dietary Expenses-Supplies 18,734.00 0.00 0.00 0.00 40.00 70-183-34 Dietary Expenses-Supplies 0.00 0.00 18,734.00 17,026.00 Subgroup: [2A3] Other						
Subgroup: [2A2] Non-Food Supplies 18,734.00 0.00 18,734.00 16,886.00 70-183-00 Dietary Expense>Supplies 18,734.00 0.00 0.00 0.00 40.00 70-183-34 Dietary Expense>Supplies COVID19 0.00 0.00 18,734.00 17,026.00 Subtotal [2A2] Non-Food Supplies 18,734.00 0.00 18,734.00 17,026.00 Subgroup: [2A3] Other 0.00 588.00 1,576.00						
70-183-00 Dietary Expense>Supplies 18,734.00 0.00 18,734.00 10,995.00 10,70183-34 Dietary Expense>Supplies 0.00 0.00 0.00 40.00 18,734.00 17,026.00 18,734.00 17,026.00 18,734.00 17,026.00 18,734.00 17,026.00 18,734.00 17,026.00 18,734.00 17,026.00 18,734.00 17,026.00 18,734.00 17,026.00 18,734.00 17,026.00 18,734.00 17,026.00 18,734.0	Subtotes [En 1]					
70-183-34 Dielary Expense>Supplies>COVID19 0.00 0.00 0.00 40.00 40.00 70-183-34 Dielary Expense>Supplies>COVID19 0.00 18,734.00 17,026.00 Subtotal [2A2] Non-Food Supplies 18,734.00 0.00 18,734.00 17,026.00 Subgroup: [2A3] Other			18,734.00			
Subtotal [2A2] Non-Food Supplies 18,734.00 0.00 18,734.00 17,026.00 Subgroup: [2A3] Other 0.00 588.00 1,576.00			0.00			
TOR OD 0.00 588.00 1,5/6,00			18,734.00	0.00	18,734.00	17,026,00
TOR OD 0.00 588.00 1,5/6,00	Subgroup : 124.31	Other				
			588.00	0.00	588.00	1,576.00

		190.00	0.00	190,00	0.00
70-204-00 Subtotal [2A3]	Dietary Expense>Training & Education Other	778.00	0.00	778.00	1,576.00
Subgroup : [28] 70-700-34 Subtotal (28]	Purchased Services Dietary Expense>Contracted Service>COVID19 Purchased Services	0.00	0.00	0.00	172,183,00 172,183.00
Total [18]	Dietary Basis for Allocation of Costs	339,791.00	0.00	339,791.00	464,485.00
Group : [19]	Laundry-Basis for Allocation of Costs				
Subgroup : [3B] 73-700-34 Subtotal [3B]	Purchased Services Laundry Expense>Contracted Service>COVID19 Purchased Services	177,459.00 177,459.00	0.00	177,459.00 177,459.00	148,020,00 146,020.00
Subgroup : [3C] 73-183-00 Subtotal [3C]	Other Laundry Expense>Supplies Other	3,690.00 3,690.00	0.00	3,690.00 3,690.00	1,961.00 1,961.00
Total [19]	Laundry-Basis for Allocation of Costs	181,149,00	0.00	181,149.00	147,981.00
Group : [20]	Housekeeping and Resident Care Basis for Allocati	on of Costs			
Subgroup : [4C]	Other	50,709.00	0.00	50,709.00	41,545.00
72-183-00 72-183-34	Housekeeping Expense>Supplies Housekeeping Expense>Supplies>COVID19	101,00	0.00	101.00	16.00
Subtotal [4C]	Other	50,810.00	0.00	50,810.00	41,561.00
Subgroup : [5A2]	Purchased from			205 542 00	224,652.00
62-145-00 Subtotal [5A2]	Pharmacy Expense>RX Purchased from	265,542.00 265,542.00	0.00	265,542.00 265,542.00	224,652.00
Subgroup : [5B] 62-222-00	Medicine Cabinet Drugs Pharmacy Expense>OTC	2,916,00	0.00	2,916,00	10,095.00
Subtotal [5B]	Medicine Cabinet Drugs	2,916.00	0.00	2,916.00	10,095.00
Subgroup : [5D]	Ambulance/Limousine				0.00
60-213-00	Nursing Expense>Transportation	11,844,00	0.00	11,844.00 0,00	0,00 15,573,00
Marcum 112 Subtotal [5D]	Ambulance Ambulance/Limousine	11,844.00	0,00	11,844.00	15,573.00
	Owner Other				
Subgroup : [5E2] 64-223-00	Oxygen - Other Other Ancillary Expense>Oxygen	5,439.00	0,00	5,439.00	3,695.00
Subtotal [5E2]	Oxygen - Other	5,439.00	0.00	5,439.00	3,695,00
Subgroup : [5F]	X-Rays and related radiological			44 800 00	12,779.00
64-225-00	Other Ancillary Expense>Radiology	14,609.00	0.00	14,609.00	12,779.00
Subtotal [5F]	X-Rays and related radiological	14,000,00			
Subgroup : [5H] 64-224-00	Laboratory Other Ancillary Expense>Lab	19,012,00	0.00	19,012.00	13,708.00
64-224-34	Other Ancillary Expense>Lab>COVID19	0.00	0.00	19,012.00	149.00
Subtotal [5H]	Laboratory	19,012.00	0.00	19,012.00	10,000.00
Subgroup : [51]	Recreation	1,362.00	0.00	1,362.00	2,960.00
71-178-00 71-163-00	Activity Expense>Food Activity Expense>Supplies	958.00	0.00	958.00	1,049,00
71-700-00	Activity Expense>Contracted Service	1,639.00	0.00	1,639.00	1,845.00 5,854.00
Subtotal [51]	Recreation	3,959.00	0.00	-	
Subgroup : [5L]	Cable Television	17 806 00	0.00	17,606.00	17,437.00
80-232-00 Subtotal [5L]	Admin Expense>Cable TV Cable Television	17,606.00 17,606.00	0.00	17,606.00	17,437.00
Subgroup : [5M] 60-183-00	Other Nursing Expense>Supplies	138,189,00	0.00	138,189,00	109,854,00
60-183-34	Nursing Expense>Supplies>COVID19	3,862.00	0.00	3,882,00	26,227,00 4,464.00
60-184-00	Nursing Expense>Minor Equip & Supplies	7,788.00	0.00 0.00	7,788.00 2,420.00	2,350.00
60-205-00	Nursing Expense>Sanitation & Incineration	2,420.00 33,043.00	0.00	33,043.00	35,777.00
60-208-00 60-230-00	Nursing Expense>Equip-Rental Nursing Expense>Data Processing	3,639.00	0.00	3,639,00	10,955.00
60-230-34	Nursing Expense>Data Processing>COVID19	0.00	0.00	0.00	1,443.00
Subtotal [5M]	Other	188,961.00	0.00	188,961.00	191,070.00
Total [20]	Housekeeping and Resident Care Basis for Allocat	ion 580,698.00	0.00	580,698.00	536,571.00
Group : [22]	Maintenance and Property				
Subgroup : [6A]	Repairs and Maintenance	2.00	0.00	0,00	1,157.00
60-207-00	Nursing Expense>Repairs & Maint	0,00 10,916.00	0.00	10,916.00	7,447.00
70-207-00 75-207-00	Dietary Expense>Repairs & Maint Maintenance Expense>Repairs & Maint	39,984.00	0,00	39,984.00	36,868.00
Subtotal [6A]	Repairs and Maintenance	50,900.00	0.00	50,900.00	45,472.00
Subgroup : [6B]	Heat				60 704 00
76-227-00	Utility Expense>Gas	63,411.00	0.00	63,411.00	63,791.00
Subtotal [6B]	Heat	63,411.00	0.00	00/41/100	

Subgroup : [6C]	Light & Power	200 451 00		0.00	209,151.00	246,353,00
76-228-00	Utility Expense>Electric	209,151.00		0.00	209,151.00	246,353.00
Subtotal [6C]	Light & Power	203,131,00			1	
Subgroup : [6D]	Water					
76-229-00	Utility Expense>Water/Sewer	125,124.00		0,00	125,124.00	131,135,00
Subtotal [6D]	Water	125,124.00		0.00	125,124.00	131,135.00
0.0000000000000000000000000000000000000						
Subgroup : [6E]	Equipment Lease					
Marcum 116	Equipment Lease	0.00		19,459.00	19,459.00	19,693,00
			RJE - 4	19,459.00		40 000 00
Subtotal [6E]	Equipment Lease	0.00		19,459.00	19,459.00	19,693.00
Subgroup : [6F]	Other			0.00	7,522.00	5,367.00
75-183-00	Maintenance Expense>Supplies	7,522,00		0.00	793.00	3,478,00
75-184-00	Maintenance Expense>Minor Equip & Supplies	793,00		0.00	26,483.00	22,780.00
75-205-00	Maintenance Expense>Senitation & Incineration	26,463,00 0.00		0.00	0.00	267,00
75-208-00	Meintenence Expense>Equip-Rentel Meintenence Expense>Extermination	2,757.00		0.00	2,757.00	978.00
75-217-00	Maintenance Expense>Externation Maintenance Expense>Snow Removal	8,827.00		0.00	8,827.00	38,601,00
75-218-00 75-219-00	Maintenance Expense>Show Removal	6,025,00		0.00	6,025,00	9,736,00
75-220-00	Maintenance Expense>Fire Drill	8,410.00		0.00	8,410.00	7,794,00
75-700-00	Maintenance Expense>Contracted Service	73,463.00		0,00	73,463.00	61,036.00
Subtotal [6F]	Other	134,260.00		0.00	134,260.00	150,037.00
odptotal for 1						
Subgroup : [7D]	Movable Equipment					
92-000-00	Depreciation Expense	(76,613,00)		93,788.00	17,175.00	155,112.00
Subtotal [7D]	Movable Equipment	(76,613.00)		93,788.00	17,175.00	155,112.00
* *						
Subgroup : [9]	Rental Payments					4 000 000 00
91-121-00	Property Expense>Rent	0.00		0,00	0,00	1,000,000.00
91-121-69	Property Expense>Rent>Capital Lease	1,500,000.00		0.00	1,500,000.00	1,000,000.00
Subtotal [9]	Rental Payments	1,500,000.00		0.00	1,500,000.00	1,000,000,00
Subgroup : [10B]	Real estate taxes paid by lessor	467 924 00		0.00	167,834,00	185,972.00
91-161-00	Property Expense>RE Taxes	167,834.00		0.00	167,834,00	185,972.00
Subtotal [10B]	Real estate taxes paid by lessor	167,834.00			Torpostos	
0.1	Description of the same					
Subgroup : [10C]	Personal property taxes Property Expense>Personal Prop Taxes	46,199.00		0.00	46,199.00	40,589.00
91-261-00 Subtotal [10C]	Personal property taxes	46,199.00		0.00	46,199.00	40,589.00
Subtotal [100]	reisonal property texas	· · · · · · · · · · · · · · · · · · ·				
Total [22]	Maintenance and Property	2,220,266.00		113,247.00	2,333,513.00	2,038,154.00
Group : [27]	Interest and Insurance					
Subgroup : [12D]	Other Interest Expense					
94-000-00	Interest Expense	44,418.00		0.00	44,418,00	8,513.00
Subtotal [12D]	Other Interest Expense	44,418.00		0.00	44,418.00	8,513.00
Subgroup : [14A]	Insurance on Property				25 555 00	28,985.00
80-165-00	Admin Expense>Insurance - Property	25,555.00		0.00	25,555.00	28,965.00
Subtotal [14A]	Insurance on Property	25,555.00		0,00	25,555.00	26,363,00
Subgroup : [14C3]	Other	172,639.00		0.00	172.639.00	145,592.00
80-162-00	Admin Expense>Insurance - General Liability & Other	0.00		0.00	0.00	7,638.00
80-163-00	Admin Expense>Insurance - EPLI Admin Expense>Surety Bond	962.00		0.00	962,00	558.00
80-164-00 Subtotal [14C3]	Other	173,601.00		0.00	173,601.00	153,786.00
Subtotal [1403]	Other					
Total [27]	Interest and Insurance	243,574.00		0.00	243,574.00	191,264.00
Group ; [30]	Statement of Revenue					
Subgroup : [1A]	Medicaid Residents (CT only)					
40-111-00	Room & Board Revenue>Medicaid	(7,809,630.00)		0.00	(7,809,630.00)	(6,809,411.00)
Subtotal [1A]	Medicaid Residents (CT only)	(7,809,630.00)		0.00	(7,809,630.00)	(6,005,411,00)
Subgroup : [1B]	Medicaid room and board contractual allowance			0.00	54,098.00	0,00
40-111-09	Room & Board Revenue>Medicaid>Sales Adjustments	54,096.00		0.00	54,096.00	0.00
Subtotal [1B]	Medicaid room and board contractual allowance	54,096.00				
	M. diam. Davidanta (All inclusion)					
Subgroup : [3A]	Medicare Residents (All inclusive) Room & Board Revenue>Medicare A	(3,306,726.00)		0.00	(3,306,726.00)	(4,429,132.00)
40-102-00	Medicare Residents (All inclusive)	(3,306,726.00)		0.00	(3,306,726.00)	(4,429,132.00)
Subtotal [3A]	Madicale Mastrains (All inclusive)	(0)010),				A
Subgroup : [3B]	Medicare room and board contractual allowance					
40-102-09	Room & Board Revenue>Medicare A>Sales Adjustments	s (16,337,00)		0.00	(16,337,00)	0.00
40-102-14	Room & Board Revenue>Medicare A>Sequester	59,048.00		0.00	59,048.00	23,738.00
Subtotal [3B]	Medicare room and board contractual allowance	42,711.00		0.00	42,711.00	23,738.00
Subgroup : [4A]	Private-pay residents and other				/2 400 000 0°	(2 772 502 001
40-104-00	Room & Board Revenue>Private	(2,103,809,00)		0.00	(2,103,809.00)	(2,773,503.00) (439,068.00)
40-105-00	Room & Board Revenue>HMO	(1,500,962.00)		0.00	(1,500,962.00) (351,009.00)	(279,000.00)
40-109-00	Room & Board Revenue>Hospice	(351,009.00)		0.00	(3,955,780.00)	(3,491,571.00)
	Private-pay residents and other	(3,955,780.00)		0.00	(6/200/100/00)	Talita iles iles
Subtotal [4A]	, ,					

Subgroup : [4B]	Private-pay room and board contractual allowance	(71,953,00)	0,00	(71,953.00)	0.00
40-104-09 40-105-09	Room & Board Revenue>Private>Sales Adjustments Room & Board Revenue>Commercial HMO>Sales Adjust	(20,823,00)	0.00	(20,623.00)	0.00
40-105-06	Room & Board Revenue>HMO>Sequester	97.00	0.00	97.00	161.00
40-109-09	Room & Board Revenue>Hospice>Sales Adjustments	(5,037,00)	0.00	(5,037.00)	0.00
Subtotal [4B]	Private-pay room and board contractual allowance	(97,516.00)	0.00	(97,516.00)	161.00
Subgroup : [5A]	Prescription Drugs - Medicare	(4.40.039.00)	0,00	(149,928,00)	(194,323.00)
41-102-00	Pharmacy Rev>Medicare A	(149,928.00)	0.00	(149,928,00)	(194,323.00)
Subtotal [5A]	Prescription Drugs - Medicare	(143,320,00)			
Subgroup : [58]	Prescription Drugs - Medicare Contractual Allowance				
41-102-01	Pharmacy Rev>Medicare A>C/A	149,928.00	0.00	149,928.00	194,323.00
Subtotal [5B]	Prescription Drugs - Medicare Contractual Allowance	149,928.00	0.00	149,928.00	194,323.00
Subgroup : [5C]	Prescription Drugs - Non-medicare		0.00	(630.00)	0.00
41-105-00	Pharmacy Rev>HMO	(630,00)	0.00	(630.00)	0.00
Subtotal [5C]	Prescription Drugs - Non-medicare	(630.00)		- (desire)	
Subgroup : [5D]	Prescription Drugs - Non-medicare Contractual Allows	ance			
41-105-01	Pharmacy Rev>HMO>C/A	630.00	0.00	630,00	0,00
Subtotal [5D]	Prescription Drugs - Non-medicare Contractual Allow	630.00	0,00	630.00	0.00
Subgroup : [7A]	Physical Therapy - Medicare		0.00	(190,226,00)	(288,726,00)
42-102-00	PT Revenue>Medicare A	(190,226,00)	0.00	(75,543.00)	(123,852.00)
42-103-00	PT Revenue>Medicare B	(75,543,00) 0.00	0.00	0.00	(136.00)
42-109-00	PT Revenue>Hospice	(265,769.00)	0.00	(265,769.00)	(412,714.00)
Subtotal [7A]	Physical Therapy - Medicare	(200)100100)			
Subgroup : [7B]	Physical Therapy - Medicare Contractual Allowance				
42-102-01	PT Revenue>Medicare A>C/A	190,226.00	0.00	190,226,00	288,726,00
Subtotal [78]	Physical Therapy - Medicare Contractual Allowance	190,226.00	0.00	190,226.00	288,726.00
Subgroup : [7C]	Physical Therapy - Non-medicare	(1.710.00)	0.00	(1,710.00)	(568,00)
42-104-00	PT Revenue>Private	(1,710,00) (141,416,00)	0.00	(141,416.00)	(52,740.00)
42-105-00	PT Revenue>HMO PT Revenue>Medicaid	(36,373.00)	0.00	(38,373,00)	(37,824.00)
42-111-00 Subtotal [7C]	Physical Therapy - Non-medicare	(179,499.00)	0.00	(179,499.00)	(91,132.00)
ouptotal [roj	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-			
Subgroup : [7D]	Physical Therapy - Non-medicare Contractual Allowan				00.000.00
42-105-01	PT Revenue>HMO>C/A	126,810.00	0.00	128,810.00	33,393,00 37,824.00
42-111-01	PT Revenue>Medicald>C/A	36,373.00	0.00	36,373.00 163,183.00	71,217.00
Subtotal [7D]	Physical Therapy - Non-medicare Contractual Allowar	163,183.00	0.00	100,100,00	
0	Speech Therapy - Medicare				
Subgroup : [8A] 44-102-00	ST Revenue>Medicare A	(69,079.00)	0.00	(69,079.00)	(129,447,00)
44-103-00	ST Revenue>Medicare B	(27,846.00)	0.00	(27,848,00)	(85,611,00)
Subtotal [8A]	Speech Therapy - Medicare	(96,925.00)	0.00	(96,925.00)	(195,058.00)
Subgroup : [8B]	Speech Therapy - Medicare Contractual Allowance		0.00	69,079.00	129,447.00
44-102-01	ST Revenue>Medicare A>C/A	69,079.00	0.00	69,079.00	129,447.00
Subtotal [8B]	Speech Therapy - Medicare Contractual Allowance	69,079.00	0.00	00,010,00	
0.1	Court Thereny Non medicare				
Subgroup : [8C] 44-104-00	Speech Therapy - Non-medicare ST Revenue>Private	(656.00)	0.00	(656,00)	(999,00)
44-105-00	ST Revenue>HMO	(34,713.00)	0.00	(34,713,00)	(22,627.00)
44-109-00	ST Revenue>Hospice	(182.00)	0.00	(182.00)	0,00
44-111-00	ST Revenue>Medicald	(20,207.00)	0.00	(20,207.00)	(20,862.00)
Subtotal [8C]	Speech Therapy - Non-medicare	(55,758.00)	0.00	(55,758.00)	[44,400.00]
Subgroup : [8D]	Speech Therapy - Non-medicare Contractual Allowand	28,943.00	0.00	28,943.00	14,912.00
44-105-01 44-111-01	ST Revenue>HMO>C/A ST Revenue>Medicaid>C/A	20,207.00	0.00	20,207.00	20,852.00
Subtotal [8D]	Speech Therapy - Non-medicare Contractual Allowani		0.00	49,150,00	35,774.00
Captotal [co]					
Subgroup : [9A]	Occupational Therapy - Medicare				(207.284.00)
43-102-00	OT Revenue>Medicare A	(229,964.00)	0.00	(229,964,00)	(307,381.00) (194,344.00)
43-103-00	OT Revenue>Medicare B	(98,721,00)	0.00	(98,721.00)	(180.00)
43-109-00	OT Revenue>Hospice	0.00	0.00	(328,685.00)	(501,905.00)
Subtotal [9A]	Occupational Therapy - Medicare	(328,685.00)	0,00		
Subgroup : [9B]	Occupational Therapy - Medicare Contractual Allowar	nce			
43-102-01	OT Revenue>Medicare A>C/A	229,964.00	0.00	229,964.00	307,381,00
Subtotal [9B]	Occupational Therapy - Medicare Contractual Allowar		0.00	229,964.00	307,381.00
Subgroup ; [9C]	Occupational Therapy - Non-medicare	(4 1 = 0 = 0	0.00	(1,457.00)	(1,331.00)
43-104-00	OT Revenue>Private	(1,457.00)	0.00 0.00	(1,457,00)	(59,718.00)
43-105-00	OT Revenue>HMO	(185,304.00) (39,029.00)	0.00	(39,029.00)	(52,391.00)
43-111-00	OT Revenue>Medicaid	(225,790.00)	0.00	(225,790.00)	(113,440.00)
Subtotal [9C]	Occupational Therapy - Non-medicare	1-11/2007	-		1
Subgroup : [9D]	Occupational Therapy - Non-medicare Contractual All	lowance			
43-105-01	OT Revenue>HMO>C/A	158,459.00	0.00	158,459.00	36,607.00
43-111-01	OT Revenue>Medicaid>C/A	39,029.00	0.00	39,029.00	52,391.00 88,998.00
Subtotal [9D]	Occupational Therapy - Non-medicare Contractual At	197,488.00	0.00	197,488.00	00,000.00

Subgroup : [10A]	Other - Medicare	(0.050.00)	0.00	(6,250.00)	(7,956,00)
45-102-00	Radiology Rev>Medicare A	(6,250,00)	0.00	6,250,00	7,956,00
45-102-01	Radiology Rev>Medicare A>C/A	6,250.00		(83,536,00)	(21,747,00)
46-102-00	Lab Rev>Medicare A	(83,536,00)	0.00		21,747.00
46-102-01	Lab Rev>Medicare A>C/A	83,536.00	0.00	83,536,00	
47-103-00	Other Ancillary Rev>Medicare B	(11,721.00)	0,00	(11,721,00)	(2,975.00)
47-103-14	Other Andllary Rev>Medicare B>Sequester	3,829,00	0.00	3,829.00	1,504.00
48-102-00	Vaccine Rev>Medicare A	(258 00)	0.00	(258,00)	0.00
48-103-00	Vaccine Rev>Medicare B	(3,331.00)	0.00	(3,331.00)	0,00
52-102-00	Revenue Adjustments>Medicare A	7,131,00	0.00	7,131.00	(604.00)
Subtotal [10A]	Other - Medicare	(4,350.00)	0.00	(4,350.00)	(2,075.00)
Subtotal [TOA]	Other - Medicare	(4,220.07)	-		
0.1	Other New medicars				
Subgroup : [10B]	Other - Non-medicare	(76,535,00)	0.00	(76,535.00)	(439.00)
47-105-00	Other Andllary Rev>HMO		0.00	(1,675.00)	0.00
48-105-00	Vaccine Rev>HMO	(1,675.00)	0.00	(11,700.00)	0.00
51-105-13	Other Rev>HMO>Incentive Payments	(11,700.00)			(37,272.00)
51-111-34	Other Rev>Medicaid>COVID19	0.00	0_00	0.00	14,416,00
52-105-00	Revenue Adjustments>Commercial HMO	1,015.00	0.00	1,015,00	
52-108-00	Revenue Adjustments>Medicare HMO	0.00	0.00	0.00	89,00
52-109-00	Revenue Adjustments>Hospice	(5.00)	0.00	(5,00)	0,00
52-111-00	Revenue Adjustments>Medicaid	(12,417.00)	0.00	(12,417,00)	6,00
52-123-00	Revenue Adjustments>Ancillary	(644,00)	0.00	(644.00)	1,127,00
Subtotal [10B]	Other - Non-medicare	(101,961.00)	0.00	(101,961.00)	(22,073.00)
Subtotal [105]	Other - Hon-Hedicale				
Cubarara - F4E1	Interest Income				
Subgroup : [15]	Interest Income	(145.00)	0,00	(145.00)	(175.00)
51-160-00	Other Rev>Interest	(145.00)	0.00	(145.00)	(175.00)
Subtotal [15]	Interest Income	(145.00)	0.00	(140,00)	
Subgroup : [18]	Other Revenue			2.00	(083.00)
51-181-00	Other Rev>Vending Machines	0.00	0.00	0.00	(983.00)
51-818-00	Other Rev>Medical Records	(392,00)	0,00	(392.00)	(2,035,00)
Marcum 121	Reversal of PY Depreciation Expense	0.00	(93,788,00)	(93,788.00)	0,00
Marcum 122	Reversal of PY Income	0.00	(66,843,00)	(66,843_00)	0.00
	Other Rev>Startup Costs	0.00	(16,647.00)	(16,647.00)	0.00
Marcum 124		(392.00)	(177,278.00)	(177,670.00)	(3,018.00)
Subtotal [18]	Other Revenue	(002.00)	-	-	
(A)	ABSTRACT CONTRACTORS ASSESSED FOR CO.	(15,433,029.00)	(177,278.00)	(15,610,307.00)	(15,170,750.00)
Total [30]	Statement of Revenue	(10,433,023.00)	(tivyE) bis sy	Victorialism	
Group : [31-32]	Assets				
Subgroup : [A1]	Cash				
10-001-02	Cash>Clearing>Payroll	(1,097.00)	0,00	(1,097.00)	(1,097,00)
10-010-53	Cash>Operating>Woodlake	42,761.00	0.00	42,761,00	139,144,00
10-014-00	Cash>Petty Cash Facility	500.00	0.00	500.00	500.00
	Cash>Petty Cash PNA	500.00	0.00	500.00	500.00
10-015-00	Casil-Letty Casil Live				
	A L. D. Lines Territo late edictor	76 039 00	0.00	76.039.00	50,980.00
10-060-53	Cash>Resident Trust>Woodlake	76,039,00	0.00	76,039.00 5,000.00	
10-061-00	Cash>Care Cost	5,000.00	0.00	5,000.00	5,000.00
10-061-00	Cash>Care Cost	5,000.00	0.00	5,000.00	5,000,00
10-061-00	Cash>Care Cost	5,000.00 123,703.00	0.00	5,000.00 123,703.00	5,000,00 195,027.00
10-061-00 Subtotal [A1]	Cash>Care Cost Cash	5,000.00 123,703.00 191,590.00	0.00	5,000,00 123,703.00 191,590,00	5,000.00 195,027.00 455,215.00
10-061-00 Subtotal [A1] Subgroup : [A2]	Cash>Care Cost Cash Resident A/R	5,000.00 123,703.00 191,590.00 188,727,00	0.00 0.00 0.00 0.00	5,000.00 123,703.00 191,590.00 188,727.00	5,000.00 195,027.00 455,215.00 270,229.00
10-061-00 Subtotal [A1] Subgroup : [A2] 11-102-00 11-104-00	Cash>Care Cost Cash Resident A/R Accounts Receivable>Medicare A	5,000.00 123,703.00 191,590.00	0.00	5,000.00 123,703.00 191,590.00 188,727.00 575,230.00	5,000.00 195,027.00 455,215.00 270,229.00 192,566.00
10-061-00 Subtotal [A1] Subgroup : [A2] 11-102-00 11-104-00 11-105-00	Cash>Care Cost Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO	5,000.00 123,703.00 191,590.00 188,727,00	0.00 0.00 0.00 0.00	5,000.00 123,703.00 191,590.00 188,727.00 575,230.00 96,648.00	5,000,00 195,027.00 455,215.00 270,229.00 182,566.00 32,105.00
10-061-00 Subtotal [A1] Subgroup : [A2] 11-102-00 11-105-00 11-109-00	Cash>Care Cost Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Hospice	5,000.00 123,703.00 181,590.00 188,727,00 575,230.00	0.00 0.00 0.00 0.00 0.00	5,000.00 123,703.00 191,590.00 188,727.00 575,230.00	5,000.00 195,027.00 455,215.00 270,229.00 192,566.00
10-061-00 Subtotal [A1] Subgroup : [A2] 11-102-00 11-104-00 11-105-00 11-109-00 11-111-00	Cash>Care Cost Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>Hospice Accounts Receivable>Medicaid	5,000.00 123,703.00 191,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00	0.00 0.00 0.00 0.00 0.00 0.00	5,000.00 123,703.00 191,590.00 188,727.00 575,230.00 96,648.00	5,000.00 195,027.00 455,215.00 270,229.00 182,566.00 32,105.00
10-061-00 Subtotal [A1] Subgroup : [A2] 11-102-00 11-104-00 11-105-00 11-109-00 11-111-00	Cash>Care Cost Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>Hospice Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Medicaid	5,000.00 123,703.00 191,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 191,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00	5,000.00 195,027.00 455,215.00 270,229.00 192,566.00 32,105.00 1,475,742.00
10-061-00 Subtotal [A1] Subgroup : [A2] 11-102-00 11-104-00 11-105-00 11-109-00 11-111-00 11-112-00 11-12-00	Cash>Care Cost Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Hospice Accounts Receivable>Medicaid Accounts Receivable>Adlow for Doubtful Accts	5,000.00 123,703.00 181,590.00 188,727,00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000,00 123,703,00 191,590,00 188,727.00 575,230,00 96,648.00 1,598,678.00 7,911.00 (254,040,00)	5,000.00 195,027.00 455,215.00 270,229.00 162,566.00 32,105.00 1,475,742.00 (20,692.00)
10-061-00 Subtotal [A1] Subgroup : [A2] 11-102-00 11-104-00 11-105-00 11-109-00 11-111-00 11-112-00 11-122-00	Cash>Care Cost Cash Resident AIR Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Medicaid	5,000.00 123,703.00 191,590.00 188,727.00 575,230.00 96,646.00 1,598,678.00 7,911.00 (254,040.00) 27,647.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 191,590.00 188,727.00 575,230.00 96,646.00 1,598,676.00 7,911.00 (254,040.00) 27,647.00	5,000.00 195,027.00 455,215.00 270,229.00 192,566.00 32,105.00 1,475,742.00 (20,592.00) (187,081.00)
10-061-00 Subtotal [A1] Subgroup : [A2] 11-102-00 11-104-00 11-109-00 11-119-00 11-112-00 11-122-00 11-123-00	Cash>Care Cost Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Medicare Coins Write Off Accounts Receivable>Medicare Coins Write Off Accounts Receivable>Ancillary	5,000.00 123,703.00 191,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 191,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00	5,000.00 195,027.00 455,215.00 270,229.00 192,566.00 32,105.00 1,475,742.00 (20,692.00) (167,081.00) 13,171.00
10-061-00 Subtotal [A1] Subgroup : [A2] 11-102-00 11-104-00 11-105-00 11-109-00 11-111-00 11-112-00 11-122-00	Cash>Care Cost Cash Resident AIR Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Medicaid	5,000.00 123,703.00 191,590.00 188,727.00 575,230.00 96,646.00 1,598,678.00 7,911.00 (254,040.00) 27,647.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 191,590.00 188,727.00 575,230.00 96,646.00 1,598,676.00 7,911.00 (254,040.00) 27,647.00	5,000.00 195,027.00 455,215.00 270,229.00 192,586.00 32,105.00 1,475,742.00 (20,692.00) (167,081.00) 13,171.00 85,223.00
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-105-00 11-119-00 11-111-00 11-112-00 11-122-00 11-123-00 Subtotal [A2]	Cash>Care Cost Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Medicaid Accounts Receivable>Acdicaid Accounts Receivable>Allow for Doubtful Accts Accounts Receivable>Allow for Doubtful Accts Accounts Receivable>Ancillary Receivable>Ancillary Resident A/R	5,000.00 123,703.00 191,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 191,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00	5,000.00 195,027.00 455,215.00 270,229.00 192,586.00 32,105.00 1,475,742.00 (20,692.00) (167,081.00) 13,171.00 85,223.00
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-105-00 11-109-00 11-111-00 11-112-00 11-122-00 11-123-00 Subtotal [A2]	Cash>Care Cost Cash Resident AIR Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Hospice Accounts Receivable>Addicaid Accounts Receivable>Addicaid Accounts Receivable>Allow for Doubtful Accts Accounts Receivable>Medicare Colns Write Off Accounts Receivable>Ancillary Resident AIR Prepaid Expenses	5,000.00 123,703.00 191,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,647.00 53,061.00 2,485,452.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	5,000.00 123,703.00 191,590.00 188,727.00 575,230.00 96,648.00 1,598,678.00 7,911.00 (254,040.00) 27,647.00 53,061.00 2,485,452.00	5,000,00 195,027.00 455,215.00 270,228.00 192,586.00 32,105.00 1,475,742.00 (20,692.00) (187,081.00) 13,171.00 85,223.00 2,336,478.00
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-105-00 11-119-00 11-111-00 11-112-00 11-122-00 11-123-00 Subtotal [A2]	Cash>Care Cost Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Medicaid Accounts Receivable>Acdicaid Accounts Receivable>Allow for Doubtful Accts Accounts Receivable>Allow for Doubtful Accts Accounts Receivable>Ancillary Receivable>Ancillary Resident A/R	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,647.00 53,061.00 2,485,452.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00	5,000,00 195,027.00 455,215.00 270,229.00 162,566.00 32,105.00 1,475,742.00 (20,692.00) (187,081.00) 13,171.00 85,223.00 2,336,478.00
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-105-00 11-109-00 11-111-00 11-112-00 11-122-00 11-123-00 Subtotal [A2]	Cash>Care Cost Cash Resident AIR Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Hospice Accounts Receivable>Addicaid Accounts Receivable>Addicaid Accounts Receivable>Allow for Doubtful Accts Accounts Receivable>Medicare Colns Write Off Accounts Receivable>Ancillary Resident AIR Prepaid Expenses	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00 18,469.00 210,600.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	5,000.00 123,703.00 191,590.00 188,727.00 575,230.00 96,648.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00	5,000,00 195,027.00 455,215.00 270,229.00 182,568.00 32,105.00 (20,692.00) (167,081.00) 13,171.00 85,223.00 2,336,478.00
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-105-00 11-1109-00 11-111-00 11-112-00 11-122-00 11-123-00 Subtotal [A2] Subgroup: [A5] 12-000-00	Cash>Care Cost Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Medicaid Accounts Receivable>Accounts Rec	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,647.00 53,061.00 2,485,452.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 191,590.00 188,727.00 575,230.00 96,648.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00	5,000,00 195,027.00 455,215.00 270,229.00 192,566.00 32,105.00 1,475,742.00 (20,692.00) (167,081.00) 13,171.00 85,223.00 2,336,478.00 (323,434.00) 202,084.00 57,556.00
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-105-00 11-119-00 11-111-00 11-112-00 11-122-00 11-122-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-124-00 12-128-00	Cash>Care Cost Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Hospice Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Allow for Doubtful Accts Accounts Receivable>Andow for Doubtful Accts Accounts Receivable>Ancillary Resident A/R Prepaid Expenses Prepaid Expenses	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00 18,469.00 210,600.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	5,000.00 123,703.00 191,590.00 188,727.00 575,230.00 96,648.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00	5,000.00 195,027.00 455,215.00 270,229.00 182,566.00 32,105.00 1,475,742.00 (20,892.00) (167,081.00) 13,171.00 85,223.00 2,336,478.00
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-105-00 11-1109-00 11-111-00 11-112-00 11-122-00 11-123-00 Subtotal [A2] Subgroup: [A5] 12-000-00	Cash>Care Cost Cash Resident AIR Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Income Accounts Receivable>Allow for Doubtful Accts Accounts Receivable>Ancillary Resident AIR Prepaid Expenses Prepaid Expenses Prepaid Expenses Prepaid Expenses>Insurence Prepaid Expenses>Taxes	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,648.00 1,598,678.00 7,911.00 (254,040.00) 27,647.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 191,590.00 188,727.00 575,230.00 96,648.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00	5,000.00 195,027.00 455,215.00 270,229.00 192,566.00 32,105.00 1,475,742.00 (20,692.00) (187,081.00) 13,171.00 85,223.00 2,336,478.00 (323,434.00) 202,084.00 57,556.00
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-105-00 11-109-00 11-111-00 11-112-00 11-122-00 11-123-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-124-00 Subtotal [A5]	Cash>Care Cost Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Hospice Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Allow for Doubtful Accts Accounts Receivable>Ancillary Resident A/R Prepaid Expenses Prepaid Expenses Prepaid Expenses>Insurance Prepaid Expenses Prepaid Expenses Prepaid Expenses	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,648.00 1,598,678.00 7,911.00 (254,040.00) 27,647.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 191,590.00 188,727.00 575,230.00 96,648.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00	5,000,00 195,027.00 455,215.00 270,229.00 182,566.00 32,105.00 1,475,742.00 (20,692.00) (167,081.00) 13,171.00 85,223.00 2,336,478.00 (323,434.00) 202,084.00 57,556.00 (63,794.00)
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-105-00 11-109-00 11-111-00 11-112-00 11-122-00 11-123-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-124-00 12-126-00 Subtotal [A5] Subgroup: [B4]	Cash>Care Cost Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Medicaid Accounts Receivable>Accounts Receivable>Allow for Doubtful Accts Accounts Receivable>Ancillary Resident A/R Prepaid Expenses Prepaid Expenses Prepaid Expenses>Insurence Prepaid Expenses>Taxes Prepaid Expenses Prepaid Expenses Leasehold Improvements	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,648.00 1,598,678.00 7,911.00 (254,040.00) 27,647.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 191,590.00 188,727.00 575,230.00 96,648.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00	5,000,00 195,027.00 455,215.00 270,229.00 192,586.00 32,105.00 1,475,742.00 (20,692.00) (187,081.00) 13,171.00 85,223.00 2,336,478.00 (323,434.00) 202,084.00 57,556.00 (63,794.00)
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-105-00 11-109-00 11-111-00 11-112-00 11-122-00 11-122-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-124-00 12-126-00 Subtotal [A5] Subgroup: [B4]	Cash>Cash Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Medicare Accounts Receivable>Medicare Accounts Receivable>Allow for Doubtful Accts Accounts Receivable>Allow for Doubtful Accts Accounts Receivable>Ancillary Resident A/R Prepaid Expenses Prepaid Expenses Prepaid Expenses>Insurence Prepaid Expenses>Taxes Prepaid Expenses> Leasehold Improvements Fixed Assets>Leasehold Improvements	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,648.00 1,598,678.00 7,911.00 (254,040.00) 27,647.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 191,590.00 188,727.00 575,230.00 96,648.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00	5,000,00 195,027.00 455,215.00 270,229.00 182,566.00 32,105.00 1,475,742.00 (20,692.00) (167,081.00) 13,171.00 85,223.00 2,336,478.00 (323,434.00) 202,084.00 57,556.00 (63,794.00)
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-105-00 11-109-00 11-111-00 11-112-00 11-122-00 11-123-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-124-00 12-126-00 Subtotal [A5] Subgroup: [B4] 14-131-00 15-131-00	Cash>Cash Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Hospice Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Modicare Colns Write Off Accounts Receivable>Ancillary Resident A/R Prepaid Expenses Prepaid Expenses Prepaid Expenses>Taxes Prepaid Expenses>Taxes Prepaid Expenses> Leasehold Improvements Fixed Assets>Leasehold Improvements Account Depn>Leasehold Improvements	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 266,382.00 (17,338.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 191,590.00 188,727.00 575,230.00 96,648.00 1,598,678.00 7,911.00 (254,040.00) 27,847,00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00	5,000,00 195,027.00 455,215.00 270,229.00 192,586.00 32,105.00 1,475,742.00 (20,692.00) (187,081.00) 13,171.00 85,223.00 2,336,478.00 (323,434.00) 202,084.00 57,556.00 (63,794.00)
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-105-00 11-109-00 11-111-00 11-112-00 11-122-00 11-122-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-124-00 12-126-00 Subtotal [A5] Subgroup: [B4]	Cash>Cash Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Medicare Accounts Receivable>Medicare Accounts Receivable>Allow for Doubtful Accts Accounts Receivable>Allow for Doubtful Accts Accounts Receivable>Ancillary Resident A/R Prepaid Expenses Prepaid Expenses Prepaid Expenses>Insurence Prepaid Expenses>Taxes Prepaid Expenses> Leasehold Improvements Fixed Assets>Leasehold Improvements	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,648.00 1,598,678.00 7,911.00 (254,040.00) 27,647.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,648.00 1,598,678.00 7,911.00 (254,040.00) 27,647.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00	5,000.00 195,027.00 455,215.00 270,229.00 182,568.00 32,105.00 1,475,742.00 (20,692.00) (167,081.00) 13,171.00 85,223.00 2,336,478.00 (323,434.00) 202,084.00 57,556.00 (63,794.00)
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-105-00 11-119-00 11-111-00 11-112-00 11-122-00 11-122-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-124-00 12-128-00 Subtotal [A5] Subgroup: [B4] 14-131-00 Subtotal [B4]	Cash>Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Hospice Accounts Receivable>Income Accounts Receivable>Income Accounts Receivable>Ancore Accounts Receivable>Ancore Accounts Receivable>Ancillary Resident A/R Prepaid Expenses Prepaid Expenses Prepaid Expenses>Insurence Prepaid Expenses>Taxes Prepaid Expenses> Leasehold Improvements Fixed Assets>Leasehold Improvements Accum Depn>Leasehold Improvements Leasehold Improvements	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 266,382.00 (17,338.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,648.00 1,598,678.00 7,911.00 (254,040.00) 27,647.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00	5,000,00 195,027.00 455,215.00 270,229.00 182,586.00 32,105.00 (20,692.00) (187,081.00) 13,171.00 85,223.00 2,336,478.00 (323,434.00) 202,084.00 (57,556.00 (63,794.00)
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-105-00 11-1109-00 11-111-00 11-112-00 11-122-00 11-123-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-124-00 12-128-00 Subtotal [A5] Subgroup: [B4] 14-131-00 15-131-00 Subtotal [B4] Subgroup: [B6]	Cash>Cash Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Income Accounts Receivable>Andlow for Doubtful Accts Accounts Receivable>Ancillary Resident A/R Prepaid Expenses Prepaid Expenses Prepaid Expenses>Insurance Prepaid Expenses>Taxes Prepaid Expenses Leasehold Improvements Fixed Assets>Leasehold Improvements Accum Depn>Leasehold Improvements Leasehold Improvements Movable Equipment	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 266,362.00 (17,338.00) 249,024.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 123,703.00 188,727.00 575,230.00 96,484.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 266,362.00 (17,338.00) 249,024.00	5,000,00 195,027.00 455,215.00 270,229.00 182,586.00 32,105.00 1,475,742.00 (20,692.00) (187,081.00) 13,171.00 85,223.00 2,336,478.00 (323,434.00) 202,084.00 57,556.00 (63,794.00) 115,829.00 (3,253.00) 112,576.00
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-105-00 11-109-00 11-111-00 11-112-00 11-122-00 11-123-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-124-00 12-126-00 Subtotal [A5] Subgroup: [B4] 14-131-00 Subtotal [B4] Subgroup: [B6]	Cash>Cash Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMCO Accounts Receivable>HMCO Accounts Receivable>HMCO Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Accounts Receivable>Medicare Coins Write Off Accounts Receivable>Ancillary Resident A/R Prepaid Expenses Prepaid Expenses Prepaid Expenses Prepaid Expenses Prepaid Expenses Leasehold Improvements Fixed Assels>Leasehold Improvements Leasehold Improvements Movable Equipment Fixed Assels>Furniture, Fixtures and Equipment	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,848.00 1,598,676.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 266,382.00 (17,338.00) 249,024.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,647.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 266,362.00 (17,338.00) 249,024.00	5,000,00 195,027.00 455,215.00 270,229.00 192,568.00 32,105.00 (20,692.00) (167,081.00) 13,171.00 85,223.00 2,336,478.00 (323,434.00) 202,084.00 57,556.00 (63,794.00) 115,829.00 (3,253.00) 112,576.00
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-105-00 11-1109-00 11-111-00 11-112-00 11-122-00 11-123-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-124-00 12-128-00 Subtotal [A5] Subgroup: [B4] 14-131-00 15-131-00 Subtotal [B4] Subgroup: [B6]	Cash>Cash Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Income Accounts Receivable>Andlow for Doubtful Accts Accounts Receivable>Ancillary Resident A/R Prepaid Expenses Prepaid Expenses Prepaid Expenses>Insurance Prepaid Expenses>Taxes Prepaid Expenses Leasehold Improvements Fixed Assets>Leasehold Improvements Accum Depn>Leasehold Improvements Leasehold Improvements Movable Equipment	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 249,024.00 39,840.00 23,744.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 191,590.00 188,727.00 575,230.00 96,648.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,849.00 288,109.00 266,362.00 (17,338.00) 249,024.00	5,000,00 195,027.00 455,215.00 270,229.00 182,566.00 32,105.00 1,475,742.00 (20,692.00) (187,081.00) 13,171.00 85,223.00 2,336,478.00 (323,434.00) 202,084.00 57,556.00 (63,794.00) 115,829.00 (3,253.00) 112,576.00 29,113.00 23,744.00
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-105-00 11-109-00 11-111-00 11-112-00 11-122-00 11-123-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-124-00 12-126-00 Subtotal [A5] Subgroup: [B4] 14-131-00 Subtotal [B4] Subgroup: [B6]	Cash>Cash Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMCO Accounts Receivable>HMCO Accounts Receivable>HMCO Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Accounts Receivable>Medicare Coins Write Off Accounts Receivable>Ancillary Resident A/R Prepaid Expenses Prepaid Expenses Prepaid Expenses Prepaid Expenses Prepaid Expenses Leasehold Improvements Fixed Assels>Leasehold Improvements Leasehold Improvements Movable Equipment Fixed Assels>Furniture, Fixtures and Equipment	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,647.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 266,362.00 (17,338.00) 249,024.00 39,840.00 23,744.00 6,146.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 123,703.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,647.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 266,362.00 (17,338.00) 249,024.00 39,840.00 23,744.00 6,146.00	5,000.00 195,027.00 455,215.00 270,229.00 182,566.00 32,105.00 1,475,742.00 (20,692.00) (167,081.00) 13,171.00 85,223.00 2,336,478.00 (323,434.00) 202,084.00 57,556.00 (63,794.00) 112,576.00
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-105-00 11-109-00 11-112-00 11-112-00 11-122-00 11-122-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-124-00 12-126-00 Subtotal [A5] Subgroup: [B4] 14-131-00 15-131-00 Subtotal [B4] Subgroup: [B6] 14-132-00 14-134-00	Cash>Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Medicaid Accounts Receivable>Addicaid Accounts Receivable>Addicare Coins Write Off Accounts Receivable>Ancillary Resident A/R Prepaid Expenses Prepaid Expenses Prepaid Expenses>Insurence Prepaid Expenses>Taxes Prepaid Expenses> Leasehold Improvements Fixed Assels>Leasehold Improvements Accum Depn>Leasehold Improvements Leasehold Improvements Movable Equipment Fixed Assels>Furniture, Fixtures and Equipment Fixed Assels>Computer Hardwere	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 249,024.00 39,840.00 23,744.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 123,703.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,647.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 266,362.00 (17,338.00) 249,024.00 39,840.00 23,744.00 6,146.00 0.00	5,000,00 195,027.00 455,215.00 270,229.00 162,568.00 32,105.00 (20,692.00) (167,081.00) 13,171.00 85,223.00 2,336,478.00 (323,434.00) 202,084.00 (63,794.00) 115,829.00 (3,253.00) 112,576.00 23,744.00 23,744.00 6,148.00 0.00
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-105-00 11-109-00 11-111-00 11-112-00 11-122-00 11-123-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-124-00 12-126-00 Subtotal [A5] Subgroup: [B4] 14-131-00 Subtotal [B4] Subgroup: [B6] 14-132-00 14-135-00 14-135-00 14-135-00	Cash>Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Hospice Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Accounts Receivable>Medicare Accounts Receivable>Accounts Receivable>Medicare Accounts Receivable>Ancillary Resident A/R Prepaid Expenses Prepaid Expenses Prepaid Expenses>Insurance Prepaid Expenses> Prepaid Expenses> Leasehold Improvements Fixed Assets>Leasehold Improvements Leasehold Improvements Movable Equipment Fixed Assets>Furniture, Fixtures and Equipment Fixed Assets>Computer Hardware Fixed Assets>Computer Software Fixed Assets>Computer Software Fixed Assets>Computer Software Fixed Assets>Computer Software Fixed Assets>Sales Use Tax	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,647.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 266,362.00 (17,338.00) 249,024.00 39,840.00 23,744.00 6,146.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,648.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 288,109.00 39,840.00 249,024.00 39,840.00 23,744.00 6,148.00 0,00 (8,420.00)	5,000,00 195,027.00 455,215.00 270,229.00 182,568.00 32,105.00 1.475,742.00 (20,692.00) (167,081.00) 13,171.00 85,223.00 2,336,478.00 (323,434.00) 202,084.00 57,556.00 (63,794.00) 115,829.00 (3,253.00) 112,576.00 29,113.00 23,744.00 6,146.00 0.00 (3,959.00)
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-105-00 11-109-00 11-112-00 11-112-00 11-12-00 11-12-00 11-122-00 11-123-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-124-00 12-124-00 Subtotal [A5] Subgroup: [B4] 14-131-00 15-131-00 Subtotal [B4] Subgroup: [B6] 14-132-00 14-134-00 14-135-00 14-305-00 15-131-00	Cash>Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Accounts Receivable>Accounts Receivable>Medicaid Accounts Receivable>Acliaw for Doubtful Accts Accounts Receivable>Ancillary Resident A/R Prepaid Expenses Prepaid Expenses Prepaid Expenses Prepaid Expenses>Taxes Prepaid Expenses Leasehold Improvements Fixed Assets>Easehold Improvements Leasehold Improvements Movable Equipment Fixed Assets>Furniture, Fixtures and Equipment Fixed Assets>Computer Software Fixed Assets>Sales Use Tax Accum Depn>Furniture, Fixtures and Equipment	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,647.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 249,024.00 39,840.00 23,744.00 6,146.00 4,931.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 123,703.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,647.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 266,362.00 (17,338.00) 249,024.00 39,840.00 23,744.00 6,146.00 0.00	5,000,00 195,027.00 455,215.00 270,229.00 182,586.00 32,105.00 1,475,742.00 (20,692.00) (187,081,00) 13,171.00 85,223.00 2,336,478.00 (323,434.00) 202,084.00 57,556.00 (63,794.00) 115,829.00 (3,253.00) 112,576.00 29,113.00 23,744.00 8,146.00 0.00 (3,959.00) (2,428.00)
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-105-00 11-109-00 11-111-00 11-112-00 11-122-00 11-122-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-124-00 12-128-00 Subtotal [A5] Subgroup: [B4] 14-131-00 15-131-00 Subtotal [B4] Subgroup: [B6] 14-132-00 14-135-00 14-135-00 15-132-00 15-132-00 15-132-00 15-132-00 15-132-00	Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Allow for Doubtful Accts Accounts Receivable>Allow for Doubtful Accts Accounts Receivable>Ancillary Resident A/R Prepaid Expenses Prepaid Expenses>Insurance Prepaid Expenses>Taxes Prepaid Expenses Fixed Assets>Leasehold Improvements Leasehold Improvements Movable Equipment Fixed Assets>Computer Hardware Fixed Assets>Computer Hardware Fixed Assets>Computer Software Fixed Assets>Sales Use Tax Accum Depn>Furniture, Fixtures and Equipment Accum Depn>Computer Hardware	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,648.00 1,598,678.00 7,911.00 (254,040.00) 27,647.00 53,061.00 2,485,452.00 18,469.00 210,600.00 58,840.00 288,109.00 249,024.00 39,840.00 23,744.00 6,146.00 4,931.00 (8,420.00) (7,177.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,648.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 288,109.00 39,840.00 249,024.00 39,840.00 23,744.00 6,148.00 0,00 (8,420.00)	5,000,00 195,027.00 455,215.00 270,229.00 182,568.00 32,105.00 1.475,742.00 (20,692.00) (167,081.00) 13,171.00 85,223.00 2,336,478.00 (323,434.00) 202,084.00 57,556.00 (63,794.00) 115,829.00 (3,253.00) 112,576.00 29,113.00 23,744.00 6,146.00 0.00 (3,959.00)
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-109-00 11-1109-01 11-112-00 11-12-00 11-12-00 11-12-00 11-12-00 11-12-00 Subtotal [A5] 12-000-00 12-124-00 12-126-00 Subtotal [A5] Subgroup: [B4] 14-131-00 15-131-00 Subtotal [B4] Subgroup: [B6] 14-132-00 14-135-00 14-135-00 15-134-00 15-135-00 15-135-00	Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Medicare Accounts Receivable>Medicare Accounts Receivable>Medicare Accounts Receivable>Medicare Accounts Receivable>Andlow for Doubtful Accts Accounts Receivable>Andlow For Dou	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 249,024.00 39,840.00 23,744.00 6,148.00 4,931.00 (8,420.00) (7,177.00) (1,741.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 123,703.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00 18,469.00 210,800.00 55,840.00 288,109.00 266,362.00 (17,338.00) 249,024.00 39,840.00 23,744.00 6,146.00 0,00 (8,420.00) (7,177.00)	5,000,00 195,027.00 455,215.00 270,229.00 182,586.00 32,105.00 1,475,742.00 (20,692.00) (187,081,00) 13,171.00 85,223.00 2,336,478.00 (323,434.00) 202,084.00 57,556.00 (63,794.00) 115,829.00 (3,253.00) 112,576.00 29,113.00 23,744.00 8,146.00 0.00 (3,959.00) (2,428.00)
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-105-00 11-109-00 11-111-00 11-112-00 11-122-00 11-123-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-124-00 12-126-00 Subtotal [A5] 14-131-00 Subtotal [B4] Subgroup: [B4] 14-131-00 Subtotal [B4] Subgroup: [B6] 14-132-00 14-134-00 14-135-00 14-305-00 15-134-00 15-134-00 15-135-00 15-135-00 15-135-00	Cash>Cash Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMCO Accounts Receivable>HMCO Accounts Receivable>HMCO Accounts Receivable>HMCO Accounts Receivable>Medicaid Accounts Receivable>Accounts Receivable>Medicare Accounts Receivable>Accounts Receivable>Medicare Coins Write Off Accounts Receivable>Ancillary Resident A/R Prepaid Expenses Prepaid Expenses Prepaid Expenses>Taxes Prepaid Expenses>Taxes Prepaid Expenses>Taxes Prepaid Expenses Leasehold Improvements Fixed Assets>Leasehold Improvements Leasehold Improvements Movable Equipment Fixed Assets>Furniture, Fixtures and Equipment Fixed Assets>Computer Hardware Fixed Assets>Sales Use Tax Accum Depn>Furniture, Fixtures and Equipment Accum Depn>Computer Software Accum Depn>Computer Software	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 249,024.00 39,840.00 23,744.00 6,146.00 4,931.00 (8,420.00) (7,177.00) (1,741.00) (2,171.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,648.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 288,109.00 39,840.00 23,744.00 6,148.00 0,00 (8,420.00) (7,177.00) (1,741.00) (2,171.00)	5,000,00 195,027.00 455,215.00 270,229.00 182,586.00 32,105.00 1,475,742.00 (20,692.00) (187,081.00) 13,171.00 85,223.00 2,336,478.00 (323,434.00) 202,084.00 (53,794.00) 115,829.00 (3,253.00) 112,576.00 29,113.00 23,744.00 6,148.00 0.00 (3,959.00) (2,428.00) (512.00)
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-109-00 11-1109-01 11-112-00 11-12-00 11-12-00 11-12-00 11-12-00 11-12-00 Subtotal [A5] 12-000-00 12-124-00 12-126-00 Subtotal [A5] Subgroup: [B4] 14-131-00 15-131-00 Subtotal [B4] Subgroup: [B6] 14-132-00 14-135-00 14-135-00 15-134-00 15-135-00 15-135-00	Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Medicare Accounts Receivable>Medicare Accounts Receivable>Medicare Accounts Receivable>Medicare Accounts Receivable>Andlow for Doubtful Accts Accounts Receivable>Andlow For Dou	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 249,024.00 39,840.00 23,744.00 6,148.00 4,931.00 (8,420.00) (7,177.00) (1,741.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 123,703.00 188,727.00 575,230.00 96,484.00 1,598,678.00 7,911.00 (254,040.00) 27,647.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 266,362.00 (17,338.00) 249,024.00 39,840.00 23,744.00 6,146.00 0.00 (8,420.00) (7,177.00) (1,741.00)	5,000,00 195,027.00 455,215.00 270,229.00 182,568.00 32,105.00 1,475,742.00 (20,692.00) (167,081.00) 13,171.00 85,223.00 2,336,478.00 (323,434.00) 202,084.00 57,556.00 (63,794.00) 115,829.00 (3,253.00) 112,576.00 29,113.00 23,744.00 8,146.00 0.00 (3,959.00) (2,428.00) (512.00) (1,213.00)
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-105-00 11-109-00 11-112-00 11-122-00 11-122-00 11-123-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-124-00 12-128-00 Subtotal [A5] Subgroup: [B4] 14-131-00 Subtotal [B4] Subgroup: [B6] 14-132-00 14-132-00 14-134-00 14-135-00 14-305-00 15-133-00 15-133-00 15-133-00 15-133-00 15-133-00 15-135-00 15-305-00 Subtotal [B6]	Cash-Care Cost Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Hospice Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Accounts Receivable>Accounts Receivable>Accounts Receivable>Accounts Receivable>Accounts Receivable>Ancillary Resident A/R Prepaid Expenses Prepaid Expenses Prepaid Expenses>Insurance Prepaid Expenses>Taxes Prepaid Expenses Leasehold Improvements Accum Depn>Leasehold Improvements Leasehold Improvements Movable Equipment Fixed Assets>Computer Hardwere Fixed Assets>Computer Hardwere Fixed Assets>Computer Fixer and Equipment Accum Depn>Computer Software	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 249,024.00 39,840.00 23,744.00 6,146.00 4,931.00 (8,420.00) (7,177.00) (1,741.00) (2,171.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,648.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 288,109.00 39,840.00 23,744.00 6,148.00 0,00 (8,420.00) (7,177.00) (1,741.00) (2,171.00)	5,000.00 195,027.00 455,215.00 270,229.00 182,586.00 32,105.00 1,475,742.00 (20,892.00) (187,081.00) 13,171.00 85,223.00 2,336,478.00 (323,434.00) 202,084.00 57,556.00 (63,794.00) 112,576.00 29,113.00 23,744.00 6,146.00 0.00 (3,959.00) (2,428.00) (512.00) (512.00) (512.00)
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-105-00 11-109-00 11-111-00 11-112-00 11-122-00 11-123-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-124-00 12-126-00 Subtotal [A5] Subgroup: [B4] 14-131-00 Subtotal [B4] Subgroup: [B6] 14-132-00 14-134-00 14-135-00 14-135-00 15-134-00 15-134-00 15-135-00 15-135-00 15-135-00 Subtotal [B6] Subgroup: [B9]	Cash>Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>HMCO Accounts Receivable>HMCO Accounts Receivable>HMCO Accounts Receivable>HMCO Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Accounts Receivable>Medicare Coins Write Off Accounts Receivable>Ancillary Resident A/R Prepaid Expenses Prepaid Expenses Prepaid Expenses>Taxes Prepaid Expenses>Taxes Prepaid Expenses> Leasehold Improvements Fixed Assets>Leasehold Improvements Leasehold Improvements Movable Equipment Fixed Assets>Furniture, Fixtures and Equipment Fixed Assets>Computer Hardware Fixed Assets>Sales Use Tax Accum Depn>Furniture, Fixtures and Equipment Accum Depn>Computer Hardware Accum Depn>Computer Hardware Accum Depn>Computer Software Accum Depn>Computer Software Accum Depn>Sales Use Tax Movable Equipment Other Fixed Assets	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,848.00 1,598,676.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 249,024.00 39,840.00 23,744.00 6,146.00 4,931.00 (8,420.00) (7,177.00) (1,7741.00) (2,171.00) 55,152.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 188,727.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,647.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 266,362.00 (17,338.00) 249,024.00 39,840.00 23,744.00 6,146.00 0.00 (8,420.00) (7,177.00) (1,741.00) (2,171.00) 50,221.00	5,000.00 195,027.00 195,027.00 270,229.00 192,566.00 32,105.00 1,475,742.00 (20,692.00) (167,081.00) 13,171.00 85,223.00 2,336,478.00 323,434.00) 202,084.00 57,556.00 (63,794.00) 115,629.00 23,724.400 6,146.00 0.00 (3,959.00) (2,428.00) (512.00) (1,213.00) 50,891.00
10-061-00 Subtotal [A1] Subgroup: [A2] 11-102-00 11-104-00 11-105-00 11-109-00 11-112-00 11-122-00 11-122-00 11-123-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-124-00 12-124-00 12-128-00 Subtotal [A5] Subgroup: [B4] 14-131-00 Subtotal [B4] Subgroup: [B6] 14-132-00 14-132-00 14-133-00 14-133-00 15-133-00 15-133-00 15-133-00 15-133-00 15-133-00 15-133-00 15-135-00 15-305-00 Subtotal [B6]	Cash-Care Cost Cash Resident A/R Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Hospice Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Accounts Receivable>Accounts Receivable>Accounts Receivable>Accounts Receivable>Accounts Receivable>Ancillary Resident A/R Prepaid Expenses Prepaid Expenses Prepaid Expenses>Insurance Prepaid Expenses>Taxes Prepaid Expenses Leasehold Improvements Accum Depn>Leasehold Improvements Leasehold Improvements Movable Equipment Fixed Assets>Computer Hardwere Fixed Assets>Computer Hardwere Fixed Assets>Computer Fixer and Equipment Accum Depn>Computer Software	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,848.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 249,024.00 39,840.00 23,744.00 6,146.00 4,931.00 (8,420.00) (7,177.00) (1,741.00) (2,171.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,000.00 123,703.00 181,590.00 188,727.00 575,230.00 96,648.00 1,598,678.00 7,911.00 (254,040.00) 27,847.00 53,061.00 2,485,452.00 18,469.00 210,800.00 58,840.00 288,109.00 288,109.00 39,840.00 23,744.00 6,148.00 0,00 (8,420.00) (7,177.00) (1,741.00) (2,171.00)	5,000,00 195,027.00 455,215.00 270,229.00 182,568.00 32,105.00 1,475,742.00 (20,692.00) (167,081.00) 13,171.00 85,223.00 2,336,478.00 (323,434.00) 202,084.00 57,556.00 (63,794.00) 115,829.00 (3,253.00) 112,576.00 29,113.00 23,744.00 8,146.00 0.00 (3,959.00) (2,428.00) (512.00) (1,213.00)

44.407.00	Flued Accepts Capital Lagge Building	10,793,517.00	0.00	10,793,517.00	0.00
14-137-00 Subtotal [B9]	Fixed Assets>Capilal Lease-Building Other Fixed Assets	10,858,517.00	0.00	10,858,517.00	20,499.00
	F				
Subgroup : [D2] 17-283-06	Escrow Deposits Other Assets>Escrow>Tax	62,714_00	0.00	62,714.00	149,687,00
Subtotal [D2]	Escrow Deposits	62,714.00	0.00	62,714.00	149,687.00
Out FDOT	Oinsting Exponen				
Subgroup : [D3] 14-252-00	Organization Expense Fixed Assets>Startup Costs	0,00	4,931,00	4,931:00	181,714.00
15-252-00	Accum Depn>Startup Costs	4,951.00	0.00	4,951,00	(185,279.00)
Subtotal [D3]	Organization Expense	4,951.00	4,931.00	9,882.00	(3,565.00)
Subgroup : [D6]	Loans to Owners or Related Parties				
27-000-46	Due To/(Fram)>Regal Management 2.0	55,002.00	0.00	55,002.00	0.00
27-000-50	Due To/(From)>Sharon	41,041.00	0.00	41,041.00 287,508.00	0.00 147,508.00
27-000-55	Due To/(From)>Harwich	287,508.00 1,082,182.00	0.00	1,082,182,00	134,102.00
27-000-92 27-000-93	Due To/(From)>Regal Care Management Group Due To/(From)>RC Holdings	132.00	0.00	132,00	171.00
27-316-00	Due To/(From)>Fairview at Greenwich	9,149,00	0.00	9,149,00	5,982.00
27-400-00	Due to/(from)>Ell Mirlis	4,150.00	0.00	4,150.00	0,00 137,750,00
27-409-00	Due to/(from)>Rachel Shakow	167,750.00	0.00	167,750,00 1,646,914.00	425,513.00
Subtotal [D6]	Loans to Owners or Related Parties	1,646,914.00	.0.00	- IJO TOJO T TO	
Subgroup : [D7]	Other Assets				04 000 00
13-127-00	Due From>Old Owner	(33,597.00)	0.00	(33,597,00) 57.00	24,393.00 57.00
27-000-80	Due To/(From)>Ridgeland	57,00 96,606.00	0.00	96,606.00	2,778.00
27-172-00 Subtotal [D7]	Due To/(From)>Vendor Other Assets	63,066.00	0.00	63,066.00	27,228.00
Subtotal [51]	Ollici Nasola				0.050.540.00
Total [31-32]	Assets	15,837,602.00	0.00	15,837,602.00	3,250,540.00
0	Liabilities				
Group : [33-34] Subgroup : [A1]	Trade A/P				
20-000-00	Accounts Payable	(1,402,369.00)	0,00	(1,402,369,00)	(1,411,935,00)
21-149-09	Other Current Payables>Misc. PR Deduction>401k	1,352.00	0.00	1,352,00 (76,039,00)	0,00 (50,980.00)
21-350-00	Other Current Payables>Resident Funds	(76,039,00)	0.00	(1,477,056.00)	(1,462,915.00)
Subtotal [A1]	Trade A/P	(1,477,000.00)			
Subgroup : [A2]	Notes Payable (Current)			(000,000,00)	(400,000.00)
22-000-01	Note Payable>LOC	(600,000.00)	0.00	(600,000,00)	(400,000.00)
Subtotal [A2]	Notes Payable (Current)	(600,000.00)	0.00	(000)001111/	
Subgroup : [A4]	Accrued Payroll			4400 000 000	(104 249 00)
23-000-00	Accrued Wages & Related	(139,396,00)	0,00 0,00	(139,396.00) (10,816.00)	(104,248,00) (6,809,00)
23-158-00	Accrued Wages & Related>PR Taxes	(10,816,00)	0.00	(170,326.00)	(107,226.00)
23-157-00 Subtotal [A4]	Accrued Expenses>PTO Accrued Payroll	(320,538.00)	0.00	(320,538.00)	(218,283.00)
Subgroup : [A12]	Other Current Liabilities Other Current Payables>PLS Claim	41,812.00	0.00	41,812.00	0.00
21-351-00 24-000-00	Accrued Expenses	(201,179.00)	0.00	(201,179.00)	463,484.00
24-121-00	Accrued Expenses>Rent	(750,000.00)	0.00	(750,000,00)	0,00
24-123-00	Accrued Expenses>Ancillary	(4,923.00)	0,00 0.00	(4,923,00) 0.00	(8,100,00) 54,000.00
24-161-00	Accrued Expenses>RE Taxes	0.00 (104,030,00)	0.00	(104,030.00)	(85,427.00)
24-162-00 24-165-00	Accrued Expenses>Insurance - General Liability & Other Accrued Expenses>Insurance - Property	(17,651.00)	0.00	(17,651.00)	(15,402.00)
24-229-00	Accrued Expenses>Water/Sewer	(772.00)	0.00	(772.00)	(40,000,00)
24-285-00	Accrued Expenses>Year End Adjustments	(3,896.00)	0.00	(3,896.00)	(8,276,00) (41,901,00)
24-881-00	Accrued Expenses>Workers Comp	(72,736.00) (198,319.00)	00,00 00,0	(72,736.00) (198,319,00)	(239,707,00)
24-862-00 24-862-01	Accrued Expenses>Health Insurance Accrued Expenses>Health Insurance>2023	73,123.00	0.00	73,123.00	0,00
25-102-34	Deferred Revenue>Medicare>COVID19	(11,394.00)	0,00	(11,394.00)	(11,394.00)
27-146-00	Due To/(From)>Social Security	(2,271,00)	0.00	(2,271.00)	69,277.00
Subtotal [A12]	Other Current Liabilities	(1,252,236.00)	0.00	(1,202,236,00)	USILITION.
Subgroup : [B3]	Loans from Owners or Related Parties				= = *
27-000-32	Due To/(From)>Worcester	(25,000.00)	0,00	(25,000,00) (50,091,00)	0.00 (36.00)
27-000-41	Due To/(From)>Sky View	(50,091.00)	0.00 0.00	(618,198.00)	(407,217.00)
27-000-49	Due To/(From)>Realty Woodlake Due To/(From)>TSM Propco	(618,198,00) (60,00)	0.00	(60.00)	0.00
27-000-74 27-000-87	Due To/(From)>Torrington	(29.00)	0.00	(29.00)	0.00
27-000-88	Due To/(From)>New Haven	(378.00)	0.00	(378.00)	(378.00)
27-000-91	Due To/(From)>Waterbury	(171.00)	0.00 0.00	(171 ₋ 00) (71,971.00)	(171.00) 0.00
27-000-95	Due To/(From)>Norwich	(71,971.00) (130,00)	0.00	(130.00)	(130.00)
27-315-00 Subtotal [B3]	Due To/(From)>Fairview at Southport Loans from Owners or Related Parties	(766,028.00)	0.00	(766,028.00)	(407,932.00)
Captoral [Do]			·		
Subgroup : [B4]	Other Long-Term Liabilities	(10,793,517.00)	0,00	(10,793,517,00)	0.00
26-175-00 27-105-00	Long Term Liability>Capitat Lease Due To/(From)>HMO	(2,616.00)	0.00	(2,616.00)	(2,161.00)
27-105-00 27-111-00	Due To/(From)>Medicaid	(207,430.00)	0.00	(207,430.00)	(130,118,00)
27-112-00	Due Ta/(From)>Income	(3,103.00)	0.00	(3,103.00)	(3,103,00) (2,887,00)
27-152-00	Due To/(From)>Employee	(5,868.00)	0.00	(5,868.00)	(138,269.00)
Subtotal [B4]	Other Long-Term Liabilities	(11,012,534.00)	0.00	4. As a second of	To a second seco

Total [33-34]	Liabilities	(15,428,392.00)	0,00	(15,428,392.00)	(2,558,122.00)
Group : [35] Subgroup : [B1] 31-000-86 Subtotal [B1]	Equity Owner's Capital Partner's Equity-All Partners>Capital Draws Owner's Capital	37,000.00 37,000.00	0.00	37,000.00 37,000.00	0.00
Subgroup : [85] 30-000-00 Subtotal [85] Total [35]	Cumulated Earnings Retained Earnings Cumulated Earnings Equity	(377,248.00) (377,248.00) (340,248.00)	0.00	(377,248.00) (377,248.00) (340,248.00)	(279,023.00) (279,023.00) (279,023.00)
iotal (55)	NET (INCOME) LOSS Sum of Account Groups	17,606.00	0.00	17,606.00	17,437.00

Workpaper:	H.Of - Reclassifying Journal Entries Report			
Account	Description	WP Ref	Debit	Credit
Partaselfidos bur	mal Entries JE #1	D.01 tab Direct Cere Consultant		
To reclass Expense	s out of Clinical Services to correct line of cost report			
Misreum 101	Dentist		12,597.00 1,266.00	
Marcum 118 Marcum 119	Respiratory Therapist IV Insertion Nurse		13,948.00 496.00	
Marcum 120 60-205-00	Orthotics Service Nursing Expense>Clinical Services			28 307.00
Total			78.507.60	28,307,00
Reclassifying Jou	mal Entries JE # 2 ing and legal fees into correct line of cost report	E.03		
	•		2,798.00	
80-238-00 80-239-00	Admin Expense>Legal Fees Admin Expense>Accounting Fees		2,700 00	2 796 00
80-240-00 Total	Admin Expense>Professional Fees		2,798.00	2,788,00
D-deselledes law	rnal Entries JE #3	E.04		
To reclass other on	ployee benefits into correct line of the cost report			
85-148-00	401k		1,992.00	
85-245-00 Marcum 108	Employee Benefits Expense>Background Checks Employee Food		1,893.00	
Marcum 109 Marcum 110	Employee Relations		14,309.00	
Mercum 117	Holiday Party		5,688.00	
61-882-00	Nursing Admin Expenses Health Insurance Nursing Admin Expenses Other Benefits			20,657 00
69-882-00 69-883-00	Social Services Expense-Health Insurance Social Services Expense-Other Benefits			607.00
70-882-00	Dietary Extense Health Insurance			2.216 00
70-883-00 71-882-00	Dietary Expense-Other Benefits Activity Expense-Health Insurance			
71-883-00 74-882-00	Activity Expense>Other Benefits Housekeeping & Laundry Expense>Health Insurance			568.00
74-883-00	Housekeeping & Laundry Expense > Caner banens			1,257.00
75-862-00 75-863-00	Maintenance Expense-Health Insurance Maintenance Expense-Other Benefits			831.00
80-101-00 80-882-00	Admin Expense>Provider Tax Admin Expense>Health Insurance			
80-883-00	Admin Expense=Other Benefits			1,072.00
Marcum 107 Marcum 114	Discriminatory Bonus Indirect COVID Expense			
Marcum 115 Total	Admin & General COVID Related Expense		27,208.00	27,208.00
		D.01 tab Leased Equipment		
To reclass leased e	imal Entries JE # 4 quipment to correct line of cost report	D.01 dg cassed Equipment		
Mercum 116	Equipment Lease		19,459 00	
80-208-00 Total	Admin Expense>Equip-Rental		19,419.00	19,459.00
			- Illustrations de	
Reclassifying Jou To reclass startup of	imal Entries JE # 6 cost expenses to correct line of cost report	K.03		
14-252-00	Flood Assets>Startup Costs		4,931.00	
14-305-00	Fixed Assets>Sales Use Tax		4,931.00	4,931.00
Total			4,001.00	
Reclassifying Jou	rmal Entries JE#6 ne expense into correct line of the cost report	N.02a		
			206.00	
Marcum 102 80-231-00	Cell Phone Admin Expense>Telephone		208.00	208 00
Total			208.00	200.00
Reclassifying Jou To reclass subscrip	imal Entries JE # 7	D.01 Tab (O)		
			1,056.00	
Marcum 113 80-235-00	Subscriptions Admin Expense>Duss & Subscriptions		1,056.00	1,058.00
Total			1,000.00	1077-02
Reclassifying Jou	simal Entries JE # 8 s Compensation PY adjustments to the correct line on the Cost	N.02a		
Report			89,843.00	
61-861-00 Mercum 122	Nursing Admin Expense-Workers Comp Reversal of PY Income			96,642.00
Total			65,843.00	64,643.00
Reclassifying Jou	rmal Entries JE # 9	N.02a		
To reclass Payroll	Taxes to the correct line on the Cost Report			
Marcum 123 61-880-00	ERC>Revenue of Payroll Times Nursing Admin Expense>Payroll Times		40,313 00	40,313.00
Total			40,313.00	40,313.00
Reclassifying Jos	ornal Entries JE ≠ 10	N.02a		
To reclass an audit	adjustment from Depreciation Expense to the correct line on			
82-000-00	Depreciation Expense		93,788.00	93,788.00
Mercum 121 Total	Revenue of PY Depreciation Expense		83,788.00	92,760.00
Our describing in	umal Entries JE # 11	0.03		
To rectors Consult	ants to the cornect line on the cout report			
60-212-00	Numing Expense>Clinical Consultants		101,623.00	101 673 00
60-700-08 Total	Nursing Expanse>Contracted Service>Other		101,623.00	101,673.00
W400	and the			
Reclausifying Jou To recises CAHCE	what Entries JE # 12 to the correct line of the cost report	D.01 (O)		
60-204-00	Nursing Expense>Training & Education		1,050 00	
80-235-00	Admin Expense>Dues & Subscriptions		1,060.00	1,050.00
Total			- United	
Reciaseifying Jou	arnal Entries JE # 13 costs to the currect line of the Cost Report	H.02		
			16,647.00	
80-252-00 Mercum 124	Admin Expense>Startup Costs Other Rev=Startup Costs			16 647.00
Total			16,647,00	15,547,00



Workpaper Index: Prepared By:

Reviewed By: Workpaper Date:

Run Date:

1/17/2024 1/17/2024

Provider Name:

WAT OPCO Medicaid Cost Report

Provider Number: Period Ended: 2433

9/30/23

Name of Workpaper:

VHCL CKLST

VEHICLE COMPLIANCE CHECKLIST

PURPOSE:

To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? Request insurance cards and current vehicle registration.				
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?				
5	Was personal use of the facility vehicles determined?				
6	Has the maximum cost allowed for depreciation purposes or the maximum allowablemonthly lease expense been determined?				
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?			14	
8	Were all motor vehicle additions physically inspected?				

Conclusion: