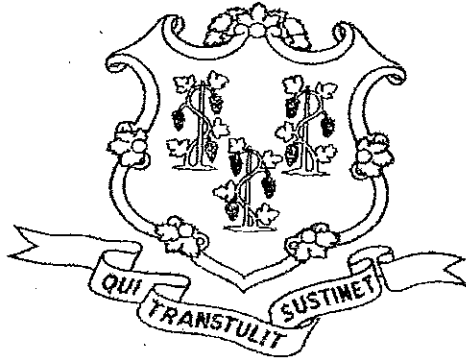


State of Connecticut



15-27

Annual Report of Long-Term Care Facility
Cost Year 2015

Name of Facility (as licensed) High Chase, LLC		RECEIVED JAN 14 2016 DEPT. OF SOCIAL SERVICES OFFICE OF CON AND NATE SETTINGS
Address (No. & Street, City, State, Zip Code) 140 River Rd., Willington, CT. 06279		
Type of Facility		
<input type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS)
<input checked="" type="checkbox"/> Residential Care Home		
Report for Year Beginning 10/01/14	Report for Year Ending 09/30/15	

License Numbers:	CCNH	RHNS	Residential Care Home 1871	Medicare Provider
------------------	------	------	-------------------------------	-------------------

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
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For Department Use Only

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

RECEIVED

JAN 19 2016

MYERS & STAUFFER LC

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General Information

Name of Facility (as licensed) High Chase, LLC	License No. 1871	Report for Year Ended 09/30/15	Page 1	of 37
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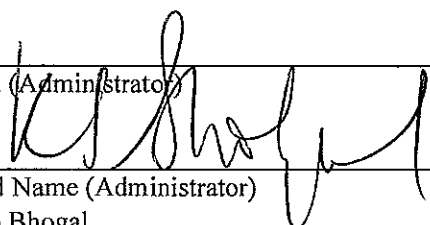
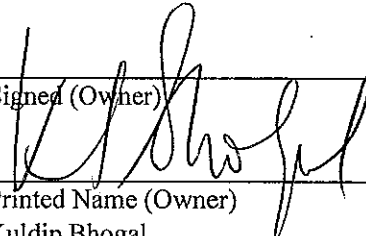
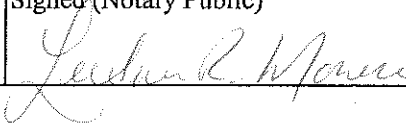
Administrator's/Owner's Certification

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

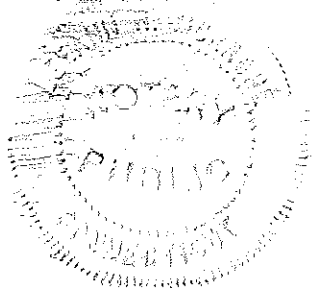
I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for High Chase, LLC [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator) 		Date 1/13/2016	Signed (Owner) 		Date 1/13/2016
Printed Name (Administrator) Kuldeep Bhogal			Printed Name (Owner) Kuldeep Bhogal		
Subscribed and Sworn to before me: LEEDIAN R. MARRONE	State of CT	Date 1/13/16	Signed (Notary Public) 	Comm. Expires 8/31/20	
Address of Notary Public 66 CEDAR ST NEWINGTON CT 06111					

(Notary Seal)



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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility High Chase, LLC		Period Covered:	From 10/01/14	To 09/30/15
Address of Facility 140 River Rd., Willington, CT. 06279				
Report Prepared By Thomas W. Daniele CPA		Phone Number 860-666-5942	Date 12/31/15	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$ 42,700			42,700
2. Laundry wages paid	\$ 5,784			5,784
3. Housekeeping wages paid	\$ 76,874			76,874
4. Nursing wages paid	\$ 119,263			119,263
5. All other wages paid	\$ 78,258			78,258
6. Total Wages Paid	\$ 322,879			322,879
7. Total salaries paid	\$ 86,238			86,238
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 409,117			409,117

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

		Phone No. of Facility 860-429-7903	Report for Year Ended 09/30/15	Page 2	of 37
Name of Facility (as shown on license) High Chase, LLC			Address (No. & Street, City, State, Zip) 140 River Rd., Willington, CT. 06279		
License Numbers:	CCNH	RHNS	Residential Care Home 1871	Medicare Provider No.	
Type of Facility (Check appropriate box(es))					
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input checked="" type="checkbox"/> Residential Care Home	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened 03/28/14	Date Closed	
Has there been any change in ownership or operation during this report year?					
		<input type="radio"/> Yes <input checked="" type="radio"/> No		If "Yes," explain fully.	
Administrator					
Name of Administrator Kuldip Bhogal			Nursing Home Administrator's License No.:		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

General Information and Questionnaire Related Parties*

Name of Facility High Chase, LLC	License No. 1871	Report for Year Ended 09/30/15	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No No
 If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**				
Kuldip & Jaswinder Bhogal	140 River Rd., Willington, CT. 06279	<input type="radio"/>	<input checked="" type="radio"/>	loan	34/b3	72,293	
I & K Bhogal Realty	140 River Rd., Willington, CT. 06279	<input type="radio"/>	<input checked="" type="radio"/>	Rent of Real Property	22/9	69,600	
I & K Bhogal Realty		<input type="radio"/>	<input checked="" type="radio"/>	Loan	34/b3	3,511	
Hebron Laundry Service, LLC		<input checked="" type="radio"/>	<input type="radio"/>	Laundry Service	19/3b	36,860	
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility High Chase, LLC	License No. 1871	Report for Year Ended 09/30/15	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (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 following questions applicable to the cost information provided.

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

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

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

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

General Information and Questionnaire Accounting Basis

Name of Facility High Chase, LLC	License No. 1871	Report for Year Ended 09/30/15	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual
 Cash
 Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm
 1 Daniele & Associates, LLC
 2
 3
 4

Address (No. & Street, City, State, Zip Code)
 66 Cedar ST., Newington, CT, 06111

Services Provided by This Firm (describe fully)

1	General Ledger, Filing Etc	\$ 6,120
2	Cost Report, Tax Return & Financial Statement	\$ 9,120
3		\$
4		\$
		Charge for Services Provided
		\$ 15,240

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

- Yes
 No
 15/1d

Legal Services Information

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

Telephone Number

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

1
 2
 3
 4
 5

Services Provided by This Firm (describe fully)

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

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

- Yes
 No
 15/1e

State of Connecticut
 Annual Report of Long-Term Care Facility
 CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility High Chase, LLC	License No. 1871	Report for Year Ended 09/30/15						Page 8	of 37
		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		Total	Residential Care Home		
		Total CCNH Level	Total RHNS Level	Total CCNH	Total RHNS				
1. Certified Bed Capacity									
A. On last day of PREVIOUS report period	36			36					
B. On last day of THIS report period	36			36				36	
2. Number of Residents									
A. As of midnight of PREVIOUS report period	33			33				35	
B. As of midnight of THIS report period	35			35				35	
3. Total Number of Days Care Provided During Period									
A. Medicare									
B. Medicaid (Conn.)									
C. Medicaid (other states)									
D. Private Pay	855			855	671		184	184	
E. State SSI for RCH	11,501			11,501	8,468		3,033	3,033	
F. Other (Specify)									
G. Total Care Days During Period (3A thru F)	12,356			12,356	9,139		3,217	3,217	
Total Number of Days Not Included in Figures in 3G									
4. for Which Revenue Was Received for Reserved Beds									
A. Medicaid Bed Reserve Days									
B. Other Bed Reserve Days									
5. Total Resident Days (3G + 4A + 4B)	12,356			12,356	9,139		3,217	3,217	

Schedule of Resident Statistics (Cont'd)

Name of Facility High Chase, LLC	License No. 1871	Report for Year Ended 09/30/15	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

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

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

Change in Resident Days	CCNH	RHNS	Residential Care Home
1st change			
2nd change			
3rd change			
4th change			

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

Item	Medicare		Medicaid		Self-Pay			Other State Assisted	
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR
No. of Residents							3	32	
Per Diem Rate									
a. One bed rm.									
b. Two bed rms.							110.00	85.00	
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Physical Therapy Treatments				
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Speech Therapy Treatments				
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Occupational Therapy Treatments				

Report of Expenditures - Salaries & Wages

Name of Facility High Chase, LLC	License No. 1871	Report for Year Ended 09/30/15	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)					24,868	1,038
2. Administrator(s) (Complete also Sec. III of Schedule A1)					61,370	2,170
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)					17,681	1,044
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor					42,700	3,531
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper					76,874	6,340
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance					42,895	2,313
b. Other Maintenance Workers						
8. Laundry Service						
a. Supervisor					5,784	483
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses						
b. RN						
1. Direct Care						
2. Administrative**						
c. LPN						
1. Direct Care						
2. Administrative**					119,263	9,889
d. Aides and Attendants						
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists					17,682	1,044
h. Recreation Workers						
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management						
n. Marketing						
o. Other (Specify) See Attached Schedule					409,117	27,852
<i>A-13. Total Salary Expenditures</i>						

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.
 ** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.
 *** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

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

Name of Facility		License No.		Report for Year Ended		Page	of		
High Chase, LLC		1871		09/30/15		11	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
Section I - Operators/Owners									
Jaswinder Bhogal			24,868 none	administrative, accounting, pension, etc	1,038	A1	April Time Residential Care home	2,175	61,370
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

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

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

Name of Facility (as licensed)		License No.		Report for Year Ended		Page	of			
High Chase, LLC		1871		09/30/15		12	37			
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received	
	CCNH	RHNS								Residential Care Home
Section III - Administrators***										
Kuldip Bhogal			61,370	None	Administrator	2,170	A2	April Time Residential Care home	1,059	24,868
Section IV - Assistant Administrators										
Kuldip Bhogal										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
High Chase, LLC	1871	09/30/15	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)						
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries						

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.
 ** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.
 *** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
High Chase, LLC	1871	09/30/15	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 21,569			21,569
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 18,304			18,304
4. Social Security (F.I.C.A.)	\$ 31,264			31,264
5. Health Insurance	\$ 93,653			93,653
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 11,511			11,511
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 14,260			14,260
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 1,178			1,178
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 3,024			3,024
2. Cellular Phones	\$			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)	\$			
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$			
Subtotal	\$ 194,763			194,763

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of	
High Chase, LLC	1871	09/30/15	16	37	
Item		Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:		194,763			194,763
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	144			144
5. Education Expenses Related to Seminars and Conventions	\$	(2,675)			(2,675)
6. Automobile Expense (not purchase or depreciation)	\$	4,029			4,029
7. Other (Specify) See Attached Schedule	\$	397			397
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$				
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)*** See Attached Schedule	\$				
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	271			271
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$	750			750
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	217			217
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$				
12. Administrative Management Services**	\$				
13. Other (Specify) See Attached Schedule	\$	6,738			6,738
C-14 Total Administrative & General Expenditures		\$ 204,634			204,634

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Residential Care Home
Meals & Entertainment			\$ 397
Total Other Travel and Entertainment	\$ -	\$ -	\$ 397

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Total Other Advertising	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
SAM'S CLUB			\$ 100
CARCH			\$ 650
Total Dues	\$ -	\$ -	\$ 750

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Computer Expense			\$ 1,661
Payroll Processing Service			\$ 2,869
Licenses			\$ 1,205
Pension Adm			\$ 1,003
Total Other Administrative and General	\$ -	\$ -	\$ 6,738

Schedule C-1 - Management Services*

Name of Facility High Chase, LLC	License No. 1871	Report for Year Ended 09/30/15	Page 17 of 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

* In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.

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

Name of Facility High Chase, LLC		License No. 1871	Report for Year Ended 09/30/15		Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food	\$	67,107				67,107
2. Non-Food Supplies	\$	4,603				4,603
3. Other (Specify) _____	\$					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**		\$				
d. Other (Specify) _____		\$				
2E. Total Dietary Expenditures (2a + b + c + d)		\$	71,710			71,710
2F. Dietary Questionnaire		Total	CCNH	RHNS	Residential Care Home	
G. Resident Meals: Total no. of meals served per day:*			102			102
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No						
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

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

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

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

Name of Facility High Chase, LLC		License No. 1871	Report for Year Ended 09/30/15		Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
3. Laundry		Lbs.				
a. In-House Processing*		Amt. \$				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$	27			27
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	36,860			36,860
c. Management Services**		\$				
d. Other (Specify)		\$				
3E. Total Laundry Expenditures (3a + b + c + d)		\$	36,887			36,887
3F. Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4. All allocations should add to total recorded in 3E.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
 *** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility High Chase, LLC		License No. 1871	Report for Year Ended 09/30/15		Page 20	of 37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care	Amt.	\$ 12,172			12,172
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt.	\$			
c.	Management Services*		\$			
d.	Other (<i>Specify</i>)		\$			
4E.	Total Housekeeping Expenditures (4a + b + c + d)		\$ 12,172			12,172
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***		\$			
	1. Own Pharmacy		\$			
	2. Purchased from		\$			
	b. Medicine Cabinet Drugs		\$ 163			163
	c. Medical and Therapeutic Supplies		\$			
	d. Ambulance/Limousine***		\$			
	e. Oxygen		\$			
	1. For Emergency Use		\$			
	2. Other****		\$			
	f. X-rays and Related Radiological Procedures***		\$			
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
	h. Laboratory***		\$			
	i. Recreation		\$ 2,017			2,017
	j. Other (<i>Specify</i>)**** See Attached Schedule		\$			
5K.	Total Resident Care Expenditures (5a - 5j)		\$ 2,180			2,180

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

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

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

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

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

Name of Facility High Chase, LLC	License No. 1871	Report for Year Ended 09/30/15	Page 22	of 37
Item	Total	CCNH	RHNS	Residential Care Home
6. Maintenance & Operation of Plant				42,255
a. Repairs & Maintenance	\$ 42,255			42,255
b. Heat	\$ 20,968			20,968
c. Light & Power	\$ 12,385			12,385
d. Water	\$ 7,069			7,069
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$			
f. Other (<i>itemize</i>) See Attached Schedule	\$			
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 82,677			82,677
7. Depreciation (<i>complete schedule page 23*</i>)				1,156
a. Land Improvements	\$ 1,156			1,156
b. Building & Building Improvements	\$			
c. Non-Movable Equipment	\$ 5,486			5,486
d. Movable Equipment	\$ 4,708			4,708
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 11,350			11,350
8. Amortization (<i>Complete att. Schedule Page 24*</i>)				
a. Organization Expense	\$			
b. Mortgage Expense	\$			
c. Leasehold Improvements	\$ 3,408			3,408
d. Other (<i>Specify</i>)	\$			
*8e. Total Amortization Costs (8a + b + c + d)	\$ 3,408			3,408
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 69,600			69,600
10. Property Taxes				
a. Real estate taxes paid by owner	\$			
b. Real estate taxes paid by lessor	\$ 14,821			14,821
c. Personal property taxes	\$ 1,471			1,471
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 100,650			100,650

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

High Chase, LLC
09/30/15

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

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

Amortization Schedule*

Name of Facility High Chase, LLC		License No. 1871		Report for Year Ended 09/30/15			Page 24	of 37
		Date of Acquisition Month Year	Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year
Item								
A. Organization Expense								
1.								
2.								
3.								
A-4. Subtotal								
B. Mortgage Expense								
1.								
2.								
3.								
B-4. Subtotal								
C. Leasehold Improvements and Other								
1. Acquired prior to this report period			Various	60,665	211	SL	3,408	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								3,408
D. Total Amortization								3,408

* Straight-line method must be used.
 ** Specify which of the following bases were used:
 A. Minimum of 5 years or 60 months.
 B. Life of mortgage; OR
 C. Remaining Life of Lease; OR
 D. Actual Life if owned by Related Party.

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

Name of Facility	License No.	Report for Year Ended	Page	of	
High Chase, LLC	1871	09/30/15	25	37	
11. Property Questionnaire					
Part A Is the property either owned by the Facility or leased from a Related Party?* <input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," complete Part B. If "No," complete Part C.					
<small>*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.</small>					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase	03/28/14				
4. Date of Initial Licensure	03/28/14				
5. Total Licensed Bed Capacity	36				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained	03/31/14				
c. Interest Rate for the Cost Year	6.00%				
d. Term of Mortgage (number of years)	10				
e. Amount of Principal Borrowed	340,000				
f. Principal balance outstanding as of	302,452				
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility High Chase, LLC		License No. 1871	Report for Year Ended 09/30/15			Page 26	of 37
Item			Total	CCNH	RHNS	Residential Care Home	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount			\$				
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$				

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of		
High Chase, LLC	1871	09/30/15	27	37		
Item			Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:						
12. C. Movable Equipment			\$ 509			509
1. Automotive Equipment			\$ 509			509
A. Item	Rate	Amount				
2013 Mercedes-Benz C300W4	2.99%	36,509				
Lender						
Mercedes-Benz Financial Services						
Address of Lender						
PO Box 997548 Sacramento, CA 95899-7542						
2. Other (Specify)			\$			
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)			\$ 509			509
12. D. Other Interest Expense (Specify)			\$ 1,090			1,090
WORKING CAPITAL						
13. Total All Interest Expense (12B7 + 12C3 + 12D)			\$ 1,599			1,599
14. Insurance						
a. Insurance on Property (buildings only)			\$ 6,216			6,216
b. Insurance on Automobiles			\$ 935			935
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)			\$			
2. Fire and Extended Coverage			\$ 9,503			9,503
3. Other (Specify)			\$			
14d. Total Insurance Expenditures (14a + b + c)			\$ 16,654			16,654
15. Total All Expenditures (A-13 thru C-14)			\$ 938,280			938,280

D. Adjustments to Statement of Expenditures

Name of Facility High Chase, LLC				License No. 1871	Report for Year Ended 09/30/15	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 1,798			1,798
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,798			1,798

(Carry Subtotal forward to next page)

* All except "Help Wanted".

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

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

Name of Facility			License No.	Report for Year Ended	Page	of	
High Chase, LLC			1871	09/30/15	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 1,798			1,798
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 1,798			1,798

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

High Chase, LLC
09/30/15

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Ancillary Costs			\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7d	Vehicle Deprec			\$ -
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

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

Schedule of Other Adjustments

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility High Chase, LLC		License No. 1871	Report for Year Ended 09/30/15			Page 30	of 37
Item			Total	CCNH	RHNS	Residential Care Home	
I. Resident Room, Board & Routine Care Revenue							
1. a. Medicaid Residents (CT only)			\$ 981,257				981,257
b. Medicaid Room and Board Contractual Allowance **			\$				
2. a. Medicaid (All other states)			\$				
b. Other States Room and Board Contractual Allowance **			\$				
3. a. Medicare Residents (all inclusive)			\$				
b. Medicare Room and Board Contractual Allowance **			\$				
4. a. Private-Pay Residents and Other			\$ 92,860				92,860
b. Private-Pay Room and Board Contractual Allowance **			\$				
II. Other Resident Revenue							
1. a. Prescription Drugs - Medicare			\$				
b. Prescription Drugs - Medicare Contractual Allowance **			\$				
c. Prescription Drugs - Non-Medicare			\$				
d. Prescription Drugs - Non-Medicare Contractual Allowance **			\$				
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			\$				
b. Physical Therapy - Medicare Contractual Allowance **			\$				
c. Physical Therapy - Non-Medicare			\$				
d. Physical Therapy - Non-Medicare Contractual Allowance **			\$				
4. a. Speech Therapy - Medicare			\$				
b. Speech Therapy - Medicare Contractual Allowance **			\$				
c. Speech Therapy - Non-Medicare			\$				
d. Speech Therapy - Non-Medicare Contractual Allowance **			\$				
5. a. Occupational Therapy - Medicare			\$				
b. Occupational Therapy - Medicare Contractual Allowance **			\$				
c. Occupational Therapy - Non-Medicare			\$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **			\$				
6. a. Other (Specify) - Medicare			\$				
b. Other (Specify) - Non-Medicare			\$				
III. Total Resident Revenue (Section I. thru Section II.)			\$ 1,074,117				1,074,117
IV. Other Revenue*							
1. Meals sold to guests, employees & others			\$				
2. Rental of rooms to non-residents			\$				
3. Telephone			\$				
4. Rental of Television and Cable Services			\$ 39				39
5. Interest Income (Specify)			\$				
6. Private Duty Nurses' Fees			\$				
7. Barber, Coffee, Beauty and Gift shops			\$				
8. Other (Specify)			\$ 39				39
V. Total Other Revenue (1 thru 8)			\$ 39				39
VI. Total All Revenue (III +V)			\$ 1,074,156				1,074,156

* 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.

High Chase, LLC
09/30/15

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
		96,052			\$ 39
31/A1	Cash				
Total Interest Income			\$ -	\$ -	\$ 39

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Revenue		\$ -	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
High Chase, LLC	1871	09/30/15	31	37
Account			Amount	
Assets				
A. Current Assets			\$	135,041
1. Cash (<i>on hand and in banks</i>)			\$	66,409
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	20,265
5. Prepaid Expenses				
a. Property Taxes			4,360	
b. Insurance			7,895	
c. Payroll Taxes			8,010	
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	
A-9. Total Current Assets (Lines A1 thru 8)			\$	221,715
B. Fixed Assets			\$	
1. Land			\$	12,916
2. Land Improvements				
*Historical Cost			14,193	
Accum. Depreciation			1,277	Net
3. Buildings				
*Historical Cost				
Accum. Depreciation				Net
4. Leasehold Improvements			\$	57,046
*Historical Cost			60,665	
Accum. Depreciation			3,619	Net
5. Non-Movable Equipment			\$	47,000
*Historical Cost			53,216	
Accum. Depreciation			6,216	Net
6. Movable Equipment			\$	8,799
*Historical Cost			10,006	
Accum. Depreciation			1,207	Net
7. Motor Vehicles			\$	34,703
*Historical Cost			38,559	
Accum. Depreciation			3,856	Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	160,464

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
High Chase, LLC	1871	09/30/15	32	37
Account			Amount	
Total Brought Forward:			\$ 382,179	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
3. Buildings		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Non-Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
5. Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
6. Motor Vehicles		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)				
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 382,179	

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
High Chase, LLC		1871	09/30/15	33	37
Account				Amount	
Liabilities					
A.	Current Liabilities			\$	9,787
	1. Trade Accounts Payable			\$	
	2. Notes Payable (<i>itemize</i>)				
	3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	6,747
	Name of Lender	Purpose	Amount	Date Due	
	Mercedes- Finan	Vehicle	6,747	09/30/16	
	4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	8,722
	5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	2,593
	6. Accrued Payroll Taxes Payable			\$	
	7. Medicare Final Settlement Payable			\$	
	8. Medicare Current Financing Payable			\$	
	9. Mortgage Payable (<i>Current Portion</i>)			\$	
	10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	
	11. Accrued Income Taxes*			\$	23,726
	12. Other Current Liabilities (<i>itemize</i>)				
	CT Sales Tax		144		
	Resident funds		12,071		
	Pension		11,511		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	51,575

* 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 High Chase, LLC		License No. 1871	Report for Year Ended 09/30/15	Page 34	of 37
Account				Amount	
Total Brought Forward:				51,575	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)				\$ 26,388	
Name of Lender	Purpose	Amount	Date Due		
Mercedes- Finan	Vehicle	26,388	3/30/21		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 79,143	
Name and Address of Lender	Amount	Loan Date			
I & K Realty	3,511	open			
K & J Bhogal	75,632	open			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 105,531	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 157,106	

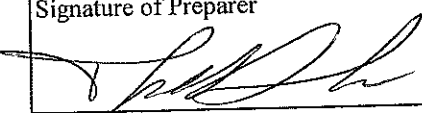
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
High Chase, LLC	1871	09/30/15	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	89,197
6. Gain or Loss for Period			\$	135,876
				10/01/14 thru 09/30/15
7. Total Net Worth			\$	225,073
C. Total Reserves and Net Worth			\$	225,073
D. Total Liabilities, Reserves, and Net Worth			\$	382,179

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
High Chase, LLC	1871	09/30/15	36	37
Account			Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2014		\$	89,197
B.	Total Revenue (<i>From Statement of Revenue Page 30</i>)		\$	1,074,156
C.	Total Expenditures (<i>From Statement of Expenditures Page 27</i>)		\$	938,280
D.	Net Income or Deficit		\$	135,876
E.	Balance		\$	225,073
F.	Additions			
	1. Additional Capital Contributed (<i>itemize</i>)			
	2. Other (<i>itemize</i>)			
	Auto use adj	1,798		
F-3.	Total Additions		\$	1,798
G.	Deductions		\$	
	1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			
	Name and Address (<i>No., City, State, Zip</i>)	Title	Amount	
	2. Other Withdrawings (<i>Specify</i>)		\$	
	Purpose	Amount		
	3. Total Deductions		\$	
H.	Balance at End of Period		\$	226,871
	09/30/15			

I. Preparer's/Reviewer's Certification

Name of Facility High Chase, LLC	License No. 1871	Report for Year Ended 09/30/15	Page 37	of 37
<i>Check appropriate category</i>				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title CPA	Date Signed 1/13/16		
Printed Name of Preparer Thomas W. Daniele CPA				
Address Address 66 Cedar ST., Newington, CT. 06111		Phone Number 860-666-5942		

Error Check

Reported as

Level Item

11:52 AM
 01/08/16
 Accrual Basis

HIGH CHASE, LLC
Trial Balance
 As of September 30, 2015

	Sep 30, 15	
	Debit	Credit
	0.00	
HC - Petty Cash	26,942.85	
HC - NEWALLIANCE BANK- Ckg	96,051.81	
HC - NewAlliance Bank - Savings	12,046.49	
HC - RCH RESIDENTS FUNDS	66,408.15	
Accounts Receivable	0.00	
A/R Clearing	0.00	
Employee Loan/Garn	7,895.16	
Prepaid Insurance	8,010.64	
Prepaid Payroll	4,359.37	
Prepaid Taxes	0.00	
Undeposited Funds	14,193.08	
FA:Land Improve	60,665.35	
FA:Leasehold Improvements	38,558.64	
FA:Automobile	10,006.46	
FA:Furniture and Equipment	48,898.31	
FA:Non-Movable Equipment:Kitchen	4,317.81	
FA:Non-Movable Equipment:Office		1,277.50
A/D:Land Imp		3,619.49
A/D:LH		1,207.01
A/D:FF & E		6,215.53
A/D:N-M Equip		3,855.86
A/D:Auto	0.00	
Home Depot Credit Card		9,786.83
A/P - Adj	0.00	
Accred P/R Taxes:State U/C	0.00	
Accrued Income Tax		11,314.83
Accrued Payroll		143.52
Accrued Sales Tax	0.00	
Patient Allowance		11,510.65
Pension Liability		12,071.49
Resident Personal Funds:Resident - Bank Accounts		3,510.94
Loan - I & K Bhogal Realty	0.00	
Loan - April Time RCH		69,755.19
Loan - Bhogal		4,079.55
Loan -Bhogal Officer paid items		33,135.04
N/P - Auto		89,196.65
Retained Earnings	0.00	
Residents		92,860.00
Residents:Private	756.29	
Residents:State:Medicaid - Adj		30,822.18
Residents:State:Medicaid - Daily		951,191.46
Residents:State:Medicaid - Monthly	119,262.52	
1-Nursing:P/R - Attendants	53.16	
1-Nursing:Medical Supplies	110.00	
1-Nursing:Outside Services	42,894.50	
2-Plant:P/R - Maint	42,254.97	
2-Plant:Repairs and Maintenance	12,385.04	
2-Plant:Utilities:Utilities - Electricity	13,481.79	
2-Plant:Utilities:Utilities - Gas	7,486.41	
2-Plant:Utilities:Utilities - Oil	7,068.66	
2-Plant:Utilities:Utilities - Water/Sewer	42,699.60	
3-Dietary:P/R - Kitchen	4,602.52	
3-Dietary:Dietary Supplies	67,107.66	
3-Dietary:Food	5,784.40	
4-Laundry:P/R - Laundry	27.42	
4-Laundry:Laundry & Linnens	36,860.00	
4-Laundry:Purchased Services	76,873.77	
5-Hskpg:P/R - Hskpg	0.00	
5-Hskpg:Cleaning Supplies	12,172.12	
5-Hskpg:Housekeeping Supplies	17,681.50	
6-Activities:P/R - Recreation	1,113.23	
6-Activities:Cable	904.48	
6-Activities:Rec. Supplies	61,369.94	
7-Admin:P/R - Admin		

11:52 AM
 01/08/16
 Accrual Basis

HIGH CHASE, LLC
Trial Balance
 As of September 30, 2015

	Sep 30, 15	
	Debit	Credit
7-Admin:P/R - Owner	24,867.87	
7-Admin:P/R - Office	17,681.49	
7-Admin:Automobile Expense	3,822.33	
7-Admin:Bank Service Charges	114.60	
7-Admin:Computer and Internet Expenses	1,661.44	
7-Admin:Dues and Subscriptions	967.26	
7-Admin:Education Expense		2,674.72
7-Admin:Employee Travel	144.30	
7-Admin:Group Ins.:Dental	5,707.38	
7-Admin:Group Ins.:Health	87,945.60	
7-Admin:Insurance Expense	0.00	
7-Admin:Licenses and Permits	1,205.00	
7-Admin:Meals & Entertainment	396.82	
7-Admin:Office Supplies	1,063.46	
7-Admin:Payroll Expenses	0.00	
7-Admin:Pension Expense:Pension - Employees	7,210.55	
7-Admin:Pension Expense:Pension - Owner	4,300.10	
7-Admin:Postage and Delivery	270.48	
7-Admin:Professional Fees:Accounting Expense	14,260.00	
7-Admin:Professional Fees:Payroll Processing	2,868.88	
7-Admin:Professional Fees:Pension Admin	1,003.00	
7-Admin:Taxes:P/R - UC	15,388.08	
7-Admin:Taxes:P/R 940	2,916.30	
7-Admin:Taxes:P/R 941	31,263.91	
7-Admin:Telephone Expense	3,023.92	
7-Admin:Worker's Compensation	21,569.22	
8-Property:Auto Insurance	654.44	
8-Property:General Liability Insurance	6,215.50	
8-Property:Property Insurance	9,503.20	
8-Property:Rent - Building	69,600.00	
8-Property:Taxes - Property:Tx - Real Estate	14,820.53	
8-Property:Taxes - Property:Tx - Personal Property	1,471.30	
8-Property:Taxes - Property:Tx - Automobile	0.00	
9-Depre & Amort:Depr. Exp.:Deprec - Land Improve	1,156.32	
9-Depre & Amort:Depr. Exp.:Deprec - LH	3,407.93	
9-Depre & Amort:Depr. Exp.:Deprec - FFE	852.00	
9-Depre & Amort:Depr. Exp.:Deprec - Equip (NM)	5,486.14	
9-Depre & Amort:Depr. Exp.:Deprec - Auto	2,698.76	
10-Interest	238.65	
10-Interest:Interest- financing	850.90	
10-Interest:Interest - Auto	355.59	
Interest Income		38.91
TOTAL	<u><u>1,338,267.35</u></u>	<u><u>1,338,267.35</u></u>

Description	Medicaid		Stat	Rounded	
	Pg	Ln		\$	
CASH					
CASH ON HAND - PETTY CASH	31	a-1		0	
CASH IN BANK - REG CHECKING	31	a-1		26,943	
CASH IN BANK - CENTRAL A/C	31	a-1		0	
CASH IN BANK - PAYROLL ACCOUNT	31	a-1		0	
CASH IN BANK - FU CHECKING	31	a-1		0	
CASH IN BANK - FU MM	31	a-1		0	
CASH IN BANK - SAVINGS	31	a-1		96,052	
CASH IN BANK-PATIENT TRUST ACC	31	a-1		12,046	135,041
ACCOUNTS RECEIVABLE					
PRIVATE	31	a-2		0	
MEDICARE	31	a-2		0	
MEDICARE CO-INS A	31	a-2		0	
MEDICARE CO-INS B	31	a-2		0	
WELFARE	31	a-2		66,408	
WELFARE AI	31	a-2		0	
PATIENTS PERSONAL FUNDS	31	a-2		0	
VETERANS	31	a-2		0	
OTHER	31	a-2		0	
RESIDENTIAL	31	a-2		0	
DAY CARE	31	a-2		0	
PAYROLL ADVANCES	31	a-2		0	
INTEREST RECEIVABLE	31	a-2		0	
RECEIVABLE - TAX REFUND STATE	31	a-2		0	
RECEIVABLE - TAX REFUND FEDERA	31	a-2		0	
Shareholders	31	a-2		0	
Exchange - 140 River Road	31	a-2		0	
	31	a-2		0	
	31	a-2		0	
ALLOWANCE FOR DOUBTFUL ACCOUNT	31	a-2		0	66,408
PREPAID EXPENSE					
INTEREST	31	a-5		0	
RENT	31	a-5		0	
LICENSES	31	a-5		0	
REAL ESTATE TAXES	31	a-5		3,655	
PERSONAL PROPERTY TAXES	31	a-5		705	
SUPPLIES	31	a-5		0	
DO NOT USE	31	a-5		0	
LOAN FEES	31	a-5		0	
INSURANCE - Workers Comp	31	a-5		(802)	
INSURANCE - PROPERTY	31	a-5		4,777	
INSURANCE - LIABILITY	31	a-5		2,985	
INSURANCE - AUTO	31	a-5		935	
Payroll Taxes	31	a-5		8,011	20,266
LAND	31	b-1		0	
LAND IMPROVEMENTS	31	b-2		14,193	
PROPERTY PLANT & EQUIPMENT					

Description	Medicaid		Stat	Rounded	
	Pg	Ln		\$	
BUILDINGS		31 b-3		0	
BUILDING IMPROVEMENTS		31 b-3		0	
BUILDING ADDITION		31 b-3		0	
LEASEHOLD IMPROVEMENTS		31 b-4		60,665	
FIXED EQUIPMENT		31 b-5/6		0	
FURNITURE & EQUIPMENT		31 b-6		10,006	
OFFICE EQUIPMENT		31 b-5/6		0	
KITCHEN EQUIPMENT		31 b-5/6		0	
LAUNDRY EQUIPMENT		31 b-5/6		0	
NURSING EQUIPMENT		31 b-5/6		0	
HOUSEKEEPING		31 b-5/6		0	
MINOR EQUIPMENT		31 b-5/6		0	
VEHICLES		31 b-5/6		38,559	
Non-Movable Equipment		31 b-5		53,216	
CONSTRUCTION IN PROGRESS		31 b-9		0	176,639
ACCUMULATED DEPRECIATION					
LAND IMPROVEMENTS		31 b-2		(1,277)	
BUILDINGS		31 b-3		0	
BUILDING IMPROVEMENTS		31 b-3		0	
BUILDING ADDITION		31 b-3		0	
LEASEHOLD IMPROVEMENTS		31 b-4		(3,619)	
FIXED EQUIPMENT		31 b-5/6		0	
FURNITURE & EQUIPMENT		31 b-6		(1,207)	
OFFICE EQUIPMENT		31 b-5/6		0	
KITCHEN EQUIPMENT		31 b-5/6		0	
LAUNDRY EQUIPMENT		31 b-5/6		0	
NURSING EQUIPMENT		31 b-5/6		0	
MAINTENANCE & HOUSEKEEPING EQU		31 b-5/6		0	
VEHICLES		31 b-5/6		(3,856)	
Non-Movable Equipment		31 b-5		(6,216)	(16,175)
RENTAL PROPERTY - land				0	
RENTAL PROPERTY - Building Net				0	0
INTANGIBLES & DEFERRED CHARGES					
ORGANIZATION COSTS				0	
LEASE ACQUISITION COSTS				0	
REFINANCING		32 d-7		0	
LEASEHOLD				0	
ACCUMULATED AMORTIZATION					
ORGANIZATION COSTS				0	
LEASE ACQUISITION COSTS				0	
REFINANCING		32 d-7		0	
INVESTMENTS - STOCK				0	
INVESTMENTS IN SUBSIDIARIES				0	0
					<u>382,179</u>
CURRENT LIABILITIES					

Description	Medicaid		Stat	Rounded	
	Pg	Ln		\$	
ACCOUNTS PAYABLE					
TRADE ACCOUNTS		33 A-1		(9,787)	
Resident Funds		33 A-1		(12,071)	
INSURANCE PAYABLE		33 A-1		0	
A/P RECOUP - MEDICARE		33 A-8		0	(21,858)
A/P RECOUP - WELFARE		33 A-1		0	
PAYROLL PAYABLE					
PAYROLL PAYABLE				0	
PAYROLL ACCRUED		33 A-4/5		(11,315)	
PAYROLL CLEARING				0	(11,315)
LIABILITY FOR PAYROLL WITHHOLD					
FICA (SOCIAL SECURITY)		33 A-6		0	
FICA (MEDICARE)		33 A-6		0	
FEDERAL INCOME TAX		33 A-6		0	
PENSION		33 A-12		0	
STATE INCOME TAX		33 A-6		0	
STATE DISABILITY INSURANCE (SD		33 A-6		0	
GRP INSURANCE		33 A-12		0	
WORKMAN'S COMPENSATION		33 A-12		0	
MEDICAL AID		33 A-12		(144)	
State Sales Tax		33 A-12		0	
STATE UNEMPLOYMENT (OR E.S.C.)		33 A-6		0	
PAYROLL SAVINGS PLAN		33 A-12		0	
GARNISHMENT		33 A-12		0	
EMPLOYER PAYROLL TAXES					
FICA		33 A-6		0	
ST U/C		33 A-6		0	
FED U/C		33 A-6		0	
STATE UNEMPLOYMENT		33 A-6		0	(144)
PAYROLL BENEFITS ACCRUED					
GRP INS		33 A-12		0	
WORKER'S COMPENSATION		33 A-12		0	
VACATIONS		33 A-12		0	
BONUSES		33 A-12		0	
ACCRUED PENSION		33 A-12		(11,511)	(11,511)
BUSINESS TAXES ACCRUED					
STATE EXCISE OR B & O TAX		33 A-12		0	
TAX-PP/AUTO		33 A-12		0	
TAX-R.E.		33 A-12		0	
DO NOT USE					0
NOTES, CONTRACTS AND LOANS PAY					

High Chase, LLC		09/30/15	
Description	Medicaid Pg Ln	Stat	Rounded \$
N/P - CURRENT	33 A-9		0
BANK - DEMAND	33 A-2		(6,747)
CONTRACTS - EQUIPMENT			0
CONTRACTS - INSURANCE			0
NOTES AND LOANS			(26,388)
MORTGAGES	34 B-2		0
CORPORATE INCOME TAXES			
FEDERAL INCOME TAXES PAYABLE			0
STATE CORP. INCOME TAX	33 A-11		0
EXCHANGE			
EXCHG - Leased prop Reserve	33 A-12		0
EXCHG - PATIENT	33 A-12		0
EXCHG - PAYROLL	33 A-12		0
INTER-COMP RECEIVABLES - PAYAB			
Loan - Bhogal	34 b-3		(69,755)
Loan - I & K Bhogal Realty	34 b-3		(3,511)
Personal LOC			(5,877)
OTHER			0
			(79,143)
COMMON STOCK	35 b-2		0
TREASURY STOCK			0
PAID IN CAPITAL			0
RETAINED EARNINGS	35 b-5		0
CLEARING ACCOUNT			0
DIVIDENDS PAID			0
U.T.I.	35 b-5		0
A.A.A.	35 b-5		(89,197)
CURRENT YEAR (PROFIT) LOSS	35 b-6		(135,876)
			(225,073)
			(382,179)
			(0)

Description	Medicaid Pg Ln	Stat	Rounded \$	
SKILLED NURSING FACILITY				
CARE REVENUE - PRIVATE				
BASIC CARE - LEVEL 1	30 1.4a		0	0
BASIC CARE - LEVEL 2	30 1.4a		758	(92,860)
BASIC CARE - LEVEL 3	30 1.4a		0	0
PRIVATE ROOM PREMIUM	30 1.4a		0	0
ADJUSTMENTS TO REVENUE	30 1.4a		0	0
CARE REVENUE - MEDICARE				
BASIC CARE - LEVEL 1	30 1a3		0	0
BASIC CARE - LEVEL 2	30 1a3		0	0
BASIC CARE - LEVEL 3	30 1a3		0	0
ADJUST REVENUE - ALLOWANCE	30 1a3		0	0
ADJUST REVENUE - RATE ADJ	30 1a3		0	0
CARE REVENUE - WELFARE				
BASIC CARE - LEVEL 1	30 1.1a		0	0
BASIC CARE - LEVEL 2	30 1.1a		11,598	(981,257)
BASIC CARE - LEVEL 3	30 1.1a		0	0
STATE RETRO ADJUST	30 1.1a		0	0
ADJUST REVENUE - ALLOWANCE	30 1.1a		0	0
ADJUST REVENUE - RATE ADJ	30 1.1a		0	0
CARE REVENUE - OTHER				
BASIC CARE - LEVEL 1	30 1a4		0	0
BASIC CARE - LEVEL 2	30 1a4		0	0
BASIC CARE - LEVEL 3	30 1a4		0	0
ADJUSTMENTS TO REVENUE	30 1a4		0	0
VENDING MACHINES				
REVENUE	30 2m		0	0
EXPENSE	30 2m		0	0
LAUNDRY				
REVENUE	30 2c		0	0
EXPENSE	30 2c		0	0
PERSONAL ITEMS				
REVENUE			0	0
EXPENSE			0	0
PATIENT TRANSPORTATION				

Description	Medicaid		Stat	Rounded	
	Pg	Ln		\$	
REVENUE				0	0
EXPENSE				0	0
OTHER ITEMS					
DISCOUNTS EARNED	30	2g		0	0
GAIN OR LOSS ON SALE OF ASSETS	30	2m		0	0
COST OF ASSET	30	2m		0	0
OTHER REVENUE	30	2m		0	0
REVENUE FROM RENTS	30	2b		0	0
INTERSET INC-BANKS	30	IV5		0	(39)
INTEREST INC-OTHER	30	IV8		0	0
INTEREST INC-A/R	30	IV8		0	0
INTEREST BILLED ON A/R	30	IV8		0	0
NURSING SERVICE					
SALARIES	10	12a		0	0
SALARIES - AIDES & ORDERLIES	10	12d		9,886	119,263
SALARIES - INSERVICE	10			0	0
CONTRACTED LABOR-AIDES & ORDER	13	11c		0	0
EQUIPMENT RENTAL				0	0
EQUIPMENT REPAIRS				0	0
SUPPLIES	20	5b		0	163
				0	0
					119,426
PLANT OPERATIONS & MAINTENANCE					
SALARIES	10	7b		2,313	42,895
SALARIES-MAINT	10	7b		0	0
FUEL - OIL	22	6b		0	7,486
FUEL - GAS	22	6f		0	13,482
ELECTRICITY	22	6c		0	12,385
WATER, SEWER, GARBAGE	22	6d		0	7,069
MEDICAL WASTE PICK-UP	22	6f		0	0
SUPPLIES - MAINTENANCE	22	6f		0	0
SUPPLIES - OPERATIONS				0	0
PAINT & PAINTING SUPPLIES				0	0
GARDENING & GARDENING SUPPLIES				0	0
PURCHASED SERVICES - MAINT L	22	6f		0	0
PURCH SVCS - REPAIRS & MAINT B	22	6f		0	0
PURCH SVCS - REPAIRS & MAINT E	22	6f		0	0
PURCHASED SERVICES - INSERVICE				0	0
PURCH SVCS - CABLE TV	22	6f		0	0
EQUIPMENT RENTAL	22	6f		0	0
REPAIRS & MAINTENANCE	22	6a		0	42,255
REPAIRS & MAINTENANCE - BUILDI	22	6a		0	0
REPAIRS & MAINTENANCE - EQUIPM	22	6a		0	0
GROUPS MAINTENANCE				0	0
				0	0
					125,572
DIETARY					

09/30/15

High Chase, LLC

Description	Medicaid		Stat	Rounded	
	Pg	Ln		\$	
SALARIES		10 5b		0	0
DIETARY WAGES		10 5c	3,531	42,700	
DIETICIAN		13 b1	0	0	
FOOD		18 2a1	0	67,107	
RECOVERY OF FOOD COSTS			0	0	
DISHES & UTENSILS		18 2a2	0	0	
SUPPLIES		18 2a2	0	4,603	
CLEANING SUPPLIES			0	0	
MISCELLANEOUS			0	0	
CONTRACTED LABOR			0	0	
EQUIPMENT RENTAL		18 2d	0	0	
EQUIPMENT REPAIRS		18 2d	0	0	
					114,410
LAUNDRY & LINEN					
SALARIES			0	0	
SALARIES		10 8b	483	5,784	
LINEN		19 3a4	0	27	
SUPPLIES		19 3d	0	0	
DRAPES & CURTAINS			0	0	
MISCELLANEOUS EXPENDITURE			0	0	
CONTRACTED LABOR		19 3b	0	0	
PURCHASED SERVICES - INSERVICE		19 3b	0	36,860	
EQUIP-RENTAL(LAUNDRY)			0	0	
EQUIPMENT REPAIRS			0	0	
					42,671
HOUSEKEEPING					
SALARIES		10 6a	0	0	
SALARIES - Other		10 6b	6,340	76,874	
SUPPLIES		20 4a1	0	12,172	
CONTRACTED LABOR			0	0	
EQUIPMENT RENTAL			0	0	
EQUIPMENT REPAIRS		20 4d	0	0	
					89,046
ACTIVITIES - RECREATIONAL					
SALARIES			0	0	
SALARIES		10 12h	1,044	17,682	
PURCHASED SERVICES - REC			0	0	
RECOVERY OF ACTIVITY COSTS			0	0	
SUPPLIES		20 5i	0	2,017	
			0	0	
					19,699
ADMINISTRATION & GENERAL					
SALARIES - ADMINISTRATOR		10 a2	2,170	61,370	
SALARIES - ASST. ADMINISTRATOR			0	0	
SALARIES - BUSINESS OFFICE		10 a4	1,044	17,681	
SALARIES-OWNER		10 a1	1,038	24,868	
OFFICE SUPPLIES		15 1g	0	1,178	

09/30/15

High Chase, LLC

Description	Medicaid		Stat	Rounded	
	Pg	Ln		\$	
EQUIPMENT RENTAL				0	0
EQUIPMENT REPAIRS				0	0
AUTO		16 L6		0	4,029
AUTO LEASE				0	0
TRAVEL & LODGING		16 L4		0	144
MEALS/ENTER		16 L2		0	397
SEMINAR EXPENSE		16 L5		0	(2,675)
MOVING EXPENSE				0	0
PURCHASED SERVICES - Computer		16 m-13		0	1,661
CONTRACTED LABOR		16 m-13		0	0
PAYROLL SERVICE FEES		16 m-13		0	2,869
PROFESSIONAL FEES - LEGAL		15 1e		0	0
PROFESSIONAL FEES - ACCOUNTING		15 1d		0	14,260
PURCH SVCS - Pension				0	1,003
PAYROLL TAX-FICA		15 1a4		0	31,264
PAYROLL TAX-FUI		15 1a3		0	2,916
PAYROLL TAX-SUI		15 1a3		0	15,388
BUSINESS INS		27 14c3		0	0
GRP INSURANCE		15 1a5		0	93,653
PENSION EXPENSE		15 1a7		0	11,511
PENSION - STOCKHOLDERS		15 1b		0	0
LEASE ACQUISITION EXPENSE				0	0
POSTAGE		16 m-7		0	271
ADVERTISING		16 m-2		0	0
PUBLIC RELATIONS		16 m-3		0	0
ADVERTISING-HELP WANTED		16 m-1		0	0
EMPLOYMENT EXPENSE		16 m-1		0	0
BANK CHARGES				0	0
BAD DEBTS - PRIVATE				0	0
BAD DEBTS - MEDICARE INTERMEDI				0	0
BAD DEBTS - WELFARE				0	0
COLLECTION EXPENSE				0	0
DONATIONS		16 m-10		0	0
DUES & SUBSCRIPTIONS		16 m-8		0	967
LICENSES		16 m-13		0	1,205
INSURANCE - W/C		15 1a1		0	21,569
OFFICERS LIFE INSURANCE				0	0
MISCELLANEOUS		16 m-13		0	0
TELEPHONE		15 1H1		0	3,024
Cell Phone / pagers		15 1H2		0	0
BUSINESS TAXES - B & O TAX		15 1j		0	0
BUSINESS TAXES - SALES TAXES		15 1k2		0	0
PROVISION FOR STATE INCOME TAX				0	0
PROVISION FOR OTHER TAX				0	0
FINES AND PENALTIES		36 g-2		0	0
ADMINISTRATION & GENERAL PROPERTY & RELATED					308,553
RECOVERY OF PROP & RELATED COS				0	0
REAL PROPERTY TAXES		22 10b		0	14,821
PERSONAL PROPERTY TAXES		22 10c		0	1,471
TAXES AND LICENSES - OTHER				0	0
INSURANCE - FIRE & EXTENDED CO		27 14c2		0	9,503
INSURANCE - LIABILITY		27 14a		0	6,216

High Chase, LLC			09/30/15			
Description	Medicaid Pg	Ln	Stat	Rounded \$		
INSURANCE - AUTO	27	14b		0	935	
RENT EXPENSE-LAND				0	0	
RENT EXPENSE - BUILDING	22	9		0	69,600	
RENT EXPENSE - EQUIPMENT				0	0	
DEPREC-LAND IMPROVEMENTS	22	7a		0	1,156	
DEPREC-BUILDING	22	7b		0	0	
DEPREC-BUILD.IMPROV	22	7b		0	0	
DEPREC-BUILD. ADDITION	22	7b		0	3,408	
DEPREC-LEASEHOLD IMPROVEMENTS	22	8c		0	0	107,110
ADMINISTRATION & GENERAL DEPRECIATION & AMORTIZATION						
DEPREC-FIXED EQUIPMENT				0	0	
DEPREC-FURNITURE & EQUIPMENT	22	7d		0	852	
DEPR-OFFICE EQUIPMENT	22	7d		0	0	
DEPR-KITCHEN	22	7d		0	0	
DEPR-LAUNDRY	22	7d		0	0	
DEPR-NURSING	22	7d		0	0	
DEPR-MAINTENANCE & HOUSEKEEPIN	22	7d		0	0	
DEPREC-MINOR EQUIPMENT	22	7d		0	3,856	
DEPREC-AUTO				0	5,486	
DEPREC-NONMOVABLE EQUIPMENT	22	7c		0	0	
AMORT-ORGANIZATION COSTS	22	8d		0	0	
AMORT-LEASE ACQUISITION COSTS	22	8a		0	0	10,194
AMORT-DEFERRED OFFERING EXP	22	8b		0	0	
INTEREST EXPENSE						
BUILDING	26	12A1		0	0	
PROPERTY				0	0	
EQUIPMENT				0	509	
WORKING CAPITAL NOTES	27	12d		0	0	
VENDORS	27	12d		0	1,090	1,599
FEDERAL INCOME TAXES						
PROVISION FOR FEDERAL INCOME T	15	k-1		0	0	
PROVISION FOR STATE INCOME TAX	15	k-1		0	0	0
CURRENT YEAR (PROFIT) LOSS					(135,876) **	
					1,074,156	938,280

High Chase
 Charter Business Service
 FYE 9/30/2015
 WTB Acct. 7-Administrative: Computer and Internet Expense
 Cost Report Page 20 # 5 i

Ck#	Date	Account	Amount	6-Rec. TV	7-Computer Internet	7-Telephone Phone	7-Telephone MTA Lease	% Taxes & Fees	7-Telephone Adjustment
234	10/01/2014	7-Admin:Computer and Internet Exp	479.43	76.05	115.00	209.79		78.59	
270	11/05/2014	7-Admin:Computer and Internet Exp	481.67	76.05	115.00	211.59		79.03	
291	12/03/2014	7-Admin:Computer and Internet Exp	479.70	76.05	115.00	209.79		78.86	
314	01/06/2015	7-Admin:Computer and Internet Exp	479.70	76.05	115.00	209.79		78.86	
346	02/04/2015	7-Admin:Computer and Internet Exp	480.58	76.05	115.00	209.79		79.74	
377	03/09/2015	7-Admin:Computer and Internet Exp	480.58	76.05	115.00	209.79		79.74	
399	04/07/2015	7-Admin:Computer and Internet Exp	480.58	76.05	115.00	209.79		79.74	
411	05/01/2015	7-Admin:Computer and Internet Exp	481.00	76.05	115.00	209.79		80.16	
444	06/01/2015	7-Admin:Computer and Internet Exp	489.09	79.99	115.00	209.79		84.31	
461	07/07/2015	7-Admin:Computer and Internet Exp	489.09	79.99	115.00	209.79		84.31	
475	07/30/2015	7-Admin:Computer and Internet Exp	488.33	79.99	115.00	209.79		83.55	
503	09/02/2015	7-Admin:Computer and Internet Exp	488.84	80.46	115.00	209.79		83.59	
519	09/29/2015	Prepaid October 2015							
			<u>5,798.59</u>	<u>928.83</u>	<u>1,380.00</u>	<u>2,519.28</u>		<u>970.48</u>	
				0.19	0.29	0.52			
% Calc				184.40	281.44	504.64		(970.48)	-
Taxes & Fees Adjustment									
9/30/2015 Adjusting Entry			<u>(5,798.59)</u>	<u>1,113.23</u>	<u>1,661.44</u>	<u>3,023.92</u>		<u>-</u>	



Mercedes-Benz

Ray Catena Motor Car Corporation
Smart Center of Edison

910 Route 1 • EDISON, N.J. 08817
Sales (732) 549-6600 • Service (732) 549-6606 • Parts (732) 549-8020



INVOICE

SOLD TO HIGH CHASE LLC

DATE 03/30/2015

126906

ADDRESS 140 RIVER ROAD
SOUTH GLASTONBURY CT 06073

DEAL# 234759

YEAR	NEW OR USED	MAKE	COLOR	MODEL	INVOICE	STOCK NO.	CLIENT NO.	USED STK. NO.
2013	USED	MERCEDES-BEN	BLACK/ALMOND	C300W4		P52084	176209	
VIN WDDGF8AB9DR287471				KEY NOS.	REPRESENTATIVE NUMBER 1179	MODEL NUMBER		
INSURANCE COVERAGE INCLUDES <input type="checkbox"/> FIRE & THEFT <input type="checkbox"/> COLLISION - AMT. DED. \$ <input type="checkbox"/> PUBLIC LIABILITY - AMT. \$ <input type="checkbox"/> PROPERTY DAMAGE - AMT. \$					DESCRIPTION		ACCT. NO.	SALE
OPTIONAL EQUIPMENT AND ACCESSORIES								
<u>GROUP</u>		<u>DESCRIPTION</u>		<u>PRICE</u>				
LIEN: MERCEDES-BENZ FINSERVUSALLC PO BOX 997542 SACRAMENTO CA 95899-7542					NEW INV. CUC @ 35995.00 UNIT SOLD CUC			
					NJ SUPPLEMENTAL TITLING FEE 331L N/A DOC FEE 805 499.00 NJ TIRE TAX 325 N/A MOTOR VEHICLE 331 325.00 SALES TAX 324 2189.64 TOTAL CASH PRICE 39008.64 FINANCING 3418.24 INSURANCE N/A TOTAL TIME PRICE 42426.88 DEPOSIT 305 2500.00 CASH ON DELIVERY 220A N/A			
DESCRIPTION OF TRADE-IN					TRADE-IN ALLOWANCE PAYMENTS			
YEAR	MAKE	BODY COLOR	MODEL		MONTHS	DOLLARS		
					72	554.58 PER MONTH	39926.88	
VIN					TOTAL		42426.88	

741700012H
RAY CATENA MOTOR CAR
518 RT. 1 S.
EDISON, NJ 08817
732-549-6600

Ref #: 007

Term ID: 008

Sale

XXXXXXXXXXXX4001
VISA

Entry Method: Swiped

03/24/15

16:48:11

Inv #: 000007

Appr Code: 01294C

Apprvd: Online

Batch#: 003001

Total:

\$ 2,500.00

Customer Copy

Mr
Deposit

NEW JERSEY
Retail Installment Contract - Simple Interest

First Class Financing®

Parties

Contract Date: 03/30/2015
 Creditor/Seller:
 Name: RAY CATENA MOTOR CAR CORP.
 Address: 910 ROUTE 1
EDISON NJ 08817 MIDDLESEX

Buyer (and Co-Buyer):
 Name: HIGH CHASE LLC
 Name: N/A
 Billing Address: 140 RIVER ROAD
SOUTH GLASTONBURY CT 06073 HARTFORD
 (Include County)

Unless otherwise specified, "you" and "your" refer to the Buyer (and Co-Buyer), and "we" and "us" refer to the Creditor/Seller, listed above in section labeled Parties. The vehicle described below, in the section labeled Vehicle and Trade-in Information, is referred to as "vehicle." After being quoted both a cash ("Cash Price", page 2) and credit price ("Total Sale Price", below) for the vehicle, you have chosen to buy the vehicle on credit. You agree to the terms and conditions provided for in this contract. You also acknowledge delivery and acceptance of the vehicle.

Type of Retail Installment Contract

Standard Balloon Payment

You understand that no matter which box is checked above, this contract is not a lease.

Federal Truth-in-Lending Disclosures

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	FINANCE CHARGE E* The dollar amount the credit will cost you.	Amount Financed The amount of credit provided to you or on your behalf.	Total of Payments E* The amount you will have paid after you have made all payments as scheduled.	Total Sale Price E* The total cost of your purchase on credit, including your down payment of: \$ 2500.00.
2.99 %	\$ 3418.24	\$ 36508.64	\$ 39926.88	\$ 42426.88

* E means Estimate

Payment Schedule - Your payment schedule will be:

Number of Payments	Amount of Each Payment	When Payments Are Due (Beginning Date of Payment)
N/A	N/A	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> N/A
N/A	N/A	N/A
71	554.54	04/30/2015
+ 1 Final Payment	Amount of Final Payment	Due Date of Final Payment
	554.54	03/30/2021

Late Charge. You must pay a late charge on each payment made more than 10 days late. The charge is \$10.

Prepayment. If you pay off early, you will not have to pay a penalty.

Security Interest. You are giving us a security interest in the vehicle being purchased.

Additional Information. See the other pages of this contract for additional information about security interest, nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.

Vehicle and Trade-in Information

1. VEHICLE DESCRIPTION

New Used WDDGF8AB9DR287471
 VIN

2013 MERCEDES-BENZ C300W4 4DR SDN C300 6
 Year Make Model Body Style No. Cyl.

2. PRIMARY INTENDED USE

Personal Commercial Agricultural N/A

If no box is checked, or if Personal box is checked, you agree to use the vehicle for personal, family, or household purposes.

3. TRADE-IN DESCRIPTION

N/A N/A N/A
 Year Make Model

12/10/2015



Welcome HIGH CHASE LLC1



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- [Transaction History](#)
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Transaction History

This Transaction History screen offers an easy way to track and review your payments made to Mercedes-Benz Financial Services.

Any payments posted on your Mercedes-Benz Financial Services account are available for viewing in the Transaction History section. These include payments made via Online Pay, Auto Pay, phone or check. You can view the prior 6 months of activity, prior 12 months of activity or your entire account history.

To see the pending on-line transactions or schedules, please click here.

Process Date	Description	Amount	Balance	Interest	Balance	Balance
11-24-2015	Payment	\$476.93	\$77.61	\$0.00	\$554.54	\$32,190.43
10-26-2015	Payment	\$467.68	\$86.86	\$0.00	\$554.54	\$32,667.36
09-24-2015	Payment	\$469.20	\$86.34	\$0.00	\$554.54	\$33,135.04
08-24-2015	Payment	\$468.02	\$86.52	\$0.00	\$554.54	\$33,604.24
07-24-2015	Payment	\$469.65	\$84.89	\$0.00	\$554.54	\$34,072.26
06-24-2015	Payment	\$477.08	\$77.46	\$0.00	\$554.54	\$34,541.91
05-28-2015	Payment	\$534.16	\$20.38	\$0.00	\$654.54	\$35,018.99
05-21-2015	Payment	\$505.49	\$153.59	\$0.00	\$659.08	\$35,553.15
05-14-2015	Late Charge Or Fee Waived	\$0.00	\$0.00	\$10.00	\$10.00	\$36,058.64
05-11-2015	Late Charge Or Fee Assessment	\$0.00	\$0.00	(\$10.00)	(\$10.00)	\$36,058.64
03-30-2015	Payment Waiver Program	\$450.00	\$0.00	\$0.00	\$450.00	\$36,058.64
03-30-2015	Loan Funding					\$36,508.64

The account history displays payment information most often requested by our customers relating to their account. It is provided for informational purposes only and is not a detailed transaction summary of each entry or item affecting your account.

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STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES



IMPORTANT NOTICE TO YOU:

- 1) VERIFY THAT DMV HAS RECEIVED YOUR PAYMENT AT CT.GOV/DMV/VERIFYREG;
- 2) MAKE SURE YOU PAY ALL LOCAL PROPERTY TAXES DUE AND FULFILL ANY REQUIREMENTS LISTED BELOW.
- 3) **TEAR OFF REGISTRATION CERTIFICATE BELOW AND PUT IN VEHICLE OR YOU MAY BE FINED IF STOPPED BY POLICE.**

Below is your new registration certificate. You must keep this document in your vehicle at all times.

Connecticut no longer issues expiration stickers.

KEEP IN VEHICLE		KEEP IN VEHICLE		KEEP IN VEHICLE							
VALID ONLY AFTER RESOLVING ALL COMPLIANCE ISSUES ABOVE		CONNECTICUT REGISTRATION CERTIFICATE				VALID ONLY AFTER PAYMENT RECEIVED BY DMV					
KEEP THIS PORTION IN YOUR VEHICLE - DO NOT MAIL											
NO REGISTRATION STICKER REQUIRED											
INSURANCE SHALL BE MAINTAINED AS REQUIRED BY CT LAW											
CLASS CODE	PLATE NUMBER	EXP. DATE	VEHICLE IDENTIFICATION NUMBER	YR	MAKE	MODEL	BODY STYLE	COLOR	GROSS WEIGHT	STAND CAP.	
03	4355DD	04/07/17	WDDGF8AB9DR287471	13	MERZ	C300	4D SED	BLACK			
CLASS CODE DESCRIPTION			SUB CODE	SUB CODE DESCRIPTION			TOWN	CURRENT TAX TOWN	AXLES	LIGHT WEIGHT	SEAT. CAP.
COMBINATION			I	PASSENGER BODY			054	GLASTONBURY			
TITLE	EMISSIONS TEST DUE DATE	PRINT DATE	PRINT TIME	TERM ID	CLOCK	TOTAL FEE	COMMISSIONER OF MOTOR VEHICLES				
Y		04/07/15	13:52:04	MV6P	130	\$103.00	<i>Paul G. P...</i>				

HIGH CHASE LLC
140 RIVER RD
S GLASTONBURY CT 06073

NEW RECORD
MVCN0455



KEEP IN VEHICLE		KEEP IN VEHICLE	
INSURANCE IDENTIFICATION CARD - Connecticut			
ISSUED PURSUANT TO CONNECTICUT LAW			
Policy Number: 03626688-0			
NAIC Number: 42915			
Expiration Date: 09/30/2016			
Effective Date: 03/09/2015			
Policy Type: Commercial			
Insurer: Progressive Northwestern Ins Co 1-800-444-4487			
PO Box 94739 Cleveland, OH 44101			
Named Insured(s):			
HIGH CHASE, LLC			
Your Agent:			
GRASSO INS & CONSULT 1-203-288-4995			
250 STATE STREET, K1			
NORTH HAVEN, CT 06473			
Year	Make	Model	VIN
2013	Mercedes-Benz	C300	WDDGF8AB9DR287471
Signature of Authorized Officer of the Insurer			
<i>Paul G. P...</i>			
KEEP THIS CARD IN THE VEHICLE AT ALL TIMES. SEE REVERSE SIDE.			
If a covered vehicle is replaced, fill in the following information for the replacement vehicle:			
Year	Make	Model	
The vehicle which is replaced is not covered as of the registration effective date of the replacement vehicle.			

Annual Report of Long-Term Care Facility Cost Year 2015 Checklist

Facility Name High Chase LLC

Complete the following check list. Provide an explanation for any "No" answers. Attach additional sheets to explain further, if necessary.

Yes No

1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

Explanation: _____

Yes No

2. Are the methods of allocating costs consistent with cost year 2014? If not, explain the reporting change.

Explanation: _____

Yes No

3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.

Explanation: _____

Yes No

4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Explanation: _____

Yes No

5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?

Explanation: _____

Yes No

6. During cost year 2015, 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?

Explanation: _____

Yes No

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?

Explanation: _____

Yes No

8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.

Explanation: _____

Yes No

9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation: _____

Yes No

10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation: _____

Yes No

11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?

Explanation: _____

Yes No

12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?

Explanation: _____

Yes No

13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from cost year 2014?

Explanation: _____

Yes No

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?

Explanation: _____

Yes No

15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation: _____

Yes No

16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation: _____

Yes No

17. Have all contractual allowances been properly reported on Page 30?

Explanation:

Yes No

18. If the automated cost report was used, were all discrepancies on the Error Page addressed? If not addressed, explain why.

Explanation:

Yes No

19. Have Pages 1 and 37 been signed? *Cost reports without a signed Page 1 and 37 will not be accepted.*

Explanation:

Yes No

20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? *If detail is not provided, appropriate disallowances will be made.*

Explanation:

Yes No

21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?

Explanation:

Yes No

22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Explanation:

High Chase LLC
 Audit Reconciliations
 F/Y/E 9/30/2015

Expenditures:

Page 36C	Annual Cost Report		<u>938,280</u>
Financials	Total Operating Expenses		N/A
<hr/>			
line 20 Tax Return	Total deductions		936,060
	Adj.		
	Depreciation & amort	(21,055)	
	Credit for Health Ins	21,279	
	T & E	198	
	Auto - pers Auto - personal use	<u>1,798</u>	<u>2,220</u>
			<u>938,280</u>

Administrator Payroll

Page 12			<u>61,370</u>
	Annual Cost Report		
Dr. K.. Bhogal	Form UC-2		
Dr. K.. Bhogal	4th	15,376	
Dr. K.. Bhogal	1st	15,276	
Dr. K.. Bhogal	2nd	15,276	<u>61,202</u>
	3rd	15,276	
		(1,679)	
	Rev Accr	9/30/2014	168
	Accr	9/30/2015	<u>61,370</u>

Related Parties - Jaswinder Bhogal

Page 11			<u>24,868</u>
	Annual Cost Report		
J. Bhogal	Form UC-2		
J. Bhogal	4th	6,275	
J. Bhogal	1st	6,175	
J. Bhogal	2nd	6,175	<u>24,800</u>
	3rd	6,175	
		(679)	
	Rev Accr	9/30/2014	68
	Accr	9/30/2015	<u>24,868</u>