

**NOTE:**

If amended pages are necessary, please submit the amended pages with changes highlighted in yellow, along with a signed and notarized Page 1. As a reminder, if any expense pages have changed, which result in a net increase or decrease to total expenses, please submit the necessary amended Pages 27, 35 and 36. If any depreciation and/or amortization expenses have changed, please submit the corresponding Page 23 or 24 along





Healthdrive Dental 1 Prestige Dr. Meriden, CT	Dentist		<input type="radio"/> Yes <input checked="" type="radio"/> No
Hartford Hospital 80 Seymour St. Hartford, CT	Medical Director		<input type="radio"/> Yes <input checked="" type="radio"/> No
St. Francis Med Grp 114 Woodland St. Hartford, CT	Assistant Medical Director		<input type="radio"/> Yes <input checked="" type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
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			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

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Name & Address of Individual or Company Supplying Service	Cost of Management Services	Full Description of Management Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Apple Health Care, Inc.	308,575	Accounting & Managerial Services	Pg.16 m 12

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2H	Is the cost of employee meals included in 2E?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
2I	Did you receive revenue from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify amt.
2J	Where is the revenue received reported in the Cost Report?		(Page/Line Item)

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2K	Is the 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.
2L	Is any revenue collected from these people?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify amt.
2M	Where is the revenue received reported in the Cost Report?		(Page/Line Item)

2N	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.
2O	Is any revenue collected from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify amt.
2P	Where is the revenue received reported in the Cost Report?		(Page/Line Item)

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3G	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify cost.
3H	Did you receive revenue from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify amt.
3I	Where is the revenue received reported in the Cost Report?		(Page/Line Item)

3J	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.
3K	Did you receive revenue from these people?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify amt.
3L	Where is the revenue received reported in the Cost Report?		(Page/Line Item)

	Is the property either owned by the Facility or leased from a Related Party?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If "Yes" complete Part B. If "No" complete Part C.
--	--	---	---

	Description	Total
11A1	Date Land Purchased	
11A2	Date Structure Completed	
11A3	If NOT Original Owner, Date of Purchase	
11A4	Date of Initial Licensure	
11A5	Total Licensed Bed Capacity	60
11A6	Square Footage	10,136
11A7a	Original Cost - Land	
11A7b	Original Cost - Building	

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	Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
11B1a	Type of Financing (e.g., fixed, variable)				
11B1b	Date Mortgage Obtained				
11B1c	Interest Rate for the Cost Year				
11B1d	Term of Mortgage (number of years)	See Attached			
11B1e	Amount of Principal Borrowed				
11B1f	Principal balance outstanding as of				
	<i>Complete if Mortgage was Refinanced During Current Cost Year.</i>				
11B1g	Type of Financing (e.g., fixed, variable)				
11B1h	Date of Refinancing				
11B1i	New Interest Rate				
11B1j	Term of Mortgage (number of years)				
11B1k	Amount of Principal Borrowed				
11B1l	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
C	Arms-length leases					
	Arms-length leases					
	Arms-length leases					
	Arms-length leases					
	Arms-length leases					

Printed Name of Preparer  
Robert Gwizdak

Address of Preparer  
21 Waterville Road Avon, CT 06001

Phone Number of Preparer  
(860) 470-7535

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	A	B	C	D	E	F	G	H	I
355		27	Prescription Drugs	210,297	210,297			20	5a2
356		28	Ambulance/Limousine	7,662	7,662			16	L1
357		29	X-rays, etc.	16,250	16,250			20	h
358		30	Laboratory	12,430	12,430			20	f
359		31	Medical Supplies	0					
360		32	Oxygen (not emergency)	13,365	13,365			20	5e2
361		33	Occupational Therapy	0					
362		34	Other Ancillary Costs	Page 29 Schedule	5,458	5,458	-	-	
363		<b>Page 22 - Maintenance and Property</b>							
364		35	Excess Movable Equipment Depreciation	Page 29 Schedule	0	-	-	-	
365		36	Depreciation on Unallowable Motor Vehicles	0					
366		37	Unallowable Property and Real Estate Taxes	0					
367		38	Rental of Building Space or Rooms	0					
368		39	Other Property Costs	Page 29 Schedule	0	-	-	-	
369		<b>Page 27 - Insurance</b>							
370		40	Mortgage Insurance	0					
371		41	Property Insurance	0					
372		<b>Other - Miscellaneous</b>							
373		42	Research or Experimental Activities	0					
374		43	Radio and Television Revenue	13	13				
375		44	Vending Machine Revenue	0					
376		45	Purchase Discounts and Allowances	2,430	2,430				
377		46	Duplication of functions or services	0					
378		47	Expenditures for protection, promotion of provider interest	0					
379		48	Interest Income on Account Rec.	72	72			30	IV5
380		49	Other Adjustments to Expense	Page 29 Schedule	1,780	1,780	-	-	
381		<b>Not For Profit Providers Only</b>							
382		50	Building/Non Movable Eq. Depreciation Unallowable Build Int	0	-	-	-		
383				Page 29 Schedule					
384		51	<b>Total Amount of Decrease</b>	1,034,335	1,034,335	0	0		
385									

Line #	Description	Total	CCNH	RHNS	(Specify)
387	<b>Resident Room, Board &amp; Routine Care Revenue</b>				
388	I1a Medicaid Residents (CT Only)	2,032,694	2,032,694		
389	I1b Medicaid Room and Board Contractual Allowance	0			
390	I2a Medicaid (All Other States)	0			
391	I2b Other States Room and Board Contractual Allowance	0			
392	I3a Medicare Residents (all inclusive)	1,157,018	1,157,018		
393	I3b Medicare Room and Board Contractual Allowance	344,475	344,475		
394	I4a Private-Pay Residents and Other	1,868,954	1,868,954		
395	I4b Private-Pay Room and Board Contractual Allowance	0			
396	<b>Other Resident Revenue</b>				
397	II1a Prescription Drugs - Medicare	124,319	124,319		
398	II1b Prescription Drugs - Medicare Contractual Allowance	(124,319)	(124,319)		
399	II1c Prescription Drugs - Non-Medicare	67,561	67,561		
400	II1d Prescription Drugs - Non-Medicare Contractual Allowance	(67,561)	(67,561)		
401	II2a Medical Supplies - Medicare	0			
402	II2b Medical Supplies - Medicare Contractual Allowance	0			
403	II2c Medical Supplies - Non-Medicare	0			
404	II2d Medical Supplies - Non-Medicare Contractual Allowance	0			
405	II3a Physical Therapy - Medicare	361,658	361,658		
406	II3b Physical Therapy - Medicare Contractual Allowance	(281,391)	(281,391)		
407	II3c Physical Therapy - Non-Medicare	160,685	160,685		
408	II3d Physical Therapy - Non-Medicare Contractual Allowance	(97,650)	(97,650)		
409	II4a Speech Therapy - Medicare	32,311	32,311		
410	II4b Speech Therapy - Medicare Contractual Allowance	(22,291)	(22,291)		
411	II4c Speech Therapy - Non-Medicare	6,255	6,255		
412	II4d Speech Therapy - Non-Medicare Contractual Allowance	(4,815)	(4,815)		
413	II5a Occupational Therapy - Medicare	374,852	374,852		
414	II5b Occupational Therapy - Medicare Contractual Allowance	(307,584)	(307,584)		
415	II5c Occupational Therapy - Non-Medicare	164,610	164,610		
416	II5d Occupational Therapy - Non-Medicare Contractual Allowance	(99,900)	(99,900)		
417	II6a Other (Specify) - Medicare	0	-	-	-
418	II6b Other (Specify) - Non-Medicare	0	-	-	-
419	III <b>Total Resident Revenue</b>	5,689,882	5,689,882	0	0
420	<b>Other Revenue</b>				
421	IV1 Meals sold to guests, employees & others	0	0		
422	IV2 Rental of rooms to non-residents	0			
423	IV3 Telephone and Telegraph	0			
424	IV4 Rental of Televisions and Cable Services	0			
425	IV5 Interest Income (Specify)	72	72	-	-
426	IV6 Private Duty Nurses' Fees	0			
427	IV7 Barber, Coffee, Beauty & Gift shops	0			
428	IV8 Other (Specify)	3,991	3,991	-	-
429	<b>See Attached Schedule</b>				
430	V <b>Total Other Revenue</b>	4,063	4,063	0	0
431	30 VI <b>Total All Revenue</b>	5,693,945	5,693,945	0	0

	B	C	D	E	F	G
46	7A	<b>Physical Therapy - Medicare Part B</b>	<b>3,234</b>	3,234		
47	7B1	<b>Maintenance Treatments</b>	<b>0</b>			
48	7B2	<b>Restorative Treatments</b>	<b>0</b>			
49	7C	<b>Physical Therapy - Other</b>	<b>11,601</b>	11,601		
50	7D	<b>Total Physical Therapy Treatments</b>	<b>14,835</b>	<b>14,835</b>	<b>0</b>	<b>0</b>
51	8A	<b>Speech Therapy - Medicare Part B</b>	<b>314</b>	314		
52	8B1	<b>Maintenance Treatments</b>	<b>0</b>			
53	8B2	<b>Restorative Treatments</b>	<b>0</b>			
54	8C	<b>Speech Therapy - Other</b>	<b>543</b>	543		
55	8D	<b>Total Speech Therapy Treatments</b>	<b>857</b>	<b>857</b>	<b>0</b>	<b>0</b>
56	9A	<b>Occupational Therapy - Medicare Part B</b>	<b>2,108</b>	2,108		
57	9B1	<b>Maintenance Treatments</b>	<b>0</b>			
58	9B2	<b>Restorative Treatments</b>	<b>0</b>			
59	9C	<b>Occupational Therapy - Other</b>	<b>9,798</b>	9,798		
60	9D	<b>Total Occupational Therapy Treatments</b>	<b>11,906</b>	<b>11,906</b>	<b>0</b>	<b>0</b>
61						



Please fill in the Depreciation Schedule as follows:

Asset Addition Schedule

	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
A1 Land Improvements - Acquired prior to report period							
A2 Land Improvements - Disposals	-						-
A3 Land Improvements - Acquired during this report period (attach schedule)							-
B1 Building Improvements - Acquired prior to this report period							
B2 Building Improvements - Disposals	-						-
B3 Building Improvements - Acquired during this report period (attach schedule)							-
C1 Non-Movable Equipment - Acquired prior to this report period	9,247		9,247	9,247	SL	var	-
C2 Non-Movable Equipment -Disposals	-						-
C3 Non-Movable Equipment - Acquired during this report period (attach schedule)							-

	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year
	Yes	No	Month	Year							
	D1a										
D1b											
D1c											
D1d											
D2a Movable Equipment - Acquired prior to this report period					429,689		429,689	340,850	SL	Var	23,968
D2b Disposals					-						-
D2c Movable Equipment - Acquired during this report period (attach schedule)					14,251		14,251		SL	Var	3,259

Please fill in the Amortization Schedule as follows:

	Date of Acquisition		Length of Amortization	Cost to be Amortized	Accumulated Amortization to Beginning of Year's Operations	Basis for Computing Amortization	Rate %	Amortization for This Year
	Month	Year						
A1 Organization Expense								
A2								
A3								
B1 Mortgage Expense								
B2								
B3								
C1 Leasehold Improvements and Other - Acquired prior to this report period				1,170,755	900,798	A		36,258
C2 Leasehold Improvements and Other - Disposals				-				-
C3 Leasehold Improvements and Other - Acquired during this report period (attach schedule)				6691.54				135



	A	B	C	D	E
1	<b>Line #</b>		<b>Description</b>	<b>Subtotal</b>	<b>Total</b>
2	<i>Current Assets</i>				
3	A1	Cash (on hand and in banks )			27,863
4	A2	Resident Accounts Receivable			1,674,678
5	A3	Other Accounts Receivable			
6	A4	Inventories			22,162
7	A5	Prepaid Expenses (itemize )			14,743
8	a	<b>Prepaid Insurance</b>		<b>0</b>	
9	b	<b>Prepaid Property Tax</b>		<b>14,743</b>	
10	c	<b>Other Prepaid Expenses</b>		<b>0</b>	
11	d				
12	A6	Interest Receivable			
13	A7	Medicare Final Settlement Receivable			
14	A8	Other Current Assets (itemize )			1,543,135
15		<b>Due Affiliate (Debit Balance)</b>		<b>1,543,135</b>	
16					
17					
18					
19	A9	<b>Total Current Assets</b> (Lines A1 thru 8)			<b>3,282,581</b>
20					
21	<i>Fixed Assets</i>				
22	B1	Land			
23	B2	Land Improvements			0
24		Historical Cost			
25		Accumulated Depreciation			
26	B3	Buildings			0
27		Historical Cost			
28		Accumulated Depreciation			
29	B4	Leasehold Improvements			240,255
30		Historical Cost		1,177,446	
31		Accumulated Depreciation		937,191	
32	B5	Non-Movable Equipment			0
33		Historical Cost		9,247	
34		Accumulated Depreciation		9,247	
35	B6	Movable Equipment			75,862
36		Historical Cost		443,940	
37		Accumulated Depreciation		368,078	
38	B7	Motor Vehicles			0
39		Historical Cost		0	
40		Accumulated Depreciation		0	
41	B8	Minor Equipment-Not Depreciable			
42	B9	Other Fixed Assets (itemize )			0
43		<b>Fixed Asset Clearing Account</b>		<b>0</b>	
44		<b>Construction in Progress</b>		<b>0</b>	
45	B10	<b>Total Fixed Assets</b> (Lines B1 thru 9)			<b>316,117</b>
46		<b>Total Brought Forward</b>			<b>3,598,699</b>
47	<i>Leasehold or like property recorded for Equity Purposes</i>				
48	C1	Land			
49	C2	Land Improvements			0
50		Historical Cost			
51		Accumulated Depreciation			
52	C3	Buildings			0
53		Historical Cost			
54		Accumulated Depreciation			
55	C4	Non-Movable Equipment			0
56		Historical Cost			
57		Accumulated Depreciation			
58	C5	Movable Equipment			0
59		Historical Cost			
60		Accumulated Depreciation			
61	C6	Motor Vehicles			0
62		Historical Cost			
63		Accumulated Depreciation			
64	C7	Minor Equipment -Not Depreciable			
65	C8	<b>Total Leasehold or Like Properties</b> (C1 thru 7)			<b>0</b>
66					
67	<i>Investment and Other Assets</i>				
68	D1	Deferred Deposits			
69	D2	Escrow Deposits			

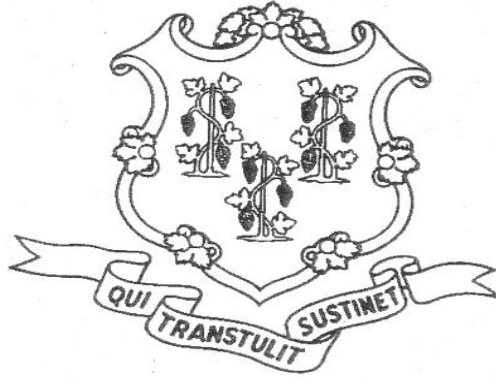
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	A	B	C	D	E
70		D3	Organization Expense		0
71			Historical Cost		
72			Accumulated Depreciation		
73		D4	Goodwill		0
74		D5	Investments Related to Resident Care		0
75					
76					
77		D6	Loans to Owners or Related Parties		0
78			Name and Address		
79			Amount		
80			Loan Date		
81					
82		D7	Other Assets		0
83			Loans Rec. - Officers/Owner	0	
84			Capitalized Refinance Expense	0	
85			Leasehold Deposits	0	
86		D8	<b>Total Investments and Other Assets</b> (Lines D1 thru 7)		0
87		D9	<b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)		3,598,699
88					
89			<i>Current Liabilities</i>		
90		A1	Trade Accounts Payable		254,153
91		A2	Notes Payable (itemize)		0
92					
93					
94					
95					
96		A3	Loans Payable for Equipment		0
97			Name of Lender		
98			Purpose		
99			Amount		
100			Date Due		
101					
102			Name of Lender		
103			Purpose		
104			Amount		
105			Date Due		
106					
107		A4	Accrued Payroll ( <i>Exclusive of Owners &amp; Stockholders</i> )		71,201
108		A5	Accrued Payroll ( <i>Owners &amp; Stockholders only</i> )		
109		A6	Accrued Payroll Taxes Payable		21,215
110		A7	Medicare Final Settlement Payable		
111		A8	Medicare Current Financing Payable		
112		A9	Mortgage Payable		
113		A10	Interest Payable		
114		A11	Accrued Income Taxes		
115		A12	Other Current Liabilities (itemize)		242,272
116			Accrued PTO	83,784	
117			Accrued Pension	2,070	
118			Accrued Worker's Comp	77,678	
119			Accrued Expense Other	73,317	
120			Accrued Professional Fee	5,089	
121			Payroll W/H	334	
122			Due Affiliate (Credit Balance)		
123					
124		A13	<b>Total Current Liabilities</b> Lines A1 thru 12)		588,841
125			<b>Total Brought Forward</b>		588,841
126			<i>Long-Term Liabilities</i>		
127		B1	Loans Payable-Equipment		
128			Name of Lender		
129			Purpose		
130			Amount		
131			Date Due		
132					
133			Name of Lender		
134			Purpose		
135			Amount		
136			Date Due		
137					
138		B2	Mortgages Payable		
139		B3	Loans from Owners or Related Parties		3,555,736

	A	B	C	D	E
140	Page		Name and Address of Lender	<b>Brian J. Foley</b>	
141			Amount	<b>3,555,736</b>	
142			Loan Date	<b>Demand</b>	
143					
144			Name and Address of Lender		
145			Amount		
146			Loan Date		
147					
148		B4	Other Long-Term Liabilities (itemize)		<b>0</b>
149			Security Deposits	<b>0</b>	
150					
151					
152					
153		B5	<b>Total Long-Term Liabilities</b> (Lines B1 thru 4)		<b>3,555,736</b>
154		C	<b>Total All Liabilities</b> (Lines A13 + B5)		<b>4,144,577</b>
155					
156			<i>Reserves</i>		
157		A1	Reserve for value of leased land		
158		A2	Reserve for depreciation value of leased buildings and appurtenances to be amortized		
159		A3	Reserve for depreciation value of leased personal property (Equity)		
160		A4	Reserve for leasehold real properties on which fair rental value is based		
161		A5	Reserve for funds set aside as donor restricted		
162		A6	<b>Total Reserves</b>		<b>0</b>
163			<i>Net Worth</i>		
164	Page 35	B1	Owner's Capital		<b>1,616,192</b>
165		B2	Capital Stock		<b>1,000</b>
166		B3	Paid-in Surplus		
167		B4	Treasury Stock		
168		B5	Cumulated Earnings		<b>(1,451,144)</b>
169		B6	Gain or Loss for Period 10/1/2015 thru 09/30/2016		<b>(711,927)</b>
170		B7	<b>Total Net Worth</b>		<b>(545,879)</b>
171	C	<b>Total Reserves and Net Worth</b>		<b>(545,879)</b>	
172	D	<b>Total Liabilities, Reserves, and Net Worth</b>		<b>3,598,699</b>	
173					
174		A	Balance at End of Prior Period		<b>(330,683)</b>
175		B	Total Revenue		<b>5,693,945</b>
176		C	Total Expenditures		<b>6,405,872</b>
177		D	Net Income or Deficit		<b>(711,927)</b>
178		E	Balance		<b>(1,042,610)</b>
179		F1	Additional Capital Contributed (itemize)		
180			Brian Foley	<b>500,000</b>	
181					
182					
183					
184		F2	Other (itemize)		
185					
186					
187					
188					
189		F3	<b>Total Additions</b>		<b>500,000</b>
190	Page 36	G1	Drawings of Owners/Operators/Partners		
191			Name and Address	<b>Brian J. Foley</b>	
192			Title	<b>President</b>	
193			Amount	<b>3,268</b>	
194					
195				Name and Address	
196				Title	
197				Amount	
198			G2	Other Withdrawings	
199				Purpose	
200			Amount		
201					
202			Purpose		
203			Amount		
204		G3	Total Deductions		<b>3,268</b>
205		H	<b>Balance at End of Period</b>		<b>(545,878)</b>

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Apple Rehab Avon	
Address (No. & Street, City, State, Zip Code) 220 Scoville Rd. Avon, CT 06001	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 1035 - C	RHNS	(Specify)	Medicare Provider 07 - 5388
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Medicaid Provider Numbers:	CCNH 10356	RHNS	ICF-IID
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**For Department Use Only**

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

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**General Information**

Name of Facility (as licensed) Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2016	Page 1	of 37
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**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Apple Rehab Avon [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator)			Printed Name (Owner) Brian J. Foley		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Apple Rehab Avon		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 220 Scoville Rd. Avon, CT 06001				
Report Prepared By Apple Health Care, Inc.		Phone Number (860) 678-9755	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

## General Information and Questionnaire

### Type of Facility - Organization Structure

		Phone No. of Facility 860-673-3265	Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Apple Rehab Avon			Address (No. & Street, City, State, Zip) 220 Scoville Rd. Avon, CT 06001		
License Numbers:	CCNH 1035 - C	RHNS	(Specify)	Medicare Provider No. 07 - 5388	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.					
<b>Administrator</b>					
Name of Administrator Janet Shahan			Nursing Home Administrator's License No.:	001551	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		





**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2016	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Apple Rehab Avon	220 Scoville Rd. Avon, CT 06001	Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	
Ryan Vess	21 Waterville Road Avon, CT 06001	Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	



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

Name of Facility Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2016	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes     No    If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Brian J. Foley	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Rental	Pg. 22 Line 9	540,000	540,000
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	305,984	305,984
Healthport Services	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10/13 Schedule	79,685	79,685
Allstar Therapy	21 Waterville Road Avon, CT	<input checked="" type="radio"/>	<input type="radio"/>	15%	Therapy Services	Pg. 13 B5/B9/B10	470,486	431,436
Corporate Employees	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	8,494	8,494
Employees @ various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	13,794	13,794
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	7,524	7,524
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	243,663	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	22,456	

\* Use additional sheets if necessary.

\*\* Provide the percentage amount of revenue received from non-related parties.

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

Name of Facility Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2016	Page 4	of 37				
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	%**				
Aetna Ancillary	PO Box 88860 Chicago, IL	X			Group Life & Disability	Pg. 15 1a6	22,224	
Marsh	PO Box 19636 Newark, NJ	X			Property, Liability, & Umbrella Insurance	Pg. 27 14a	61,001	
AIG	PO Box 10472 Newark, NJ	X			Worker's Compensation	Pg. 15 1a1	40,868	
Swallowing Diagnostics	21 Waterville Rd. Avon, CT	X		83%	Diagnostic Services	Pg. 20 5f	1,080	1,018
CRS Landscape & Excavation	68 Hartford Rd. Simbury, Ct	X			Landscaping	PG. 22 6a	14,783	14,783
Brendan Foley	21 Waterville Rd. Avon, CT		X			##		
Ryan Vess	21 Waterville Rd. Avon, CT		X			##		

\* Use additional sheets if necessary.

\*\* Provide the percentage amount of revenue received from non-related parties.

## Related expense has been disallowed on Pg. 28 Line 23

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2016	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

The costs incurred by Apple Health Care, inc. (a related party), to provide Accounting and Managerial services to each facility owned by Brian J. Foley, are allocated on a per bed basis.

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

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

N/A

### General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Apple Rehab Avon			License No. 1035 - C	Report for Year Ended 9/30/2016			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?			<input checked="" type="radio"/> Yes	<input type="radio"/> No	<b>Total ***</b>			

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.  
 \*\* Attach copies of newly acquired leases.  
 \*\*\* Amount should agree to Page 22, Line 6e.

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2016	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No    If "No," explain.				
<b>Independent Accounting Firm</b>				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1	Blum Shapiro & Co. PC	29 South Main St. West Hartford, CT 06127		
2	Braze & Huban	35 Wendell Avenue Pittsfield, MA 10202		
3				
4				
Services Provided by This Firm ( <i>describe fully</i> )				
1	Preparation of audited financials (dissallow Pg. 28)	\$	3,366	
2	Preparation of tax returns	\$	2,069	
3		\$		
4		\$		
			<b>Charge for Services Provided</b>	
			\$ 5,434	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No    Pg. 15 1d				
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney			Telephone Number	
1	SUMMA & RYAN		203-755-0390	
2	LAW OFFICES JASON G DEGENARO, LLC		203-453-4101	
3				
4				
5				
Address ( <i>No. &amp; Street, City, State, Zip Code</i> )				
1	21 HOLMES AV, WTBRY, CT			
2	23 WATER ST, GUILFORD, CT 06437			
3				
4				
5				
Services Provided by This Firm ( <i>describe fully</i> )				
1	Settlement	\$	40,408	
2	Collections	\$	2,016	
3		\$		
4		\$		
5		\$		
			<b>Charge for Services Provided</b>	
			\$ 42,424	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No    Pg. 15 1e				



### Schedule of Resident Statistics

Name of Facility Apple Rehab Avon			License No. 1035 - C		Report for Year Ended 9/30/2016				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	60	60			60	60			60	60		
B. On last day of THIS report period	60	60			60	60			60	60		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	36	36			36	36			36	36		
B. As of midnight of THIS report period	48	48			48	48			48	48		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,934	2,934			2,264	2,264			670	670		
B. Medicaid (Conn.)	9,280	9,280			7,054	7,054			2,226	2,226		
C. Medicaid (other states)												
D. Private Pay	5,150	5,150			3,695	3,695			1,455	1,455		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	17,364	17,364			13,013	13,013			4,351	4,351		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. <b>Total Resident Days (3G + 4A + 4B)</b>	17,364	17,364			13,013	13,013			4,351	4,351		

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

Name of Facility Apple Rehab Avon			License No. 1035 - C			Report for Year Ended 9/30/2016			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare	Medicaid		Self-Pay			Other State Assisted						
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR					
No. of Residents	7	25		16									
Per Diem Rate													
a. One bed rm.				424.00									
b. Two bed rms.	RUGS III	211.45		410.00									
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									3,234	3,234			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									11,601	11,601			
<b>D. Total Physical Therapy Treatments</b>									14,835	14,835			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									314	314			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									543	543			
<b>D. Total Speech Therapy Treatments</b>									857	857			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,108	2,108			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									9,798	9,798			
<b>D. Total Occupational Therapy Treatments</b>									11,906	11,906			

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Avon	1035 - C	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	100,065	2,166				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	32,827	1,972				
5. Dietary Service						
a. Head Dietitian	1,246	41				
b. Food Service Supervisor	45,065	2,189				
c. Dietary Workers	182,767	12,406				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	91,032	6,995				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	66,231	3,096				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	7,197	488				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	99,498	4,131				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	127,064	3,050				
b. RN						
1. Direct Care	460,964	12,583				
2. Administrative**	84,472	2,812				
c. LPN						
1. Direct Care	337,076	11,331				
2. Administrative**						
d. Aides and Attendants	668,669	42,333				
e. Physical Therapists	38,694	967				
f. Speech Therapists	1,119	23				
g. Occupational Therapists	25,296	836				
h. Recreation Workers	58,869	3,224				
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	61,407	2,241				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	2,489,558	112,884				

\* 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 Apple Rehab Avon				License No. 1035 - C	Report for Year Ended 9/30/2016			Page 11	of 37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Apple Rehab Avon				1035 - C	9/30/2016			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Barry O'Doherty	63,072				Administrator 10/1/2015 - 5/21/2016	1,397	A.2			
Amanda Schutz	#REF!	35,839			Administrator 5/22/2016 - 9/24/2016	745	A.2			
Janet Shahan	1,154				Administrator 9/25/2016 - 9/30/2016	24	A.2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Apple Rehab Avon				1035 - C	9/30/2016			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Barry O'Doherty	63,072				Administrator 10/1/2015 - 5/21/2016	1,397	A.2			
Amanda Schutz	35,839				Administrator 5/22/2016 - 9/24/2016	745	A.2			
Janet Shahan	1,154				Administrator 9/25/2016 - 9/30/2016	24	A.2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Avon	1035 - C	9/30/2016	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	6,408	161				
3. Pharmacist	11,804	107				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	238,583	3,709				
b. Other						
6. Social Worker	45	1				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	50,809	282				
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) Other Physician Fees						
9. Speech Therapist						
a. Resident Care	37,673	214				
b. Other						
10. Occupational Therapist						
a. Resident Care	194,230	2,977				
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	3,300	33				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>542,852</b>	<b>7,484</b>				

\* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

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





**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Avon	1035 - C	9/30/2016	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 40,868	40,868		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 86,469	86,469		
4. Social Security (F.I.C.A.)	\$ 164,406	164,406		
5. Health Insurance	\$ 266,119	266,119		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 22,224	22,224		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 7,524	7,524		
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*	\$ 408,244	408,244		
d. Accounting and Auditing	\$ 5,434	5,434		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 42,424	42,424		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 16,385	16,385		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 12,769	12,769		
2. Cellular Phones	\$			
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ 250	250		
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 243,578	243,578		
<b>Subtotal</b>	\$ 1,316,694	1,316,694		

\* 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 Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2016	Page 16	of 37
Item	Total	CCNH	RHNS	(Specify)
<b><i>Subtotals Brought Forward:</i></b>	1,316,694	1,316,694		
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 7,662	7,662		
2. Holiday Parties for Staff	\$ 3,380	3,380		
3. Gifts to Staff and Residents	\$ 6,313	6,313		
4. Employee Travel	\$ 1,396	1,396		
5. Education Expenses Related to Seminars and Conventions	\$ 2,104	2,104		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 40	40		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 8,374	8,374		
4. Fund-Raising***	\$			
5. Medical Records	\$ 220	220		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 2,534	2,534		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 4,094	4,094		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 310	310		
9. Subscriptions	\$ 4,234	4,234		
10. Contributions*** See Attached Schedule	\$ 750	750		
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$			
12. Administrative Management Services**	\$ 305,984	305,984		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 116,913	116,913		
<b>C-14 Total Administrative &amp; General Expenditures</b>	<b>\$ 1,781,002</b>	<b>1,781,002</b>		

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

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

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

**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	(Specify)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Advertising - Public Relations	\$ 8,374		
<b>Total Other Advertising</b>	\$ 8,374	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 4,094		
<b>Total Dues</b>	\$ 4,094	\$ -	\$ -

**Schedule of Contributions**

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

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Corporate Fees - Non Reimbursable	\$ 27,110		
Licenses & Fees	\$ 6,150		
Pre Employment Screening	\$ 6,357		
Point Click Care Fees	\$ 11,041		
Bank Charges	\$ 76		
Resident Expenses	\$ 4,031		
Prior Period Adj/Account W/O	\$ (3,132)		
Settlement - Jane Winn	\$ 34,796		
Account W/O	\$ 6,765		
Healthport Indirect	\$ 16,132		
Use Tax Audit	\$ 1,962		
Citations	\$ 5,625		
<b>Total Other Administrative and General</b>	\$ 116,913	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
Apple Rehab Avon	1035 - C	9/30/2016	17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Apple Health Care, Inc.	308,575	Accounting & Managerial Services	Pg.16 m 12

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

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

Name of Facility Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2016	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 123,328	123,328		
2. Non-Food Supplies	\$ 18,015	18,015		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 7,920	7,920		
c. Management Services**	\$			
d. Other (Specify) _____	\$			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 149,263</b>	<b>149,263</b>		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	143	143		
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 Apple Rehab Avon		License No. 1035 - C	Report for Year Ended 9/30/2016	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	1,752	1,752	
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. \$	13,616	13,616	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	78,352	78,352	
c. Management Services**		\$			
d. Other (Specify)		\$			
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		<b>\$</b>	<b>93,720</b>	<b>93,720</b>	
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		License No.	Report for Year Ended		Page	of
Apple Rehab Avon		1035 - C	9/30/2016		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel	10,136	10,136		
a.	In-House Care					
	1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	20,825	20,825		
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*	\$				
d.	Other ( <i>Specify</i> )	\$				
4E.	<b>Total Housekeeping Expenditures</b> (4a + b + c + d)	\$	20,825	20,825		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from West River Pharmacy	\$	229,918	229,918		
b.	Medicine Cabinet Drugs	\$				
c.	Medical and Therapeutic Supplies	\$	112,791	112,791		
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	17,163	17,163		
f.	X-rays and Related Radiological Procedures***	\$	16,250	16,250		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	12,430	12,430		
i.	Recreation	\$	31,424	31,424		
j.	Other ( <i>Specify</i> )**** See Attached Schedule	\$	5,490	5,490		
5K.	<b>Total Resident Care Expenditures</b> (5a - 5j)	\$	425,466	425,466		

\* 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.



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

Name of Facility Apple Rehab Avon			License No. 1035 - C	Report for Year Ended 9/30/2016	Page 21	of 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
CWPM, LLC	25 NORTON PL PLAINVILLE, CT	<input type="radio"/>	<input checked="" type="radio"/>		REFUSE REMOVAL	13,908			22	6F
MED APPARL	PKY SOUTH MT. VERNON, NY	<input type="radio"/>	<input checked="" type="radio"/>		LAUNDRY SERVICE	13,774			19	3B
UNITEX	MACQUESTIEN PKY. MT VERON, CT	<input type="radio"/>	<input checked="" type="radio"/>		LAUNDRY SERVICE	55,914			19	3B
CRS LANDSCAPING	68 HARTFORD RD. SIMSBURY, CT	<input checked="" type="radio"/>	<input type="radio"/>		LANDSCAPING/SNOW REMOVAL	14,783			22	6A
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

\* List all contracted services over \$10,000. Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.  
 \*\*\* Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

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

Name of Facility Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2016	Page 22	of 37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 86,788	86,788		
b. Heat	\$ 17,852	17,852		
c. Light & Power	\$ 50,033	50,033		
d. Water	\$ 14,272	14,272		
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$			
f. Other ( <i>itemize</i> ) See Attached Schedule	\$ 15,052	15,052		
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 183,997	183,997		
7. Depreciation ( <i>complete schedule page 23*</i> )				
a. Land Improvements	\$			
b. Building & Building Improvements	\$			
c. Non-Movable Equipment	\$			
d. Movable Equipment	\$ 27,227	27,227		
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 27,227	27,227		
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )				
a. Organization Expense	\$			
b. Mortgage Expense	\$			
c. Leasehold Improvements	\$ 36,394	36,394		
d. Other ( <i>Specify</i> )	\$			
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$ 36,394	36,394		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 540,000	540,000		
10. Property Taxes				
a. Real estate taxes paid by owner	\$			
b. Real estate taxes paid by lessor	\$ 48,334	48,334		
c. Personal property taxes	\$ 4,452	4,452		
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 656,408	656,408		

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



### Depreciation Schedule

Name of Facility Apple Rehab Avon			License No. 1035 - C			Report for Year Ended 9/30/2016			Page 23	of 37		
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
<b>A. Land Improvements</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
<b>B. Building and Building Improvements</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal												
<b>C. Non-Movable Equipment</b>												
1. Acquired prior to this report period	9,247		9,247	9,247	SL	var						
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
<b>D. Movable Equipment</b>												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					429,689		429,689	340,850	SL	Var	23,968	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					14,251		14,251		SL	Var	3,259	
D-3. Subtotal												27,227
<b>E. Total Depreciation</b>												27,227



Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
11/26/2015	9 Kiosks for POC Implementation	\$ 12,874	5	\$ 3,218
2/17/2016	2 Microair Electric Beds	\$ 1,377	12	\$ 41
<b>Total additions for Movable Equipment</b>		\$ 14,251		\$ 3,259 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
7/31/2016	Dry Barrel Sprinklers - Fire Sprinkler	\$ 6,692	10	\$ 135
<b>Total additions for Leasehold Improvement</b>		\$ 6,692		\$ 135 *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2



## Amortization Schedule\*

Name of Facility Apple Rehab Avon			License No. 1035 - C		Report for Year Ended 9/30/2016			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period				1,170,755	900,798		A	36,258	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				6,692				135	
C-4. Subtotal									36,394
<b>D. Total Amortization</b>									36,394

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.

B. Life of mortgage; OR

C. Remaining Life of Lease; OR

D. Actual Life if owned by Related Party.

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

Name of Facility Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2016	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If <b>NOT</b> Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	60				
6. Square Footage	10,136				
7. Acquisition Cost					
a. Land					
b. Building					
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)		See Attached			
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of _____					
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
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					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

**CT Medicaid Cost Report Attachment Page 25**

	Original Mortgage	
A. Type of Financing (e.g. fixed, variable)	Fixed	6 Month extension extension to 10/13/15 2.08% 6 month
B. Date of Mortgage Obtained	4/11/2008	
C. Interest Rate For the Cost Year	6.44%	
D. Term of Mortgage (number of years)	7 Yrs.	
E. Amount of Principal Borrowed	119,500,000	
F. Principal Balance Outstanding as of 9/30/	100,562,320	

12 month extension extension to 10/13/16 2.75% 12 months
---

Note: The following facilities are collateralized by this mortgage.

Connecticut Facilities

- Brightview Nursing & Retirement Center, Ltd.
- Rose Haven, Ltd.
- Mary Elizabeth Nursing Center, Inc.
- Fowler Nursing Center, Inc.
- Waterbury Extended Care Facility, Inc.
- Harbor View Nursing Center, Inc.
- Liberty Hall Nursing Center
- Orchard Grove Specialty Care
- Wolcott Hall Nursing Center, Inc.
- Hewitt Health and Rehabilitation Center, Inc.
- Watrous Nursing Center
- Elm Hill Nursing Center, Inc.
- Gardner Heights Health Care Center, Inc.
- Shelton lakes Health Care Center, Inc.
- Highview Health Care Center, Inc.
- Westfield Manor Health Care Center, Inc.
- TA Coccomo Memorial
- Plainville Health Care Center, Inc.
- Ledgecrest Health Care Center, Inc.
- Ridgeview Health Care Center, Inc.
- The Kent, Ltd.
- Chesterfields, Ltd.

Out of State Facilities

- Watch Hill Manor, Ltd.
- The Clipper Home, Inc.

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

Name of Facility Apple Rehab Avon		License No. 1035 - C	Report for Year Ended 9/30/2016	Page 26	of 37
Item		Total	CCNH	RHNS	(Specify)
12. Interest					
A. Building, Land Improvement & Non-Movable Equipment					
1. First Mortgage		\$			
Name of Lender		Rate			
Address of Lender					
2. Second Mortgage		\$			
Name of Lender		Rate			
Address of Lender					
3. Third Mortgage		\$			
Name of Lender		Rate			
Address of Lender					
4. Fourth Mortgage		\$			
Name of Lender		Rate			
Address of Lender					
B. CHEFA Loan Information					
1. Original Loan Amount		\$			
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$			

*(Carry Subtotals forward to next page)*

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

Name of Facility		License No.		Report for Year Ended		Page	of
Apple Rehab Avon		1035 - C		9/30/2016		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	1,780	1,780	
Town of Avon/Tax Interest							
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$	1,780	1,780	
14. Insurance							
a. Insurance on Property (buildings only)				\$	61,001	61,001	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. <b>Total Insurance Expenditures</b> (14a + b + c)				\$	61,001	61,001	
15. <b>Total All Expenditures</b> (A-13 thru C-14)				\$	6,405,872	6,405,872	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Avon				1035 - C	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 25,296	25,296		
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 194,230	194,230		
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 408,244	408,244		
10.	15	1d/e	Accounting & Legal	\$ 45,790	45,790		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 8,374	8,374		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 750	750		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 81,894	81,894		
<b>Page 18 - Dietary Expenditures</b>							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 764,577	764,577		

\* All except "Help Wanted".

(Carry Subtotal forward to next page )

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

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Fees Adjustments</b>			\$ -	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Corporate Fee - Non Reimbursable	\$ 27,110		
16	1.3	Employee Recognition/Gift/Parties	\$ 6,313		
16	8a	Chamber of Commerce	\$ 310		
16	m13	Bank Charges	76		
16	m13	Resident Expenses	4,031		
16	m13	Prior Period Adj/Account W/O	(3,132)		
16	m13	Settlement	34796		
16	m13	Citations	5625		
16	m13	Acct W/O	6765		
<b>Total Other A&amp;G Adjustments</b>			\$ 81,894	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Avon				1035 - C	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 764,577	764,577		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 210,297	210,297		
28.	16	L1	Ambulance/Limousine	\$ 7,662	7,662		
29.	20	h	X-rays, etc	\$ 16,250	16,250		
30.	20	f	Laboratory	\$ 12,430	12,430		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 13,365	13,365		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 5,458	5,458		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$ 13	13		
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$ 2,430	2,430		
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.	30	IV5	Interest Income on Accounts Rec	\$ 72	72		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 1,780	1,780		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>51. Total Amount of Decrease (Items 1 - 50)</b>				\$ 1,034,335	1,034,335		

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



Apple Rehab Avon  
9/30/2016

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supples			
20	5j	Rehab Service Supplies	\$ 5,458		
<b>Total Other Ancillary Costs</b>			\$ 5,458	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ -

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Property Adjustments</b>			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12D	Interest on Value Note	\$ 337		
27	12D	Interest on Property Taxes	\$ 1,400		
27	12D	Pymt of 2014 Bus Entty	\$ 43		
<b>Total Other Adjustments</b>			\$ 1,780	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Apple Rehab Avon	1035 - C	9/30/2016			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents (CT only)	\$ 2,032,694	2,032,694				
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)	\$ 1,157,018	1,157,018				
b. Medicare Room and Board Contractual Allowance **	\$ 344,475	344,475				
4. a. Private-Pay Residents and Other	\$ 1,868,954	1,868,954				
b. Private-Pay Room and Board Contractual Allowance **	\$					
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 124,319	124,319				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (124,319)	(124,319)				
c. Prescription Drugs - Non-Medicare	\$ 67,561	67,561				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (67,561)	(67,561)				
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	\$ 361,658	361,658				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (281,391)	(281,391)				
c. Physical Therapy - Non-Medicare	\$ 160,685	160,685				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (97,650)	(97,650)				
4. a. Speech Therapy - Medicare	\$ 32,311	32,311				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (22,291)	(22,291)				
c. Speech Therapy - Non-Medicare	\$ 6,255	6,255				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (4,815)	(4,815)				
5. a. Occupational Therapy - Medicare	\$ 374,852	374,852				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (307,584)	(307,584)				
c. Occupational Therapy - Non-Medicare	\$ 164,610	164,610				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (99,900)	(99,900)				
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$					
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 5,689,882	5,689,882				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$ 72	72				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 3,991	3,991				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 4,063	4,063				
<b>VI. Total All Revenue</b> (III +V)	\$ 5,693,945	5,693,945				

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

\*\* Facility should report all contractual allowances and/or payer discounts.

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

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

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

**Related Exp**

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

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV5	Interest Income	1,674,678	\$ 72		
<b>Total Interest Income</b>			\$ 72	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV8	TV/Cable	\$ 13		
	Optum 3rd Qtr Dividend	\$ 1,305		
	Optum - 4th Qtr Dividend	\$ 1,125		
	Copy charges	\$ 30		
	Legal Settlement- St of CT vs S. Appletree	\$ 1,518		
<b>Total Other Revenue</b>		\$ 3,991	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Avon	1035 - C	9/30/2016	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	27,863
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,674,678
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4 Inventories			\$	22,162
5. Prepaid Expenses			\$	14,743
a. Prepaid Insurance				
b. Prepaid Property Tax	14,743			
c. Other Prepaid Expenses				
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	1,543,135
Due Affiliate (Debit Balance)	1,543,135			
A-9. <b>Total Current Assets</b> (Lines A1 thru 8)			\$	3,282,581
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost		\$	
	Accum. Depreciation	Net		
4. Leasehold Improvements	*Historical Cost	1,177,446	\$	240,255
	Accum. Depreciation	937,191	Net	
5. Non-Movable Equipment	*Historical Cost	9,247	\$	
	Accum. Depreciation	9,247	Net	
6. Movable Equipment	*Historical Cost	443,940	\$	75,862
	Accum. Depreciation	368,078	Net	
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
Fixed Asset Clearing Account				
Construction in Progress				
B-10. <b>Total Fixed Assets</b> (Lines B1 thru 9)			\$	316,117

\* 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 Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2016	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 3,598,699	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
\$				
2. Land Improvements				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
3. Buildings				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
4. Non-Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
5. Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
6. Motor Vehicles				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
7. Minor Equipment-Not Depreciable				
\$				
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)				
\$				
D. Investment and Other Assets				
1. Deferred Deposits				
\$				
2. Escrow Deposits				
\$				
3. Organization Expense				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
4. Goodwill (Purchased Only)				
\$				
5. Investments Related to Resident Care ( <i>itemize</i> )				
\$				
6. Loans to Owners or Related Parties ( <i>itemize</i> )				
\$				
Name and Address		Amount	Loan Date	
7. Other Assets ( <i>itemize</i> )				
\$				
Loans Rec. - Officers/Owner				
Capitalized Refinance Expense				
Leasehold Deposits				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)				
\$				
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)				
\$ 3,598,699				

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

### G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of	
Apple Rehab Avon	1035 - C	9/30/2016	33	37	
Account			Amount		
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable			\$	254,153	
2. Notes Payable ( <i>itemize</i> )			\$		
_____					
_____					
_____					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )			\$		
Name of Lender	Purpose	Amount	Date Due		
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )			\$	71,201	
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )			\$		
6. Accrued Payroll Taxes Payable			\$	21,215	
7. Medicare Final Settlement Payable			\$		
8. Medicare Current Financing Payable			\$		
9. Mortgage Payable ( <i>Current Portion</i> )			\$		
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )			\$		
11. Accrued Income Taxes*			\$		
12. Other Current Liabilities ( <i>itemize</i> )			\$	242,272	
Accrued PTO		83,784	Accrued Professional Fee	5,089	
Accrued Pension		2,070	Payroll W/H	334	
Accrued Worker's Comp		77,678	Due Affiliate (Credit Bal:		
Accrued Expense Other		73,317			
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>			<b>\$</b>	<b>588,841</b>	

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

(*Carry Total forward to next page*)

**G. Balance Sheet (cont'd)**

Name of Facility Apple Rehab Avon	License No. 1035 - C	Report for Year Ended 9/30/2016	Page 34	of 37
Account			Amount	
Total Brought Forward:			588,841	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
\$				
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ 3,555,736
Name and Address of Lender	Amount	Loan Date		
Brian J. Foley	3,555,736	Demand		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
Security Deposits				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 3,555,736
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 4,144,577



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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Avon	1035 - C	9/30/2016	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	1,616,192
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,451,144)
6. Gain or Loss for Period			\$	(711,927)
	10/1/2015	thru	9/30/2016	
7. Total Net Worth			\$	(545,879)
<b>C. Total Reserves and Net Worth</b>			\$	(545,879)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	3,598,699

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Avon	1035 - C	9/30/2016	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(330,683)		
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	5,693,945		
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	6,405,872		
D. Net Income or Deficit			\$	(711,927)		
E. Balance			\$	(1,042,610)		
F. Additions						
1. Additional Capital Contributed ( <i>itemize</i> )						
Brian Foley	500,000					
2. Other ( <i>itemize</i> )						
F-3. Total Additions					\$	500,000
G. Deductions						
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	3,268		
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount			
Brian J. Foley		President	3,268			
2. Other Withdrawings ( <i>Specify</i> )			\$			
Purpose		Amount				
3. Total Deductions			\$	3,268		
H. <b><i>Balance at End of Period</i></b>			\$	(545,878)		
				09/30/16		

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

Name of Facility Apple Rehab Avon		License No. 1035 - C	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
<b>Preparer/Reviewer Certification</b>					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer		Title		Date Signed	
Printed Name of Preparer					
Robert Gwizdak					
Address Address				Phone Number	
21 Waterville Road Avon, CT 06001				(860) 470-7535	

Error Check

Level	Item	Reported as	
RHNS	Page 10 - Administrator Compensation	100,065	is inconsistent with page 12 of 100,065
	Page 10 - Administrator Hours	2,166	is inconsistent with page 12 of 2,166
	Page 22 - Movable Depreciation	27,227	is inconsistent with Page 23 27,227
	Page 22 - Leasehold and Other Amortization	36,394	is inconsistent with Page 24 36,394
	Page 23 - Accumulated Dep. of Movable Eq.	368,077	is inconsistent with Page 31 368,078
	Page 24 - Accumulated Amort. of Leasehold Imp.	937,191	is inconsistent with Page 31 937,191
-	Page 35 - Total Liabilities, Reserves and Net Worth	3,598,699	Total Assets 3,598,699

Apple Rehab Avon  
For Cost Year Ended September 30, 2016

	2015		2016		Adjustments		Total	Cost Report References	
	10/1 - 12/31		1/1 - 9/30		DR	CR		Report Page/Line #	Self Disallow Page/Line #
10111	Cash Corporate	\$0.00	\$0.00				0.00	31A1	
10116	Cash - Laurel Woods	0.00	0.00				0.00	31A1	
10117	Cash - Saybrook	0.00	0.00				0.00	31A1	
10201	Petty Cash	300.00	0.00				300.00	31A1	
10301	Cash - Patient Personal Need	0.00	0.00				0.00	31A1	
10401	Exchange	29,204.69	(488.38)				28,716.31	31A1	
10402	Exchange - Arlene Sheehan	0.00	0.00				0.00	31A1	
10403	Exchange - Donations	(800.54)	(191.59)				(992.13)	31A1	
10404	Exchange - Wellness	0.00	0.00				0.00	31A1	
10405	Exchange - A/R	0.00	(161.00)				(161.00)	31A1	
11001	A/R Private Patients	1,116,246.19	565,203.19				1,681,449.38	31A2	
11002	A/R Medicare Patients	89,752.99	42,949.19				132,702.18	31A2	
11003	A/R Medicaid Patients	334,994.79	64,009.07				399,003.86	31A2	
11004	A/R Veterans Admin	0.00	0.00				0.00	31A2	
11005	A/R Other	0.00	0.00				0.00	31A2	
11010	A/R State Retro	198.72	(198.72)				0.00	31A2	
11011	A/R Medicaid Pending	(231,048.69)	0.00				(231,048.69)	31A2	
11015	A/R Medicare Retro	0.00	0.00				0.00	31A2	
11020	A/R Clearing	0.00	0.00				0.00	31A2	
11050	Reserve for Doubtful Accounts	(307,429.00)	0.00				(307,429.00)	31A2	
11101	Loans Rec. - Officers/Owner	0.00	0.00				0.00	32D7	
12005	Dietary Supply Inventory	6,224.70	(96.14)				6,128.56	31A4	
12010	Housekeeping Supply Inventory	1,362.00	(89.00)				1,273.00	31A4	
12015	Medical & Nursing Supply Inventory	4,430.42	3,300.63				7,731.05	31A4	
12020	Maintenance Supply Inventory	4,799.00	(540.00)				4,259.00	31A4	
12025	Laundry Supply Inventory	0.00	0.00				0.00	31A4	
12030	Recreation Supply Inventory	0.00	0.00				0.00	31A4	
12035	Office/Misc. Supply Inventory	2,434.50	336.11				2,770.61	31A4	
13002	Prepaid Insurance	2,216.12	(2,216.12)				0.00	31A5b	
13006	Prepaid Property Tax	2,349.19	12,394.17				14,743.36	31A5b	
13010	Other Prepaid Expenses	0.00	0.00				0.00	31A5c	
15501	Non Moveable Equipment	9,246.75	0.00				9,246.75	31B5	
15502	Moveable Equipment	422,949.20	1,376.86	19,613.45			443,939.51	31B6	
16001	Auto & Trucks	0.00	0.00				0.00	31B7	
16501	Leasehold Improvements	1,174,438.80	6,691.54	12,113.90	(15,798.06)		1,177,446.18	31B4	
16598	Fixed Asset Proceeds Clearing Account	0.00	0.00				0.00	31B9	
16599	Fixed Asset Clearing A/C	0.00	0.00				0.00	31B9	
16601	Capitalized Refinance Expense	0.00	0.00				0.00	31B9	
16750	Construction in Progress	0.00	0.00				0.00	31B9	
17001	Acc. Depreciation Non Moveable Equipment	(5,801.60)	(693.54)		(2,751.61)		(9,246.75)	31B5	
17002	Acc. Depreciation Moveable Equipment	(301,728.29)	(18,967.36)		(47,381.98)		(368,077.63)	31B6	
17003	Acc. Depreciation Auto & Truck	0.00	0.00				0.00	31B7	
17005	Acc. Amortization Leasehold Imp.	(887,220.57)	(27,744.36)		(22,226.00)		(937,190.93)	31B4	
19101	Leasehold Deposits	0.00	0.00				0.00	32D7	
19501	Goodwill	0.00	0.00				0.00	32D7	
20101	A/P Trade	(263,847.79)	9,695.08				(254,152.71)	33A1	
20104	A/P Patient Need Account	0.00	0.00				0.00	33A1	
20110	A/P Patient Exchange	902.50	(902.50)				0.00	33A12	
20115	A/P Other	(3,502,551.89)	(53,184.32)				(3,555,736.21)	34B3	
20200	Due Affiliate -Corporate	1,926,170.30	(282,615.33)	459.03	(100,879.12)		1,543,134.88	31A8	
20250	Loan Payable Officer	0.00	0.00				0.00	34B4	
20256	Dostie Note S/T	0.00	0.00				0.00	34B4	
20501	Accrued Payroll	(34,750.19)	(7,845.26)		(28,605.48)		(71,200.93)	33A4	
20601	Accrued Vacation	(71,028.48)	0.00	71,028.48	(83,784.20)		(83,784.20)	33A12	
21001	Federal Withholding	(4,626.23)	4,609.64				(16.59)	33A6	
21002	State Withholding	(1,178.11)	1,176.77				(1.34)	33A6	
21005	FICA - Employee	(3,316.85)	3,291.51				(25.34)	33A6	
21006	FICA - Employer	(5,708.58)	2,655.87				(3,052.71)	33A6	
21010	Federal Unemployment Comp.	(7,323.48)	6,982.13				(341.35)	33A6	
21011	State Unemployment Comp.	(19,210.22)	1,432.32				(17,777.90)	33A6	
21035	Other Employee Withhold	(3,777.12)	3,824.51				47.39	33A12	
21037	Employee Withholding (HCRA/DCRA)	(2,200.62)	1,229.00				(971.62)	33A12	
21040	Union Dues	0.00	0.00				0.00	33A12	
21045	Initiation Fees	0.00	0.00				0.00	33A12	
21050	Payroll Deductions - AFLAC	0.00	0.00				0.00	33A12	
21051	Payroll Deducted Life Insurance	1,756.16	(68.07)				1,688.09	33A12	
21060	401 (K) Salary Reduction	(1,340.37)	242.78				(1,097.59)	33A12	
22001	Accrued Professional Fees	(4,704.39)	(384.27)				(5,088.66)	33A12	

22010	Accrued Pension	(2,394.66)	324.27		(2,070.39)	33A12	
22015	Accrued Workers compensation	(60,603.33)	(17,074.97)		(77,678.30)	33A12	
22040	Accrued Group Insurance	0.00	0.00		0.00	33A12	
22050	Accrued Other Expenses	(75,829.00)	2,512.05		(73,316.95)	33A12	
22060	Accrued User Fee	0.00	0.00		0.00	33A12	
23002	State Income Tax	0.00	0.00		0.00	33A12	
25256	Dostie Note L/T	0.00	0.00		0.00	34B4	
25505	Security Deposits	0.00	0.00		0.00	34B4	
27500	Capital Stock	(1,000.00)	0.00		(1,000.00)	35B2	
27800	Dividends Paid	0.00	0.00		0.00	35B2	
27900	Capital Contributions	(1,616,192.24)	0.00		(1,616,192.24)	35B1	
28000	Retained Earnings	1,236,905.85	0.00	74,039.26	(16,464.92)	1,294,480.19	35B5
31001	Room and Board - Private	(166,956.05)	(1,701,997.70)		(1,868,953.75)	30 I 1a4	
31002	Room and Board - Medicare	(187,693.50)	(997,603.50)		(1,185,297.00)	30 I 1a3	
31003	Room and Board - Medicaid	(590,947.46)	(1,414,634.69)		(2,005,582.15)	30 I 1a1	
31004	Room and Board - Managed Care	0.00	0.00		0.00	30 I 1a4	
31010	Room and Board - Rest Home	0.00	0.00		0.00	30 I 1a4	
31015	Medicare Cont. Allowance - Room & Board	(36,853.00)	(307,621.52)		(344,474.52)	30 I 1a3	
31032	Medicare Recoupment	5,442.72	22,836.61		28,279.33	30 I 1a3	
31033	Medicaid Recoupment	(148.59)	(26,963.14)		(27,111.73)	30 I 1a1	
35001	Physical Therapy	(102,306.07)	(420,037.44)		(522,343.51)	30 II 1b3	
35002	Medical Supply	0.00	0.00		0.00	30 IIa6	
35005	Vending Machines	0.00	0.00		0.00	30 IIa6	
35006	Pharmacy Supplies	(38,737.95)	(153,142.16)		(191,880.11)	30 II 1b1	
35007	Clinical Services	(3,256.77)	(11,570.46)		(14,827.23)	30 II 1b6	
35008	Laboratory Services	0.00	0.00		0.00	30 II 1b6	
35009	Diagnostic Services (EKG/Xray)	0.00	0.00		0.00	30 II 1b6	
35010	Speech Therapy	(8,325.43)	(30,240.85)		(38,566.28)	30 II 1b4	
35011	Occupational Therapy	(102,015.66)	(437,446.82)		(539,462.48)	30 II 1b5	
35015	Oxygen - Private	0.00	0.00		0.00	30 II 1b7	
35016	Oxygen - Medicare	0.00	0.00		0.00	30 II 1b7	
35030	Medicare Contractual Allowance - Therapy	99,734.22	511,530.87		611,265.09	30 II 1b, 4b, 5b	
35031	Medicare Contractual Allowance - Other	30,923.50	104,498.63		135,422.13	30 II 1d, 4d, 5d	
35032	Medicare Contractual Allowance - Supplies	0.00	0.00		0.00	30 II 6	
35033	Medicaid Contractual Allowance - Supplies	0.00	0.00		0.00	30 II 6	
35035	Contractual Allowance - HMO/Insurance/Ma	45,311.22	228,338.99		273,650.21	30 II 6	
35054	Hairdresser & Barber	0.00	0.00		0.00	30 2.1	
35098	Misc. Income - Other	(1,318.06)	(2,672.97)		(3,991.03)	See Attached	
36001	Interest Income	0.00	(72.12)		(72.12)	30 IV 5	
36500	Gain (Loss) on Sale of Assets	0.00	0.00		0.00	30 IV 8	
41001	Salaries - Administrator	0.00	0.00	100,065.13	100,065.13	10 A2.3	
41002	Salaries - Clerical	10,052.77	20,901.95	5,366.29	(3,494.24)	32,826.77	10 A4
41003	Salaries - Accounting	22,766.79	77,490.38	3,806.71	(4,566.03)	99,497.85	10 A11b
41004	Salaries - Social Services/Admissions	17,966.35	44,073.75	405.54	(1,038.69)	61,406.95	10 A12m
41005	Salaries - Management	0.00	0.00		0.00	10A2	
41006	Salaries - Maintenance	16,906.91	37,618.27	4,113.88	(2,005.92)	56,633.14	10 A7b
41007	Salaries - Projects	28,976.38	(19,379.02)		9,597.36	10 A7b	
41008	Salaries - Staff Development	2,484.92	8,166.08		10,651.00	10 A12b2	
41009	Salaries - Beautician	0.00	0.00		0.00	10A9	
41010	Employee Physicals	441.00	1,323.00		1,764.00	16 m13	
41011	Pre-employment Screen	802.41	3,790.18		4,592.59	16 m13	
41015	FICA - Employer	42,487.99	121,918.20		164,406.19	15 1a4	
41016	Unemployment - Federal	1,190.89	9,700.48		10,891.37	15 1a3	
41017	Unemployment - State	16,734.42	58,842.98		75,577.40	15 1a3	
41020	Insurance - Workmen's Comp	(13,525.56)	54,393.54		40,867.98	15 1a1	
41021	Insurance - Group Medical	61,564.21	204,554.40		266,118.61	15 1a5	
41023	Insurance - Group Life & Disability	10,856.01	11,368.23		22,224.24	15 1a6	
41022	Insurance - FMLA	0.00	0.00		0.00	15 1a5	
41024	Pension Expense	2,188.33	5,335.47		7,523.80	15 1a7	
41025	Other Employee Benefits	4,348.24	5,344.42		9,692.66	See Attached	
41026	Corporate Fee - Non-reimbursable Costs	6,959.98	17,559.32	2,590.71	27,110.01	16 m13	28 #23 1
41027	Corporate Management Fee	77,970.95	229,789.68	813.99	(2,590.71)	305,983.91	16 m12
41028	Healthport Indirect	0.00	0.00	16,132.00		16,132.00	16m13
41029	Auto Repair & Maintenance.	0.00	0.00		0.00	16l.6	
41030	Travel - Motor Vehicle	613.12	782.56		1,395.68	16 l.4	
41031	Conventions & Meetings	0.00	0.00		0.00	16 l.5	
41032	Education & Seminars	1,308.34	796.00		2,104.34	16 l.5	
41033	Auditing Fees	1,238.79	4,195.53		5,434.32	15 1d	See Attached
41034	Point Click Care Fees	1,727.94	9,313.26		11,041.20	16 m13	
41035	Legal Services	41,945.16	478.75		42,423.91	15 1e	See Attached
41036	Consulting Fees - Social Service	0.00	45.00		45.00	13b6	
41037	Consulting Fees - Other	825.00	2,475.00		3,300.00	See Attached	
41038	Licenses & Fees	40.00	6,110.00		6,150.00	16 m13	
41039	Dues & Memberships	1,023.60	3,380.80		4,404.40	See Attached	See Attached



41040	Subscriptions	856.59	3,377.77			4,234.36	16 m9	
41041	Advertising - Public Relations	1,935.47	6,438.06			8,373.53	16 m3	28 #18
41042	Advertising - Help Wanted	0.00	39.98			39.98	16 m1	
41043	Supplies - Social Service	0.00	0.00			0.00	20 5j	
41044	Supplies - Beauty Shop	0.00	0.00			0.00	13m6	
41045	Supplies - Medical Records	136.79	64.24	19.12		220.15	16 m5	
41046	In Service Fees	0.00	0.00			0.00	16 l.1	
41047	Transportation - Patients	150.00	7,511.84			7,661.84	16 l.1	29 #28
41048	CNA Registration & Validation	0.00	0.00			0.00	16 l.1	
41050	Office Supplies & Printing	3,961.61	12,393.56	29.94		16,385.11	15 lg	
41051	Postage	611.03	1,922.66			2,533.69	16 m7	
41052	Telephone	2,989.44	9,779.28			12,768.72	15 lh	
41053	Rent	135,000.00	405,000.00			540,000.00	22 9	
41054	Insurance - Package	18,562.05	42,438.64			61,000.69	27 14a	
41057	Equipment Lease	1,778.90	5,414.45			7,193.35	22 6a	
41060	Purchased Services & Repair	11,701.50	46,637.79			58,339.29	22 6a	
41061	Maintenance & Repair Supplies	6,541.11	14,690.12	23.83		21,255.06	22 6a	
41062	Fuel - Plant Operation	0.00	0.00			0.00	22 6b	
41063	Gas - Plant Operation	4,581.59	13,270.40			17,851.99	22 6b	
41064	Electric - Plant Operation	10,413.53	39,619.68			50,033.21	22 6c	
41065	Water & Sewerage	3,389.78	10,882.42			14,272.20	22 6d	
41066	Refuse Removal / Recyclables	3,720.83	11,213.72	117.05		15,051.60	22 6f	
41067	Corp Office Building Maintenance	0.00	0.00			0.00	Corp Only	
41070	Taxes - Real Estate	13,040.00	35,294.46			48,334.46	22 10b	
41071	Taxes - Personal Property	1,174.62	3,277.29			4,451.91	22 10c	
41075	Bad Debt	408,244.32	0.00			408,244.32	15 1c	28 #9
41080	Donations	500.00	250.00			750.00	16m10	
41086	Sales Tax	0.00	368.00	(368.00)		0.00	16m13	
41087	Service Charge - Bank	0.00	76.00			76.00	16 m13	28 #23 4
41090	Miscellaneous Expense	37,375.94	12,242.90			49,618.84	See Attached	See Attached
41091	Resident Reimbursements	0.00	428.00			428.00	16m13	
41095	C.O.N. Expense	0.00	0.00			0.00	16m13	
45001	Salaries - R.N. (CCNH)	108,797.95	345,132.40	14,474.92	(7,441.55)	460,963.72	10 A12b1	
45002	Salaries - L.P.N. (CCNH)	121,294.76	212,979.85	12,413.07	(9,611.43)	337,076.25	10 A12c	
45003	Salaries - Aides (CCNH)	164,837.49	497,043.25	18,304.08	(11,515.63)	668,669.19	10 A12d	
45004	Salaries - Assistant D.O.N.	5,915.80	28,976.44			34,892.24	10 A12a	
45005	Salaries - D.O.N.	20,782.02	67,340.24	6,158.39	(2,108.62)	92,172.03	10A12a	
45006	Inactive Salaries (see A/C 70046)	0.00	0.00			0.00	N/A	
45007	Salaries - R.N. (RHNS/HFA)	0.00	0.00			0.00	10 A12b1	
45008	Salaries - L.P.N. (RHNS/HFA)	0.00	0.00			0.00	10 A12c	
45009	Salaries - Aides (RHNS/HFA)	0.00	0.00			0.00	10 A12d	
45010	Salaries - Infection Control	5,670.91	13,584.95			19,255.86	10 A12b2	
45011	Salaries - Nursing Administration	0.00	0.00			0.00	10 A2.3	
45014	Salaries - R.N. / L.P.N. - Light Duty	0.00	0.00			0.00	10 A12b2	
45015	Salaries - C.N.A. - Light Duty	0.00	0.00			0.00	10 A12d	
45016	Salaries - Other Nursing - Light Duty	0.00	0.00			0.00	10 A12d	
45017	Salaries - MDS Coordinator	12,404.37	41,106.55	1,212.29	(157.68)	54,565.53	10 A12b2	
45022	Purchased Services - HPS (RN-CCNH)	5,663.00	10,469.00		(16,132.00)	0.00	13 B11a	
45023	Purchased Services - HPS (LPN-CCNH)	0.00	0.00			0.00	13 B11b	
45024	Purchased Services - HPS (CNA-CCNH)	0.00	0.00			0.00	13 B11c	
45025	Equipment Lease Nursing	1,434.67	13,332.25			14,766.92	20 5c	
45032	Purchased Services - HPS (RN-RHNS)	0.00	0.00			0.00	13 B11a	
45033	Purchased Services - HPS (LPN-RHNS)	0.00	0.00			0.00	13 B11b	
45034	Purchased Services - HPS (CNA-RHNS)	0.00	0.00			0.00	13 B11c	
45035 ...	Purchased Services - R.N. (CCNH)	0.00	0.00			0.00	13 B11a	
45036 ...	Purchased Services - L.P.N. (CCNH)	0.00	0.00			0.00	13 B11b	
45037 ...	Purchased Services - Aides (CCNH)	0.00	0.00			0.00	13 B11c	
45041	Purchased Services - Other	2,129.21	3,155.94		(300.00)	4,985.15	13 B12	
45045	Nursing Station Supplies	0.00	0.00	31.70		31.70	20 5j	
45046	Prescription Drugs - Medicare	31,908.04	94,615.60			126,523.64	20 5a	30 #27
45047	Prescription Drugs - Medicaid	3,189.68	16,430.99			19,620.67	20 5a	
45048	Prescription Drugs - Private	6,025.74	9,555.65			15,581.39	20 5a	30 #27
45049	Prescription Drugs Managed Care	10,754.97	57,437.02			68,191.99	20 5a	30 #27
45050	Medical Supplies	17,933.71	59,624.17	16.96		77,574.84	20 5c	
45051	Medicare Part B Billable	0.00	131.87			131.87	205c	
45052	Medical Equipment Purchases	4,748.12	9,853.34	109.05		14,710.51	20 5c	
45055	O.T.C. Medical Supply	1,208.51	4,397.89			5,606.40	20 5c	
45058	Rehab Service Supplies	0.00	0.00			0.00	205j	
45060	Oxygen - Private	2,016.63	4,957.29	300.00		7,273.92	20 5e2	29 #32
45061	Oxygen - Medicare	1,529.76	2,296.82			3,826.58	20 5e2	29 #32
45062	Oxygen - Medicaid	1,125.40	2,672.92			3,798.32	20 5e2	
45063	Oxygen - Managed Care	51.00	2,213.18			2,264.18	20 5e2	29 #32
45065	I.V. Therapy Services	0.00	0.00			0.00	20 5j	29 #34
45070	Laboratory Services	2,662.18	9,768.30			12,430.48	20 5h	29 # 30

45075	Diagnostic Services	1,459.21	14,790.85			16,250.06	20 5f	29 # 29
50001	Salaries - Dietitians	1,245.63	0.00			1,245.63	10 A5a	
50002	Salaries - Chefs, Cooks	25,336.83	60,503.46	8,551.46	(9,601.26)	84,790.49	10 A5c	
50003	Salaries - Helpers, Dishwashers	25,317.70	69,127.51	8,705.66	(5,174.50)	97,976.37	10 A5c	
50004	Salaries - Food Service Supervisor	13,158.33	31,269.76	5,304.29	(4,667.00)	45,065.38	10 A5b	
50005	Salaries - Dietary - Light Duty	0.00	0.00			0.00	10 A5c	
50030	Consultant Fee - Dietary	0.00	0.00			0.00	13B1	
50035	Purchased Services - Dietary	1,436.37	6,483.36			7,919.73	18 2b	
50036	Equipment Lease - Dietary	0.00	0.00			0.00	18 2a1	
50040	Supplies - Dietary	3,368.14	13,969.65			17,337.79	18 2a2	
50041	Other Expenses - Dietary	581.73	95.67			677.40	18 2a2	
50050	Food Supplies - HPC/Thurston	26,429.43	80,511.96			106,941.39	18 2a1	
50051	Food Supplies - Dairy	2,285.49	7,538.90			9,824.39	18 2a1	
50052	Food Supplements	1,259.81	4,861.15			6,120.96	18 2a1	
50053	Enteral Feeding Supplies	0.00	441.52			441.52	18 2a1	
50054	Food Supplies - Other	0.00	0.00			0.00	18 2a1	
50055	Foods Supplies - Rebates	0.00	0.00			0.00	18 2a1	
55001	Salaries - Laundry	1,942.70	5,254.15			7,196.85	10 A8b	
55002	Salaries - Laundry Supervisor	0.00	0.00			0.00	10 A8a	
55004	Salaries - Laundry - Light Duty	0.00	0.00			0.00	10 A8b	
55030	Purchased Service - Laundry	14,723.36	54,965.50	8,662.90		78,351.76	19 4b	
55031	Personal Laundry	0.00	0.00			0.00	19 3b	
55035	Linen & Bedding Supplies	3,479.28	10,137.12			13,616.40	19 3a4	
55036	Equipment Lease Laundry	0.00	0.00			0.00	19 3d	
55040	Laundry Supplies	0.00	1,752.10			1,752.10	19 3a1	
60001	Salaries - Housekeeping	23,606.87	63,551.30	10,516.44	(6,642.27)	91,032.34	10 A6b	
60002	Salaries - Housekeeping Supervisor	0.00	0.00			0.00	10A6a	
60003	Salaries - Housekeeping - Light Duty	0.00	0.00			0.00	10 A6b	
60030	Purchased Services - Housekeeping	0.00	0.00			0.00	20 4b	
60035	Supplies - Housekeeping	4,986.88	15,838.40			20,825.28	20 4a	
65001	Salaries - Recreation	13,786.87	45,754.38	2,790.11	(3,462.69)	58,868.67	10 A12h	
65030	Supplies - Recreation	2,084.01	4,873.74	20.35		6,978.10	20 5i	
65035	Other Expenses - Recreation	6,414.76	18,031.57			24,446.33	20 5i	
70010	Medical Director	9,934.00	40,875.03			50,809.03	13 B8a	
70011	Medical Staff/URC Meeting	0.00	0.00			0.00	13 B8b	
70012	Other Physician Fees	0.00	0.00			0.00	13 B8e	
70015	Pharmacist Fees	1,397.14	5,421.83			6,818.97	13 B3	
70025	Prescription Drugs Only	0.00	0.00			0.00	N/A	
70030	Personal Laundry	2,028.72	6,634.18		(8,662.90)	0.00	N/A	
70035	Dental Service	1,602.00	4,806.00			6,408.00	13 B2	
70036	Podiatrist Fees	0.00	0.00			0.00	13 B4	
70040	Hairdresser/Barber	0.00	0.00			0.00	16m6	
70047	Purchased Services - Physical Therapist	56,240.29	182,342.26			238,582.55	13 5a	
70048	Purchased Services - Speech Therapist	11,366.19	26,306.88			37,673.07	13 B9a	
70049	Purchased Services - Occupational Therapist	44,330.01	149,900.23			194,230.24	13 B10a	28 #6
70050	Inactive	0.00	0.00			0.00	N/A	
70052	Rehab. Services Supplies	1,463.63	3,994.74			5,458.37	20 5j	29 # 34
70060	Salaries - Rehab Director	0.00	11,228.30			11,228.30	10 A12e	
70062	Salaries - Therapy Technicians	0.00	0.00	2,970.30		2,970.30	10 A12e	
70065	Salaries - Physical Therapy Assistant	0.00	6,793.71			6,793.71	10 A12e	
70066	Salaries - Per Diem PT Assistant	0.00	0.00			0.00	10 A12e	
70067	Salaries - Physical Therapist	0.00	13,820.39			13,820.39	10 A12e	
70068	Salaries - Per Diem Physical Therapist	0.00	3,881.43			3,881.43	10 A12e	
70070	Salaries - Certified Occupational Therapist	0.00	0.00			0.00	10 A12g	28 #3
70071	Salaries - Per Diem Certified OT	0.00	2,233.11			2,233.11	10 A12g	28 #3
70072	Salaries - Occupational Therapist	0.00	13,949.87	7,296.25		21,246.12	10 A12g	28 #3
70073	Salaries - Per Diem Occupational Therapist	0.00	1,816.61			1,816.61	10 A12g	28 #3
70075	Salaries - Speech Therapist	0.00	1,119.13			1,119.13	10 A12f	
70076	Salaries - Per Diem Speech Therapist	0.00	0.00			0.00	10 A12f	
71050	User Fee	72,328.00	171,250.42			243,578.42	15 1k3	
76000	Interest	337.00	1,443.11			1,780.11	27 12D	29 #49
78010	Salaries - Owner	3,268.00	0.00			3,268.00	36 G1	
79010	Depreciation of Non Moveable Equipment	231.13	693.54		(924.67)	0.00	22 7c	
79011	Depreciation of Moveable Equipment	7,504.38	19,187.36	535.63		27,227.37	22 7d	
79015	Depreciation of Auto & Truck	0.00	0.00			0.00	31B7	
79025	Amortization of Leasehold Improvements.	9,405.13	27,744.36		(755.00)	36,394.49	22 8a	
82010	CT State Income Tax	0.00	250.00			250.00	15 j1	
82050	Provider Specific Tax	0.00	0.00			0.00	15j1	

419,112.16  
**Variance (must be \$0.00)**      (419,112.16)  
0.00

**Total Assets**    2,055,563.62  
**Total Liabilities**    (2,601,442.43)



**Total Revenue** (5,693,945.15)  
**Total Expenses** 6,409,140.15

Analysis Accounts		Cost Report References	
		Report Page/Line #	Self Disallow Page/Line #
<b>35098 Misc. Income - Other</b>	<b>3,991.03</b>		
Meal Revenue		30 IV 1	28 #24
Prior Period Corrections		30 IV 4	29 #43
Optum Dividend Pymts	2,430.00	30 IV 8	
Rebates/Refunds	13.06	30 IV 8	
Medical Records	30.00	30 IV 8	
Legal Settlement-St of CT vs S. Appletree	1,517.97	30 IV 8	
State of CT Provider Tax Refund			
<b>Total Misc. Income - Other</b>	<b>3,991.03</b>		
<b>41001 Salaries - Administrator</b>	<b>100,065.13</b>		
Administrator	100,065.13	10 A2	
Asst Administrator/AIT	0.00	10 A3	
<b>Total Administrator</b>	<b>100,065.13</b>		
<b>41025 Employee Benefits</b>	<b>9,692.66</b>		
Holiday Parties	3,380.00	16 I2	
Employee gifts/ recognition	6,312.66	16 I3	28 #23 2
<b>Total Employee Benefits</b>	<b>9,692.66</b>		
<b>41037 Consulting Fees - Other</b>	<b>3,300.00</b>		
Social Worker	0.00	13 B3	
Pointright	3,300.00	13 B12	
<b>Total Consulting Fees - Other</b>	<b>3,300.00</b>		
<b>45041 Purchase Service - Other</b>	<b>4,985.15</b>		
Pharmacy Consult	4,985.15	16 m13	28 #23 5
Wound Consultant		16 m13	28 #23 6
<b>Total Consulting Fees - Other</b>	<b>4,985.15</b>		
<b>41090 Misc. Expense</b>	<b>49,618.84</b>		
Resident Expenses	3,602.99		28 #23 5
Settlement - Jane Winn	34,796.25	16 m13	
Petty Cash	150.77	16 m13	
Account W/O	6,613.99	16 m13	
Reclass item in account 10405	0.20	16 m13	
Post Closing	(3,132.00)	16 m13	
Use Tax Audit	1,961.64	16 m13	
Citations	5,625.00	16 m13	
Prior Period Adj	0.00		28 #23 6
<b>Total Misc. Expense</b>	<b>49,618.84</b>		
<b>70012 Physician Fees</b>	<b>0.00</b>		
Psychiatrist	0.00	13 B8de	
Eye Doctor	0.00	13 B8de	
<b>Total Physician Fees</b>	<b>0.00</b>		
<b>41041 Advertising - Public Relations</b>	<b>8,373.53</b>		
Public Relations	8,373.53	16 m3	28 #18
Directory Advertising	0.00		
<b>Total Advertising - Public Relations</b>	<b>8,373.53</b>		
<b>41052 Telephone</b>	<b>12,768.72</b>		
Telephone & Beepers	12,768.72	15 1h1	
Cell Phones	0.00	15 1h2	
<b>Total Telephone</b>	<b>12,768.72</b>		
<i>(check G/L account 41052 for possible cell or beeper reclass J/E)</i>			
<b>41039 Dues &amp; Membership</b>	<b>4,404.40</b>		
Dues & Membership	4,094.40	16 m8	
Chamber of Commerce	310.00	16 m8a	28 #23 3
<b>Total Dues &amp; Membership</b>	<b>4,404.40</b>		
<i>(most homes should have, may need to check other accounts)</i>			

**Apple Rehab Avon  
Cost Year 2016**

<b>J/E #</b>	<b>DB</b>	<b>AMOUNT</b>	<b>ACCOUNT TITLE</b>	<b>CR</b>	<b>AMOUNT</b>	<b>Reverse CY 2017</b>
1	41045	19.12	Supplies - Medical Records			
	41050	29.94	Office Supplies & Printing			
	41061	23.83	Maintenance & Repair Supplies			
	41066	117.05	Refuse Removal / Recyclables			
	45045	31.70	Nursing Station Supplies			
	45050	16.96	Medica Supplies			
	45052	109.05	Medical Equipment Purchases			
	65030	20.35	Supplies - Recreation			
		368.00	Sales Tax	41086	368.00	
			<b>Allocate Sales Tax</b>			
2	20601	71,028.48	Accrued PTO			
			Salaries - Clerical	41002	3,494.24	
			Salaries - Accounting	41003	4,566.03	
			Salaries - Social Service	41004	1,038.69	
			Salaries - Maintenance	41006	2,005.92	
			Salaries - RN	45001	7,413.55	
			Salaries - LPN	45002	9,180.40	
			Salaries - CNA	45003	11,515.63	
			Salaries - DNS	45005	2,108.62	
			Salaries - Infection Control	45010		
			Salaries - Nursing Administration	45011		
			Salaries - MDS	45017	157.68	
			Salaries - Dietitians	50001		
			Salaries - Chef, Cooks	50002	9,601.26	
			Salaries - Dietary Aid, Dishwasher	50003	5,174.50	
			Salaries - Food Service Suprv	50004	4,667.00	
			Salaries - Laundry	55001		
			Salaries - Housekeeping	60001	6,642.27	
			Salaries - Housekeeping Supervisor	60002		
			Salaries - Recreation	65001	3,462.69	
			Salaries - PT Tech	70062		
			<b>Reverse 12/15 PTO Accrual</b>			
3	41002	4,894.01	Salaries - Clerical			
	41003	2,988.50	Salaries - Accounting			
	41004	405.54	Salaries - Social Service			
	41006	3,358.74	Salaries - Maintenance			
	45001	11,479.09	Salaries - RN			
	45002	9,358.84	Salaries - LPN			
	45003	6,689.58	Salaries - CNA			
	45004		Salaries - ADNS			
	45005	5,050.39	Salaries - DNS			
	45010		Salaries - Infection Control			
	45011		Salaries - Nursing Admin			
	45017	642.60	Salaries - MDS			
	50001		Salaries - Dietician			
	50002	7,297.27	Salaries - Chef, Cooks			
	50003	6,574.42	Salaries - Dietary Aid, Dishwasher			
	50004	4,668.29	Salaries - Food Service Suprv			
	55001		Salaries - Laundry			
	60001	8,249.14	Salaries - Housekeeping			
	60002		Salaries - Housekeeping Supervisor			
	65001	1,861.24	Salaries - Recreation			
	70062	2970.30	Salaries - PT Tech			
	70072	7296.25	Occup Therapist			
			Accrued PTO	20601	83,784.20	
			<b>Accrue 9/30/16 PTO</b>			
4	41027		Corporate Management Fee			
			Due Affiliate - Corporate	20200		

<b>Allocate Interest Income</b>					
5	41001		Salaries - Administrator		
			Accrued PTO	20601	0.00
<b>Accrue Administrator PTO 9/15</b>					
6	20601		Salaries - Administrator		
			Accrued PTO	41001	
<b>Reverse Administrator PTO 12/14</b>					
7	41001	100,065.13	Salaries Administrator		
			Due Affiliate - Corporate	20200	100,065.13
			Accrued Payroll	20501	
<b>Administrator Salary</b>					
	20200	28.00	Due Affiliate RN - SNF	45001	28.00
	20200	431.03	Due Affiliate LPN - SNF	45002	431.03
<b>Salary Adjustments</b>					
	41027	813.99	Corporate Management Fee		
			Due Affiliate - Corporate	20200	813.99
<b>Allocate Interest Income</b>					
	45060	300.00	Oxygen - Private		
			Purchase Services-Other	45041	300.00
<b>Reclass</b>					
	41028	16,132.00	Healthport Indirect		
			Purchased Services - HPS (RN-CCNH)	45022	16,132.00
<b>Reclass</b>					
	55030	8,662.90	Purchased Service - Laundry		
			Personal Laundry	70030	8,662.90
<b>Reclass</b>					
<b>RECLASS</b>					
	15502	161.65	ME		
	15502	3,698.59	ME		
			LHI	16501	161.65
			LHI	16501	3,698.59
	15502	535.39	ME		
			RE	28000	535.39
<b>CARRY</b>					
	15502	3,280.00	ME		
			RE	28000	3,280.00
<b>CARRY</b>					
<b>ALLOCATE PAYROLL EQUIPMENT</b>					
	15502	11,937.82	ME		
			LHI	16501	11,937.82
<b>RECLASS CARRY CR</b>					
	16501	12,083.00	LHI		
			RE	28000	12,083.00
<b>RECLASS</b>					
	16501	30.90	LHI		
			RE	28000	30.90
<b>CARRY</b>					
<b>ADJUST AS PRIOR YEARS</b>					



Facility: Apple Rehab Avon  
 Cost Year 9/30/2016  
 Reconciliation of Revenue, Expenses, Balance Sheet

	<u>Expenses</u>	<u>Revenue</u>	<u>Assets</u>	<u>Liabilities</u>
Per Trial Balance	6,409,140	5,693,945	2,055,564	2,601,442
Per Cost Report	6,405,872	5,693,945	3,598,699	4,144,577
<b>Difference</b>	<b>3,268</b>	<b>0</b>	<b>1,543,135</b>	<b>1,543,135</b>
21035-21060 - Payroll W/H				
10401-10403 Exchange				
35098- Meal Revenue				
20110- A/P-Patient Exchange				
20200- Due Affiliate			1,543,135	1,543,135
78010 - Owners Salary	3,268			
13002 - Prepaid Ins				
<b>Difference</b>	<b>3,268</b>	<b>0</b>	<b>1,543,135</b>	<b>1,543,135</b>
	(0)	0	0	0

**Apple Rehab Avon**

Asset Class ID	Asset ID	Asset Description	Service Date	Cost Basis	Depreciation	
					10/1/15 - 12/31/15	1/1/16 - 9/30/16
<b>Non Moveable Equipment</b>						
NME-10	0109012	install new compressor on cooler (H&H R	6/1/2007	1,007.00	25.19	75.51
NME-10	0109013	convection gas oven (Triple A)	5/1/2009	6,692.42	167.31	501.93
NME-10	0109563	Mixing Valve - Eyewash station	5/17/2011	963.51	24.08	72.27
NME-10	0109564	Wall Mounted Eyewash and Bowl	5/9/2011	583.82	14.55	43.83
<b>Non Moveable Equipment as of 09/30/16</b>				<b>9,246.75</b>	<b>231.13</b>	<b>693.54</b>
<b>Total Depreciation 10/1/15 - 9/30/16</b>						<b>924.67</b>
<b>Cost Report Adjustments</b>						
				\$0.00		\$0.00
				\$0.00		\$0.00
<b>Adjusted Balance 9/30/16</b>				<b>\$9,246.75</b>		<b>\$924.67</b>
				\$9,246.75		\$924.67
Prior Period Retired				\$0.00		\$0.00
Current Period				\$0.00		\$0.00

Asset Class ID	Asset ID	Asset Description	Service Date	Cost Basis	Depreciation	
					10/1/15 - 12/31/15	1/1/16 - 9/30/16
<b>Moveable Equipment</b>						
ME-10	0109117	UNITED REST (SLICER)	1/1/1992	1,199.04	0.00	0.00
ME-10	0109120	Ladd Cont(Furniture)	5/1/1993	592.84	0.00	0.00
ME-10	0109121	McCabe(Desk)	12/1/1993	983.68	0.00	0.00
ME-10	0109122	Red Line(Wheelchair Scale)	3/1/1994	1,681.57	0.00	0.00
ME-12	0109159	McCabe(Desk)	4/1/1994	1,022.90	0.00	0.00
ME-10	0109123	Avon(Washer)	4/1/1994	1,351.39	0.00	0.00
ME-5	0109019	Holloway's(Air Conditioner)	7/1/1994	572.35	0.00	0.00
ME-5	0109020	Avon Appliance(Air Conditioner)	7/1/1994	1,038.80	0.00	0.00
ME-12	0109161	Aking(Furniture)	7/1/1994	1,401.45	0.00	0.00
ME-12	0109165	Huntco(Furniture)	9/1/1994	1,787.63	0.00	0.00
ME-12	0109166	Bassett(Furniture)	9/1/1994	1,008.04	0.00	0.00
ME-10	0109124	Bissell(Portable Whirlpool)	9/1/1994	852.00	0.00	0.00
ME-5	0109021	Huntco(Beds)	10/1/1994	126.29	0.00	0.00
ME-5	0109022	Huntco(Beds)	10/1/1994	12,599.16	0.00	0.00
ME-12	0109167	Aking(Furniture)	10/1/1994	6,544.21	0.00	0.00
ME-12	0109168	Penney(Furniture)	11/1/1994	675.69	0.00	0.00
ME-12	0109169	Huntco(Furniture)	11/1/1994	2,429.52	0.00	0.00
ME-10	0109125	United(Refrigerator)	11/1/1994	3,922.00	0.00	0.00
ME-5	0109023	REFRIGERATOR (AVON APPLIANCE)	2/1/1995	635.95	0.00	0.00
ME-5	0109024	AIR CONDITIONER (AVON APPLIANCE)	3/1/1995	551.15	0.00	0.00
ME-5	0109025	WHEELCHAIR - LOW DESK ARM (RED LIN	12/1/1996	615.00	0.00	0.00
ME-10	0109126	PATIENT LIFT (ARJO)	3/1/1997	4,664.00	0.00	0.00
ME-10	0109127	PLATE WARMER (UNITED EAST)	5/1/1997	1,409.80	0.00	0.00
ME-10	0109128	OVERSIZED WHEELCHAIR (SCALE-TRONI	6/1/1997	2,730.25	0.00	0.00
ME-10	0109129	WASHER BOOSTER (BETTER BRANDS)	1/1/1998	742.00	0.00	0.00
ME-10	0109130	WHEELCHAIR RECLINING(ALPHA-MED)	7/1/1998	620.00	0.00	0.00
ME-10	0109132	Telephone system (Multicomm)	11/1/1999	5,958.26	0.00	0.00
ME-10	0109133	Accumax mattress (Red Line Medical Suppl	1/1/2000	1,144.80	0.00	0.00
ME-10	0109134	beverage cooler (United East Foodservice	1/1/2000	1,966.30	0.00	0.00
ME-10	0109135	2 dr freezer (United East Foodservice Su	2/1/2000	3,015.70	0.00	0.00
ME-8	0109039	VaporLux 4000 (Vapor Clean of Connecticu	3/1/2000	1,796.70	0.00	0.00
ME-10	0109136	refrigerator compressor (H&H Refrigerati	4/1/2000	800.30	0.00	0.00
ME-10	0109137	patient lift (Invacare Continuing Care G	9/1/2000	1,144.80	0.00	0.00
ME-10	0109138	mechanical lift (ARJO)	10/1/2000	3,484.82	0.00	0.00
ME-5	0109027	60 bedspreads (Victor Rome Contract Furn	8/1/2001	3,784.20	0.00	0.00
ME-15	0109179	60 automatic overbed tables (Claflin)	8/1/2001	5,835.76	97.27	194.53
ME-10	0109139	patient lift (ARJO, Inc.)	8/1/2001	4,683.55	0.00	0.00
ME-15	0109180	12 motor/17 basic beds (Invacare Continu	9/1/2001	16,065.41	267.78	535.50
ME-15	0109181	56 head/foot boards (Invacare Continuing	9/1/2001	5,200.00	86.66	173.31
ME-15	0109182	residents furniture (Claflin)	10/1/2001	33,801.88	563.35	1,126.72
ME-10	0109140	20qt counter mixer (TriMark United East)	11/1/2001	2,098.80	0.00	0.00
ME-15	0109183	dining room table & chairs (Kwalu, Inc.)	12/1/2001	27,211.80	453.50	907.06
ME-10	0109141	ice maker (TriMark United East)	3/1/2002	1,770.20	0.00	0.00
ME-10	0109142	install hand scanner (Precision Electric	7/1/2002	699.60	0.00	0.00
ME-15	0109184	sales tax audit adjustment	1/1/2003	3,875.21	64.58	193.77
ME-10	0109143	35 prints (Architectural Woodworking)	9/1/2003	3,302.60	0.00	0.00
ME-10	0109144	osize wheelchair scale (Scale-Tronix, In	3/1/2004	2,972.00	0.00	0.00
ME-10	0109145	reach-in fridge (TriMark United East)	9/1/2004	1,827.44	0.00	0.00
ME-5	0109028	site survey/network upgrade (Preferred C	5/1/2005	349.80	0.00	0.00
ME-10	0109146	East Wing lounge couch (KWALU, Inc.)	5/1/2005	1,055.60	0.00	0.00
ME-10	0109147	dishwasher booster (HPC Foodservice)	5/1/2005	1,872.86	0.00	0.00
ME-5	0109029	network upgrade (A&F Networking, Inc.)	9/1/2005	7,083.98	0.00	0.00
ME-10	0109148	freezer compressor (H&H Refrigeration, I	1/1/2006	1,908.00	47.70	95.40
ME-5	0109030	Kyocera Mita KM3530 and 2530 copiers (Ad	3/1/2006	5,194.00	0.00	0.00

ME-5	0109031	Express Think Centre/monitor (PC Connect	6/1/2006	890.47	0.00	0.00
ME-10	0109149	sofa (Victor Rome)	1/1/2007	1,025.20	25.66	76.86
ME-5	0109032	wireless pocket adapters (Tech Depot)	6/1/2008	70.38	0.00	0.00
ME-10	0109150	steamtable (HPC Foodservice)	9/1/2008	1,919.93	47.99	144.00
ME-10	0109151	muscle stim machine (Sammons Preston)	12/1/2008	4,010.93	100.31	300.78
ME-10	0109152	parallel bars (Sammons Preston)	2/1/2009	5,638.73	140.96	422.91
ME-10	0109153	2 piece balance beam (Sammons Preston)	2/1/2009	78.34	1.98	5.85
ME-10	0109154	folding mat, revolving stool (Sammons Pr	2/1/2009	531.39	13.27	39.87
ME-15	0109185	hi lo table and pulley weight system (Sa	3/1/2009	3,199.03	53.34	159.93
ME-10	0109155	curb and ramp training set (Sammons Pres	3/1/2009	1,228.11	30.74	92.07
ME-10	0109156	weight rack w/ mirror (Sammons Preston	3/1/2009	1,461.06	36.49	109.62
ME-15	0109186	wardrobe cabinets (Farmington Displays,	4/1/2009	3,922.00	65.36	196.11
ME-15	0109187	wardrobe cabinets (Farmington Displays,	4/1/2009	8,003.00	133.39	400.14
ME-15	0109188	wardrobe cabinets (Farmington Displays,	5/1/2009	4,134.00	68.87	206.73
ME-12	0109170	30 electric beds (Direct Supply)	5/1/2009	22,903.21	477.15	1,431.45
ME-15	0109189	cross trainer (NuStep)	6/1/2009	3,867.00	64.48	193.32
ME-15	0109190	30 nightstands, 20 headboards/footboards	7/1/2009	11,861.40	197.66	593.10
ME-15	0109191	9 six drawer dressers (Farmington Displa	7/1/2009	6,212.66	103.59	310.59
ME-5	0109033	52" LCD TV and nintendo wii (Kaplan Comp	8/1/2009	2,117.88	0.00	0.00
ME-12	0109171	electric bed (Direct Supply)	10/1/2009	1,402.87	29.25	87.66
ME-5	0109034	32" LCD TVs (Kaplan Computers)	11/1/2009	2,088.16	0.00	0.00
ME-5	0109550	Floor Buffer	12/1/2009	2,015.55	0.00	0.00
ME-15	0109192	arm chairs (Kwalu)	12/1/2009	13,172.00	219.51	658.62
ME-10	0109157	refrigerator (Sid Miller's Appliance)	12/1/2009	444.60	11.07	33.39
ME-10	0109551	Folding Mat, revolving stool 2nd pmt.	12/1/2009	1,246.27	31.12	93.51
ME-10	0109552	bariatric platform mat	12/1/2009	3,286.00	82.18	246.42
ME-10	0109518	AED Machine	12/2/2009	1,505.52	37.60	112.95
ME-10	0109516	Arjo Lift with Scale	2/24/2010	5,195.40	129.84	389.70
ME-15	0109519	Square Table Top	3/2/2010	2,016.51	33.63	100.80
ME-15	0109521	Automatic Overbed Table	3/4/2010	3,469.80	57.80	173.52
ME-15	0109520	Delivery Charges - Square Table Top	3/16/2010	155.62	2.63	7.74
ME-5	0109536	Bedspreads	4/24/2010	1,038.80	0.00	0.00
ME-12	0109523	Electric Bed	4/27/2010	972.98	20.24	60.84
ME-10	0109525	Mattress	4/27/2010	931.27	23.29	69.84
ME-15	0109527	Dining Room Chairs (50% Dwnpmt)	5/11/2010	2,835.33	47.27	141.75
ME-10	0109526	Mattress	5/21/2010	931.27	23.29	69.84
ME-10	0109528	Mattress	6/28/2010	931.27	23.29	69.84
ME-15	0109529	Dining Room Tables Downpmt	7/22/2010	756.00	12.60	37.80
ME-15	0109530	Dining Room Chairs - Final Payment	8/26/2010	2,812.71	46.84	140.67
ME-12	0109533	Electric Bed with Assist Rail	10/6/2010	935.88	19.49	58.50
ME-15	0109542	6 Wardrobe units, 3 six drawer dressers	12/10/2010	7,268.42	121.14	363.42
ME-5	0109544	LCD TVs	12/28/2010	5,908.38	0.00	0.00
ME-10	0109558	Stackable washer / electric dryer	2/15/2011	1,091.80	27.28	81.90
ME-5	0109582	Bedspreads	3/2/2011	3,052.80	152.64	305.28
ME-15	0109559	Table Bases	3/22/2011	625.86	10.40	31.32
ME-10	0109572	Refrigerator Compressor	3/24/2011	1,272.00	31.80	95.40
ME-5	0109561	Scanner	4/11/2011	168.74	8.46	16.87
ME-5	0109579	Nursing Station Computer	4/26/2011	332.93	16.64	33.28
ME-5	0109565	Mattress	6/28/2011	896.75	44.80	89.67
ME-15	0109573	Single Wardrobe	7/8/2011	747.64	12.49	37.35
ME-5	0109574	Notebook Computer (CDW Government)	9/14/2011	260.63	13.07	26.05
ME-5	0109578	Photo ID Badge Printing Kit	9/27/2011	1,453.81	72.69	145.39
ME-10	0112003	Sara 3000 Patient Lifter	2/14/2012	4,556.22	113.89	341.73
ME-10	0112006	Hot Food Table	2/29/2012	2,492.57	62.33	186.93
ME-7	0112026	Bladder Scanner	5/3/2012	9,790.97	349.67	1,049.04
ME-7	0112028	ekg machine	7/6/2012	2,349.27	83.88	251.73
ME-15	0112031	Extended Low Bed(Specialty Med Equip.)	11/30/2012	1,495.30	24.90	74.79
ME-5	0113034	Secondary Internet and Wifi(JKS Systems)	1/31/2013	3,003.32	150.12	450.54
ME-5	0113034A	Secondary Internet and Wifi(Labor)	1/31/2013	2,333.10	116.61	350.01
ME-12	0113041	Bed with end boards	7/31/2013	1,277.93	26.66	79.83
ME-5	0113045	17" Floor Scrubber	11/25/2013	4,878.73	243.96	731.79
ME-20	0114053	CHART RACK MOBILE	1/13/2014	2,157.11	26.95	80.91
ME-5	0114055	MA 65 MATTRESS COVER TOP (INVACAR	2/28/2014	1,290.99	64.52	193.68
ME-5	0114056	MA65 MATTRESS (INVACARE)	3/17/2014	1,368.72	68.45	205.29
ME-15	0114058	( 2 ) HEADBOARD/FOOTBOARDS (FDI)	4/14/2014	402.00	6.73	20.07
ME-15	0114059	(2) HEAD/FOOT BRDS (4) NIGHT TABLES(I	4/14/2014	2,582.18	43.00	129.15
ME-5	0114057	MATTRESS MA 65 36" (INVACARE)	4/30/2014	1,368.71	68.45	205.29
ME-12	0114063	CS3 ELECTRIC LOW BED (INVACARE)	5/21/2014	1,438.29	29.95	89.91
ME-12	0114066	BED ELECTRIC LOW (INVACARE)	8/23/2014	1,114.28	23.20	69.66
ME-12	0114065	BED ELECTRIC LOW (INVACARE)	8/29/2014	1,262.85	26.31	78.93
ME-7	0115067	NEW PROBE BLADDER SCAN (MEDLINE)	2/18/2015	2,850.18	58.75	305.37
ME-10	0115070	Payroll System Upgrade-Time Clocks	3/19/2015	1,233.02	19.61	92.52
ME-10	0115070A	Payroll System Upgrade-Time Clocks	3/19/2015	1,196.44	19.06	89.73
ME-12	0115068	Electric Bed(First Choice Medical)	6/17/2015	1,029.47	19.90	64.35
ME-12	0115069	Electric Bed(Invacare)	7/31/2015	2,644.51	65.68	165.24
ME-5	0115071	9 Kiosks for POC Implementation	11/26/2015	12,873.67	1,287.37	1,931.04
ME-12	0116072	2 Microair Electric Beds	2/17/2016	1,376.86	0.00	40.89
<b>Moveable Equipment as of 09/30/16</b>				<b>424,326.06</b>	<b>7,504.38</b>	<b>18,967.36</b>
<b>Total Depreciation 10/1/15 - 9/30/16</b>						<b>26,471.74</b>

**Cost Report Adjustments**

Footboards 2011 from LHI	\$1,877.05	\$0.00
Curtain/Table from LHI	\$10,060.77	\$0.00
Sales Tax on Fixed Asset	\$535.39	\$0.00
Payroll Equipment	\$3,280.00	\$0.00
112023 Glass Mirror for Shower Room	\$161.65	\$16.17
112027 emergency generator-replace (adv power)	\$3,698.59	\$739.72
<b>Adjusted Balance 9/30/2016</b>	<b>\$443,939.51</b>	<b>\$27,227.63</b>
Prior Period	\$429,688.98	\$23,968.33
Retired	\$0.00	\$0.00
Current Period	\$14,250.53	\$3,259.30

Asset Class ID	Asset ID	Asset Description	Service Date	Cost Basis	Depreciation	
					10/1/15 - 12/31/15	1/1/16 - 9/30/16
<b>Leasehold Improvements</b>						
LHI-20	0109385	JOHN ERBERLE	12/1/1982	2,500.00	0.00	0.00
LHI-20	0109386	MINER LUMBER	1/1/1983	1,247.31	0.00	0.00
LHI-10	0109254	CARPENTRY & HALLWAY FIXTR.	1/1/1983	14,413.10	0.00	0.00
LHI-20	0109387	BUILDERS HARDWARE	2/1/1983	6,197.38	0.00	0.00
LHI-10	0109255	FIRE ALARM(HORTON)	2/1/1983	5,400.00	0.00	0.00
LHI-20	0109391	RAMSGATE DOOR	4/1/1983	857.85	0.00	0.00
LHI-20	0109392	ELECTRICAL,CARPENTRY	4/1/1983	5,000.00	0.00	0.00
LHI-20	0109393	MINER LUMBER	4/1/1983	1,141.19	0.00	0.00
LHI-10	0109256	SPRINKLER SYSTEM	4/1/1983	1,950.00	0.00	0.00
LHI-10	0109258	CARPET & LIGHT FIXTURES	5/1/1983	3,339.09	0.00	0.00
LHI-20	0109400	DAIGLE CONTRACTORS	9/1/1983	5,650.00	0.00	0.00
LHI-20	0109402	MINER LUMBER	9/1/1983	7,507.98	0.00	0.00
LHI-20	0109403	ALLEN EXCAVATION	10/1/1983	2,129.00	0.00	0.00
LHI-20	0109404	MINER LUMBER-REC RM	10/1/1983	2,530.26	0.00	0.00
LHI-20	0109405	SKARET BUILDERS	10/1/1983	6,549.24	0.00	0.00
LHI-20	0109406	CLAY PRODUCTS(BRICK)	11/1/1983	2,558.50	0.00	0.00
LHI-20	0109407	HAAS SPRINKLER SYSTEM	11/1/1983	4,600.00	0.00	0.00
LHI-20	0109408	KURT JOHNSON(POUR FLOOR)	11/1/1983	950.00	0.00	0.00
LHI-20	0109409	MINER LUMBER	11/1/1983	2,729.38	0.00	0.00
LHI-20	0109410	WEST HTFD STAIRS	11/1/1983	1,065.00	0.00	0.00
LHI-20	0109411	BUILDERS HARDWARE	12/1/1983	1,694.90	0.00	0.00
LHI-20	0109412	MAC'S DRYWALL	12/1/1983	2,000.00	0.00	0.00
LHI-20	0109413	MINER LUMBER	12/1/1983	3,203.64	0.00	0.00
LHI-20	0109414	S.G. MASONRY(LABOR BRICK)	12/1/1983	4,135.00	0.00	0.00
LHI-20	0109416	K & M PLUMBING	1/1/1984	4,370.59	0.00	0.00
LHI-20	0109418	SUBURAN SANITATION	1/1/1984	1,998.67	0.00	0.00
LHI-20	0109421	MINER LUMBER	2/1/1984	1,418.31	0.00	0.00
LHI-20	0109427	MINER LUMBER	5/1/1984	873.08	0.00	0.00
LHI-20	0109428	MAC'S DRYWALL	5/1/1984	1,800.00	0.00	0.00
LHI-20	0109429	WALTER LINKOVICH	5/1/1984	760.15	0.00	0.00
LHI-20	0109430	JOHNSON CONCRETE	5/1/1984	1,100.00	0.00	0.00
LHI-10	0109261	CARPET(KENTCO)	8/1/1984	2,512.71	0.00	0.00
LHI-20	0109436	K & M PLUMBING	9/1/1984	12,572.07	0.00	0.00
LHI-10	0109262	HOT WATER TANK(AVON PLUMB)	6/1/1986	2,197.10	0.00	0.00
LHI-15	0109330	A.HORTON(INST FAN)	7/1/1987	540.24	0.00	0.00
LHI-15	0109331	C & G(EXHAUST FAN)	7/1/1987	780.00	0.00	0.00
LHI-20	0109437	RYKOFF-SEXTON(SINKS)	12/1/1987	1,196.18	0.00	0.00
LHI-20	0109438	AVON PLUMBING (SINKS)	1/1/1988	374.21	0.00	0.00
LHI-10	0109264	GAGNON FLOOR	9/1/1988	900.00	0.00	0.00
LHI-25	0109503	SUBURBAN (SEPTIC)	1/1/1989	7,180.88	0.00	0.00
LHI-25	0109504	STRAUSS (SEPTIC - PRE-	1/1/1989	2,047.50	0.00	0.00
LHI-20	0109439	(REPAIR VENT. SYSTEM)	3/1/1989	863.00	0.00	0.00
LHI-15	0109332	HORTON, AR (OUTSD LGHTPST)	3/1/1989	2,365.00	0.00	0.00
LHI-25	0109505	STRAUSS (SEPTIC SYSTEM)	7/1/1989	6,693.75	0.00	0.00
LHI-5	0109194	VICTOR ROME (DRAPERIES)	9/1/1989	2,037.90	0.00	0.00
LHI-25	0109506	SUBURBAN (SEPTIC SYSTEM)	9/1/1989	9,651.00	0.00	0.00
LHI-10	0109265	VICTOR ROME (WALLPAPER)	9/1/1989	1,253.30	0.00	0.00
LHI-25	0109507	SUBURBAN (SEPTIC SYSTEM)	11/1/1989	17,853.40	0.00	0.00
LHI-8	0109248	BUILDING)	7/1/1990	1,625.00	0.00	0.00
LHI-20	0109440	SUPERIOR (HEATG+COOLG SYS)	7/1/1990	28,295.08	0.00	0.00
LHI-20	0109441	SUPERIOR (HEATG+COOLG SYS)	9/1/1990	4,656.52	0.00	0.00
LHI-10	0109266	C&R (INSULATION)	11/1/1990	3,993.00	0.00	0.00
LHI-15	0109333	HUNTINGTON (GENERATOR)	2/1/1991	35,640.00	0.00	0.00
LHI-10	0109267	UNITED RESTURANT(RACK DOME LID)	3/1/1991	785.76	0.00	0.00
LHI-15	0109335	DELTA ENG. (ENGINEERING SVCS)	12/1/1991	279.25	0.00	0.00
LHI-25	0109508	EAGLE WATER(BASEMENT DRAINAGE)	2/1/1992	500.00	4.97	15.03
LHI-15	0109336	DELTA ENV.(ENGINEER SVC.)	2/1/1992	535.16	0.00	0.00
LHI-15	0109337	DELTA ENV.(ENGINEER SVC.)	2/1/1992	577.00	0.00	0.00
LHI-25	0109509	GRINNELL (SPRKL R SYS RPR)	5/1/1992	2,000.00	19.97	60.03
LHI-25	0109510	GRINNELL (SPRKL R SYS RPR)	5/1/1992	3,099.66	31.02	92.97
LHI-25	0109511	HORTON (SPRKL R SYS RPR)	5/1/1992	392.69	3.92	11.79
LHI-25	0109512	GRINNELL, F(PLUMBING RPRS)	6/1/1992	609.50	6.11	18.27



LHI-12	0109327	VIKSNES, G(SIGN PEDESTALS)	7/1/1992	785.00	0.00	0.00
LHI-10	0109269	SKARET (DRAWERS,BEDSIDE)	9/1/1992	2,940.00	0.00	0.00
LHI-10	0109270	VIKSNES,G(DRAWERS,BEDSIDE)	9/1/1992	252.00	0.00	0.00
LHI-15	0109338	Gunvall(Shower)	11/1/1992	677.00	0.00	0.00
LHI-15	0109339	Gunvall(Shower)	11/1/1992	760.00	0.00	0.00
LHI-5	0109203	Viksnes(Painting)	1/1/1993	1,050.00	0.00	0.00
LHI-5	0109204	Benson(Carpets)	1/1/1993	569.00	0.00	0.00
LHI-5	0109205	Brewster(PT Room)	1/1/1993	335.70	0.00	0.00
LHI-15	0109340	Viksnes(Carpentry)	1/1/1993	554.00	0.00	0.00
LHI-15	0109341	Medline(Lift from bed)	1/1/1993	692.13	0.00	0.00
LHI-5	0109206	DRG(Wallpapering)	2/1/1993	500.00	0.00	0.00
LHI-5	0109208	Classic(Painting/Carpentry)	2/1/1993	10,600.00	0.00	0.00
LHI-15	0109342	Window Sys(Windows)	2/1/1993	2,660.58	0.00	0.00
LHI-5	0109210	Ladd Cont(Miscellaneous)	4/1/1993	762.44	0.00	0.00
LHI-20	0109445	Precision(Electrical)	4/1/1993	780.31	0.00	0.00
LHI-20	0109446	Precision(Electrical)	4/1/1993	820.25	0.00	0.00
LHI-15	0109343	Viksnes(Carpentry work)	4/1/1993	1,767.00	0.00	0.00
LHI-15	0109344	Viksnes(Carpentry work)	4/1/1993	1,767.00	0.00	0.00
LHI-20	0109447	Stiland(Electical)	5/1/1993	689.00	0.00	0.00
LHI-10	0109271	Allied Roof(Roof)	5/1/1993	17,500.00	0.00	0.00
LHI-5	0109211	Window Sys(Curtains&Drapes)	6/1/1993	5,401.78	0.00	0.00
LHI-5	0109212	Window Sys(Curtains&Drapes)	6/1/1993	480.60	0.00	0.00
LHI-5	0109213	Classic Con't(Various)	6/1/1993	1,234.90	0.00	0.00
LHI-5	0109214	Classic Con't(Various)	6/1/1993	1,320.80	0.00	0.00
LHI-20	0109448	Szabo(Plumbing)	6/1/1993	763.94	0.00	0.00
LHI-20	0109449	Szabo(Plumbing)	6/1/1993	1,169.24	0.00	0.00
LHI-20	0109450	Stiland(Elect)	6/1/1993	848.00	0.00	0.00
LHI-20	0109451	Stiland(Elect)	6/1/1993	2,311.33	0.00	0.00
LHI-15	0109345	Classic(Carpentry)	6/1/1993	5,117.43	0.00	0.00
LHI-10	0109272	Allied Roof(Roof)	6/1/1993	17,723.87	0.00	0.00
LHI-10	0109274	Victor(Tracking)	9/1/1993	808.78	0.00	0.00
LHI-10	0109275	Precision(Nursing Station)	1/1/1994	564.98	0.00	0.00
LHI-10	0109276	Water damage - Net	1/1/1994	657.40	0.00	0.00
LHI-10	0109277	Classic(Nursing Station)	1/1/1994	4,669.25	0.00	0.00
LHI-10	0109278	Classic(Foyer)	2/1/1994	3,562.00	0.00	0.00
LHI-5	0109215	Classic(Sub Acute)	3/1/1994	15,000.00	0.00	0.00
LHI-5	0109216	Classic(Wallpaper)	4/1/1994	13,500.00	0.00	0.00
LHI-10	0109279	Precision(Foyer)	4/1/1994	1,577.61	0.00	0.00
LHI-10	0109280	Precision(Sub Acute)	4/1/1994	1,511.63	0.00	0.00
LHI-10	0109281	Brewster(Sub Acute)	4/1/1994	109.34	0.00	0.00
LHI-10	0109282	Brewster(Sub Acute)	4/1/1994	207.17	0.00	0.00
LHI-10	0109283	Gencorp(Sub Acute)	4/1/1994	287.35	0.00	0.00
LHI-5	0109217	Classic(Wallpaper)	5/1/1994	871.00	0.00	0.00
LHI-10	0109284	Sub Acute	5/1/1994	2,000.00	0.00	0.00
LHI-5	0109218	Brewster(Wallpaper)	6/1/1994	4,388.80	0.00	0.00
LHI-15	0109346	Kenyon (Architect)	6/1/1994	487.50	0.00	0.00
LHI-15	0109347	Classic(Door Handles)	6/1/1994	4,700.00	0.00	0.00
LHI-15	0109348	Classic(Grab Bars)	6/1/1994	4,346.00	0.00	0.00
LHI-15	0109349	Classic(Nursing Station)	6/1/1994	2,778.00	0.00	0.00
LHI-15	0109350	Classic(Sub Acute)	6/1/1994	1,776.00	0.00	0.00
LHI-10	0109286	Executive(Sub Acute)	7/1/1994	1,257.30	0.00	0.00
LHI-10	0109287	Design(Sub Acute)	7/1/1994	158.35	0.00	0.00
LHI-10	0109288	Aking (Sub- Acute)	9/1/1994	392.18	0.00	0.00
LHI-10	0109289	Executive(Sub Acute)	9/1/1994	826.80	0.00	0.00
LHI-10	0109290	Phoenix(Sub Acute)	9/1/1994	2,376.58	0.00	0.00
LHI-5	0109219	Sterling(Curtains)	10/1/1994	515.03	0.00	0.00
LHI-15	0109351	Muir(Lighting) - Net	10/1/1994	8,020.47	0.00	0.00
LHI-15	0109352	Classic(Carpenter Work)	11/1/1994	834.75	0.00	0.00
LHI-10	0109291	Sanford(Stairs)	11/1/1994	689.43	0.00	0.00
LHI-5	0109221	PAINTING ( VEARIL)	9/1/1995	1,170.00	0.00	0.00
LHI-5	0109222	PAINTING (VEARIL SERVICE) 10/12	10/1/1995	780.00	0.00	0.00
LHI-5	0109223	PAINTING (VEARIL SERVICE) 10/20	10/1/1995	585.00	0.00	0.00
LHI-5	0109224	PAINTING (VEARIL SERVICE) 10/27	10/1/1995	780.00	0.00	0.00
LHI-12	0109329	REPLACE CEILING ( CLASSIC)	10/1/1995	6,950.00	0.00	0.00
LHI-5	0109225	PAINTING (VEARIL SERVICE) 11/3	11/1/1995	760.00	0.00	0.00
LHI-5	0109226	PAINTING (VEARIL SERVICE) 11/10	11/1/1995	342.50	0.00	0.00
LHI-5	0109227	PAINTING (VEARIL SERVICE) 12/1	12/1/1995	120.00	0.00	0.00
LHI-5	0109228	PAINTING ( VEARIL)	6/1/1996	7,173.75	0.00	0.00
LHI-10	0109292	DOOR ALARM DEP (PROTECTION)	9/1/1996	2,368.04	0.00	0.00
LHI-20	0109452	ELECTRIC PANEL (PRECISION)	2/1/1998	700.00	8.72	26.28
LHI-20	0109453	ELECTRIC PANEL (PRECISION)	2/1/1998	700.00	8.72	26.28
LHI-20	0109454	NURSE STATION W.WING(CLASSIC)	4/1/1998	6,566.00	82.06	246.24
LHI-15	0109353	DINING RM & LVG RM REN(CLASSIC)	4/1/1998	11,110.00	0.00	0.00
LHI-20	0109455	ELECTRIC PANEL (PRECISION)	5/1/1998	700.00	8.72	26.28
LHI-20	0109456	ELECTRIC PANEL (PRECISION)	6/1/1998	700.00	8.72	26.28
LHI-20	0109457	ELECTRIC PANEL (PRECISION)	7/1/1998	700.00	8.72	26.28
LHI-20	0109458	ELECTRIC PANEL (PRECISION)	7/1/1998	700.00	8.72	26.28
LHI-15	0109354	Grease Trap (Diversified)	11/1/1998	3,416.10	0.00	0.00
LHI-25	0109513	SPRINKLER BACKFLOW PREV(FPT)	6/1/1999	3,648.52	36.50	109.44
LHI-8	0109249	FENCING (M&L FENCING)	10/1/1999	1,760.00	0.00	0.00

LHI-20	0109459	RECLASS J/E GJ48-000 FLOORING)	10/1/1999	964.60	12.05	36.18
LHI-15	0109355	HANDICAP RAMP(WOLLENBERG)	10/1/1999	2,131.00	0.00	0.00
LHI-15	0109356	14 CHIME/STROBE UNITS	10/1/1999	3,021.00	0.00	0.00
LHI-15	0109357	SIDEWALK (WOLLENBERG)	11/1/1999	4,579.20	0.00	0.00
LHI-15	0109358	COURTYARD (WOLLENBERG)	12/1/1999	340.80	0.00	0.00
LHI-20	0109460	plumbing for washer (Joel Martin, Inc.)	4/1/2000	961.78	12.00	36.09
LHI-8	0109250	fencing (M&L Fencing Co.)	5/1/2000	1,000.00	0.00	0.00
LHI-10	0109293	west wing courtyard (Clean Cut Lawncare	5/1/2000	4,467.58	0.00	0.00
LHI-10	0109294	call bell system (Telco One)	7/1/2000	9,771.08	0.00	0.00
LHI-8	0109251	fencing (M&L Fencing Co.)	8/1/2000	616.00	0.00	0.00
LHI-20	0109461	*electrical work (Precision Electrical)	9/1/2000	742.00	9.29	27.81
LHI-20	0109462	*electrical work (Precision Electrical)	9/1/2000	700.00	8.72	26.28
LHI-10	0109295	french doors (Classic Construction Co, I	11/1/2000	4,950.00	0.00	0.00
LHI-5	0109229	paint/paper rec room (Classic Constructi	12/1/2000	2,307.62	0.00	0.00
LHI-10	0109297	call bell system (Telco One)	2/1/2001	20,447.40	0.00	0.00
LHI-5	0109232	paint & accessories (Sherwin-Williams)	4/1/2001	1,157.60	0.00	0.00
LHI-5	0109233	wallpaper (Maharam)	4/1/2001	11,172.28	0.00	0.00
LHI-15	0109366	install concrete walks/ramps (Nod Constr	5/1/2001	12,826.00	213.73	427.51
LHI-10	0109305	repave parking areas (Nod Construction,	5/1/2001	66,780.00	0.00	0.00
LHI-15	0109368	fire notification system (Fire Protectio	6/1/2001	901.00	14.98	30.01
LHI-15	0109372	magnetic gate locks (Precision Electrica	7/1/2001	2,500.01	41.66	83.32
LHI-5	0109242	1 1/2 ton condenser/air handler (Classic	8/1/2001	5,406.00	0.00	0.00
LHI-5	0109243	wired a/c unit for rec room (Precision E	9/1/2001	630.70	0.00	0.00
LHI-5	0109244	cubicle curtains/tracks (Victor Rome Con	9/1/2001	490.78	0.00	0.00
LHI-15	0109376	4 head/foot boards (Clafin)	9/1/2001	350.00	5.87	11.69
LHI-15	0109377	4 basic beds (Invacare Continuing Care G	9/1/2001	1,527.05	25.48	50.92
LHI-10	0109321	sidewalks, curbing, islands, etc. (Nod C	9/1/2001	20,543.60	0.00	0.00
LHI-5	0109245	draperies (Victor Rome Contract Furnishi	10/1/2001	8,394.14	0.00	0.00
LHI-15	0109381	dressers, cabinets, mirrors, tack board	10/1/2001	2,683.36	44.70	89.45
LHI-5	0109246	pinchpleat drapes (Victor Rome Contract	11/1/2001	360.40	0.00	0.00
LHI-5	0109247	carpeting (Commercial Flooring Concepts,	12/1/2001	27,586.50	0.00	0.00
LHI-15	0109369	magnetic door locks east wing door (Prec	6/1/2002	795.00	13.22	39.78
LHI-10	0109316	nurse's station ceiling repairs	7/1/2002	250.00	0.00	0.00
LHI-8	0109252	sales tax audit adjustment	1/1/2003	202.56	0.00	0.00
LHI-15	0109359	sales tax audit adjustment	1/1/2003	88.98	1.52	4.41
LHI-15	0109378	WanderGuard System (Senior Technologies)	9/1/2003	1,578.88	26.33	78.93
LHI-15	0109379	door locks (Precision Electrical)	9/1/2003	1,200.00	19.97	60.03
LHI-20	0109474	load bank test on generator (Central Ele	6/1/2004	1,272.00	15.90	47.70
LHI-20	0109481	generator regulator (Central Electric &	8/1/2004	5,722.38	71.56	214.56
LHI-10	0109322	roof repairs (Allerton Development, Inc.	9/1/2004	5,000.00	0.00	0.00
LHI-10	0109296	water main repairs (The Avon Water Compa	1/1/2005	1,205.00	0.00	0.00
LHI-15	0109382	water heater (Perfectemp)	10/1/2005	3,651.00	60.88	182.52
LHI-20	0109482	roof (Allerton Development, Inc.)	9/1/2006	2,809.00	35.15	105.30
LHI-20	0109498	roof (Allerton Development, Inc.)	10/1/2006	4,214.00	52.66	158.04
LHI-20	0109501	roof final pmt(Allerton Development, Inc	12/1/2006	4,213.00	52.70	157.95
LHI-25	0109514	sprinkler system accelerator (Fire Prote	4/1/2007	992.51	9.91	29.79
LHI-20	0109502	generator set engine (Advanced Power Ser	12/1/2007	1,416.16	17.71	53.10
LHI-10	0109298	toli flooring (Sullivan & Son)	3/1/2008	10,698.66	267.43	802.44
LHI-10	0109299	sprinkler heads (Fire Protection Testing	3/1/2008	7,137.33	178.41	535.32
LHI-20	0109500	roof repairs (Allerton Development)	11/1/2008	2,279.00	28.45	85.50
LHI-20	0109463	building materials (Kamco)	2/1/2009	1,966.50	24.62	73.71
LHI-20	0109464	building materials (Kamco)	2/1/2009	131.86	1.64	4.95
LHI-5	0109230	paint (Sherwin Williams)	3/1/2009	1,153.99	0.00	0.00
LHI-5	0109231	drapes (Design Resource Group)	3/1/2009	1,779.37	0.00	0.00
LHI-20	0109465	building materials (Kamco)	3/1/2009	1,801.48	22.48	67.59
LHI-20	0109466	building permit-renovations (Town of Avo	3/1/2009	286.00	3.59	10.71
LHI-15	0109360	vanity cabinets (E.W. Granite & Marble,	3/1/2009	2,443.30	40.76	122.13
LHI-15	0109361	tiles (Antonio Palomo dba Antonio Carpet	3/1/2009	1,663.14	27.72	83.16
LHI-15	0109362	tiles (Design Resource Group)	3/1/2009	900.95	14.97	45.09
LHI-15	0109363	design consulting (Design Resource Group	3/1/2009	320.00	5.31	16.02
LHI-10	0109300	clocks, mirrors (Design Resource Group)	3/1/2009	275.50	6.85	20.70
LHI-8	0109253	acoustical ceilings (Michael M. Kollasc	4/1/2009	1,125.00	35.15	105.48
LHI-20	0109467	ceramic tiles (Antonio Plaomo DBA Antoni	4/1/2009	1,715.08	21.40	64.35
LHI-20	0109468	grab bars, wall stop (Kamco)	4/1/2009	2,003.40	25.02	75.15
LHI-20	0109469	electrical wiring (Precision Electrical)	4/1/2009	517.60	6.44	19.44
LHI-20	0109470	electrical wiring (Precision Electrical)	4/1/2009	2,750.70	34.40	103.14
LHI-15	0109364	2 vanity cabinets (E.W. Granite & Marble	4/1/2009	1,281.54	21.36	64.08
LHI-15	0109365	design consulting (Design Resource Group	4/1/2009	520.00	8.66	26.01
LHI-10	0109301	sign dwnpmt (Connecticut Signcraft)	4/1/2009	1,471.00	36.76	110.34

LHI-10	0109302	electrical fixtures (Precision Electrica	4/1/2009	845.88	21.14	63.45
LHI-10	0109303	vinyl flooring (Karndean International)	4/1/2009	3,524.48	88.12	264.33
LHI-10	0109304	vinyl flooring (Karndean International)	4/1/2009	5,821.58	145.57	436.59
LHI-20	0109471	electrical wiring (Precision Electrical)	5/1/2009	643.42	8.05	24.12
LHI-20	0109472	electrical wiring (Precision Electrical)	5/1/2009	2,730.86	34.12	102.42
LHI-20	0109473	building materials (Kamco)	5/1/2009	1,577.31	19.74	59.13
LHI-15	0109367	crash rail (Construction Specialties, In	5/1/2009	4,910.98	81.88	245.52
LHI-10	0109306	sign final pmt (Connecticut Sign Craft)	5/1/2009	2,037.60	50.94	152.82
LHI-10	0109307	electrical fixtures (Precision Electrica	5/1/2009	1,923.01	48.03	144.27
LHI-10	0109308	flooring (Antonio Palomo DBA Antonios Ca	5/1/2009	2,271.58	56.79	170.37
LHI-10	0109309	toilets (AT Precision Plumbing and Heati	5/1/2009	1,552.59	38.80	116.46
LHI-10	0109310	toilets (AT Precision Plumbing and Heati	5/1/2009	2,252.88	56.36	168.93
LHI-10	0109311	toilets (AT Precision Plumbing and Heati	5/1/2009	975.34	24.36	73.17
LHI-5	0109234	window treatments (Design Resource Grou	6/1/2009	2,522.38	0.00	0.00
LHI-5	0109235	window treatments (Design Resource Grou	6/1/2009	2,946.43	0.00	0.00
LHI-5	0109236	skim coating (Bard & Son, LLC)	6/1/2009	1,000.00	0.00	0.00
LHI-5	0109237	paint (D&D Painting)	6/1/2009	2,093.50	0.00	0.00
LHI-5	0109238	paint (Sherwin Williams)	6/1/2009	3,878.69	0.00	0.00
LHI-5	0109239	drapery fabric (Design Resource Group)	6/1/2009	1,000.00	0.00	0.00
LHI-20	0109475	electrical wiring (Precision Electrical)	6/1/2009	846.22	10.54	31.77
LHI-15	0109370	nurses station (Farmington Displays, Inc	6/1/2009	5,316.96	88.60	265.86
LHI-15	0109371	design consulting (Design Resource Group	6/1/2009	700.00	11.66	35.01
LHI-10	0109312	ceiling tiles (Bard & Son)	6/1/2009	1,000.00	25.03	74.97
LHI-10	0109313	flooring (Antonio Palomo DBA Antonios Ca	6/1/2009	912.93	22.80	68.49
LHI-10	0109314	flooring (BestFlor Distributors, Inc.)	6/1/2009	1,814.04	45.32	136.08
LHI-10	0109315	4 mirrors (Design Resource Group)	6/1/2009	169.56	4.27	12.69
LHI-5	0109240	painting (D&D Painting)	7/1/2009	702.25	0.00	0.00
LHI-5	0109241	painting (D&D Painting)	7/1/2009	2,928.25	0.00	0.00
LHI-20	0109476	renovation materials (Kamco)	7/1/2009	1,753.85	21.90	65.79
LHI-20	0109477	toilets, flush valve, faucet, p-trap, in	7/1/2009	895.73	11.22	33.57
LHI-20	0109478	electrical wiring (Precision Electrical)	7/1/2009	1,227.86	15.31	46.08
LHI-20	0109479	electrical wiring (Precision Electrical)	7/1/2009	2,594.42	32.43	97.29
LHI-20	0109480	electrical wiring (Precision Electrical)	7/1/2009	1,315.99	16.48	49.32
LHI-15	0109373	nurses station (Farmington Displays, Inc	7/1/2009	3,286.00	54.73	164.34
LHI-15	0109374	design consulting (Design Resource Group	7/1/2009	262.23	4.34	13.14
LHI-15	0109375	design consulting (Design Resource Group	7/1/2009	352.00	5.83	17.64
LHI-10	0109317	light fixtures (Precision Electrical)	7/1/2009	1,968.31	49.23	147.60
LHI-10	0109318	light fixtures (Precision Electrical)	7/1/2009	2,544.00	63.60	190.80
LHI-10	0109319	ceiling lights and bulbs for gym (Granit	8/1/2009	1,389.96	34.78	104.22
LHI-10	0109320	corridor ceiling lights and bulbs (Gran	8/1/2009	1,551.08	38.74	116.37
LHI-20	0109483	electrical wiring (Precision Electrical)	9/1/2009	1,158.05	14.43	43.47
LHI-20	0109484	labor on renovation	9/1/2009	14,351.79	179.39	538.20
LHI-20	0109485	labor on renovation	9/1/2009	2,793.75	34.93	104.76
LHI-20	0109486	labor on renovation	9/1/2009	29.58	0.40	1.08
LHI-20	0109487	labor on renovation	9/1/2009	112.65	1.40	4.23
LHI-20	0109488	labor on renovation	9/1/2009	634.71	7.98	23.76
LHI-20	0109489	labor on renovation	9/1/2009	166.55	2.12	6.21
LHI-20	0109490	labor on renovation	9/1/2009	998.32	12.48	37.44
LHI-20	0109491	labor on renovation	9/1/2009	3,329.62	41.65	124.83
LHI-20	0109492	labor on renovation	9/1/2009	8,012.82	100.13	300.51
LHI-20	0109493	labor on renovation	9/1/2009	4.06	0.02	0.18
LHI-20	0109494	labor on renovation	9/1/2009	151.06	1.88	5.67
LHI-20	0109495	labor on renovation	9/1/2009	28.02	0.32	1.08
LHI-20	0109496	labor on renovation	9/1/2009	173.94	2.22	6.48
LHI-20	0109497	labor on renovation	9/1/2009	12,042.01	150.48	451.62
LHI-15	0109380	design consulting (Design Resource Group	9/1/2009	544.00	9.09	27.18
LHI-10	0109323	pictures, towel ring, bulletin board, sh	9/1/2009	1,532.28	38.30	114.93
LHI-10	0109324	installed lighting and smoke detectors (	9/1/2009	742.00	18.58	55.62
LHI-20	0109499	boiler (Perfectemp)	10/1/2009	3,718.00	46.49	139.41
LHI-15	0109383	ceramic tiles, millwork, vinyl plank fl	10/1/2009	1,992.80	33.22	99.63
LHI-10	0109325	electrical fixtures (Precision Electrica	10/1/2009	1,301.68	32.52	97.65

LHI-15	0109384	design consulting (Design Resource Group	11/1/2009	560.00	9.34	27.99
LHI-20	0109532	Capitalized labor - project manager	12/1/2009	711.00	8.91	26.64
LHI-20	0109531	Toilet, Flush Valve, P-Trap	12/14/2009	895.73	11.22	33.57
LHI-10	0109517	Lighting	1/5/2010	664.09	16.64	49.77
LHI-10	0109522	Signs	3/7/2010	954.00	23.85	71.55
LHI-5	0109534	Solar Shades - Renovations	3/18/2010	145.75	0.00	0.00
LHI-15	0109535	Design Consulting	3/29/2010	328.00	5.49	16.38
LHI-10	0109524	Telephone Wiring	4/30/2010	4,387.53	109.71	329.04
LHI-15	0109537	Design Consulting	8/17/2010	262.84	4.38	13.14
LHI-15	0109538	Design Consulting	8/26/2010	205.71	3.45	10.26
LHI-20	0109548	64' arm, cement, joint compound, tape	11/22/2010	426.88	5.32	16.02
LHI-20	0109549	Daybar adjustable frames	11/22/2010	477.00	5.94	17.91
LHI-5	0109545	Paint	11/24/2010	1,231.48	0.00	0.00
LHI-15	0109546	Doors, door hinges	11/24/2010	369.94	6.12	18.54
LHI-15	0109547	Doors	12/3/2010	572.40	9.54	28.62
LHI-10	0109554	Glass Shelves, Mirrors, Towel Rings	12/3/2010	511.56	12.82	38.34
LHI-15	0109555	64" Arm, lumber, drywall	12/17/2010	1,660.85	27.65	83.07
LHI-15	0109539	Design Consulting Services	12/21/2010	337.15	5.65	16.83
LHI-15	0109556	Doors	12/22/2010	1,202.04	20.02	60.12
LHI-20	0109540	Toilet, Flush Valve, Faucet, Sink	12/27/2010	1,006.43	12.61	37.71
LHI-20	0109541	Toilet, Flush Valve, Faucet, Sink	12/27/2010	1,006.43	12.61	37.71
LHI-10	0109543	Ceiling and Vanity Light, Mirrors,	12/30/2010	712.93	17.83	53.46
LHI-20	0109553	Project Manager's Labor - Renovation	12/31/2010	2,132.00	26.68	79.92
LHI-20	0109577	New Toilet, flush valve, faucet and sink	1/12/2011	1,006.43	12.61	37.71
LHI-20	0109557	Painting, Tiling, drywall, baseboard,	2/7/2011	10,176.00	127.20	381.60
LHI-10	0109583	Blinds, lighting, bulletin boards, etc.	2/21/2011	850.77	21.27	63.81
LHI-15	0109581	Design Consulting Services	2/23/2011	80.00	1.37	3.96
LHI-20	0109560	Toilet, Flush Valve, Sink	3/8/2011	1,293.26	16.15	48.51
LHI-20	0109562	Toilet, faucet, sink	5/24/2011	1,298.21	16.22	48.69
LHI-15	0109585	Design Consulting	6/5/2011	500.00	8.31	25.02
LHI-10	0109584	Mirror, pictures - Shower Room	6/5/2011	469.48	11.76	35.19
LHI-20	0109566	Bathroom Renovation - Rm 24&25 Ceiling,	6/23/2011	5,088.00	63.60	190.80
LHI-10	0109568	Lumber, Plywood, Ice Water Shield,	6/23/2011	612.54	15.35	45.90
LHI-10	0109567	Roof Repairs	6/24/2011	1,060.00	26.53	79.47
LHI-10	0109569	Framing Nails	6/24/2011	398.83	10.00	29.88
LHI-20	0109571	Toilet, flush valve, faucet, sink	7/19/2011	1,095.75	13.66	41.13
LHI-10	0109570	Hot Water Heater	7/24/2011	5,944.17	148.65	445.77
LHI-10	0109576	Materials for Roof Replacement	9/13/2011	6,873.09	171.79	515.52
LHI-10	0109575	Ice and Water Shield	9/30/2011	1,818.58	45.51	136.35
LHI-10	0109594	Roofing Materials	10/17/2011	1,496.34	37.40	112.23
LHI-10	0109587	Labor to replace roof shingles	10/18/2011	15,995.04	399.89	1,199.61
LHI-10	0109588	Roofing Materials	10/18/2011	16,163.21	404.11	1,212.21
LHI-15	0109586	Handrails for East Wing Hallway	10/19/2011	3,760.54	62.69	188.01
LHI-5	0109589	Waste Removal	10/21/2011	2,525.35	126.26	252.53
LHI-20	0109595	Contractor Services	10/24/2011	1,534.24	19.20	57.51
LHI-5	0109593	Paint and Painting Supplies	10/27/2011	2,690.47	134.53	269.06
LHI-15	0109596	Design Consulting Services	11/4/2011	720.00	12.00	36.00
LHI-15	0109597	Building Materials	11/4/2011	203.70	3.41	10.17
LHI-10	0109590	12" Sprinkler Heads	11/14/2011	1,380.42	34.54	103.50
LHI-10	0109591	4" Dry Pipe Valve	11/14/2011	3,775.43	94.40	283.14
LHI-15	0109592	Flooring Materials for Hallway & Dining	11/21/2011	7,560.78	126.05	378.00
LHI-15	0109600	Flooring Materials for Hallway & Dining	11/21/2011	13,349.23	222.51	667.44
LHI-25	0109598	Dry Sprinkler - Front Entrance Closet	12/12/2011	834.85	8.37	25.02
LHI-20	0112009	Misc Building Materials	1/1/2012	351.60	4.35	13.23
LHI-15	0112008	White Granite, Vanity Counter w 4" Apron	1/4/2012	695.00	11.59	34.74
LHI-10	0112010	Roofing Supplies for Roof Replacement	1/10/2012	4,767.67	119.20	357.57
LHI-10	0112005	Dry Sprinkler Head	1/17/2012	1,227.59	30.69	92.07
LHI-10	0112007	Remove and Replace Shingles	1/23/2012	2,637.48	65.93	197.82
LHI-20	0112001	Plumbing - Shower Room Renovation	2/6/2012	4,185.79	52.33	156.96
LHI-20	0112002	Drain Pipe - Fire Protection Test System	3/15/2012	1,063.24	13.29	39.87
LHI-5	0112014	Vanity Light, Shower Rods, Hooks	3/31/2012	240.18	12.04	36.00

LHI-5	0112016	Waste Removal - Renovation	3/31/2012	1,061.24	53.04	159.21
LHI-5	0112022	Paint - Shower Rm Renovation	3/31/2012	93.94	4.66	14.13
LHI-20	0112011	Tile Bathroom Floor, lobby, corridors	3/31/2012	23,529.99	294.14	882.36
LHI-20	0112013	Shower Room Tiles - Renovation	3/31/2012	3,581.88	44.81	134.28
LHI-20	0112018	Misc Building Materials - Renovation	3/31/2012	1,512.88	18.94	56.70
LHI-20	0112019	Materials - W. Wing Shower Rm Renovation	3/31/2012	1,619.01	20.20	60.75
LHI-20	0112020	Renovation Labor	3/31/2012	891.00	11.16	33.39
LHI-20	0112021	Building Permit - Renovation	3/31/2012	120.00	1.50	4.50
LHI-20	0112024	Contractor Services	3/31/2012	1,711.79	21.42	64.17
LHI-20	0112025	Capitalized Labor for Renovation	3/31/2012	10,097.88	126.26	378.63
LHI-15	0112012	Millwork-Renovation	3/31/2012	2,848.31	47.51	142.38
LHI-15	0112015	Design Consulting Services- Renovation	3/31/2012	1,212.95	20.20	60.66
LHI-10	0112017	Electrical Fixtures and Supplies	3/31/2012	1,049.46	26.20	78.75
LHI-10	0112023	Glass Mirror for Shower Room	3/31/2012	161.65	4.02	12.15
LHI-7	0112004	Accelerator on Sprinkler System	4/30/2012	1,329.91	47.52	142.47
LHI-5	0112027	emergency generator-replace (adv power)	5/17/2012	3,698.59	184.96	554.76
LHI-15	0112029	1st intall for fence	7/24/2012	3,227.19	53.78	161.37
LHI-15	0112029A	final install for fence	7/24/2012	3,227.19	53.78	161.37
LHI-20	0112030	Construction Labor-Project Mgrs. &	9/30/2012	20,378.89	254.75	764.19
LHI-10	0113032	Satellite TV System - 1st Installment	1/8/2013	2,148.75	53.69	161.19
LHI-10	0113033	Satellite TV System - 2nd Installment	2/8/2013	2,148.75	53.69	161.19
LHI-10	0113035	Replacement of Boiler Circulator Pump	4/2/2013	921.04	22.98	69.12
LHI-10	0113036	Satellite TV System - 3rd Installment	5/1/2013	2,148.75	53.69	161.19
LHI-5	0113038	4 system sensor duck smoke detectors	5/29/2013	1,669.70	83.47	250.47
LHI-10	0113037	Satellite Tv System (4th installment)	6/1/2013	2,148.75	53.69	161.19
LHI-10	0113039	Satellite TV system (5th install)	7/1/2013	2,148.75	53.69	161.19
LHI-10	0113040	Satellite TV system (6th install)	8/1/2013	2,148.75	53.69	161.19
LHI-10	0113042	Satellite TV System (7th install0	9/1/2013	2,148.75	53.69	161.19
LHI-10	0113043	Satellite TV Installation	10/1/2013	2,148.75	53.69	161.19
LHI-10	0113044	Satellite TV Senior/Stellar 9th Instal	11/1/2013	2,148.75	53.69	161.19
LHI-10	0113046	Satellite TV Installation	12/1/2013	2,148.75	53.69	161.19
LHI-15	0113049	Furnace Replacement	12/10/2013	4,594.54	76.53	229.77
LHI-15	0113048	8X8 Damper Zone Motor	12/11/2013	1,029.26	17.14	51.48
LHI-15	0113047	Furnace Zone Damper	12/12/2013	995.39	16.59	49.77
LHI-10	0113050	Floor Mount Door Holder	12/31/2013	164.84	4.15	12.33
LHI-10	0113051	Floor Mounted Door Holder	12/31/2013	1,451.68	36.27	108.90
LHI-10	0114052	SATELLITE TV INSTALLATION	1/1/2014	2,148.75	53.69	161.19
LHI-10	0114054	SATELLITE CABLE TV (STELLAR/SENIOR)	2/1/2014	2,148.75	53.69	161.19
LHI-10	0114060	SEWER PUMP REPLC. (AVON PLUMBING)	5/5/2014	2,061.00	51.48	154.62
LHI-5	0114062	4-TON TRANE A/C (SAUCIER)	5/9/2014	2,405.00	120.28	360.72
LHI-5	0114062A	4-TON TRANE A/C (SAUCIER)	5/9/2014	2,405.00	120.28	360.72
LHI-5	0114062B	4-TON TRANE A/C (SAUCIER)	5/9/2014	535.00	6.68	20.07
LHI-5	0114061	Generator Exhaust Replc (Advanced Power)	5/27/2014	1,377.23	68.90	206.55
LHI-20	0114064D	STEEL DOOR FIRE RATED (IDN)	8/27/2014	953.55	11.95	35.73
LHI-20	0114064A	STEEL DOOR HINGE (IDN HARDWARE)	8/28/2014	47.86	0.59	1.80
LHI-20	0114064B	STEEL DOOR HINGE (IDN)	8/28/2014	59.44	0.72	2.25
LHI-20	0114064C	STEEL DOOR HINGE FILLER (IDN)	8/31/2014	31.94	0.43	1.17
LHI-10	0116073	32 Dry Barrel Sprinklers-Fire Sprinkler	7/31/2016	6,691.54	0.00	135.12
<b>Leasehold Improvements as of 09/30/16</b>				<b>1,181,130.34</b>	<b>9,405.13</b>	<b>27,744.36</b>
<b>Total Depreciation 10/1/15 - 9/30/16</b>						<b>37,149.49</b>

**Cost Report Adjustments**

Footboards 2011 from LHI	(\$1,877.05)	\$0.00
Curtain/Table from LHI	(\$10,060.77)	\$0.00
Reclass	\$12,083.00	\$0.00
112023 Glass Mirror for Shower Room	(\$161.65)	(\$16.17)
112027 emergency generator-replace (adv power)	(\$3,698.59)	(\$739.72)
Reclass	\$30.90	\$0.00
<b>Adjusted Balance 9/30/2016</b>	<b>\$1,177,446.18</b>	<b>\$36,393.60</b>
Prior Period	\$1,170,754.64	\$36,258.48
Retired	\$0.00	\$0.00
Current Period	\$6,691.54	\$135.12

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