

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

Dr. David Burchenal 213 Elm Street, Stonington, CT 06278	Medical Director		<input type="radio"/> Yes <input checked="" type="radio"/> No
Healthdrive Dental Group 85 Barnes Rd, Suite 207 Wallingford, CT 06492	Dentist		<input type="radio"/> Yes <input checked="" type="radio"/> No
West River Pharmacy of Connecticut Plainville, CT	Pharmacist		<input type="radio"/> Yes <input checked="" type="radio"/> No
Pointright 150 Cambridge Park Drive, Suite 201 Cambridge, MA 02140	Data Integrity Auditor		<input type="radio"/> Yes <input checked="" type="radio"/> No
			<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.	305,984	Accounting & Managerial Services	Pg. 16 m12

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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	27,203
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
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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	B	C	D	E
85	1a1	Workmen's Compensation	44,884	44,884
86	2	Disability Insurance	0	
87	3	Unemployment Insurance	38,723	38,723
88	4	Social Security (F.I.C.A.)	153,770	153,770
89	5	Health Insurance	212,369	212,369
90	6	Life Insurance	22,379	22,379
91	7	Pensions	15,696	15,696
92	8	Uniform Allowance	0	

	B	C	D	E	F	G
46	7A	Physical Therapy - Medicare Part B	1,926	1,926		
47	7B1	Maintenance Treatments	0			
48	7B2	Restorative Treatments	0			
49	7C	Physical Therapy - Other	9,779	9,779		
50	7D	Total Physical Therapy Treatments	11,705	11,705	0	0
51	8A	Speech Therapy - Medicare Part B	152	152		
52	8B1	Maintenance Treatments	0			
53	8B2	Restorative Treatments	0			
54	8C	Speech Therapy - Other	417	417		
55	8D	Total Speech Therapy Treatments	569	569	0	0
56	9A	Occupational Therapy - Medicare Part B	903	903		
57	9B1	Maintenance Treatments	0			
58	9B2	Restorative Treatments	0			
59	9C	Occupational Therapy - Other	9,337	9,337		
60	9D	Total Occupational Therapy Treatments	10,240	10,240	0	0
61						

Line #

Please fill out the following information for all Operators/Owners, Administrators, Assistant Administrators and other relatives of Owners employed in and paid by facility.

Page 11 & 12

Section I-
Operators/Owners

Name	CCNH	RHNS	(Specify)	Total Hours Worked	Line Where Claimed on Page 10	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received

Section II-Other Related Parties

Section III-
Administrators

Lauren Dubuque	94,409			2,120			Administrator 10/01/15 - 9/30/16			

Section IV- Assistant Administrators

List all contracted services - not just those you consider pertain to resident care.

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Name of Individual/Company	Address	Related to Owner		Explanation of Relationship	Full Explanation of Services Provided	Total Cost/Page Ref.					
		Operators, Officers				CCNH	RHNS	(Specify)	Page	Line	
Christie Landscaping	411 Lantern Hill Rd, Mystic, CT 06355	<input type="radio"/> Yes	<input checked="" type="radio"/> No		Landscaping Services	12,310				22	6a
		<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								
		<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								
		<input type="radio"/> Yes	<input type="radio"/> No								

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	1,097,698		1,097,698	1,097,698			
B2 Building Improvements - Disposals	-						-
B3 Building Improvements - Acquired during this report period (attach schedule)							-
C1 Non-Movable Equipment - Acquired prior to this report period	13,056		13,056	10,925	S/L	Various	286
C2 Non-Movable Equipment -Disposals	-						-
C3 Non-Movable Equipment - Acquired during this report period (attach schedule)							-

	Movable Equipment - Motor vehicles (specify name, model and year of each vehicle)	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	Ford Van 1994	x								
D1b												
D1c												
D1d												
D2a	Movable Equipment - Acquired prior to this report period					494,399		494,399	405,194	S/L	Various	23,475
D2b	Disposals					-						-
D2c	Movable Equipment - Acquired during this report period (attach schedule)					2,180		2,180		S/L	Various	337

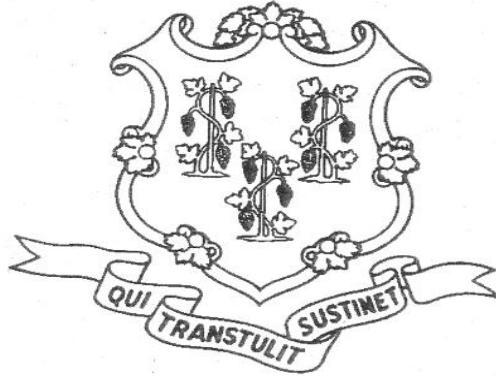
Please fill in the Amortization Schedule as follows:

	Organization Expense	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									
A2									
A3									
B1	Mortgage Expense								
B2									
B3									
C1	Leasehold Improvements and Other - Acquired prior to this report period				730,346	570,678	A		20,251
C2	Leasehold Improvements and Other - Disposals				-				-
C3	Leasehold Improvements and Other - Acquired during this report period (attach schedule)				8096.6				218

	B	C	D	E
2	<i>Current Assets</i>			
3	A1	Cash (<i>on hand and in banks</i>)		4,916
4	A2	Resident Accounts Receivable		429,958
5	A3	Other Accounts Receivable		
6	A4	Inventories		14,933
7	A5	Prepaid Expenses (<i>itemize</i>)		19,779
8	a	Prepaid Insurance	0	
9	b	Prepaid Property Tax	13,574	
10	c	Other Prepaid Expenses	6,205	
11	d			
12	A6	Interest Receivable		
13	A7	Medicare Final Settlement Receivable		
14	A8	Other Current Assets (<i>itemize</i>)		1,548,067
15		Due Affiliate (Debit Balance)	1,547,613	
16		A/P Patient Exchange	454	
17				
18				
19	A9	Total Current Assets (Lines A1 thru 8)		2,017,653
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	1,097,698	
28		Accumulated Depreciation	1,097,698	
29	B4	Leasehold Improvements		147,297
30		Historical Cost	738,443	
31		Accumulated Depreciation	591,146	
32	B5	Non-Movable Equipment		1,845
33		Historical Cost	13,056	
34		Accumulated Depreciation	11,211	
35	B6	Movable Equipment		67,572
36		Historical Cost	496,579	
37		Accumulated Depreciation	429,007	
38	B7	Motor Vehicles		0
39		Historical Cost	995	
40		Accumulated Depreciation	995	
41	B8	Minor Equipment-Not Depreciable		
42	B9	Other Fixed Assets (<i>itemize</i>)		0
43		Fixed Asset Clearing Account	0	
44		Construction in Progress	0	
45	B10	Total Fixed Assets (Lines B1 thru 9)		216,714
46		Total Brought Forward		2,234,367
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		

	B	C	D	E
60		Accumulated Depreciation		
61	C6	Motor Vehicles		0
62		Historical Cost		
63		Accumulated Depreciation		
64	C7	Minor Equipment -Not Depreciable		
65	C8	Total Leasehold or Like Properties (C1 thru 7)		0
66				
67		<i>Investment and Other Assets</i>		
68	D1	Deferred Deposits		
69	D2	Escrow Deposits		
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		254
83		Loans Rec. - Officers/Owner	0	
84		Capitalized Refinance Expense	0	
85		Leasehold Deposits	254	
86	D8	Total Investments and Other Assets (Lines D1 thru 7)		254
87	D9	Total All Assets (Lines A9 + B10 + C8 + D8)		2,234,621

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Apple Rehab Mystic	
Address (No. & Street, City, State, Zip Code) 28 Broadway, Mystic, CT 06355	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 1063-C	RHNS	(Specify)	Medicare Provider 07-5337
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Medicaid Provider Numbers:	CCNH 10637	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 Mystic	License No. 1063-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 Mystic [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) Lauren Dubuque			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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Apple Rehab Mystic		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 28 Broadway, Mystic, CT 06355				
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. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility 860-536-9655		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Apple Rehab Mystic		Address (No. & Street, City, State, Zip) 28 Broadway, Mystic, CT 06355		
License Numbers:	CCNH 1063-C	RHNS	(Specify)	Medicare Provider No. 07-5337
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.				
Administrator				
Name of Administrator Lauren Dubuque		Nursing Home Administrator's License No.:	002024	
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 Mystic	License No. 1063-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 Mystic	28 Broadway, Mystic, CT 06355	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 Mystic	License No. 1063-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	41,878	41,878
Allstar Therapy	21 Waterville Road Avon, CT	<input checked="" type="radio"/>	<input type="radio"/>	15%	Therapy Services	Pg. 13 B5/B9/B10	358,603	328,839
Corporate Employees	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	10,043	10,043
Employees @ various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	27,710	27,710
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	15,696	15,696
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	276,144	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	16,648	

* 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 Mystic	License No. 1063-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	22,379	
Marsh	PO Box 19636 Newark, NJ	X			Property, Liability, & Umbrella Insuran	Pg. 27 14a	82,068	
AIG	PO Box 10472 Newark, NJ	X			Worker's Compensation	Pg. 15 1a1	44,884	
Swallowing Diagnostics	21 Waterville Rd. Avon, CT	X		83%	Diagnostic Services	Pg. 20 5f	720	679
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 Mystic	License No. 1063-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 Mystic			License No. 1063-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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input checked="" type="radio"/> Yes	<input type="radio"/> No
							Total ***	

* 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 Mystic	License No. 1063-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.				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1	Blum Shapiro & Co. PC	29 South Main St. West Hartford, CT 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		\$		
			Charge for Services Provided	
			\$ 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				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1				
2				
3				
4				
5				
Address (<i>No. & Street, City, State, Zip Code</i>)				
1				
2				
3				
4				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1		\$		
2		\$		
3		\$		
4		\$		
5		\$		
			Charge for Services Provided	
			\$	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Pg. 15 1e				

Schedule of Resident Statistics

Name of Facility Apple Rehab Mystic			License No. 1063-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	51	51			51	51			51	51			
B. As of midnight of THIS report period	53	53			53	53			53	53			
3. Total Number of Days Care Provided During Period													
A. Medicare	3,019	3,019			2,047	2,047			972	972			
B. Medicaid (Conn.)	10,609	10,609			8,174	8,174			2,435	2,435			
C. Medicaid (other states)													
D. Private Pay	3,282	3,282			2,423	2,423			859	859			
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	16,910	16,910			12,644	12,644			4,266	4,266			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	16,910	16,910			12,644	12,644			4,266	4,266			

Schedule of Resident Statistics (Cont'd)

Name of Facility Apple Rehab Mystic			License No. 1063-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	9	26		18									
Per Diem Rate													
a. One bed rm.				424.00									
b. Two bed rms.	Various Rugs III	201.69		388.00									
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									1,926	1,926			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									9,779	9,779			
D. Total Physical Therapy Treatments									11,705	11,705			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									152	152			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									417	417			
D. Total Speech Therapy Treatments									569	569			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									903	903			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									9,337	9,337			
D. Total Occupational Therapy Treatments									10,240	10,240			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Mystic	1063-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
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	94,409	2,120				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	48,145	3,159				
5. Dietary Service						
a. Head Dietitian	65,027	2,088				
b. Food Service Supervisor	59,713	2,146				
c. Dietary Workers	159,799	11,850				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	75,643	5,946				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	30,138	1,591				
8. Laundry Service						
a. Supervisor	3,890	270				
b. Other Laundry Workers	36,264	2,925				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	105,394	4,274				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	80,168	2,021				
b. RN						
1. Direct Care	336,517	10,569				
2. Administrative**	121,336	3,441				
c. LPN						
1. Direct Care	297,586	11,801				
2. Administrative**						
d. Aides and Attendants	605,924	41,388				
e. Physical Therapists	25,009	1,431				
f. Speech Therapists	2,472	44				
g. Occupational Therapists	27,793	793				
h. Recreation Workers	52,940	2,964				
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	69,634	2,968				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	2,297,800	113,786				

* 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.

Annual Report of Long-Term Care Facility

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

Name of Facility Apple Rehab Mystic				License No. 1063-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)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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 Mystic				1063-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)							
Section III - Administrators***										
Lauren Dubuque	94,409				Administrator 10/01/15 - 9/30/16	2,120				
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Mystic	1063-C	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	6,408	67				
3. Pharmacist	8,030	216				
4. Podiatrist	221	2				
5. Physical Therapy						
a. Resident Care	181,227	2,926				
b. Other						
6. Social Worker	190	2				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	36,000	147				
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	9,000	72				
9. Speech Therapist						
a. Resident Care	24,257	142				
b. Other						
10. Occupational Therapist						
a. Resident Care	153,119	2,560				
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-13 Total Fees Paid in Lieu of Salaries	421,752	6,167				

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

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

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

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

Name of Facility Apple Rehab Mystic		License No. 1063-C	Report for Year Ended 9/30/2016	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Allstar Therapy 21 Waterville Rd. Avon, CT	Therapy Services	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Healthport Services 21 Waterville Rd. Avon, CT	Employee Staffing	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Dr. Stephen Gross 81 Beach St, Westerly, RI 02891	Orthopedic	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. David Burchenal 213 Elm Street, Stonington, CT 06378	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Dental Group 85 Barnes Rd, Suite 207 Wallingford, CT 0006492	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
West River Pharmacy of Connecticut Plainville, CT	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Pointright 150 Cambridge Park Drive, Suite 301, Cambridge, MA 02140	Data Integrity Auditor	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" 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"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Mystic	1063-C	9/30/2016	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 44,884	44,884		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 38,723	38,723		
4. Social Security (F.I.C.A.)	\$ 153,770	153,770		
5. Health Insurance	\$ 212,369	212,369		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 22,379	22,379		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 15,696	15,696		
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*	\$ 3,469	3,469		
d. Accounting and Auditing	\$ 5,434	5,434		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 10,884	10,884		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 13,069	13,069		
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	\$ 263,781	263,781		
Subtotal	\$ 784,709	784,709		

* 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 Mystic	License No. 1063-C	Report for Year Ended 9/30/2016	Page 16	of 37
Item	Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>	784,709	784,709		
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 10,413	10,413		
2. Holiday Parties for Staff	\$ 4,813	4,813		
3. Gifts to Staff and Residents	\$ 4,559	4,559		
4. Employee Travel	\$ 9,556	9,556		
5. Education Expenses Related to Seminars and Conventions	\$ 2,468	2,468		
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	\$ 9,468	9,468		
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 2,937	2,937		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 5,123	5,123		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 340	340		
9. Subscriptions	\$ 2,942	2,942		
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$			
12. Administrative Management Services**	\$ 305,984	305,984		
13. Other (<i>Specify</i>) See Attached Schedule	\$ 60,805	60,805		
C-14 Total Administrative & General Expenditures	\$ 1,204,157	1,204,157		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising - Public Relations	\$ 9,468		
Total Other Advertising	\$ 9,468	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALTCFM	\$ 80		
CAHCF	\$ 4,444		
NATIONAL FIRE PROTECTION ASSOCIATION	\$ 175		
CLIA LABORATORY PROGRAM	\$ 150		
ACADEMY OF NUTRITION & DIETETICS MEMBERSHIP	\$ 234		
ICNC EASTERN CT CHAPTER MEMBERSHIP	\$ 40		
Total Dues	\$ 5,123	\$ -	\$ -

1023.6

Schedule of Contributions

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

\$ 5,123

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Corporate Fees - Non Reimbursable	\$ 27,110		
Licenses & Fees	\$ 1,750		
Pre Employment Screening	\$ 11,167		
Point Click Care Fees	\$ 10,313		
Bank Charges	\$ -		
Resident Expenses	\$ -		
Post Closing	\$ (3,132)		
Account W/O	\$ 630		
Healthport Indirect	\$ 7,737		
Settlement/Penalties	\$ 145		
User Fee Audit Expense	\$ 2,582		
Sales Tax Audit Fees	\$ 2,504		
Total Other Administrative and General	\$ 60,805	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Apple Rehab Mystic	1063-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.	305,984	Accounting & Managerial Services	Pg. 16 m12

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

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

Name of Facility Apple Rehab Mystic	License No. 1063-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	\$ 128,320	128,320		
2. Non-Food Supplies	\$ 17,904	17,904		
3. Other (<i>Specify</i>) _____	\$			
b. Purchased Services (<i>by contract other than through Management Services (Complete Schedule C-2 att. Page 21)</i>)	\$ 600	600		
c. Management Services**	\$			
d. Other (<i>Specify</i>) _____	\$			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 146,825	146,825		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	139	139		
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 Mystic		License No. 1063-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. \$	7,026	7,026	
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. \$	5,659	5,659	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify)		\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$	12,685	12,685	
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 Mystic		1063-C	9/30/2016		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	12,800	12,800		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	12,800	12,800		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from West River Pharmacy	\$	225,883	225,883		
b.	Medicine Cabinet Drugs	\$				
c.	Medical and Therapeutic Supplies	\$	131,298	131,298		
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	18,630	18,630		
f.	X-rays and Related Radiological Procedures***	\$	6,384	6,384		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	7,739	7,739		
i.	Recreation	\$	31,039	31,039		
j.	Other (<i>Specify</i>)**** See Attached Schedule	\$	16,258	16,258		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	437,232	437,232		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Nursing Station Supplies	\$ 2,246		
Rehab Service Supplies	\$ 2,460		
IV Therapy Supplies	\$ 11,552		
Social Service Supplies	\$ -		
Total Other Resident Care	\$ 16,258	\$ -	\$ -

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

Name of Facility Apple Rehab Mystic			License No. 1063-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
Christie Landscaping	411 Lantern Hill Rd, Mystic, CT 06355	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping Services	12,310			22	6a
		<input type="radio"/>	<input checked="" 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"/>	<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).

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

Name of Facility Apple Rehab Mystic	License No. 1063-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	\$ 89,062	89,062			
b. Heat	\$ 25,857	25,857			
c. Light & Power	\$ 45,706	45,706			
d. Water	\$ 16,186	16,186			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$				
f. Other (<i>itemize</i>) See Attached Schedule	\$ 10,718	10,718			
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 187,529	187,529			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$				
c. Non-Movable Equipment	\$ 286	286			
d. Movable Equipment	\$ 23,812	23,812			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 24,098	24,098			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$ 20,469	20,469			
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$ 20,469	20,469			
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	\$ 41,992	41,992			
c. Personal property taxes	\$ 3,817	3,817			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 630,376	630,376			

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Refuse Removal	\$ 10,718		
Total Other Repairs and Maintenance	\$ 10,718	\$ -	\$ -

Depreciation Schedule

Name of Facility Apple Rehab Mystic			License No. 1063-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			
A. Land Improvements											
1. Acquired prior to this report period											
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
A-4. Subtotal											
B. Building and Building Improvements											
1. Acquired prior to this report period	1,097,698		1,097,698	1,097,698							
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
B-4. Subtotal											
C. Non-Movable Equipment											
1. Acquired prior to this report period	13,056		13,056	10,925	S/L	Various	286				
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
C-4. Subtotal								286			
	Is a mileage logbook maintained?	Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year							
D. Movable Equipment											
1. Motor Vehicles (Specify name, model and year of each vehicle)											
a. Ford Van 1994											
	x		04	00	995	995	995	SL	4 YRS		
b.											
c.											
d.											
2. Movable Equipment											
a. Acquired prior to this report period											
			VARIC		494,399	494,399	405,194	S/L	Various	23,475	
b. Disposals (attach schedule)											
c. Acquired during this report period (attach schedule)											
					2,180	2,180		S/L	Various	337	
D-3. Subtotal											23,812
E. Total Depreciation											24,098

Apple Rehab Mystic
9/30/2016

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/26/2013	POINTCLIC CARE INSTALL & IMPLEMENTATION	\$ 1,250	ME-3	\$ 313
4/28/2016	ELECTRIC BED	\$ 930	ME-12	\$ 24
Total additions for Movable Equipment		\$ 2,180		\$ 337 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
8/5/2014	KITCHEN EXHAUST FAN -DOWN PAYMENT	2650	LHI-20	133
1/7/2016	HOT WATER STORAGE TANK INSTALL (DEPOSIT)	1490	LHI-20	28
1/7/2016	HOT WATER STORAGE TANK INSTALL (REM BAL)	1541	LHI-20	29
5/16/2016	INSTALL OF BACK FLOW PREVENTION DEVICE	2416	LHI-25	29
Total additions for Leasehold Improvement		\$ 8,097		\$ 218 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Apple Rehab Mystic			License No. 1063-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							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	VARIC			730,346	570,678	A		20,251	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	VARIC			8,097				218	
C-4. Subtotal									20,469
D. Total Amortization									20,469

* 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 Mystic	License No. 1063-C	Report for Year Ended 9/30/2016	Page 25	of 37	
11. Property Questionnaire					
Part A					
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 NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	60				
6. Square Footage	27,203				
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
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 _____					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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 Mystic		License No. 1063-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. Total Building Interest Expense (A1 - A4 + B5)		\$			

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Apple Rehab Mystic	1063-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) Value /Property Tax Interest		\$	1,052	1,052	
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	1,052	1,052	
14. Insurance					
a. Insurance on Property (buildings only)		\$	82,068	82,068	
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. Total Insurance Expenditures (14a + b + c)		\$	82,068	82,068	
15. Total All Expenditures (A-13 thru C-14)		\$	5,434,275	5,434,275	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Mystic				1063-C	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 27,793	27,793		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 153,119	153,119		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 3,469	3,469		
10.	15	1d/e	Accounting & Legal	\$ 3,366	3,366		
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 *	\$ 9,468	9,468		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 33,856	33,856		
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 231,070	231,070		

* 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)
10	12m	Social Service/Marketing			
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

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

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	\$ 4,559		
16	8a	Chamber of Commerce	\$ 340		
16	m13	Bank Charges	\$ -		
16	m13	Sales Tax Audit Fees	\$ 2,504		
16	m13	Post Closing	\$ (3,132)		
16	m13	Account W/O	\$ 630		
17	m14	Account W/O	\$ 1,846		
Total Other A&G Adjustments			\$ 33,856	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Mystic				1063-C	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 231,070	231,070		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 215,877	215,877		
28.	16	L1	Ambulance/Limousine	\$ 10,413	10,413		
29.	20	h	X-rays, etc	\$ 6,384	6,384		
30.	20	f	Laboratory	\$ 7,739	7,739		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 14,535	14,535		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 14,012	14,012		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.	30	IV5	Interest Income on Accounts Rec	\$ 55			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 1,052	1,052		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 501,083	501,083		

*** 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 Mystic
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Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supples	\$ 11,552		
20	5j	Rehab Service Supplies	\$ 2,460		
Total Other Ancillary Costs			\$ 14,012	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12D	Interest on Value Note	\$ 117		
27	12D	Town of Stonnington	\$ 935		
Total Other Adjustments			\$ 1,052	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Apple Rehab Mystic	1063-C	9/30/2016			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 2,128,179	2,128,179				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,202,800	1,202,800				
b. Medicare Room and Board Contractual Allowance **	\$ 482,926	482,926				
4. a. Private-Pay Residents and Other	\$ 1,257,314	1,257,314				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 149,555	149,555				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (149,555)	(149,555)				
c. Prescription Drugs - Non-Medicare	\$ 59,612	59,612				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (59,612)	(59,612)				
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	\$ 341,637	341,637				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (283,236)	(283,236)				
c. Physical Therapy - Non-Medicare	\$ 68,040	68,040				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (68,040)	(68,040)				
4. a. Speech Therapy - Medicare	\$ 23,311	23,311				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (17,384)	(17,384)				
c. Speech Therapy - Non-Medicare	\$ 2,295	2,295				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (2,295)	(2,295)				
5. a. Occupational Therapy - Medicare	\$ 385,742	385,742				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (350,537)	(350,537)				
c. Occupational Therapy - Non-Medicare	\$ 75,060	75,060				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (75,060)	(75,060)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 5,170,750	5,170,750				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 55	55				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 1,846	1,846				
V. Total Other Revenue (1 thru 8)	\$ 1,901	1,901				
VI. Total All Revenue (III +V)	\$ 5,172,651	5,172,651				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV5	Interest Income	429,958	\$ 55		
Total Interest Income			\$ 55	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Account W/O	\$ 1,846		
Total Other Revenue		\$ 1,846	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Mystic	1063-C	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	4,916
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	429,958
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	14,933
5. Prepaid Expenses			\$	19,779
a. Prepaid Insurance				
b. Prepaid Property Tax	13,574			
c. Other Prepaid Expenses	6,205			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	1,548,067
Due Affiliate (Debit Balance)	1,547,613			
A/P Patient Exchange	454			
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,017,653
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	1,097,698	\$	
	Accum. Depreciation	1,097,698	Net	
4. Leasehold Improvements	*Historical Cost	738,443	\$	147,297
	Accum. Depreciation	591,146	Net	
5. Non-Movable Equipment	*Historical Cost	13,056	\$	1,845
	Accum. Depreciation	11,211	Net	
6. Movable Equipment	*Historical Cost	496,579	\$	67,572
	Accum. Depreciation	429,007	Net	
7. Motor Vehicles	*Historical Cost	995	\$	
	Accum. Depreciation	995	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
Fixed Asset Clearing Account				
Construction in Progress				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	216,714

* 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 Mystic	License No. 1063-C	Report for Year Ended 9/30/2016	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 2,234,367	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
3. Buildings			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
4. Non-Movable Equipment			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
5. Movable Equipment			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
6. Motor Vehicles			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$ 254	
Loans Rec. - Officers/Owner				
Capitalized Refinance Expense				
Leasehold Deposits			254	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 254	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 2,234,621	

* 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 Apple Rehab Mystic	License No. 1063-C	Report for Year Ended 9/30/2016	Page 33	of 37
Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 172,922
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>)				\$ 62,332
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$
6. Accrued Payroll Taxes Payable				\$ 9,220
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>)				\$ 304,821
Accrued PTO		102,296	Accrued Professional Fee	5,089
Accrued Pension		3,422	Payroll W/H	12,941
Accrued Worker's Comp		73,516	Due Affiliate (Credit Bal:	
Accrued Expense Other		107,557		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 549,295

* 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 Mystic	License No. 1063-C	Report for Year Ended 9/30/2016	Page 34	of 37
Account			Amount	
Total Brought Forward:			549,295	
Liabilities (cont'd)				
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>)				\$ 498,531
Name and Address of Lender	Amount	Loan Date		
Brian J. Foley	498,531	Demand		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
Security Deposits				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 498,531
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,047,826

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Mystic	1063-C	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	97,221
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,350,198
6. Gain or Loss for Period			\$	(261,624)
	10/1/2015	thru	9/30/2016	
7. Total Net Worth			\$	1,186,795
C. Total Reserves and Net Worth			\$	1,186,795
D. Total Liabilities, Reserves, and Net Worth			\$	2,234,621

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Mystic	1063-C	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	1,448,418
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	5,172,651
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	5,434,275
D. Net Income or Deficit			\$	(261,624)
E. Balance			\$	1,186,794
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	3,268
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
Brian Foley		President	3,268	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <i>Balance at End of Period</i>			\$	1,186,794
				09/30/16

I. Preparer's/Reviewer's Certification

Name of Facility Apple Rehab Mystic	License No. 1063-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)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title	Date Signed	
Printed Name of Preparer		Robert Gwizdak		
Address Address		Phone Number		
21 Waterville Road Avon, CT 06001		(860) 470-7535		

Error Check

Level	Item	Reported as	
	Page 23 - Accumulated Dep. of Non-Movable Eq.	11,211	is inconsistent with Page 31 11,211
	Page 24 - Historical Cost of Leasehold Imp.	738,443	is inconsistent with Page 31 738,443
	Page 24 - Accumulated Amort. of Leasehold Imp.	591,146	is inconsistent with Page 31 591,146
-	Page 35 - Total Liabilities, Reserves and Net Worth	2,234,621	Total Assets 2,234,621

Apple Rehab Mystic
For Cost Year Ended September 30, 2016

	2015 10/1 - 12/31	2016 1/1 - 9/30	Adjustments		Total	Cost Report References		
			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	400.00	0.00			400.00	31A1	
10301	Cash - Patient Personal Need	0.00	0.00			0.00	31A1	
10401	Exchange	2,872.00	1,099.34			3,971.34	31A1	
10402	Exchange - Arlene Sheehan	(55.00)	0.00			(55.00)	31A1	
10403	Exchange - Donations	600.00	0.00			600.00	31A1	
10404	Exchange - Wellness	0.00	0.00			0.00	31A1	
10405	Exchange - A/R	0.00	0.00			0.00	31A1	
11001	A/R Private Patients	68,550.57	56,458.20			125,008.77	31A2	
11002	A/R Medicare Patients	119,571.44	82,829.79			202,401.23	31A2	
11003	A/R Medicaid Patients	113,925.14	(4,846.03)			109,079.11	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	13,371.76	(13,371.76)			0.00	31A2	
11011	A/R Medicaid Pending	0.00	0.00			0.00	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	(6,531.00)	0.00			(6,531.00)	31A2	
11101	Loans Rec. - Officers/Owner	0.00	0.00			0.00	32D7	
12005	Dietary Supply Inventory	5,230.00	(1,291.00)			3,939.00	31A4	
12010	Housekeeping Supply Inventory	627.00	7.00			634.00	31A4	
12015	Medical & Nursing Supply Inventory	6,183.00	44.00			6,227.00	31A4	
12020	Maintenance Supply Inventory	1,663.00	(542.00)			1,121.00	31A4	
12025	Laundry Supply Inventory	334.00	825.00			1,159.00	31A4	
12030	Recreation Supply Inventory	0.00	0.00			0.00	31A4	
12035	Office/Misc. Supply Inventory	1,825.00	28.00			1,853.00	31A4	
13002	Prepaid Insurance	2,397.22	(2,397.22)			0.00	31A5b	
13006	Prepaid Property Tax	1,784.35	11,789.20			13,573.55	31A5b	
13010	Other Prepaid Expenses	2,879.03	3,326.01			6,205.04	31A5c	
15501	Non Moveable Equipment	17,349.97	0.00	58.92	(4,353.39)	13,055.50	31B5	
15502	Moveable Equipment	467,374.93	930.05	28557.19	(283.50)	496,578.67	31B6	
16001	Auto & Trucks	0.00	0.00			0.00	31B7	
16501	Leasehold Improvements	750,994.45	5,446.60	2033.71	(20,031.82)	738,442.94	31B4	
16598	Fixed Asset Proceeds Clearing Account	0.00	0.00			0.00	31B9	
16599	Fixed Asset Clearing A/C	1,490.00	(1,490.00)			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	(15,051.37)	(421.38)	4,261.95		(11,210.80)	31B5	
17002	Acc. Depreciation Moveable Equipment	(366,032.68)	(17,443.75)	898.35	(46,428.66)	(429,006.74)	31B6	

17003	Acc. Depreciation Auto & Truck	0.00	0.00			0.00	31B7
17005	Acc. Amortization Leasehold Imp.	(594,718.11)	(15,208.46)	18,780.70		(591,145.87)	31B4
19101	Leasehold Deposits	254.40	0.00			254.40	32D7
19501	Goodwill	0.00	0.00			0.00	32D7
20101	A/P Trade	(256,232.00)	83,309.99			(172,922.01)	33A1
20104	A/P Patient Need Account	0.00	0.00			0.00	33A1
20110	A/P Patient Exchange	609.20	(155.00)			454.20	33A12
20115	A/P Other	(580,758.95)	82,227.68			(498,531.27)	34B3
20200	Due Affiliate -Corporate	1,989,188.60	(347,587.90)	1,234.74	(95,222.78)	1,547,612.66	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	(32,114.48)	(9,902.99)		(20,314.74)	(62,332.21)	33A4
20601	Accrued Vacation	(93,691.96)	0.00	93691.96	(102,296.26)	(102,296.26)	33A12
21001	Federal Withholding	(4,395.18)	4,395.18			0.00	33A6
21002	State Withholding	(1,283.52)	1,284.01			0.49	33A6
21005	FICA - Employee	(3,133.83)	3,133.83			0.00	33A6
21006	FICA - Employer	(6,301.37)	2,654.69			(3,646.68)	33A6
21010	Federal Unemployment Comp.	(7,607.02)	7,214.24			(392.78)	33A6
21011	State Unemployment Comp.	(1,924.08)	(3,256.71)			(5,180.79)	33A6
21035	Other Employee Withhold	(13,044.05)	13,044.05			0.00	33A12
21037	Employee Withholding (HCRA/DCRA)	(10,208.88)	(2,921.33)			(13,130.21)	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	1,513.04	2,333.55			3,846.59	33A12
21060	401 (K) Salary Reduction	(4,251.97)	594.85			(3,657.12)	33A12
22001	Accrued Professional Fees	(4,704.39)	(384.27)			(5,088.66)	33A12
22010	Accrued Pension	(4,137.85)	716.08			(3,421.77)	33A12
22015	Accrued Workers compensation	(54,878.85)	(18,637.22)			(73,516.07)	33A12
22040	Accrued Group Insurance	0.00	0.00			0.00	33A12
22050	Accrued Other Expenses	(93,588.01)	(17,803.05)	3833.57		(107,557.49)	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	(97,220.69)	0.00			(97,220.69)	35B1
28000	Retained Earnings	(1,431,489.59)	0.00	23945.64	(6,264.61)	(1,413,808.56)	35B5
31001	Room and Board - Private	(332,193.44)	(925,120.08)			(1,257,313.52)	30 I 1a4
31002	Room and Board - Medicare	(231,980.00)	(1,003,236.00)			(1,235,216.00)	30 I 1a3
31003	Room and Board - Medicaid	(584,700.40)	(1,520,630.98)			(2,105,331.38)	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	(76,468.42)	(406,457.28)			(482,925.70)	30 I 1a3
31032	Medicare Recoupment	6,114.20	26,302.06			32,416.26	30 I 1a3
31033	Medicaid Recoupment	(149.10)	(22,698.51)			(22,847.61)	30 I 1a1

35001	Physical Therapy	(99,891.05)	(309,785.95)			(409,677.00)	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	(40,329.09)	(168,837.03)			(209,166.12)	30 II 1b1
35007	Clinical Services	(9,208.33)	(29,102.20)			(38,310.53)	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	(6,345.20)	(19,260.61)			(25,605.81)	30 II 1b4
35011	Occupational Therapy	(104,040.52)	(356,761.47)			(460,801.99)	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	127,018.88	524,139.23			651,158.11	30 II 1b, 4b, 5b
35031	Medicare Contractual Allowance - Other	27,926.62	151,972.13			179,898.75	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	69,970.80	143,002.10			212,972.90	30 II 6
35054	Hairdresser & Barber	0.00	0.00			0.00	30 2.1
35098	Misc. Income - Other	(1,776.00)	(70.00)			(1,846.00)	See Attached
36001	Interest Income	0.00	(54.98)			(54.98)	30 IV 5
36500	Gain (Loss) on Sale of Assets	0.00	0.00			0.00	30 IV 8
41001	Salaries - Administrator	151.88	0.00	94408.79	(151.88)	94,408.79	10 A2.3
41002	Salaries - Clerical	6,797.20	19,071.52	1748.57	(1,712.55)	25,904.74	10 A4
41003	Salaries - Accounting	24,483.81	78,441.75	12305.55	(9,837.48)	105,393.63	10 A11b
41004	Salaries - Social Services/Admissions	1,856.01	67,788.02	332.88	(342.72)	69,634.19	10 A12m
41005	Salaries - Management	0.00	0.00			0.00	10A2
41006	Salaries - Maintenance	9,811.99	18,478.72	12.3	(293.00)	28,010.01	10 A7b
41007	Salaries - Projects	0.00	2,127.98			2,127.98	10 A7b
41008	Salaries - Staff Development	3,015.68	7,479.78			10,495.46	10 A12b2
41009	Salaries - Beautician	0.00	0.00			0.00	10A9
41010	Employee Physicals	1,522.46	7,273.97			8,796.43	16 m13
41011	Pre-employment Screen	40.41	2,330.23			2,370.64	16 m13
41015	FICA - Employer	38,372.91	115,397.00			153,769.91	15 1a4
41016	Unemployment - Federal	872.67	8,369.99			9,242.66	15 1a3
41017	Unemployment - State	3,303.48	26,176.90			29,480.38	15 1a3
41020	Insurance - Workmen's Comp	(14,763.35)	59,647.13			44,883.78	15 1a1
41021	Insurance - Group Medical	53,228.32	159,140.79			212,369.11	15 1a5
41023	Insurance - Group Life & Disability	10,856.01	11,522.86			22,378.87	15 1a6
41022	Insurance - FMLA					0.00	15 1a5
41024	Pension Expense	4,802.46	10,893.91			15,696.37	15 1a7
41025	Other Employee Benefits	4,327.49	5,025.05	19		9,371.54	See Attached
41026	Corporate Fee - Non-reimbursable Costs	6,959.98	17,559.32	2590.71		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	7737		7,737.00	16m13
41029	Auto Repair & Maintenance.	0.00	0.00			0.00	16l.6
41030	Travel - Motor Vehicle	2,258.15	7,584.30		(286.72)	9,555.73	16 l.4
41031	Conventions & Meetings	0.00	0.00			0.00	16 l.5
41032	Education & Seminars	623.00	1,478.35			2,101.35	16 l.5

41033	Auditing Fees	1,238.79	4,195.53			5,434.32	15 1d	See Attached
41034	Point Click Care Fees	2,185.69	8,127.66			10,313.35	16 m13	
41035	Legal Services	0.00	0.00			0.00	15 1e	See Attached
41036	Consulting Fees - Social Service	0.00	190.00			190.00	13b6	
41037	Consulting Fees - Other	825.00	2,475.00			3,300.00	See Attached	
41038	Licenses & Fees	0.00	1,750.00			1,750.00	16 m13	
41039	Dues & Memberships	1,023.60	4,439.80			5,463.40	See Attached	See Attached
41040	Subscriptions	828.25	2,113.65			2,941.90	16 m9	
41041	Advertising - Public Relations	987.59	8,480.00			9,467.59	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	0.00	0.00			0.00	16 m5	
41046	In Service Fees	366.95	0.00			366.95	16 l.5	
41047	Transportation - Patients	276.80	10,413.24		(276.80)	10,413.24	16 l.1	29 #28
41048	CNA Registration & Validation	0.00	0.00			0.00	16l.1	
41050	Office Supplies & Printing	2,683.71	8,199.79			10,883.50	15 lg	
41051	Postage	739.04	2,198.10			2,937.14	16 m7	
41052	Telephone	3,064.29	10,005.09			13,069.38	15 1h	
41053	Rent	135,000.00	405,000.00			540,000.00	22 9	
41054	Insurance - Package	21,103.73	60,963.77			82,067.50	27 14a	
41057	Equipment Lease	1,505.15	4,429.51			5,934.66	22 6a	
41060	Purchased Services & Repair	15,478.37	43,780.35	70	(1,299.79)	58,028.93	22 6a	
41061	Maintenance & Repair Supplies	8,734.94	17,057.81	61	(755.66)	25,098.09	22 6a	
41062	Fuel - Plant Operation	2,700.03	7,162.94			9,862.97	22 6b	
41063	Gas - Plant Operation	4,826.32	11,852.15		(684.24)	15,994.23	22 6b	
41064	Electric - Plant Operation	9,212.69	36,493.68			45,706.37	22 6c	
41065	Water & Sewerage	7,198.01	8,988.02			16,186.03	22 6d	
41066	Refuse Removal / Recyclables	2,426.35	8,229.80	62		10,718.15	22 6f	
41067	Corp Office Building Maintenance	0.00	0.00			0.00	Corp Only	
41070	Taxes - Real Estate	10,384.65	31,607.22			41,991.87	22 10b	
41071	Taxes - Personal Property	958.86	2,858.55			3,817.41	22 10c	
41075	Bad Debt	3,469.33	0.00			3,469.33	15 1c	28 #9
41080	Donations	0.00	0.00			0.00	16m10	
41086	Sales Tax	0.00	2,821.56		(2,821.56)	0.00	16m13	
41087	Service Charge - Bank	0.00	0.00			0.00	16 m13	28 #23 4
41090	Miscellaneous Expense	(552.05)	731.58	2548.52		2,728.05	See Attached	See Attached
41091	Resident Reimbursements	0.00	0.00			0.00	16m13	
41095	C.O.N. Expense	0.00	0.00			0.00	16m13	
45001	Salaries - R.N. (CCNH)	76,193.82	258,617.17	13238.86	(11,533.25)	336,516.60	10 A12b1	
45002	Salaries - L.P.N. (CCNH)	79,945.71	218,011.98	14195.54	(14,567.43)	297,585.80	10 A12c	
45003	Salaries - Aides (CCNH)	159,031.53	444,222.07	19347.1	(16,676.69)	605,924.01	10 A12d	
45004	Salaries - Assistant D.O.N.	0.00	0.00			0.00	10 A12a	
45005	Salaries - D.O.N.	17,227.82	61,631.03	3647.62	(2,338.46)	80,168.01	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	2,576.68	7,820.33			10,397.01	10 A12b2	
45011	Salaries - Nursing Administration	6,438.79	16,115.68	2292.8	(2,607.50)	22,239.77	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	25,671.39	70,964.40	14271.25	(10,463.43)	100,443.61	10 A12b2	
45022	Purchased Services - HPS (RN-CCNH)	310.00	7,427.00		(7,737.00)	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	2,207.30	22,676.62			24,883.92	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	0.00	0.00			0.00	13 B12	
45045	Nursing Station Supplies	2,687.35	(447.69)	6		2,245.66	20 5j	
45046	Prescription Drugs - Medicare	23,376.30	120,862.75			144,239.05	20 5a	30 #27
45047	Prescription Drugs - Medicaid	1,626.70	8,378.97			10,005.67	20 5a	
45048	Prescription Drugs - Private	2,047.40	7,777.27			9,824.67	20 5a	30 #27
45049	Prescription Drugs Managed Care	18,950.80	42,862.47			61,813.27	20 5a	30 #27
45050	Medical Supplies	29,393.14	71,135.69		(75.44)	100,453.39	20 5c	
45051	Medicare Part B Billable	0.00	0.00			0.00	205c	
45052	Medical Equipment Purchases	(192.73)	671.47			478.74	20 5c	
45055	O.T.C. Medical Supply	1,036.07	4,445.73			5,481.80	20 5c	
45058	Rehab Service Supplies	0.00	0.00			0.00	205j	
45060	Oxygen - Private	2,385.09	6,505.06			8,890.15	20 5e2	29 #32
45061	Oxygen - Medicare	394.32	3,964.56			4,358.88	20 5e2	29 #32
45062	Oxygen - Medicaid	1,153.28	2,942.40			4,095.68	20 5e2	
45063	Oxygen - Managed Care	131.92	1,153.74			1,285.66	20 5e2	29 #32
45065	I.V. Therapy Services	2,333.44	9,218.50			11,551.94	20 5j	29 #34
45070	Laboratory Services	1,565.50	6,173.56			7,739.06	20 5h	29 # 30
45075	Diagnostic Services	1,082.13	5,744.69		(442.36)	6,384.46	20 5f	29 # 29
50001	Salaries - Dietitians	18,733.83	47,389.72	4,305.56	(5,402.04)	65,027.07	10 A5a	
50002	Salaries - Chefs, Cooks	21,824.94	56,327.67	7,321.48	(5,864.98)	79,609.11	10 A5c	
50003	Salaries - Helpers, Dishwashers	18,858.61	60,139.29	2,657.18	(1,465.37)	80,189.71	10 A5c	
50004	Salaries - Food Service Supervisor	16,231.92	42,828.79	6,726.97	(6,075.12)	59,712.56	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	0.00	600.00			600.00	18 2b	
50036	Equipment Lease - Dietary	0.00	0.00			0.00	18 2a1	
50040	Supplies - Dietary	4,834.82	13,062.21	20	(12.56)	17,904.47	18 2a2	
50041	Other Expenses - Dietary	0.00	0.00			0.00	18 2a2	
50050	Food Supplies - HPC/Thurston	30,075.89	81,961.48			112,037.37	18 2a1	
50051	Food Supplies - Dairy	2,286.83	7,004.88			9,291.71	18 2a1	

50052	Food Supplements	138.72	1,437.68			1,576.40	18 2a1	
50053	Enteral Feeding Supplies	1,418.08	3,019.92			4,438.00	18 2a1	
50054	Food Supplies - Other	363.68	613.11			976.79	18 2a1	
50055	Foods Supplies - Rebates	0.00	0.00			0.00	18 2a1	
55001	Salaries - Laundry	10,450.68	27,193.08	1511.05	(2,890.76)	36,264.05	10 A8b	
55002	Salaries - Laundry Supervisor	71.09	3,110.88	708.22		3,890.19	10 A8a	
55004	Salaries - Laundry - Light Duty	0.00	0.00			0.00	10 A8b	
55030	Purchased Service - Laundry	0.00	0.00			0.00	19 4b	
55031	Personal Laundry	0.00	0.00			0.00	19 3b	
55035	Linen & Bedding Supplies	1,128.99	4,461.87	68		5,658.86	19 3a4	
55036	Equipment Lease Laundry	0.00	0.00			0.00	19 3d	
55040	Laundry Supplies	1,304.83	5,721.57			7,026.40	19 3a1	
60001	Salaries - Housekeeping	15,368.75	53,900.33	8122.92	(1,748.70)	75,643.30	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	1,976.61	10,822.94			12,799.55	20 4a	
65001	Salaries - Recreation	15,001.87	38,683.53	3670.43	(4,415.40)	52,940.43	10 A12h	
65030	Supplies - Recreation	831.05	2,323.94	12		3,166.99	20 5i	
65035	Other Expenses - Recreation	7,680.01	20,192.23			27,872.24	20 5i	
70010	Medical Director	9,000.00	27,000.00			36,000.00	13 B8a	
70011	Medical Staff/URC Meeting	0.00	0.00			0.00	13 B8b	
70012	Other Physician Fees	2,250.00	6,750.00			9,000.00	13 B8e	
70015	Pharmacist Fees	1,759.15	6,270.96			8,030.11	13 B3	
70025	Prescription Drugs Only	0.00	0.00			0.00	N/A	
70030	Personal Laundry	0.00	0.00			0.00	N/A	
70035	Dental Service	1,602.00	4,806.00			6,408.00	13 B2	
70036	Podiatrist Fees	0.00	221.00			221.00	13 B4	
70040	Hairdresser/Barber	0.00	0.00			0.00	16m6	
70047	Purchased Services - Physical Therapist	54,547.84	126,679.12			181,226.96	13 5a	
70048	Purchased Services - Speech Therapist	6,459.64	17,797.51			24,257.15	13 B9a	
70049	Purchased Services - Occupational Therapist	42,531.15	110,587.70			153,118.85	13 B10a	28 #6
70050	Inactive	0.00	0.00			0.00	N/A	
70052	Rehab. Services Supplies	560.17	1,900.31			2,460.48	20 5j	29 # 34
70060	Salaries - Rehab Director	0.00	12,591.80	2558.35		15,150.15	10 A12e	
70062	Salaries - Therapy Technicians	0.00	0.00			0.00	10 A12e	
70065	Salaries - Physical Therapy Assistant	0.00	804.20			804.20	10 A12e	
70066	Salaries - Per Diem PT Assistant	0.00	1,991.14			1,991.14	10 A12e	
70067	Salaries - Physical Therapist	0.00	4,525.73			4,525.73	10 A12e	
70068	Salaries - Per Diem Physical Therapist	0.00	2,537.86			2,537.86	10 A12e	
70070	Salaries - Certified Occupational Therapist	0.00	4,546.96	489.41		5,036.37	10 A12g	28 #3
70071	Salaries - Per Diem Certified OT	0.00	5,113.57			5,113.57	10 A12g	28 #3
70072	Salaries - Occupational Therapist	0.00	6,342.03	6607.02		12,949.05	10 A12g	28 #3
70073	Salaries - Per Diem Occupational Therapist	0.00	4,693.93			4,693.93	10 A12g	28 #3
70075	Salaries - Speech Therapist	0.00	2,471.96			2,471.96	10 A12f	
70076	Salaries - Per Diem Speech Therapist	0.00	0.00			0.00	10 A12f	
71050	User Fee	79,351.00	184,429.98			263,780.98	15 1k3	

76000	Interest	111.00	983.62	(43.00)	1,051.62	27 12D	29 #49
78010	Salaries - Owner	3,268.00	0.00		3,268.00	36 G1	
79010	Depreciation of Non Moveable Equipment	140.42	421.38	(276.13)	285.67	22 7c	
79011	Depreciation of Moveable Equipment	7,029.95	17,680.75	(898.35)	23,812.35	22 7d	
79015	Depreciation of Auto & Truck	0.00	0.00		0.00	31B7	
79025	Amortization of Leasehold Improvements.	5,260.16	15,208.46		20,468.62	22 8c	
82010	CT State Income Tax	0.00	250.00		250.00	15 j1	
82050	Provider Specific Tax	1.96	0.00	(1.96)	0.00	15j1	

\$411,784.80
Variance (must be \$0.00) (411,784.80)
0.00

Total Assets 686,554.14
Total Liabilities 500,240.62
Total Revenue (5,172,650.62)
Total Expenses 5,437,542.59

Analysis Accounts

Cost Report References

		Report Page/Line #	Self Disallow Page/Line #
35098 Misc. Income - Other	1,846.00		
Meal Revenue		30 IV 1	28 #24
Prior Period Corrections		30 IV 4	29 #43
Facility Room Rental			
W/O	1,846.00	30 IV 8	
Medical Records	0.00	30 IV 8	
State of CT Provider Tax Refund			
Total Misc. Income - Other	1,846.00		
41001 Salaries - Administrator	94,408.79		
Administrator	94,408.79	10 A2	
Asst Administrator/AIT	0.00	10 A3	
Total Administrator	94,408.79		
41025 Employee Benefits	9,371.54		
Holiday Parties	4,812.52	16 I2	
Employee gifts/ recognition	4,559.02	16 I3	28 #23 2
Total Employee Benefits	9,371.54		
41037 Consulting Fees - Other	3,300.00		
Social Worker	0.00	13 B3	
Data Integrity Auditor	3,300.00	13 B12	
Total Consulting Fees - Other	3,300.00		

45041 Purchase Service - Other	0.00		
Pharmacy Consult		16 m13	28 #23 5
Wound Consultant		16 m13	28 #23 6
Total Consulting Fees - Other	0.00		
41090 Misc. Expense	2,728.05		
Resident Expenses	0.00		28 #23 5
Prior Period Adj/WO	(2,502.44)		28 #23 6
User Fee Audit Expense	2,581.91		
Sales tax audit fees	2,503.56		
Suta Tax	145.02		
Total Misc. Expense	2,728.05		
70012 Physician Fees	9,000.00		
Psychiatrist	9,000.00	13 B8de	
Eye Doctor	0.00	13 B8de	
Total Physician Fees	9,000.00		
41041 Advertising - Public Relations	9,467.59		
Public Relations	9,467.59	16 m3	28 #18
Directory Advertising	0.00		
Total Advertising - Public Relations	9,467.59		
41052 Telephone	13,069.38		
Telephone & Beepers	13,069.38	15 1h1	
Cell Phones	0.00	15 1h2	
Total Telephone	13,069.38		
<i>(check G/L account 41052 for possible cell or beeper reclass J/E)</i>			
41039 Dues & Membership	5,463.40		
Dues & Membership	5,123.40	16 m8	
Chamber of Commerce	340.00	16 m8a	28 #23 3
Total Dues & Membership	5,463.40		
<i>(most homes should have, may need to check other accounts)</i>			

**Apple Rehab Mystic
Cost Year 2016**

J/E #	DB	AMOUNT	ACCOUNT TITLE	CR	AMOUNT	Reverse CY 2017
1	41025	19.00	Other Employee Benefits			
	41060	70.00	Purchased Services & Repair			
	41061	61.00	Maintenance & Repair Supplies			
	41066	62.00	Refuse Removal / Recyclables			
	45045	6.00	Medical Equipment Purchases			
	50040	20.00	Supplies - Dietary			
	55035	68.00	Linen & Bedding Supplies			
	65030	12	Supplies - Housekeeping			
	70052	0	Rehab. Services Supplies			
			Sales Tax	41086	318.00	
			Allocate Sales Tax			
1a	41090	2,503.56	Miscellaneous Expense			
			Sales Tax	41086	2,503.56	
2	20601	93,691.96	Accrued PTO			
			Salaries - Clerical	41002	1,712.55	
			Salaries - Accounting	41003	9,837.48	
			Salaries - Social Service	41004	342.72	
			Salaries - Maintenance	41006	293.00	
			Salaries - RN	45001	10,585.32	
			Salaries - LPN	45002	14,341.68	
			Salaries - CNA	45003	16,676.69	
			Salaries - DNS	45005	2,338.46	
			Salaries - Infection Control	45010		
			Salaries - Nursing Administration	45011	2,607.50	
			Salaries - MDS	45017	10,463.43	
			Salaries - Dietitians	50001	2,032.80	
			Salaries - Chef, Cooks	50002	5,864.98	
			Salaries - Dietary Aid, Dishwasher	50003	1,465.37	
			Salaries - Food Service Suprv	50004	6,075.12	
			Salaries - Laundry	55001	2,890.76	
			Salaries - Housekeeping	60001	1,748.70	
			Salaries - Housekeeping Supervisor	60002		
			Salaries - Recreation	65001	4,415.40	
			Salaries - PT Tech	70062		
			Reverse 12/15 PTO Accrual			
3	41002	1,423.97	Salaries - Clerical			
	41003	11,731.35	Salaries - Accounting			
	41004	111.40	Salaries - Social Service			
	41006		Salaries - Maintenance			
	45001	8,539.21	Salaries - RN			
	45002	10,212.90	Salaries - LPN			
	45003	13,324.17	Salaries - CNA			
	45004		Salaries - ADNS			
	45005	3,333.22	Salaries - DNS			
	45010		Salaries - Infection Control			
	45011	1,991.56	Salaries - Nursing Admin			
	45017	13,862.42	Salaries - MDS			
	50001	3,995.96	Salaries - Dietician			
	50002	6,991.93	Salaries - Chef, Cooks			
	50003	1,194.31	Salaries - Dietary Aid, Dishwasher			
	50004	6,402.97	Salaries - Food Service Suprv			
	55001		Salaries - Laundry			
	55002	708.22	Salaries - Laundry Supervisor			
	60001	5,147.46	Salaries - Housekeeping			
	60002		Salaries - Housekeeping Supervisor			
	65001	3,670.43	Salaries - Recreation			
	70060	2,558.35	Rehab Director			
	70062		Salaries - PT Tech			
	70070	489.41	Certified Occupational Therapist			
	70072	6607.02	Occupational Therapist			
			Accrued PTO	20601	102,296.26	
			Accrue 9/30/16 PTO			

4	41027	813.99	Corporate Management Fee			
			Due Affiliate - Corporate	20200	813.99	
			Allocate Interest Income			
5	41001	94,408.79	Salaries - Administrator			
			Accrued PTO	20200	94,408.79	
			Accrue Administrator PTO 9/15			
6	41004	151.88	Social Service			
			Salaries Administrator	41001	151.88	
			Reverse Administrator PTO 12/14			
7	17001	3,985.82	Accum Deprec - NME			
7	17005	18,780.70	Accum Deprec - ME			
7	28000	23,662.14	Retained Earnings			
7			Acc. Amortization Leasehold Imp.	17002	46,428.66	
7			Movable Depreciation	79011	898.35	
			Depr of Non Moveable Equip	79010	276.13	
7	17001	276.13	Accum Deprec - NME			
7	17002	898.35	Accum Deprec - ME			
			Adjust Deprec to Actual			
8	15502	20,031.82	Moveable Equipment			
8	15502	4,353.39	Moveable Equipment			
8			Leashold Improvement	16501	20,031.82	
8			Non Moveable Equipment	15501	4,353.39	
			To reclass per previous yrs			
9	16501	2,033.71	Leashold Improvement			
9	15502	571.80	Moveable Equipment			
9	15501	58.92	Non-Moveable Equipment			
9			Retained Earnings	28000	2,664.43	
			To allocate 1999 Sales Tax			
10	15502	63.18	Moveable Equipment			
10			Retained Earnings	28000	63.18	
			To allocate 2000 Sales Tax			
11	28000	283.50	Retained Earnings			
11			Moveable Equipment	15502	283.50	
11	15502	3,537.00	Moveable Equipment			
11			Retained Earnings	28000	3,537.00	
			To allocate 2002 Sales Tax			
12	22050	984.68	Accrued Expenses -Other			
12	22050	1,361.59	Accrued Expenses -Other			
12	22050	1,487.30	Accrued Expenses -Other			
12			Maintenance & Repair Supplies	41061	226.98	
12			Supplies- Dietary	50040	12.56	
12			Gas - Plant Operation	41063	684.24	
12			Transportation - Patients	41047	276.80	
12			Travel - Motor Vehicle	41030	286.72	
12			Purchased Services & Repair	41060	1,299.79	
12			Diagnostic Services	45075	61.80	
12			Diagnostic Services	45075	380.56	
12			Maintenance & Repair Supplies	41061	528.68	
12			Medical Supplies	45050	75.44	
			To reverse captured invoices related to cost year ending 9/30/14			
13	55001	1,233.26	Laundry			
13	60001	2,074.92	Housekeeping			
13	20200	1,234.74	Due Affiliate - Corporate			
13			RN SNF	45001	947.93	
13			LN SNF	45002	225.75	
13			Regional Dieticians	50001	3,369.24	
			To adjust accounts to correct trial balance			
14	41090	43.00	Miscellaneous Expense			
14			Interest	76000	43.00	

			To move Aug 16 Pmt of 2014 Bus Entity			
15	41028	7,737.00	Healthport Indirect			
15			Purchased Services - HPS (RN-CCNH)	45022	7,737.00	
15	41090	1.96	Miscellaneous Expense			
15			Provider Specific Tax	82050	1.96	
			Reclass			
16	41026	2,590.71	Corporate Fee - Non-reimbursable Costs			
16			Corporate Management Fee	41027	2,590.71	
			To allocate corp therapy salaries			
17	41002	324.60	Salaries - Clerical			
17	41003	574.20	Salaries - Accounting			
17	41004	69.60	Salaries - Social Service			
17	41006	12.30	Salaries - Maintenance			
17	45001	4,699.65	Salaries - RN			
17	45002	3,982.64	Salaries - LPN			
17	45003	6,022.93	Salaries - CNA			
17	45005	314.40	Salaries - DNS			
17	45011	301.24	Salaries - Infection Control			
17	45017	408.83	Salaries - MDS			
17	50001	309.60	Salaries - Dietician			
17	50002	329.55	Salaries - Chef, Cooks			
17	50003	1,462.87	Salaries - Dietary Aid, Dishwasher			
17	50004	324.00	Salaries - Food Service Suprv			
17	55001	277.79	Salaries - Laundry			
17	60001	900.54	Salaries - Housekeeping			
			Accrued Payroll	20501	20,314.74	
			Accrue Wage Enhancement			
		411,784.80	TOTALS		411,784.80	

Trial Balance	411,784.80	0	(411,784.80)
Variance	-		0.00

Facility: Apple Rehab Mystic
 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	5,437,543	5,172,651	686,554	500,241
Per Cost Report	5,434,275	5,172,651	2,234,621	1,047,826
Difference	3,268	0	(1,548,067)	1,548,067
21035-21060 - Payroll W/H				
10401-10403 Exchange				
35098- Meal Revenue				
20110- A/P-Patient Exchange			(454)	454
20218 - Due Affiliate			(1,547,613)	1,547,613
78010 - Owners Salary	3,268			
13002 - Prepaid Ins				
Difference	3,268	0	(1,548,067)	1,548,067
	0	0	0	0

Apple Rehab Mystic

Asset Class ID	Asset ID	Asset Description	Service Date	Cost Basis	Depreciation	
					10/1/15 - 12/31/15	1/1/16 - 9/30/16
Non Moveable Equipment						
NME-10	0509012	United(Range)	2/1/1993	3,784.20	0.00	0.00
NME-10	0509014	Lamphere(Bed Pan Washer)	12/1/1993	511.45	0.00	0.00
NME-15	0509018	Lamphere (Hot Water Heater)	3/1/1996	2,572.62	0.00	0.00
NME-10	0509015	Tempering valve (Maruzo)	1/1/1998	982.00	0.00	0.00
NME-10	0509016	fan motor (A-Tech Service, Inc.)	1/1/2004	930.71	0.00	0.00
NME-8	0509003	commercial disposal (Direct Supply Equip	1/1/2005	1,198.13	0.00	0.00
NME-15	0509019	exhaust fan (RC Mechanical)	12/1/2008	1,568.80	26.11	78.48
NME-8	0509004	exhaust fan repairs (Dunklee, Inc.)	7/1/2009	1,448.67	45.27	135.81
NME-10	0509372	Ice Machine	1/29/2010	2,761.28	69.04	207.09
NME-5	0509373	Garbage Disposal	2/10/2010	1,592.11	0.00	0.00
Non Moveable Equipment as of 09/30/16				17,349.97	140.42	421.38
Depreciation 10/1/15 - 09/30/16						561.80
Cost Report Adjustments						
	0509015	Sales Tax Adj		\$58.92		\$0.00
	0509372	Ice Machine		(\$2,761.28)		(\$276.13)
	0509373	Garbage Disposal		(\$1,592.11)		\$0.00
Adjusted Balance 9/30/16				\$13,055.50		\$285.67
		Prior Period		\$13,055.50		\$285.67
		Retired (See Attached)		\$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
Moveable Equipment						
ME-10	0509047	4 WHEELCHAIRS (HIGGINS)	3/1/1985	1,140.00	0.00	0.00
ME-10	0509049	ARTWORK (KENTCO)	3/1/1985	1,904.00	0.00	0.00
ME-10	0509054	FILE CABINET(BENJAMINALT)	8/1/1985	505.25	0.00	0.00
ME-10	0509062	NOYES WINDOW COVERING	9/1/1986	2,138.20	0.00	0.00
ME-10	0509063	DANIEL EQUIP(WASHER)	10/1/1986	5,177.12	0.00	0.00
ME-20	0509180	CLAVIER MUSIC(Piano)	5/1/1988	2,500.00	0.00	0.00
ME-10	0509067	Dunklee Refrig (compressor, freon, drier	7/1/1988	633.66	0.00	0.00
ME-10	0509068	UHF PURCHASING(steam table on on wheels	8/1/1988	810.60	0.00	0.00
ME-10	0509069	SPICERS GAS (install steam table)	8/1/1988	328.67	0.00	0.00
ME-10	0509070	UHF PURCHASING (DISH DOLLY)	2/1/1989	664.73	0.00	0.00
ME-10	0509071	UHF PURCH. (PLATE WARMER)	3/1/1989	539.11	0.00	0.00
ME-15	0509136	DONATION (MEDICAL RECLIN.)	5/1/1989	1,000.00	0.00	0.00
ME-20	0509181	OFFICE DESKS + DRAWERS	8/1/1989	382.00	0.00	0.00
ME-15	0509137	OFFICE CHAIRS	8/1/1989	548.00	0.00	0.00
ME-10	0509072	DANIELS (WASHING MACHINE)	1/1/1990	7,182.00	0.00	0.00
ME-10	0509073	RYKOFF SEXTON (glass stemware rack)	7/1/1990	1,014.94	0.00	0.00

ME-10	0509074	EASTERN BAG (STORAGE)	8/1/1990	680.40	0.00	0.00
ME-10	0509076	UHF PURC. (HOYER LIFT)	11/1/1990	1,406.60	0.00	0.00
ME-10	0509077	UHF PURC. (HOYER LIFT)	12/1/1990	1,748.52	0.00	0.00
ME-10	0509078	DIRECT SUPP(HAMPER UNIT)	12/1/1991	823.11	0.00	0.00
ME-10	0509079	DIRECT SUPP(CLOTHING TRUCK)	12/1/1991	327.54	0.00	0.00
ME-20	0509182	CARSTENS (CHART RACKS)	5/1/1992	2,772.61	0.00	0.00
ME-5	0509021	RO-VIC (BURNISHER)	6/1/1992	1,001.70	0.00	0.00
ME-10	0509080	RAC (CHAIRS)	9/1/1992	3,582.15	0.00	0.00
ME-10	0509081	Direct Supply(Tables)	11/1/1992	321.82	0.00	0.00
ME-10	0509082	Direct Supply(Tables)	11/1/1992	321.82	0.00	0.00
ME-10	0509083	Direct Supply(Tables)	11/1/1992	321.82	0.00	0.00
ME-10	0509084	Aking Indu(Chairs)	1/1/1993	1,805.05	0.00	0.00
ME-10	0509085	Aking Indu(Chairs)	2/1/1993	6,517.04	0.00	0.00
ME-10	0509086	Columbia(Mirow)	8/1/1993	510.05	0.00	0.00
ME-10	0509087	Red Line(Wheelchair Scale)	4/1/1994	1,641.94	0.00	0.00
ME-15	0509138	Huntco(Bed)	8/1/1994	665.57	0.00	0.00
ME-15	0509139	Huntco(Bed)	8/1/1994	50.46	0.00	0.00
ME-10	0509088	Aking(Furniture)	8/1/1994	428.14	0.00	0.00
ME-15	0509140	Aking (Dressers)	2/1/1996	4,085.83	0.00	0.00
ME-10	0509090	50 Chipp Dining Rm Chairs (Akin)	2/1/1997	8,454.90	0.00	0.00
ME-10	0509091	Hoyer Lift (Alpha-Med)	2/1/1997	940.00	0.00	0.00
ME-10	0509092	Hoyer Lift Sling (Alpha-Med)	2/1/1997	135.00	0.00	0.00
ME-10	0509093	Digital Scale (Alpha-Med)	2/1/1997	685.00	0.00	0.00
ME-10	0509094	Refridgerator (United)	3/1/1997	2,247.20	0.00	0.00
ME-10	0509095	Freezer (United)	3/1/1997	2,728.44	0.00	0.00
ME-10	0509096	Compressor (Bartol)	4/1/1997	874.50	0.00	0.00
ME-10	0509097	Hoyer Lift (Alpha-Med)	6/1/1997	1,099.00	0.00	0.00
ME-10	0509098	A/C Unit Admin Office (Coogan)	6/1/1997	604.20	0.00	0.00
ME-10	0509099	Toaster (United)	10/1/1997	797.12	0.00	0.00
ME-8	0509040	Carpet Extractor (Ro-Vic)	12/1/1997	2,038.50	0.00	0.00
ME-10	0509101	Dryer (Yankee)	10/1/1998	2,517.50	0.00	0.00
ME-5	0509023	Floor Buffer (Northeast Link)	12/1/1998	794.99	0.00	0.00
ME-15	0509141	Accumax mattress (Red Line)	4/1/1999	1,192.50	0.00	0.00
ME-10	0509102	Used dryer (Yankee)	5/1/1999	795.00	0.00	0.00
ME-15	0509142	Exhaust fan-dishwasher (HVAC)	9/1/1999	5,657.00	0.00	0.00
ME-10	0509103	Pulse oximeter (Redline)	9/1/1999	587.50	0.00	0.00
ME-10	0509104	FOOD PROCESSOR (UNITED EAST)	11/1/1999	1,449.17	0.00	0.00
ME-5	0509024	copier (northeast copy)	2/1/2000	6,460.70	0.00	0.00
ME-10	0509105	fridge/freezer (United East)	3/1/2000	5,146.66	0.00	0.00
ME-10	0509106	food delivery cabinet (United East)	5/1/2000	1,494.60	0.00	0.00
ME-8	0509041	vaccum (RoVic, Inc.)	9/1/2000	794.99	0.00	0.00
ME-10	0509107	patient lift (PCS, Inc.)	11/1/2000	2,400.00	0.00	0.00
ME-15	0509143	residents'furniture (Triple A Supplies,	12/1/2000	12,332.15	0.00	0.00
ME-15	0509144	50 overbed tables (Claflin)	12/1/2000	4,926.96	0.00	0.00
ME-5	0509025	drapes/bedspreads (Victor Rome Contract	1/1/2001	6,191.36	0.00	0.00
ME-15	0509145	45 beds, 5 electric beds (Invacare)	1/1/2001	21,180.22	352.98	706.04
ME-15	0509146	44 cabinet, 38 dresser (Claflin)	1/1/2001	21,013.00	350.21	700.41

ME-10	0509108	power lift/slings (Direct Supply Healthc	1/1/2001	1,496.50	0.00	0.00
ME-15	0509147	6 cabinets (Claflin)	2/1/2001	1,447.00	24.11	48.21
ME-15	0509148	50 mirrors (Claflin)	3/1/2001	3,600.00	60.00	120.00
ME-10	0509110	food slicer (TriMark United East)	5/1/2001	983.56	0.00	0.00
ME-10	0509109	food delivery cart (TriMark United East)	6/1/2001	3,195.90	0.00	0.00
ME-10	0509111	electric steamer (TriMark United East)	7/1/2001	3,419.91	0.00	0.00
ME-10	0509112	Sarita lift (ARJO, Inc.)	7/1/2001	3,705.76	0.00	0.00
ME-10	0509113	20 qt. Counter model mixer (Tri Mark Uni	11/1/2001	2,098.80	0.00	0.00
ME-15	0509149	50 overbed tables (Claflin)	12/1/2001	295.62	4.95	9.84
ME-15	0509150	50 head/foot boards (Claflin)	12/1/2001	283.50	4.68	9.45
ME-15	0509151	44 cabinet, 38 dresser (Claflin)	12/1/2001	1,260.78	21.05	42.04
ME-15	0509152	6 cabinets (Claflin)	12/1/2001	86.82	1.47	2.88
ME-15	0509153	50 mirrors (Claflin)	12/1/2001	216.00	3.60	7.20
ME-10	0509114	power lift/slings (Direct Supply Healthc	12/1/2001	89.79	0.00	0.00
ME-10	0509115	delivery cart (TriMark United East)	5/1/2002	1,702.19	0.00	0.00
ME-10	0509116	Milnor washing machine (Yankee Equipment	5/1/2002	7,677.58	0.00	0.00
ME-15	0509154	50 footboards (Claflin)	6/1/2002	2,405.00	40.09	120.24
ME-10	0509117	install hand scanner (Precision Electric	7/1/2002	699.60	0.00	0.00
ME-15	0509155	1 bedside cabinet, 5 headboards (Claflin	8/1/2002	792.25	13.22	39.60
ME-5	0509026	26 cubicle curtains	9/1/2002	2,822.78	0.00	0.00
ME-5	0509027	20 bedspreads	9/1/2002	1,489.30	0.00	0.00
ME-5	0509028	2 tvs, 2 vcr/dvds, lamp, floral arrangem	9/1/2002	1,459.33	0.00	0.00
ME-15	0509156	10 overbed table	9/1/2002	1,063.91	17.74	53.19
ME-15	0509157	5 motor beds, 5 basic beds, accessories	9/1/2002	5,550.90	92.50	277.56
ME-15	0509158	residents' furniture	9/1/2002	5,791.54	96.48	289.62
ME-15	0509159	10 cabinets, 10 dressers, 10 head & foot	9/1/2002	6,905.00	115.09	345.24
ME-15	0509160	misc furniture	9/1/2002	1,838.77	30.60	91.98
ME-15	0509161	misc accessories	9/1/2002	1,113.27	18.60	55.62
ME-15	0509162	30 knobs	9/1/2002	77.08	1.27	3.87
ME-15	0509163	10 mattresses	9/1/2002	2,463.33	41.01	123.21
ME-15	0509164	upholstery materials for new furniture	9/1/2002	855.43	14.28	42.75
ME-15	0509165	upholstery materials for new furniture	9/1/2002	402.43	6.67	20.16
ME-15	0509166	new addition furniture	9/1/2002	9,276.91	154.60	463.86
ME-15	0509167	decorative items	9/1/2002	906.17	15.14	45.27
ME-15	0509168	selection and installation of misc acces	9/1/2002	300.00	4.97	15.03
ME-12	0509130	office furniture	9/1/2002	10,201.44	0.00	0.00
ME-12	0509131	office chair	9/1/2002	274.54	0.00	0.00
ME-10	0509118	44 prints (Architectural Woodworking)	9/1/2003	4,151.84	0.00	0.00
ME-10	0509119	Robot coupe food processor (TriMark Unit	10/1/2004	1,346.20	0.00	0.00
ME-10	0509120	Sara lift (ARJO, Inc.)	7/1/2005	3,727.93	0.00	0.00
ME-5	0509029	cisco router (JKS Systems, LLC)	9/1/2006	3,029.06	0.00	0.00
ME-10	0509121	transverse lift transport (Specialty Med	10/1/2006	4,660.95	116.54	233.02
ME-5	0509030	network cable drops (A&R Communications,	11/1/2006	890.40	0.00	0.00
ME-5	0509031	install router (JKS Systems, LLC)	12/1/2006	757.50	0.00	0.00
ME-10	0509122	plate dispenser (Triple A Supplies, Inc.	12/1/2006	992.11	24.78	49.61
ME-10	0509123	30 Victoria Arm Chairs (Kwalu)	10/1/2007	11,132.66	278.34	834.93
ME-5	0509032	wireless pocket adapter (Tech Depot)	6/1/2008	70.38	0.00	0.00

ME-10	0509124	bariatric platform mat (Sammons Preston)	10/1/2008	3,848.03	96.17	288.63
ME-10	0509125	wheel chair scale (The Scale People, Inc	10/1/2008	2,411.30	60.32	180.81
ME-5	0509035	TV mounts (Direct Supply)	1/1/2009	204.00	0.00	0.00
ME-5	0509036	5 Samsung LCD TVs (Best Buy)	1/1/2009	2,298.08	0.00	0.00
ME-5	0509037	TV mounts (Ken Lewis)	1/1/2009	268.15	0.00	0.00
ME-15	0509172	wardrobe cabinets (Farmington Displays,	1/1/2009	2,067.00	34.48	103.32
ME-15	0509173	wardrobe cabinets (Farmington Displays,	1/1/2009	1,133.14	18.84	56.70
ME-5	0509038	32" LCD TV (Ken Lewis)	2/1/2009	527.88	0.00	0.00
ME-15	0509174	wardrobe cabinets (Farmington Displays,	2/1/2009	2,305.50	38.41	115.29
ME-15	0509170	parallel bars (Sammons Preston)	4/1/2009	2,335.70	38.89	116.82
ME-15	0509175	wardrobe cabinets (Farmington Displays,	4/1/2009	1,033.50	17.24	51.66
ME-12	0509132	electric bed (Direct Supply)	4/1/2009	916.89	19.08	57.33
ME-10	0509126	therapy equipment (Sammons Preston)	4/1/2009	1,309.71	32.78	98.19
ME-10	0509127	muscle stimulator (Sammons Preston)	5/1/2009	4,010.93	100.31	300.78
ME-15	0509176	3 six drawer dressers (Farmington Displa	7/1/2009	2,238.72	37.29	111.96
ME-5	0509033	52" LCD TV and nintendo wii	8/1/2009	2,117.88	0.00	0.00
ME-15	0509171	12 café chairs (Direct Supply)	8/1/2009	2,197.38	36.60	109.89
ME-5	0509034	wireless access point (Tech Depot)	9/1/2009	1,062.27	0.00	0.00
ME-15	0509177	wardrobe cabinets (Farmington Displays,	9/1/2009	1,033.50	17.24	51.66
ME-5	0509039	photocopier (Advanced Copy)	11/1/2009	7,208.00	0.00	0.00
ME-15	0509178	10 nightstands, dresser, headboards/foot	11/1/2009	9,359.80	155.99	468.00
ME-15	0509179	arm chairs (Kwalu)	12/1/2009	7,025.40	117.09	351.27
ME-10	0509128	refrigerator (Sid Miller's Appliance)	12/1/2009	444.60	11.07	33.39
ME-10	0509129	reach-in freezer (Triple A Supplies, Inc	12/1/2009	3,816.00	95.40	286.20
ME-15	0509377	Wardrobe Cabinet	2/12/2010	1,033.50	17.24	51.66
ME-15	0509378	Delivery Charges - Wardrobe Cabinet	2/12/2010	265.00	4.44	13.23
ME-5	0509379	LCD TV	2/19/2010	1,999.14	0.00	0.00
ME-15	0509375	Head/Foodboards, dressers, nightstands	2/25/2010	3,743.92	62.39	187.20
ME-15	0509376	Delivery Charges - Furniture	2/25/2010	265.00	4.44	13.23
ME-12	0509381	Electric Beds	4/2/2010	1,824.07	37.98	114.03
ME-15	0509382	Wardrobe Cabinet	4/28/2010	1,033.50	17.24	51.66
ME-15	0509390	Wardrobe Cabinet	4/28/2010	1,033.50	17.24	51.66
ME-5	0509387	LCD TVs (1st install.)	5/20/2010	2,204.75	0.00	0.00
ME-5	0509391	LCD TVs (Final Install.)	5/20/2010	210.92	0.00	0.00
ME-10	0509388	48 Cubic Ft Refrigerator	5/28/2010	3,822.36	95.59	286.65
ME-10	0509392	Compact Storage Rack	7/6/2010	939.00	23.43	70.47
ME-10	0509393	Platform Mat	7/22/2010	885.78	22.16	66.42
ME-5	0509394	LCD TVs	8/30/2010	1,641.94	0.00	0.00
ME-15	0509396	Arm Chairs	9/22/2010	2,929.84	48.80	146.52
ME-5	0509416	Telephones and TVs for rehab	10/1/2010	915.33	0.00	0.00
ME-5	0509424	Printer	10/1/2010	125.10	0.00	0.00
ME-15	0509410	Furniture	10/1/2010	1,966.30	32.81	98.28
ME-12	0509399	Electric Beds	10/6/2010	3,876.26	80.74	242.28
ME-10	0509400	AED Machine	11/10/2010	1,471.90	36.76	110.43
ME-10	0509426	Refrigerator	1/6/2011	1,372.94	34.33	102.96
ME-10	0509427	Hot Food Table	3/21/2011	2,220.94	55.50	166.59
ME-10	0509428	Patient Lifter	5/27/2011	3,764.06	94.08	282.33

ME-12	0509429	Electric Beds	7/25/2011	1,813.20	37.79	113.31
ME-5	0509432	Notebook computer (CDW Government)	9/14/2011	260.63	13.07	26.05
ME-5	0509433	Photo ID Badge Printing Kits	9/27/2011	1,453.81	72.69	145.39
ME-5	0509438	Washer and Dryer Repairs	10/1/2011	992.03	49.64	99.19
ME-5	0512018	Snow Blower	12/14/2011	877.39	43.90	87.73
ME-10	0512009	1st Install, Medical Cart	5/31/2012	212.70	5.34	15.93
ME-10	0512010	2nd Install, Medical Cart	6/30/2012	212.70	5.34	15.93
ME-10	0512013	3rd Installment Med Cart	7/31/2012	200.00	4.97	15.03
ME-10	0512011	Freezer(Triple A Supply)	8/23/2012	2,546.64	63.68	190.98
ME-10	0512014	4th Installment Med Cart	8/31/2012	200.00	4.97	15.03
ME-10	0512020	5th installment of med cart	9/30/2012	200.00	4.97	15.03
ME-10	0512022	Comm. Food Processor(Triple A Supplies)	10/18/2012	1,229.61	30.71	92.25
ME-10	0512024	6th Installment-Med Cart	10/31/2012	212.70	5.34	15.93
ME-5	0512026	Computers for Nursing Staff(Careworx)	12/21/2012	11,299.00	564.92	1,694.88
ME-10	0512027	7th Installment-Med Cart	12/31/2012	212.70	5.34	15.93
ME-10	0513029	8th Installment-Med Cart(Medstat)	1/31/2013	212.70	5.34	15.93
ME-10	0513030	9th Installment-Med Cart(Medstat)	2/28/2013	212.70	5.34	15.93
ME-10	0513032	10th Ininstallment-Med & Treatment Carts	5/31/2013	744.45	18.65	55.80
ME-10	0513033	11th payment med cart	6/30/2013	744.45	18.65	55.80
ME-5	0513035	17' emar unit CAP #0557	7/12/2013	1,809.00	90.45	271.35
ME-10	0513033A	12th payment medical cart	7/31/2013	744.45	18.65	55.80
ME-5	0513034	17' carepoint kiosk bundle	8/20/2013	2,767.22	138.36	415.08
ME-10	0513033B	13th payment of medical cart	8/31/2013	744.45	18.65	55.80
ME-10	0513033C	med cart	9/30/2013	744.45	18.65	55.80
ME-3	0515073	PointClickCare Install & Implementation	10/26/2013	1,250.00	104.19	208.33
ME-10	0513033D	Med & Trtmt Cart Installment No. 14	10/31/2013	744.45	18.65	55.80
ME-10	0513036	Med & Trtmt Cart MedStat	11/30/2013	744.45	18.65	55.80
ME-10	0513038	Med Cart & Trtmnt Cart	12/31/2013	744.45	18.65	55.80
ME-5	0514050	COMPUTER WLS CTRL W/5 AP LIC (JKS)	1/1/2014	978.42	48.89	146.79
ME-5	0514051	COMPUTER CISCO ASA BUNDLE (JKS)	1/1/2014	1,182.67	59.14	177.39
ME-10	0514042	MEDICAL TRMT CART (MEDSTAT)	1/31/2014	744.45	18.65	55.80
ME-10	0514044	MED TRTMNT CART (MEDSTAT)	2/28/2014	744.45	18.65	55.80
ME-12	0514052	BED ELECTRIC (FIRST CHOICE)	3/11/2014	924.18	19.24	57.78
ME-12	0514053	2 ELECTRIC BED W/RAILS (1ST CHOICE)	3/11/2014	1,601.63	33.39	100.08
ME-10	0514045	NUSTEP RECUM TRAIN (PATTERSON)	3/19/2014	4,404.78	110.09	330.39
ME-10	0514043	MEDICAL CART (MEDSTAT)	3/31/2014	744.45	18.65	55.80
ME-10	0514046	MEDICAL TREATMENT CART (MEDSTAT)	4/30/2014	744.45	18.65	55.80
ME-15	0514048	PLUMBING PUMP BACKFLOW DRAIN (SMART THER	5/1/2014	1,211.45	20.19	60.57
ME-10	0514047	MEDICAL TRMT CART (MEDSTAT)	5/31/2014	744.45	18.65	55.80
ME-10	0514049	MEDTREATMT CART (MEDSTAT)	5/31/2014	744.45	18.65	55.80
ME-5	0514054	MA65RSR PRESSURE MATTRESS (INVACARE)	6/30/2014	1,403.82	70.16	210.60
ME-10	0514056	REFRIG COMPRESSOR (DUNCKLEE)	7/1/2014	2,304.73	57.58	172.89
ME-5	0514058	ZEBRA ZXP1CARD PRINTER (HIGGINS)	7/23/2014	1,505.92	75.28	225.90
ME-12	0514060	ELECTRIC BED 36"WIDE (FIRST CHOICE)	10/21/2014	925.25	19.23	57.87
ME-12	0514062	ELECTRIC BED (FIRST CHOICE)	11/26/2014	925.25	19.23	57.87
ME-5	0515064	INFRASTRUCTURE NETWORKING UPGRD (JKS)	2/20/2015	1,767.50	51.41	265.14
ME-10	0515071	Payroll System Upgrade-Time Clocks	3/19/2015	1,233.02	19.61	92.52

ME-10	0515071A	Payroll System Upgrade-Time Clocks	3/19/2015	1,196.44	19.06	89.73
ME-12	0515068	Electric Bed-First Choice Medical Supply	4/8/2015	855.05	12.21	53.46
ME-7	0515065	Bladder Scanner	4/10/2015	9,165.05	225.73	981.99
ME-10	0515067	Unimac Washing Machine	8/4/2015	3,224.00	98.62	241.83
ME-10	0515067A	Unimac Washing Machine-Remaining Balance	8/4/2015	3,224.00	98.62	241.83
ME-12	0516076	Electric Bed	4/28/2016	930.05	0.00	24.38
Moveable Equipment as of 09/30/16				468,304.98	6,092.47	17,443.75
Depreciation 10/1/15 - 09/30/16						23,536.22

Cost Report Adjustments

Various Items 1985	\$20,031.82	\$0.00
Sales Tax 1999	\$571.80	\$0.00
Sales Tax 2000	\$63.18	\$0.00
Sales Tax 2002	(\$283.50)	\$0.00
Time Clock 2007	\$3,537.00	\$0.00
Ice Machine	\$2,761.28	\$276.13
Garbage Disposal	\$1,592.11	\$0.00
Adjusted Balance 9/30/16	\$496,578.67	\$23,812.35
Prior Period	\$494,398.62	\$23,475.45
Retired (See Attached)	\$0.00	\$0.00
Current Period	\$2,180.05	\$336.90

Asset Class ID	Asset ID	Asset Description	Service Date	Cost Basis	Depreciation	
					10/1/15 - 12/31/15	1/1/16 - 9/30/16
Leasehold Improvements						
LHI-10	0509237	SOLAR SYSTEM 8-1-84	8/1/1984	55,000.00	0.00	0.00
LHI-20	0509317	CEILING FIXT.(KENTCO)	1/1/1985	812.00	0.00	0.00
LHI-20	0509320	WINDOW (MYSTIC RIVER)	2/1/1985	564.38	0.00	0.00
LHI-20	0509321	LUMBER (MYSTIC LUMBER)	2/1/1985	1,323.63	0.00	0.00
LHI-20	0509322	LIGHT FIXTURES (KENTCO)	3/1/1985	2,310.00	0.00	0.00
LHI-20	0509326	3 SIGNS (GOLDEN HORSE)	3/1/1985	1,693.13	0.00	0.00
LHI-10	0509240	RUSSELECTRIC trans switch	3/1/1985	3,439.00	0.00	0.00
LHI-20	0509327	RAILS (INST. PROD)	4/1/1985	168.40	0.00	0.00
LHI-20	0509328	LUMBER (MISTIC LUMBER)	4/1/1985	156.90	0.00	0.00
LHI-10	0509238	2BOILER CRCULATRS(LEHIGH)	4/1/1985	1,000.00	0.00	0.00
LHI-20	0509329	LUMBER (MISTIC LUMBER)	6/1/1985	2,755.70	0.00	0.00
LHI-20	0509335	INSTALL STEPS (M.DANIELS)	7/1/1985	851.00	0.00	0.00
LHI-20	0509336	1 SIGN (GOLDEN HORSE)	8/1/1985	188.13	0.00	0.00
LHI-10	0509239	BATH UNIT (GLENCO DIST)	9/1/1985	7,363.75	0.00	0.00
LHI-20	0509339	UNITED PAINTINGS	10/1/1985	451.00	0.00	0.00
LHI-20	0509340	TOM CLAY (TRANSFORMER)	5/1/1986	803.60	0.00	0.00
LHI-20	0509341	MYSTIC LUMBER(GREEN HOUSE)	9/1/1986	293.87	0.00	0.00
LHI-20	0509342	TOM CLAY(PAVING)	10/1/1986	1,200.00	0.00	0.00

LHI-20	0509343	MYSTIC LUMBER(GREEN HOUSE	10/1/1986	1,739.16	0.00	0.00
LHI-20	0509344	TOM CLAY(GREEN HOUSE)	12/1/1986	396.88	0.00	0.00
LHI-20	0509345	CONTINENTAL GLASS CO.	12/1/1986	672.42	0.00	0.00
LHI-20	0509346	SIPPICAN SOLAR ENERGY	1/1/1987	1,935.00	0.00	0.00
LHI-20	0509347	MYSTIC LUMBER(GREEN HOUSE	1/1/1987	169.19	0.00	0.00
LHI-8	0509215	COTTRELS(Tongue&GROVED CEDER	2/1/1987	955.10	0.00	0.00
LHI-20	0509348	T.CLAY(GREEN HOUSE wiring)	2/1/1987	372.26	0.00	0.00
LHI-15	0509274	HOT H2O HEATER (HICKEY P&H)	1/1/1988	1,412.69	0.00	0.00
LHI-20	0509352	HUNTINGTON POWER EQUIP.	6/1/1988	2,177.13	0.00	0.00
LHI-20	0509349	CLAY (WIRING WASH. MACH.)	1/1/1990	636.45	0.00	0.00
LHI-10	0509217	ELMORE (TINTED WINDOWS)	1/1/1990	934.20	0.00	0.00
LHI-10	0509218	B-T TILE	3/1/1990	495.30	0.00	0.00
LHI-10	0509219	MYSTIC	3/1/1990	1,663.20	0.00	0.00
LHI-20	0509353	PROTECTION (ALARM SYS.)	7/1/1990	1,539.00	0.00	0.00
LHI-10	0509225	WINDOW SYS. (MINI BLINDS)	8/1/1990	1,921.73	0.00	0.00
LHI-10	0509226	MYSTIC (TILE)	9/1/1990	4,995.00	0.00	0.00
LHI-10	0509227	WINDOW SYS. (VALENCES)	9/1/1990	4,030.80	0.00	0.00
LHI-10	0509229	VICTOR ROM (MINI BLINDS)	11/1/1990	185.98	0.00	0.00
LHI-10	0509230	MYSTIC (TILE)	11/1/1990	4,814.10	0.00	0.00
LHI-10	0509231	JUDY HIL. (MINI-BLINDS-Caldor)	11/1/1990	38.88	0.00	0.00
LHI-10	0509243	SZEWCZAK (ENGINEER-ROOF)	12/1/1990	596.70	0.00	0.00
LHI-20	0509350	SPICER GAS (H WTR HEATER)	2/1/1991	2,512.97	0.00	0.00
LHI-20	0509351	HICKEY, L (INSTALL HWH)	2/1/1991	1,516.73	0.00	0.00
LHI-10	0509232	LIBERIA (CUBICLES)	2/1/1991	3,276.84	0.00	0.00
LHI-10	0509234	ALLIED ROOFING (ROOF REPAIR)	5/1/1991	34,911.00	0.00	0.00
LHI-10	0509235	ALLIED ROOFING (ROOF REPAIR)	6/1/1991	34,911.00	0.00	0.00
LHI-17	0509311	HEAT PEOPLE (HEATING SYS.)	7/1/1991	7,057.24	0.00	0.00
LHI-15	0509272	TALCO (ASBESTOS REMOVAL)	7/1/1991	3,120.00	0.00	0.00
LHI-15	0509273	HEAT PEOPLE (HEATING SYS.)	8/1/1991	7,057.24	0.00	0.00
LHI-25	0509365	HICKEY (PLUMBING REPAIR)	5/1/1992	922.10	9.25	27.63
LHI-10	0509244	Hickey(Plumbing)	1/1/1993	783.51	0.00	0.00
LHI-15	0509275	Sunsearch(Waterside pump)	2/1/1993	1,053.24	0.00	0.00
LHI-15	0509276	Service(Septic System)	4/1/1993	740.00	0.00	0.00
LHI-15	0509277	Service(Septic System)	5/1/1993	3,000.00	0.00	0.00
LHI-15	0509278	Service(Septic System)	5/1/1993	3,674.50	0.00	0.00
LHI-15	0509279	Sani-Med(Double Door Sys)	5/1/1993	1,000.00	0.00	0.00
LHI-15	0509280	Sani-Med(Double Door Sys)	5/1/1993	1,952.10	0.00	0.00
LHI-10	0509245	Cash Home(Shutters)	5/1/1993	200.00	0.00	0.00
LHI-10	0509246	Cash Home(Shutters)	6/1/1993	455.19	0.00	0.00
LHI-10	0509247	Cash Home(Shutters)	6/1/1993	907.60	0.00	0.00
LHI-10	0509248	Direct(Heating Unit)	7/1/1993	1,351.88	0.00	0.00
LHI-10	0509249	Direct(Heating Unit)	7/1/1993	50.00	0.00	0.00
LHI-15	0509281	Service(Septic System)	8/1/1993	453.21	0.00	0.00
LHI-5	0509190	Benson(Carpet)	9/1/1993	7,000.00	0.00	0.00
LHI-15	0509282	Lamphere(Redo Bathroom)	9/1/1993	3,250.00	0.00	0.00
LHI-15	0509283	Lamphere(Redo Bathroom)	9/1/1993	3,250.00	0.00	0.00
LHI-15	0509284	Lamphere(Installed Kitchnette)	11/1/1993	1,335.00	0.00	0.00

LHI-15	0509285	Lamphere(Installed Kitchnette)	11/1/1993	750.00	0.00	0.00
LHI-15	0509286	Lamphere(Installed Kitchnette)	11/1/1993	1,350.00	0.00	0.00
LHI-2	0509183	Lamphere(Repair Kitchen Drain)	1/1/1994	853.36	0.00	0.00
LHI-15	0509287	Lamphere(Furnace)	1/1/1994	15,000.00	0.00	0.00
LHI-10	0509250	Relocate Lavatory	1/1/1994	2,460.00	0.00	0.00
LHI-15	0509288	Lamphere(Furnace)	4/1/1994	8,000.00	0.00	0.00
LHI-10	0509251	Heneghan(Tele System)	4/1/1994	3,148.00	0.00	0.00
LHI-10	0509252	Heneghan(Tele System)	4/1/1994	3,000.00	0.00	0.00
LHI-2	0509184	Andruski(Repair Roof Top A/C)	6/1/1994	758.76	0.00	0.00
LHI-10	0509253	Lamphere(Bathroom)	7/1/1994	2,500.00	0.00	0.00
LHI-10	0509254	Recognition(Sign)	7/1/1994	839.26	0.00	0.00
LHI-5	0509191	General(Wallpaper Trim)	8/1/1994	808.90	0.00	0.00
LHI-5	0509192	Kelly (Wallpaper)	9/1/1994	4,147.06	0.00	0.00
LHI-5	0509193	Kelly (Wallpaper)	9/1/1994	4,147.07	0.00	0.00
LHI-15	0509289	Lamphere(Handrails)	9/1/1994	1,050.00	0.00	0.00
LHI-15	0509290	Lamphere(Handrails)	9/1/1994	1,050.00	0.00	0.00
LHI-15	0509291	Institut(Handrails)	9/1/1994	8,267.14	0.00	0.00
LHI-10	0509255	Sani-Med(Door Alarm)	9/1/1994	2,819.60	0.00	0.00
LHI-5	0509194	Brewsters(Wallpaper)	10/1/1994	2,295.00	0.00	0.00
LHI-15	0509292	Institution(Handrails)	10/1/1994	332.44	0.00	0.00
LHI-15	0509293	Lamphere(Heating System)	11/1/1994	2,000.00	0.00	0.00
LHI-15	0509294	Institution(Handrails)	11/1/1994	60.35	0.00	0.00
LHI-15	0509295	Institution(Handrails)	11/1/1994	516.18	0.00	0.00
LHI-15	0509296	Institution(Handrails)	11/1/1994	10.85	0.00	0.00
LHI-15	0509297	Institution(Handrails)	11/1/1994	98.00	0.00	0.00
LHI-15	0509298	Institution(Handrails)	11/1/1994	220.50	0.00	0.00
LHI-15	0509299	DESIGN LEARNED INC AIR CONDITIONING (ENG	7/1/1995	1,967.50	0.00	0.00
LHI-15	0509300	COSTANTINO ELECTRIC AIR CONDITIONING (WI	7/1/1995	4,050.00	0.00	0.00
LHI-15	0509301	SHORE LINE AIRE AIR CONDITIONING (WIRING	7/1/1995	29,846.43	0.00	0.00
LHI-15	0509302	ROOF REPAIR (ALLIED ROOFING)	7/1/1995	636.00	0.00	0.00
LHI-15	0509303	HOT WATER HEATER (LAMPHERE)	9/1/1995	2,018.24	0.00	0.00
LHI-5	0509195	Carpet (American)	6/1/1996	10,614.84	0.00	0.00
LHI-15	0509304	4 ton A/C Condenser (Lamphere)	6/1/1996	2,438.00	0.00	0.00
LHI-10	0509256	SMOKE BARRIER DOOR(LAMPHERE)	12/1/1996	1,007.00	0.00	0.00
LHI-20	0509354	GENERATOR STARTER (CUMMINS)	2/1/1998	884.08	11.08	33.12
LHI-10	0509257	Whirlpool Tub Repair (Arjo)	7/1/1998	1,097.47	0.00	0.00
LHI-10	0509258	Magnetic door locks (Precision)	9/1/1998	3,400.00	0.00	0.00
LHI-15	0509305	Fire Alarm System (Early Warning)	1/1/1999	1,590.00	0.00	0.00
LHI-20	0509355	cabinets/sinks (Home Depot)	2/1/2000	1,653.56	20.67	62.01
LHI-17	0509312	chimney repair (Colonial Masonry)	2/1/2000	3,500.00	51.44	154.44
LHI-5	0509196	carpeting (Home Depot)	3/1/2000	338.14	0.00	0.00
LHI-5	0509197	carpeting installation (Martell)	3/1/2000	380.54	0.00	0.00
LHI-20	0509356	electrical work (Precision)	3/1/2000	750.00	9.33	28.17
LHI-17	0509313	HVAC repairs (HVAC Repair)	8/1/2000	1,392.80	20.46	61.47
LHI-10	0509259	landscaping (Dunn's Tree Service)	8/1/2000	1,378.00	0.00	0.00
LHI-5	0509198	vertical blinds (Design Resource Group)	9/1/2000	751.13	0.00	0.00
LHI-5	0509199	curtains (Victor Rome Contract Furnishin	1/1/2001	5,528.00	0.00	0.00

LHI-15	0509306	commercial water heater (Maruzo Plumbing	5/1/2001	3,200.00	53.31	106.69
LHI-5	0509200	35 cubicle curtains (Maruzo Plumbing & H	6/1/2001	2,103.04	0.00	0.00
LHI-5	0509201	cubicle tracks/installation (Victor Rome	8/1/2001	1,102.40	0.00	0.00
LHI-5	0509202	anode bags (2) for oil tank (Service Sta	12/1/2001	1,272.00	0.00	0.00
LHI-20	0509357	135 kW generator (Precision Electrical)	5/1/2002	20,246.00	253.06	759.24
LHI-5	0509203	dining room curtains (Victor Rome Contra	6/1/2002	2,061.70	0.00	0.00
LHI-20	0509358	135 kW generator (Precision Electrical)	7/1/2002	20,246.00	253.06	759.24
LHI-20	0509359	135 kW generator final pmt (Precision El	8/1/2002	10,123.00	126.53	379.62
LHI-15	0509307	120 gallon storage tank (Maruzo Plumbing	9/1/2002	1,450.08	24.13	72.54
LHI-5	0509204	wallpaper (Surface Materials)	12/1/2002	2,003.35	0.00	0.00
LHI-5	0509205	PHASE II ADDITIONS	1/1/2003	9,713.47	0.00	0.00
LHI-20	0509360	ceiling light fixtures (Retrofit Design	2/1/2003	4,372.50	54.65	163.98
LHI-5	0509206	flooring (Commercial Flooring Concepts,	4/1/2003	24,146.80	0.00	0.00
LHI-5	0509207	miscellaneous supplies (True Value and H	4/1/2003	1,608.93	0.00	0.00
LHI-15	0509308	electrical work performed and installati	6/1/2003	750.00	12.47	37.53
LHI-10	0509260	new range guard hood system (Fire Protec	7/1/2003	2,551.57	0.00	0.00
LHI-5	0509208	labor costs	9/1/2003	19,301.52	0.00	0.00
LHI-5	0509209	misc supplies (see file for vendor info)	9/1/2003	4,532.83	0.00	0.00
LHI-10	0509261	doors (Builder's Hardware)	7/1/2004	1,104.52	0.00	0.00
LHI-15	0509309	compressor (HVAC Repair)	9/1/2004	1,476.25	24.62	73.80
LHI-10	0509262	dishwasher booster (HPC FoodService,)	9/1/2005	1,908.00	0.00	0.00
LHI-5	0509210	2 fire doors (Builders Hardware)	11/1/2005	1,060.00	0.00	0.00
LHI-5	0509211	boiler repairs/circulator (DDLDC Energy)	1/1/2006	1,445.84	0.00	0.00
LHI-5	0509212	recirculating pump/boiler (DDLDC Energy)	12/1/2006	895.70	0.00	0.00
LHI-20	0509361	cumbustion air duct (H.V. A.C. Repair)	2/1/2007	3,635.38	45.42	136.35
LHI-10	0509263	sink and auto faucet (Ceil Plumbing and	2/1/2007	1,800.00	45.00	135.00
LHI-10	0509264	gas convection oven (Triple A)	8/1/2007	4,965.39	124.12	372.42
LHI-15	0509310	chimney liners (Booker's Colonial Chimne	12/1/2007	8,800.00	146.66	440.01
LHI-10	0509265	roof top ac unit (Duncklee, Inc.)	7/1/2008	9,321.00	232.98	699.12
LHI-25	0509367	sprinkler system (Simplex Grinnell)	11/1/2008	10,732.50	107.28	322.02
LHI-10	0509266	water heater (Ceil Plumbing)	11/1/2008	7,400.00	184.97	555.03
LHI-25	0509368	sprinkler system 1st pmt (Simplex Grinne	12/1/2008	3,375.00	33.75	101.25
LHI-20	0509362	labor	12/1/2008	10,150.32	126.91	380.61
LHI-25	0509369	sprinkler system 2nd pmt. (Simplex Grinn	2/1/2009	202.50	1.98	6.12
LHI-5	0509213	drapery fabric (Design Resource Group)	5/1/2009	300.00	0.00	0.00
LHI-10	0509267	patch panel - phone system (Total Commun	5/1/2009	3,874.30	96.82	290.61
LHI-25	0509366	Backflow Preventor-Sprinkler (FPT)	6/1/2009	3,584.92	35.85	107.55
LHI-10	0509268	signs 1st install. signs (CT Sign Craf	6/1/2009	1,333.33	33.34	99.99
LHI-5	0509214	drapes (Design resource Group)	7/1/2009	1,452.20	0.00	0.00
LHI-10	0509269	signs 2nd install. (CT Sign Craft)	7/1/2009	2,662.87	66.58	199.71
LHI-10	0509270	roof repair (Allerton Development)	7/1/2009	2,120.00	52.97	159.03
LHI-20	0509363	Renovations	9/1/2009	22,996.89	368.28	692.79
LHI-20	0509364	capitalized labor	12/1/2009	6,606.54	82.56	247.77
LHI-10	0509271	telephone system 50% dwnpmt. (Datatel,	12/1/2009	3,800.01	94.97	285.03
LHI-10	0509370	Speaker Phone	12/17/2009	175.96	4.37	13.23
LHI-10	0509371	Telephones/Telephone System	12/17/2009	3,800.01	94.97	285.03
LHI-15	0509374	Heat Exchangers	2/12/2010	6,921.80	115.40	346.05

LHI-5	0509380	Generator Repair	4/20/2010	1,100.28	0.00	0.00
LHI-10	0509386	Patch panel for telephone lines	4/26/2010	1,572.58	39.36	117.90
LHI-25	0509385	Sprinkler System Repairs	4/29/2010	3,308.91	33.09	99.27
LHI-10	0509383	1st Pmt Recirculating Pump & Timer Head	5/28/2010	750.00	18.75	56.25
LHI-10	0509384	2nd Pmt Recirculating Pump & Timer Head	5/28/2010	257.00	6.44	19.26
LHI-12	0509389	50% dwnpmt Compressor - Heating Unit	6/3/2010	1,994.50	41.56	124.65
LHI-12	0509397	Final Pmt - Compressor - Heating Unit	6/22/2010	1,994.50	41.56	124.65
LHI-15	0509395	Hot Water Heater	8/26/2010	3,392.00	56.57	169.56
LHI-5	0509407	Blinds	10/1/2010	759.90	0.00	0.00
LHI-5	0509419	Cubicle Curtains and Hardware	10/1/2010	672.75	0.00	0.00
LHI-5	0509420	Painting	10/1/2010	440.00	0.00	0.00
LHI-5	0509422	Paint	10/1/2010	612.91	0.00	0.00
LHI-20	0509403	Surface Mount Screws - Renovation	10/1/2010	37.63	0.44	1.44
LHI-20	0509405	Construction Labor	10/1/2010	3,879.60	48.45	145.53
LHI-20	0509408	Fire Door	10/1/2010	234.21	2.89	8.82
LHI-20	0509412	Drywall, grab bars, insulwrap, etc. -	10/1/2010	485.56	6.10	18.18
LHI-20	0509414	lumber, sheetrock, plywood, misc	10/1/2010	1,733.92	21.72	64.98
LHI-20	0509421	Construction Labor	10/1/2010	4,034.00	50.41	151.29
LHI-20	0509423	cement, sheet rock, faucet, cable tie	10/1/2010	178.21	2.25	6.66
LHI-15	0509406	Design Consulting Services	10/1/2010	541.71	9.02	27.09
LHI-15	0509411	30" cabinet	10/1/2010	101.65	1.74	5.04
LHI-15	0509415	Floor tiles, flooring adhesive	10/1/2010	5,960.48	99.38	297.99
LHI-15	0509418	Architectural and Engineering Services	10/1/2010	1,644.77	27.39	82.26
LHI-15	0509425	Passage Lever and Door Closer	10/1/2010	533.61	8.93	26.64
LHI-10	0509404	Vinyl Tiles	10/1/2010	1,817.90	45.44	136.35
LHI-10	0509409	Electrical Fixtures	10/1/2010	653.42	16.29	49.05
LHI-10	0509413	Handrail, tubs	10/1/2010	273.47	6.83	20.52
LHI-5	0509402	Drapes and hardware	10/12/2010	1,696.08	84.79	169.59
LHI-15	0509398	Install Heat Exchanger	10/20/2010	3,166.22	52.77	158.31
LHI-10	0509431	Grease Trap	7/1/2011	4,958.10	123.93	371.88
LHI-10	0509430	Roof Repairs	8/30/2011	2,322.20	58.07	174.15
LHI-20	0509434	1st Install. Boiler	10/31/2011	2,164.75	27.06	81.18
LHI-5	0509435	Wall Art	11/9/2011	1,076.87	53.82	107.70
LHI-20	0509436	Dwnpmt Sewer pipe - dining rm & kitchen	11/15/2011	2,500.00	31.22	93.78
LHI-20	0509437	2nd Pmt Sewer pipe - dining rm & kitchen	12/6/2011	3,529.00	44.15	132.30
LHI-5	0512021	Backflow device on Water Line(FPT)	1/1/2012	760.40	38.05	114.03
LHI-20	0512004	2nd Install Boiler	1/15/2012	541.19	6.72	20.34
LHI-20	0512002	1st Install. Mixing Valve	1/23/2012	1,600.00	19.97	60.03
LHI-20	0512003	2nd Install. Mixing Valve	2/14/2012	1,600.00	19.97	60.03
LHI-20	0512005	3rd Install. Boiler	2/15/2012	541.19	6.72	20.34
LHI-20	0512006	4th Install. Boiler	3/15/2012	541.19	6.72	20.34
LHI-5	0512017	Lift Repair	3/19/2012	2,430.42	121.49	364.59
LHI-20	0512007	5th Install. Boiler	4/16/2012	541.19	6.72	20.34
LHI-10	0512001	Dining Room Flooring	4/16/2012	2,861.75	71.53	214.65
LHI-20	0512008	6th Install, Boiler	5/15/2012	541.19	6.72	20.34
LHI-20	0512015	8th Installment Boiler	6/15/2012	541.19	6.72	20.34
LHI-20	0212015	8th Installment Boiler	7/16/2012	541.19	6.72	20.34

LHI-5	0512016	Moved Sprinkler Branch Line	7/31/2012	1,224.51	61.21	183.69
LHI-20	0512012	7th Installment Boiler	8/14/2012	541.19	6.72	20.34
LHI-20	0512019	9th installment of boiler	9/17/2012	541.19	6.72	20.34
LHI-20	0512023	10th Installment of Boiler	10/17/2012	541.19	6.72	20.34
LHI-5	0512021A	Backflow device on Water Line(FPT)	10/31/2012	980.55	49.05	147.06
LHI-20	0512025	11th Installment on Boiler	11/16/2012	541.19	6.72	20.34
LHI-20	0512028	12th Installment on Boiler	12/16/2012	541.16	6.81	20.25
LHI-15	0513031	New Compressor for Roof Top A/C Unit	5/14/2013	3,794.51	63.25	189.72
LHI-10	0513037	Shed Roof Replcmt.	11/22/2013	2,100.00	52.50	157.50
LHI-10	0513039	Shed Interior	12/20/2013	1,760.00	43.97	132.03
LHI-10	0513040	Shed Interior	12/28/2013	520.00	13.03	38.97
LHI-10	0514041	SHED (AGUILAR)	1/10/2014	1,904.00	47.57	142.83
LHI-10	0514055	ROOF REPLCMT FLASH (ADVANCED IMPR)	7/31/2014	1,807.95	45.17	135.63
LHI-20	0514057	EXHAUST FAN ROOF CURB (SMART TERMAL)	8/5/2014	2,818.28	35.25	105.66
LHI-10	0514059	ROOF REPLCMT (DRIVEWAY) (ADVANCE IMPROV)	9/9/2014	2,020.65	50.51	151.56
LHI-10	0514061	COMMERCIAL WATER HEATER (SMART TERMAL)	8/29/2014	2,045.28	51.17	153.36
LHI-20	0515063B	BOILER STAGING CONTL DEPOSIT (SMART THR)	11/1/2014	1,050.00	13.08	39.42
LHI-20	0515063	BOILER STAGING CONTROL (SMART THERMAL)	1/28/2015	1,183.35	7.96	44.37
LHI-10	0515066	Install of Glass Door for Back Entrance	5/11/2015	3,250.00	63.48	243.72
LHI-10	0515069	Propane Hot Water Heater Install	7/14/2015	2,339.86	62.90	175.50
LHI-10	0515070	Gas Fired Water Heater Install	7/14/2015	1,084.72	29.16	81.36
LHI-15	0515072	Replace A/C Condensing Unit-Down Pmt	9/4/2015	1,950.00	50.00	97.47
LHI-15	0515072A	Replace A/C Condensing Unit-Rem Bal	9/4/2015	2,197.65	56.36	109.89
LHI-20	0515074	Kitchen Exhaust Fan - Down Payment	8/5/2014	2,650.00	33.14	99.36
LHI-20	0516075	Hot Water Storage Tank Install(Deposit)	1/7/2016	1,490.00	0.00	27.82
LHI-20	0516075A	Hot Water Storage Tank Install(Rem Bal)	1/7/2016	1,540.98	0.00	28.71
LHI-25	0516077	Install of Back Flow Prevention Device	5/16/2016	2,415.62	0.00	29.04

Leasehold Improvements as of 09/30/16

756,441.05 **5,260.16** **15,208.46**

Depreciation 10/1/15 - 09/30/16

20,468.62

Cost Report Adjustments

Reclass various 1985

(\$20,031.82)

\$0.00

Sales Tax

\$2,033.71

\$0.00

Adjusted Balance 9/30/16

\$738,442.94

\$20,468.62

Prior Period \$730,346.34

\$20,250.55

Retired (See Attached) \$0.00

\$0.00

Current Period \$8,096.60

\$218.07