

**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





Allstar Therapy 21 Waterville Rd. Avon, CT	Therapy Services	See Disclosure Pg. 4	<input checked="" type="radio"/> Yes <input type="radio"/> No
Healthport Services 21 Waterville Rd. Avon, CT	Employee Staffing	See Disclosure Pg. 4	<input checked="" type="radio"/> Yes <input type="radio"/> No
West River Pharmacy of Connecticut 41 Northwest Dr. Plainville, CT	Pharmacist		<input type="radio"/> Yes <input checked="" type="radio"/> No
Dr. Garumini A. DeSilva 15 Aldo Dr. Woodbridge, CT	Medical Director		<input type="radio"/> Yes <input checked="" type="radio"/> No
Dr. Horatiu Balas 697 Campbell Ave. West Haven, CT	Medical Director		<input type="radio"/> Yes <input checked="" type="radio"/> No
Healthdrive Medical & Dental Group One Prestige Dr. Meriden, CT	Podiatrist & Dentist & Eyecare		<input type="radio"/> Yes <input checked="" type="radio"/> No
Dr. Asefeh Heiat-Azodi P.O. Box 1086 Branford, CT	Utilization Review		<input type="radio"/> Yes <input checked="" type="radio"/> No
Dr. Anthony Sciala 100 York St. #8D New Haven, CT	Utilization Review		<input type="radio"/> Yes <input checked="" type="radio"/> No
Pointright Inc 150 Cambridge Park Dr, Cambridge, MA 02140	Data Integrity Audit		<input type="radio"/> Yes <input checked="" type="radio"/> No
Milford Podiatry 32 Cherry St, Milford, CT 06460	Podiatrist		<input type="radio"/> Yes <input checked="" type="radio"/> No
Harmony Healthcare 430 Boston St, Topsfield, MA 01902	Medical Consultant		<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
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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

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.	458,975	Accounting & Managerial Services	Pg. 16 m12

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)

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)

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	90
11A6 Square Footage	25,480
11A7 Original Cost - Land	
11A7 Original Cost - Building	

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
11B14 Type of Financing (e.g., fixed, variable)				
11B14 Date Mortgage Obtained				
11B14 Interest Rate for the Cost Year				
11B14 Term of Mortgage (number of years)	See Attached			
11B14 Amount of Principal Borrowed				
11B14 Principal balance outstanding as of <u>Complete if Mortgage was Refinanced During Current Cost Year</u>				

11B14 Type of Financing (e.g., fixed, variable)				
11B14 Date of Refinancing				
11B14 New Interest Rate				
11B14 Term of Mortgage (number of years)				
11B14 Amount of Principal Borrowed				
11B14 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					

Printed Name of Preparer  
Robert Gwizdak

Address of Preparer  
21 Waterville Road Avon, CT 06001

Phone Number of Preparer  
(860) 470-7535

	A	B	C	D	E	F	G	H	I
355		27	Prescription Drugs	344,220	344,220			20	5a2
356		28	Ambulance/Limousine	11,606	11,606			16	L1
357		29	X-rays, etc.	27,164	27,164			20	h
358		30	Laboratory	25,302	25,302			20	f
359		31	Medical Supplies	0					
360		32	Oxygen (not emergency)	24,243	24,243			20	5e2
361		33	Occupational Therapy	0					
362		34	Other Ancillary Costs	8,700	38,700	-	-		
363		<i>Page 22 - Maintenance and Property</i>							
364		35	Excess Movable Equipment Depreciation	0	-	-	-		
365		36	Depreciation on Unallowable Motor Vehicles	0					
366		37	Unallowable Property and Real Estate Taxes	0					
367		38	Rental of Building Space or Rooms	0					
368		39	Other Property Costs	0	-	-	-		
369		<i>Page 27 - Insurance</i>							
370		40	Mortgage Insurance	0					
371		41	Property Insurance	0					
372		<i>Other - Miscellaneous</i>							
373		42	Research or Experimental Activities	0					
374		43	Radio and Television Revenue	0					
375		44	Vending Machine Revenue	0					
376		45	Purchase Discounts and Allowances	1,110	1,110			30	IV8
377		46	Duplication of functions or services	0					
378		47	Expenditures for protection, promotion of provider interest	0					
379		48	Interest Income on Account Rec.	4	4			30	IV5
380		49	Other Adjustments to Expense	7,633	7,633	-	-		
381		<i>Not For Profit Providers Only</i>							
382		50	Building/Non Movable Eq. Depreciation Unallowable Build Int	0	-	-	-		
383		<i>Page 29 Schedule</i>							
384		51	<b>Total Amount of Decrease</b>	<b>870,027</b>	<b>870,027</b>	<b>0</b>	<b>0</b>		
385									

Line #	Description	Total	CCNH	RHNS	(Specify)
386	<i>Resident Room, Board &amp; Routine Care Revenue</i>				
387	I1a Medicaid Residents (CT Only)	4,797,650	4,797,650		
388	I1b Medicaid Room and Board Contractual Allowance	0			
389	I2a Medicaid (All Other States)	0			
390	I2b Other States Room and Board Contractual Allowance	0			
391	I3a Medicare Residents (all inclusive)	1,444,555	1,444,555		
392	I3b Medicare Room and Board Contractual Allowance	492,586	492,586		
393	I4a Private-Pay Residents and Other	1,243,620	1,243,620		
394	I4b Private-Pay Room and Board Contractual Allowance	0			
395	<i>Other Resident Revenue</i>				
396	II1a Prescription Drugs - Medicare	178,249	178,249		
397	II1b Prescription Drugs - Medicare Contractual Allowance	(178,127)	(178,127)		
398	II1c Prescription Drugs - Non-Medicare	79,329	79,329		
399	II1d Prescription Drugs - Non-Medicare Contractual Allowance	(79,329)	(79,329)		
400	II2a Medical Supplies - Medicare	0			
401	II2b Medical Supplies - Medicare Contractual Allowance	0			
402	II2c Medical Supplies - Non-Medicare	0			
403	II2d Medical Supplies - Non-Medicare Contractual Allowance	0			
404	II3a Physical Therapy - Medicare	569,772	569,772		
405	II3b Physical Therapy - Medicare Contractual Allowance	(349,170)	(349,170)		
406	II3c Physical Therapy - Non-Medicare	91,140	91,140		
407	II3d Physical Therapy - Non-Medicare Contractual Allowance	(91,735)	(91,735)		
408	II4a Speech Therapy - Medicare	43,967	43,967		
409	II4b Speech Therapy - Medicare Contractual Allowance	(24,754)	(24,754)		
410	II4c Speech Therapy - Non-Medicare	9,090	9,090		
411	II4d Speech Therapy - Non-Medicare Contractual Allowance	(9,090)	(9,090)		
412	II5a Occupational Therapy - Medicare	471,830	471,830		
413	II5b Occupational Therapy - Medicare Contractual Allowance	(369,535)	(369,535)		
414	II5c Occupational Therapy - Non-Medicare	109,665	109,665		
415	II5d Occupational Therapy - Non-Medicare Contractual Allowance	(109,935)	(109,935)		
416	II6a Other (Specify) - Medicare	0	-	-	-
417	II6b Other (Specify) - Non-Medicare	0	-	-	-
418	III <b>Total Resident Revenue</b>	<b>8,319,778</b>	<b>8,319,778</b>	<b>0</b>	<b>0</b>
419	<i>Other Revenue</i>				
420	IV1 Meals sold to guests, employees & others	0	0		
421	IV2 Rental of rooms to non-residents	0			
422	IV3 Telephone and Telegraph	0			
423	IV4 Rental of Televisions and Cable Services	0			
424	IV5 Interest Income (Specify)	4	4	-	-
425	IV6 Private Duty Nurses' Fees	0			
426	IV7 Barber, Coffee, Beauty & Gift shops	0			
427	IV8 Other (Specify)	3,955	3,955	-	-
428	<i>See Attached Schedule</i>				
429	V <b>Total Other Revenue</b>	<b>3,959</b>	<b>3,959</b>	<b>0</b>	<b>0</b>
430	VI <b>Total All Revenue</b>	<b>8,323,737</b>	<b>8,323,737</b>	<b>0</b>	<b>0</b>
431					

	B	C	D	E	F	G
46	7A	<b>Physical Therapy - Medicare Part B</b>	<b>7,234</b>	7,234		
47	7B1	<b>Maintenance Treatments</b>	<b>0</b>			
48	7B2	<b>Restorative Treatments</b>	<b>0</b>			
49	7C	<b>Physical Therapy - Other</b>	<b>11,632</b>	11,632		
50	7D	<b>Total Physical Therapy Treatments</b>	<b>18,866</b>	<b>18,866</b>	<b>0</b>	<b>0</b>
51	8A	<b>Speech Therapy - Medicare Part B</b>	<b>490</b>	490		
52	8B1	<b>Maintenance Treatments</b>	<b>0</b>			
53	8B2	<b>Restorative Treatments</b>	<b>0</b>			
54	8C	<b>Speech Therapy - Other</b>	<b>689</b>	689		
55	8D	<b>Total Speech Therapy Treatments</b>	<b>1,179</b>	<b>1,179</b>	<b>0</b>	<b>0</b>
56	9A	<b>Occupational Therapy - Medicare Part B</b>	<b>2,609</b>	2,609		
57	9B1	<b>Maintenance Treatments</b>	<b>0</b>			
58	9B2	<b>Restorative Treatments</b>	<b>0</b>			
59	9C	<b>Occupational Therapy - Other</b>	<b>10,307</b>	10,307		
60	9D	<b>Total Occupational Therapy Treatments</b>	<b>12,916</b>	<b>12,916</b>	<b>0</b>	<b>0</b>
61						



Please fill in the Depreciation Schedule as follows:

Asset Addition Schedule

	Historical Cost Exclusive of Land	Less Salvage Value	Cost to be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year
A1 Land Improvements - Acquired prior to report period							
A2 Land Improvements - Disposals	-						-
A3 Land Improvements - Acquired during this report period (attach schedule)							-
B1 Building Improvements - Acquired prior to this report period							
B2 Building Improvements - Disposals	-						-
B3 Building Improvements - Acquired during this report period (attach schedule)							-
C1 Non-Movable Equipment - Acquired prior to this report period	31,745		31,745	31,745	SL		-
C2 Non-Movable Equipment - Disposals	-						-
C3 Non-Movable Equipment - Acquired during this report period (attach schedule)							-

	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year
	Yes	No	Month	Year							
	D1a										
D1b											
D1c											
D1d											
D2a Movable Equipment - Acquired prior to this report period					433,247		433,247	358,922	SL	various	21,413
D2b Disposals					-						-
D2c Movable Equipment - Acquired during this report period (attach schedule)					29,664						1,907

Please fill in the Amortization Schedule as follows:

	Date of Acquisition		Length of Amortization	Cost to be Amortized	Accumulated Amortization to Beginning of Year's Operations	Basis for Computing Amortization	Rate %	Amortization for This Year
	Month	Year						
	A1 Organization Expense							
A2								
A3								
B1 Mortgage Expense								
B2								
B3								
C1 Leasehold Improvements and Other - Acquired prior to this report period				1,946,230	1,404,002	SL	A	79,420
C2 Leasehold Improvements and Other - Disposals				-				-
C3 Leasehold Improvements and Other - Acquired during this report period (attach schedule)				6,290				356



	A	B	C	D	E
1	Line #		Description	Subtotal	Total
2			<i>Current Assets</i>		
3	A1		Cash (on hand and in banks)		1,616
4	A2		Resident Accounts Receivable		1,703,838
5	A3		Other Accounts Receivable		
6	A4		Inventories		25,461
7	A5		Prepaid Expenses (itemize)		36,728
8	a		<b>Prepaid Insurance</b>	0	
9	b		<b>Prepaid Property Tax</b>	29,187	
10	c		<b>Other Prepaid Expenses</b>	0	
11	d		<b>Payroll W/H</b>	7,541	
12	A6		Interest Receivable		
13	A7		Medicare Final Settlement Receivable		
14	A8		Other Current Assets (itemize)		0
15			<b>Due Affiliate (Debit Balance)</b>		
16					
17					
18					
19	A9		<b>Total Current Assets</b> (Lines A1 thru 8)		1,767,643
20					
21			<i>Fixed Assets</i>		
22	B1		Land		0
23	B2		Land Improvements		0
24			Historical Cost		
25			Accumulated Depreciation		
26	B3		Buildings		0
27			Historical Cost		
28			Accumulated Depreciation		
29	B4		Leasehold Improvements		468,741
30			Historical Cost	1,952,520	
31			Accumulated Depreciation	1,483,778	
32	B5		Non-Movable Equipment		0
33			Historical Cost	31,745	
34			Accumulated Depreciation	31,745	
35	B6		Movable Equipment		80,669
36			Historical Cost	462,911	
37			Accumulated Depreciation	382,242	
38	B7		Motor Vehicles		0
39			Historical Cost	0	
40			Accumulated Depreciation	0	
41	B8		Minor Equipment-Not Depreciable		
42	B9		Other Fixed Assets (itemize)		136
43			<b>Fixed Asset Clearing Account</b>	136	
44			<b>Construction in Progress</b>	0	
45	B10		<b>Total Fixed Assets</b> (Lines B1 thru 9)		549,546
46			<b>Total Brought Forward</b>		2,317,189
47			<i>Leasehold or like property recorded for Equity Purposes</i>		
48	C1		Land		0
49	C2		Land Improvements		0
50			Historical Cost		
51			Accumulated Depreciation		
52	C3		Buildings		0
53			Historical Cost		
54			Accumulated Depreciation		
55	C4		Non-Movable Equipment		0
56			Historical Cost		
57			Accumulated Depreciation		
58	C5		Movable Equipment		0
59			Historical Cost		
60			Accumulated Depreciation		
61	C6		Motor Vehicles		0
62			Historical Cost		
63			Accumulated Depreciation		
64	C7		Minor Equipment -Not Depreciable		
65	C8		<b>Total Leasehold or Like Properties</b> (C1 thru 7)		0
66					
67			<i>Investment and Other Assets</i>		
68	D1		Deferred Deposits		
69	D2		Escrow Deposits		

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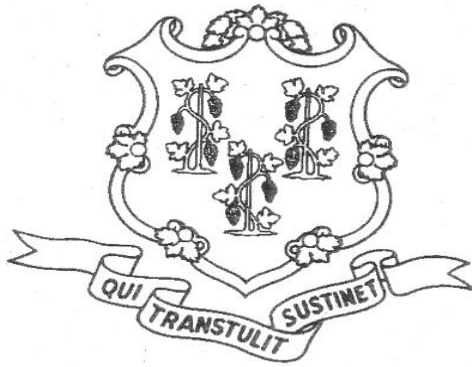
	A	B	C	D	E
70		D3	Organization Expense		0
71			Historical Cost		
72			Accumulated Depreciation		
73		D4	Goodwill		0
74		D5	Investments Related to Resident Care		0
75					
76					
77		D6	Loans to Owners or Related Parties		0
78			Name and Address		
79			Amount		
80			Loan Date		
81					
82		D7	Other Assets		0
83			Loans Rec. - Officers/Owner	0	
84			Capitalized Refinance Expense	0	
85			Leasehold Deposits	0	
86		D8	<b>Total Investments and Other Assets</b> (Lines D1 thru 7)		0
87		D9	<b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)		2,317,189
88					
89			<i>Current Liabilities</i>		
90		A1	Trade Accounts Payable		293,031
91		A2	Notes Payable (itemize)		0
92					
93					
94					
95					
96		A3	Loans Payable for Equipment		0
97			Name of Lender		
98			Purpose		
99			Amount		
100			Date Due		
101					
102			Name of Lender		
103			Purpose		
104			Amount		
105			Date Due		
106					
107		A4	Accrued Payroll ( <i>Exclusive of Owners &amp; Stockholders</i> )		63,453
108		A5	Accrued Payroll ( <i>Owners &amp; Stockholders only</i> )		
109		A6	Accrued Payroll Taxes Payable		16,466
110		A7	Medicare Final Settlement Payable		
111		A8	Medicare Current Financing Payable		
112		A9	Mortgage Payable		
113		A10	Interest Payable		
114		A11	Accrued Income Taxes		
115		A12	Other Current Liabilities (itemize)		1,385,045
116			Accrued PTO	91,753	
117			Accrued Pension	2,553	
118			Accrued Worker's Comp	109,484	
119			Accrued Expense Other	100,241	
120			Accrued Professional Fee	5,942	
121			Exchange	6,851	
122			Due Affiliate (Credit Balance)	1,068,220	
123					
124		A13	<b>Total Current Liabilities</b> Lines A1 thru 12)		1,757,996
125			<b>Total Brought Forward</b>		1,757,996
126			<i>Long-Term Liabilities</i>		
127		B1	Loans Payable-Equipment		
128			Name of Lender		
129			Purpose		
130			Amount		
131			Date Due		
132					
133			Name of Lender		
134			Purpose		
135			Amount		
136			Date Due		
137					
138		B2	Mortgages Payable		

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	A	B	C	D	E	
139	Page 34	B3	Loans from Owners or Related Parties		761,594	
140			Name and Address of Lender	Brian J. Foley		
141			Amount	761,594		
142			Loan Date	Demand		
143						
144			Name and Address of Lender			
145			Amount			
146			Loan Date			
147						
148			B4	Other Long-Term Liabilities (itemize)		0
149				Security Deposits	0	
150						
151						
152						
153		B5	<b>Total Long-Term Liabilities</b> (Lines B1 thru 4)		761,594	
154		C	<b>Total All Liabilities</b> (Lines A13 + B5)		2,519,590	
155						
156			<i>Reserves</i>			
157		A1	Reserve for value of leased land			
158		A2	Reserve for depreciation value of leased buildings and appurtenances to be amortized			
159		A3	Reserve for depreciation value of leased personal property (Equity)			
160		A4	Reserve for leasehold real properties on which fair rental value is based			
161		A5	Reserve for funds set aside as donor restricted			
162		A6	<b>Total Reserves</b>		0	
163			<i>Net Worth</i>			
164	Page 35	B1	Owner's Capital		3,837,308	
165		B2	Capital Stock		1,000	
166		B3	Paid-in Surplus			
167		B4	Treasury Stock			
168		B5	Cumulated Earnings		(4,298,948)	
169		B6	Gain or Loss for Period 10/1/2015 thru 09/30/2016		258,239	
170		B7	<b>Total Net Worth</b>		(202,401)	
171		C	<b>Total Reserves and Net Worth</b>		(202,401)	
172		D	<b>Total Liabilities, Reserves, and Net Worth</b>		2,317,189	
173						
174			A	Balance at End of Prior Period		994,263
175		B	Total Revenue		8,323,737	
176		C	Total Expenditures		8,065,499	
177		D	Net Income or Deficit		258,239	
178		E	Balance		1,252,502	
179		F1	Additional Capital Contributed (itemize)			
180						
181						
182						
183						
184		F2	Other (itemize)			
185						
186						
187						
188						
189		F3	<b>Total Additions</b>		0	
190	Page 36	G1	Drawings of Owners/Operators/Partners			
191			Name and Address	Brian Foley		
192			Title	President		
193			Amount	1,450,000		
194						
195			Name and Address	Brian Foley		
196			Title	President		
197			Amount	4,902		
198			G2	Other Withdrawings		
199				Purpose		
200				Amount		
201						
202				Purpose		
203				Amount		
204		G3	<b>Total Deductions</b>		1,454,902	

	A	B	C	D	E
205		H	<i>Balance at End of Period</i>		<b>(202,400)</b>

# State of Connecticut



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

Name of Facility (as licensed) Apple Rehab West Haven	
Address (No. & Street, City, State, Zip Code) 308 Savin Ave. West Haven, CT 06516	
Type of Facility Chronic and Convalescent                      Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input checked="" 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 2136-C	RHNS 151-RH	(Specify)	Medicare Provider 07-5403
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Medicaid Provider Numbers:	CCNH 92197	RHNS 21361	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 West Haven	License No. 2136-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 West Haven [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) Kerri Kuhn			Printed Name (Owner) Brian J. Foley		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Apple Rehab West Haven	Period Covered:	From 10/1/2015	To 9/30/2016	
Address of Facility 308 Savin Ave. West Haven, CT 06516				
Report Prepared By Apple Health Care, Inc.	Phone Number (860) 678-9755	Date		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**



**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility		Report for Year Ended		Page	of
203-932-6411		9/30/2016		2	37
Name of Facility (as shown on license)			Address (No. & Street, City, State, Zip)		
Apple Rehab West Haven			308 Savin Ave. West Haven, CT 06516		
License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider No.	
	2136-C	151-RH		07-5403	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?					
<input type="radio"/> Yes <input checked="" type="radio"/> No           If "Yes," explain fully.					
<b>Administrator</b>					
Name of Administrator			Nursing Home Administrator's License No.:		
Kerri Kuhn				002019	
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 West Haven	License No. 2136-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 West Haven	308 Savin Ave. West Haven, CT 06516		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 West Haven	License No. 2136-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	30,904	
Marsh	PO Box 19636 Newark, NJ	X			Property, Liability, & Umbrella Insurance	Pg. 27 14a	96,180	
AIG	PO Box 10472 Newark, NJ	X			Worker's Compensation	Pg. 15 1a1	71,538	
Swallowing Diagnostics	21 Waterville Rd. Avon, CT	X		83%	Diagnostic Services	Pg. 20 5f	6,480	6,111
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 West Haven	License No. 2136-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 West Haven			License No. 2136-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"/>							
							<b>Total ***</b>		

Is a Mileage Log Book Maintained for All Leased Vehicles ?  Yes  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 West Haven	License No. 2136-C	Report for Year Ended 9/30/2016	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Blum Shapiro & Co. PC	29 South Main St. West Hartford, CT 06127
2 Brazee & Huban	35 Wendell Avenue Pittsfield, MA 10202
3	
4	

Services Provided by This Firm (*describe fully*)

1 Preparation of audited financials (dissallow Pg. 28)	\$	5,048
2 Preparation of tax returns	\$	2,069
3	\$	
4	\$	
		Charge for Services Provided
		\$ 7,117

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Pg. 15 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 Law Office of Jason DeGenero	
2	
3	
4	
5	

Address ( <i>No. &amp; Street, City, State, Zip Code</i> )	
1	29 Water St. Guilford, CT 06437
2	
3	
4	
5	

Services Provided by This Firm (*describe fully*)

1 Collections	\$	428
2	\$	
3	\$	
4	\$	
5	\$	
		Charge for Services Provided
		\$ 428

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Pg. 15 1e

### Schedule of Resident Statistics

Name of Facility Apple Rehab West Haven			License No. 2136-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	90	89	1		90	89	1		90	89	1	
B. On last day of THIS report period	90	89	1		90	89	1		90	89	1	
2. Number of Residents												
A. As of midnight of PREVIOUS report period	82	81	1		82	81	1		67	66	1	
B. As of midnight of THIS report period	67	66	1		67	66	1		67	66	1	
3. Total Number of Days Care Provided During Period												
A. Medicare	3,545	3,545			2,871	2,871			674	674		
B. Medicaid (Conn.)	22,059	21,693	366		16,808	16,534	274		5,251	5,159	92	
C. Medicaid (other states)												
D. Private Pay	3,172	3,172			2,298	2,298			874	874		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	28,776	28,410	366		21,977	21,703	274		6,799	6,707	92	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. <b>Total Resident Days (3G + 4A + 4B)</b>	28,776	28,410	366		21,977	21,703	274		6,799	6,707	92	

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

Name of Facility Apple Rehab West Haven			License No. 2136-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 checked="" 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	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH		RHNS		(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	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	8	53	1	5									
Per Diem Rate													
a. One bed rm.				430.00									
b. Two bed rms.	RUGS III		220.49	149.95	399.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL		CCNH		RHNS (Specify)	
A. Medicare - Part B								7,234		7,234			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								11,632		11,632			
D. <b>Total Physical Therapy Treatments</b>								18,866		18,866			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								490		490			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								689		689			
D. <b>Total Speech Therapy Treatments</b>								1,179		1,179			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								2,609		2,609			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								10,307		10,307			
D. <b>Total Occupational Therapy Treatments</b>								12,916		12,916			

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab West Haven	2136-C	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	107,082	2,131				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	68,820	4,475				
5. Dietary Service						
a. Head Dietitian	42,325	1,384				
b. Food Service Supervisor	53,969	2,243				
c. Dietary Workers	260,565	19,502				
6. Housekeeping Service						
a. Head Housekeeper	22,447	1,391				
b. Other Housekeeping Workers	96,406	8,430				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	51,020	2,919				
8. Laundry Service						
a. Supervisor	11,589	751				
b. Other Laundry Workers	59,654	5,311				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	106,936	4,510				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	165,173	3,829				
b. RN						
1. Direct Care	404,712	12,283				
2. Administrative**	160,507	4,759				
c. LPN						
1. Direct Care	693,954	26,937				
2. Administrative**						
d. Aides and Attendants	931,422	65,221				
e. Physical Therapists	52,342	1,712				
f. Speech Therapists	3,060	64				
g. Occupational Therapists	24,418	825				
h. Recreation Workers	59,104	3,858				
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	91,135	3,889				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	3,466,639	176,424				

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

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

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



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

Name of Facility				License No.	Report for Year Ended				Page	of
Apple Rehab West Haven				2136-C	9/30/2016				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Apple Rehab West Haven				2136-C	9/30/2016			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Ilene Berkon-Cardello	101,595				Administrator 10/1/15 - 9/3/16	2,011	A2			
Kerri Kuhn	5,487				Administrator 9/4/16 - 9/30/16	120	A2	Rose Haven	760	29,273
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab West Haven	2136-C	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	9,966	79				
3. Pharmacist	13,646	84				
4. Podiatrist	86	2				
5. Physical Therapy						
a. Resident Care	343,298	4,717				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	28,500	177				
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) Audiologist/Eye Doctor/Physicians	927	8				
9. Speech Therapist						
a. Resident Care	44,811	295				
b. Other						
10. Occupational Therapist						
a. Resident Care	229,790	3,229				
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	28,961	289				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>699,985</b>	<b>8,879</b>				

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

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

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



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

Name of Facility Apple Rehab West Haven		License No. 2136-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	
West River Pharmacy of Connecticut 41 Northwest Dr. Plainville, CT	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Garumini A. DeSilva 15 Aldo Dr. Woodbridge, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Horatiu Balas 697 Campbell Ave. West Haven, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Medical & Dental Group One Prestige Dr. Meriden, CT	Podiatrist & Dentist & Eyecare	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Asefeh Heiat-Azodi P.O. Box 1086 Branford, CT	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Anthony Sciala 100 York St. #8D New Haven, CT	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>		
Pointright Inc 150 Cambridge Park Dr, Cambridge, MA 02140	Data Integrity Audit	<input type="radio"/>	<input checked="" type="radio"/>		
Milford Podiatry 32 Cherry St, Milford, CT 06460	Podiatrist	<input type="radio"/>	<input checked="" type="radio"/>		
Harmony Healthcare 430 Boston St, Topsfield, MA 01983	Medical Consultant	<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"/>		

\* 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 West Haven	2136-C	9/30/2016		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 71,538	71,538			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 62,241	62,241			
4. Social Security (F.I.C.A.)	\$ 242,175	242,175			
5. Health Insurance	\$ 270,987	270,987			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 30,904	30,904			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 11,602	11,602			
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*	\$ 40,763	40,763			
d. Accounting and Auditing	\$ 7,117	7,117			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 428	428			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 24,288	24,288			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 12,170	12,170			
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	\$ 456,409	456,409			
<b>Subtotal</b>	<b>\$ 1,230,871</b>	<b>1,230,871</b>			

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

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab West Haven	2136-C	9/30/2016	16	37
Item	Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>	1,230,871	1,230,871		
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 11,606	11,606		
2. Holiday Parties for Staff	\$ 2,915	2,915		
3. Gifts to Staff and Residents	\$ 7,694	7,694		
4. Employee Travel	\$ 4,678	4,678		
5. Education Expenses Related to Seminars and Conventions	\$ 722	722		
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> )	\$ 610	610		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )***	\$ 14,408	14,408		
See Attached Schedule				
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 3,791	3,791		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> )	\$ 6,542	6,542		
See Attached Schedule				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 595	595		
9. Subscriptions	\$ 333	333		
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**	\$ 458,975	458,975		
13. Other ( <i>Specify</i> )	\$ 93,757	93,757		
See Attached Schedule				
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 1,837,496	1,837,496		

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

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

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

**Schedule of Other Travel and Entertainment**

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

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Advertising - Public Relations	\$ 14,408		
<b>Total Other Advertising</b>	\$ 14,408	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 6,492		
ACHCA	\$ 50		
<b>Total Dues</b>	\$ 6,542	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
	\$ -		
<b>Total Contributions</b>	\$ -	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Corporate Fees - Non Reimbursable	\$ 40,666		
Licenses & Fees	\$ 10,040		
Pre Employment Screening	\$ 15,270		
Point Click Care Fees	\$ 10,635		
Bank Charges	\$ 764		
Resident Expenses	\$ 4,511		
Prior Period Adj/Account W/O	\$ (4,698)		
User Fee, Use Tax, SUTA, & Business Entity Fees	\$ 1,053		
Healthport Indirect	\$ 15,517		
<b>Total Other Administrative and General</b>	\$ 93,757	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
Apple Rehab West Haven	2136-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.	458,975	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	License No.	Report for Year Ended	Page	of
Apple Rehab West Haven	2136-C	9/30/2016	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 204,957	204,957		
2. Non-Food Supplies	\$ 44,674	44,674		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 2,120	2,120		
c. Management Services**	\$ _____			
d. Other (Specify) _____	\$ _____			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 251,751</b>	<b>251,751</b>		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	237	237		
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	License No.	Report for Year Ended	Page	of
Apple Rehab West Haven	2136-C	9/30/2016	19	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. \$	13,314	13,314	
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. \$	16,304	16,304	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Management Services**	\$			
d. Other (Specify)	\$			
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>	\$	29,618	29,618	
<b>3F. Laundry Questionnaire</b>				
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 West Haven		2136-C	9/30/2016		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel	25,480	25,480		
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	27,609	27,609		
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*		\$			
d.	Other ( <i>Specify</i> )		\$			
4E.	<b>Total Housekeeping Expenditures</b> (4a + b + c + d)		\$ 27,609	27,609		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy		\$			
2.	Purchased from West River Pharmacy		\$ 344,220	344,220		
b.	Medicine Cabinet Drugs		\$			
c.	Medical and Therapeutic Supplies		\$ 262,649	262,649		
d.	Ambulance/Limousine***		\$			
e.	Oxygen					
1.	For Emergency Use		\$			
2.	Other***		\$ 33,001	33,001		
f.	X-rays and Related Radiological Procedures***		\$ 27,164	27,164		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )		\$			
h.	Laboratory***		\$ 25,302	25,302		
i.	Recreation		\$ 30,679	30,679		
j.	Other (Specify)**** See Attached Schedule		\$ 38,824	38,824		
5K.	<b>Total Resident Care Expenditures</b> (5a - 5j)		\$ 761,838	761,838		

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

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

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

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



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

Name of Facility Apple Rehab West Haven			License No. 2136-C		Report for Year Ended 9/30/2016			Page of 21   37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Aurora Landscaping	17 Wenzel Farm Rd. North Haven, CT	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal and Landscaping	20,987			22	6a
CWMP, LLC	25 Norton Place Plainville, CT	<input type="radio"/>	<input checked="" type="radio"/>		Refuse Removal	16,917			22	6 f
		<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"/>							
		<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).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Apple Rehab West Haven	2136-C	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 161,311	161,311				
b. Heat	\$ 16,260	16,260				
c. Light & Power	\$ 87,416	87,416				
d. Water	\$ 42,841	42,841				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$ 22,021	22,021				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 329,850</b>	<b>329,850</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 0	0				
d. Movable Equipment	\$ 23,320	23,320				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 23,320</b>	<b>23,320</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 79,776	79,776				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 79,776</b>	<b>79,776</b>				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 372,000	372,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 74,921	74,921				
c. Personal property taxes	\$ 6,882	6,882				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 556,899</b>	<b>556,899</b>				

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





Apple Rehab West Haven  
9/30/2016

**Schedule of Land Improvements Acquired during this report period**

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

\*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
<b>Additions:</b>				
<b>Total additions for Building Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
1/14/2016	Wiring Equipment for POC Implementation	\$ 285	5	\$ 21
1/15/2016	Wiring Equipment for POC Implementation	\$ 144	5	\$ 11
1/27/2016	Wiring Equipment for POC Implementation	744.21	5	54.44
2/3/2016	16 Kiosks for POC Implementation	23737.32	5	1722.3
6/8/2016	4 Electric Beds (Geriatric Medical)	3397.37	12	78.8
8/24/2016	Mobile Hydrocollator - Therapy Department	1355.95	10	20.03
<b>Total additions for Movable Equipment</b>		<b>\$ 29,664</b>		<b>\$ 1,907</b>
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		<b>\$ -</b>		<b>\$ -</b>

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
5/1/2014	Circuits, Breakers, & Receptacle Install	\$ 1,141	15	\$ 171
2/11/2016	Install Printed Circuit Board Generator	\$ 5,149	10	\$ 185
<b>Total additions for Leasehold Improvement</b>		<b>\$ 6,290</b>		<b>\$ 356</b>
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		<b>\$ -</b>		<b>\$ -</b>

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2



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

CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility Apple Rehab West Haven			License No. 2136-C		Report for Year Ended 9/30/2016			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period				1,946,230	1,404,002	SL	A	79,420	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				6,290				356	
C-4. Subtotal									79,776
<b>D. Total Amortization</b>									79,776

\* 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 West Haven	License No. 2136-C	Report for Year Ended 9/30/2016	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	90			
6. Square Footage	25,480			
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)	See Attached			
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

**CT Medicaid Cost Report Attachment Page 25**

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

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

Note: The following facilities are collateralized by this mortgage.

Connecticut Facilities

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

Out of State Facilities

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab West Haven	2136-C	9/30/2016	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)	\$			

(Carry Subtotals forward to next page)

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

Name of Facility Apple Rehab West Haven		License No. 2136-C		Report for Year Ended 9/30/2016		Page 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)				\$	7,633	7,633	
Value Settlement \$1,024 West Haven Tax Interest \$6,609							
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$	7,633	7,633	
14. Insurance							
a. Insurance on Property (buildings only)				\$	96,180	96,180	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. <b>Total Insurance Expenditures</b> (14a + b + c)				\$	96,180	96,180	
15. <b>Total All Expenditures</b> (A-13 thru C-14)				\$	8,065,499	8,065,499	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab West Haven				2136-C	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 24,418	24,418		
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 229,790	229,790		
7.			Other - See attached Schedule	\$ 25,661	25,661		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 40,763	40,763		
10.	15	1d/e	Accounting & Legal	\$ 5,476	5,476		
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 *	\$ 14,408	14,408		
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	\$ 49,531	49,531		
<b>Page 18 - Dietary Expenditures</b>							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 390,046	390,046		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

**Schedule of Other Salaries Adjustment**

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

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B12	Harmony Healthcare	\$ 25,661		
<b>Total Other Fees Adjustments</b>			\$ 25,661	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Corporate Fee - Non Reimbursable	\$ 40,666		
16	1.3	Employee Recognition/Gift/Parties	\$ 7,694		
16	8a	Chamber of Commerce	\$ 595		
16	m13	Bank Charges	\$ 764		
16	m13	Resident Expenses	\$ 4,511		
16	m13	Prior Period Adj/Account W/O	\$ (4,698)		
<b>Total Other A&amp;G Adjustments</b>			\$ 49,531	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Apple Rehab West Haven			2136-C	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 390,046	390,046		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 344,220	344,220		
28.	16	L1	Ambulance/Limousine	\$ 11,606	11,606		
29.	20	h	X-rays, etc	\$ 27,164	27,164		
30.	20	f	Laboratory	\$ 25,302	25,302		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 24,243	24,243		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 38,700	38,700		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.	30	IV8	Purchase Discounts and Allowances	\$ 1,110	1,110		
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	\$ 4	4		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 7,633	7,633		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 870,027	870,027		

\*\*\* 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 West Haven  
9/30/2016

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ 28,099		
20	5j	Rehab Service Supplies	\$ 10,601		
<b>Total Other Ancillary Costs</b>			\$ 38,700	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12d	Interest on value note	\$ 1,024		
27	12d	West Haven Tax Interest	\$ 6,609		
<b>Total Other Adjustments</b>			\$ 7,633	\$ -	\$ -

Schedule of Unallowable Building Interest

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

### F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab West Haven	2136-C	9/30/2016		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 4,797,650	4,797,650			
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> )	\$ 1,444,555	1,444,555			
b. Medicare Room and Board Contractual Allowance **	\$ 492,586	492,586			
4. a. Private-Pay Residents and Other	\$ 1,243,620	1,243,620			
b. Private-Pay Room and Board Contractual Allowance **	\$				
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 178,249	178,249			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (178,127)	(178,127)			
c. Prescription Drugs - Non-Medicare	\$ 79,329	79,329			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (79,329)	(79,329)			
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	\$ 569,772	569,772			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (349,170)	(349,170)			
c. Physical Therapy - Non-Medicare	\$ 91,140	91,140			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (91,735)	(91,735)			
4. a. Speech Therapy - Medicare	\$ 43,967	43,967			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (24,754)	(24,754)			
c. Speech Therapy - Non-Medicare	\$ 9,090	9,090			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (9,090)	(9,090)			
5. a. Occupational Therapy - Medicare	\$ 471,830	471,830			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (369,535)	(369,535)			
c. Occupational Therapy - Non-Medicare	\$ 109,665	109,665			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (109,935)	(109,935)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 8,319,778	8,319,778			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 4	4			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 3,955	3,955			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 3,959	3,959			
<b>VI. Total All Revenue</b> (III +V)	\$ 8,323,737	8,323,737			

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

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

**Schedule of Other Resident Revenue - Medicare**

Related Exp

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

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

Related Exp

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

**Interest Income**

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV 5	Interest Income	1,703,838	\$ 4		
<b>Total Interest Income</b>			\$ 4	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Refunds	\$ 1,947		
30 IV 8	Medical Records	\$ 898		
30 IV 8	Rebates	\$ 1,110		
<b>Total Other Revenue</b>		\$ 3,955	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab West Haven	2136-C	9/30/2016	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	1,616
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,703,838
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	25,461
5. Prepaid Expenses			\$	36,728
a. Prepaid Insurance				
b. Prepaid Property Tax	29,187			
c. Other Prepaid Expenses				
d. Payroll W/H	7,541			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
Due Affiliate (Debit Balance)				
<hr/>				
<hr/>				
<hr/>				
A-9. <b>Total Current Assets</b> (Lines A1 thru 8)			\$	1,767,643
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,952,520</u>		\$	468,741
	Accum. Depreciation <u>1,483,778</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>31,745</u>		\$	0
	Accum. Depreciation <u>31,745</u>	Net		
6. Movable Equipment	*Historical Cost <u>462,911</u>		\$	80,669
	Accum. Depreciation <u>382,242</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	136
Fixed Asset Clearing Account	136			
Construction in Progress				
<hr/>				
B-10. <b>Total Fixed Assets</b> (Lines B1 thru 9)			\$	549,546

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

(Carry Total forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab West Haven	2136-C	9/30/2016	32	37
<b>Account</b>			<b>Amount</b>	
Total Brought Forward:			\$	2,317,189
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
<b>D. Investment and Other Assets</b>				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____			\$	
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	
Loans Rec. - Officers/Owner				
Capitalized Refinance Expense				
Leasehold Deposits				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	2,317,189

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Apple Rehab West Haven	2136-C	9/30/2016	33	37	
Account			Amount		
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable			\$	293,031	
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> )			\$	63,453	
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )			\$		
6. Accrued Payroll Taxes Payable			\$	16,466	
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> )			\$	1,385,045	
Accrued PTO	91,753	Accrued Professional Fee	5,942		
Accrued Pension	2,553	Exchange	6,851		
Accrued Worker's Comp	109,484	Due Affiliate (Credit Bal	1,068,220		
Accrued Expense Other	100,241				
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)			\$	1,757,996	

\* 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 West Haven		License No. 2136-C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,757,996	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					\$
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable					\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )					\$ 761,594
Name and Address of Lender	Amount	Loan Date			
Brian J. Foley	761,594	Demand			
4. Other Long-Term Liabilities ( <i>itemize</i> )					\$
Security Deposits					
_____					
_____					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)					\$ 761,594
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)					\$ 2,519,590



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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab West Haven	2136-C	9/30/2016	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	3,837,308
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(4,298,948)
6. Gain or Loss for Period			\$	258,239
	10/1/2015	thru	9/30/2016	
7. Total Net Worth			\$	(202,401)
<b>C. Total Reserves and Net Worth</b>			\$	(202,401)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	2,317,189

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab West Haven	2136-C	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	994,263
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	8,323,737
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	8,065,499
D. Net Income or Deficit			\$	258,239
E. Balance			\$	1,252,502
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> )			\$	1,454,902
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
Brian Foley		President	1,450,000	
Brian Foley		President	4,902	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	1,454,902
H. <b>Balance at End of Period</b>		09/30/16	\$	<b>(202,400)</b>

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

Name of Facility Apple Rehab West Haven	License No. 2136-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 checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Robert Gwizdak				
Address Address		Phone Number		
21 Waterville Road Avon, CT 06001		(860) 470-7535		

Error Check

Level	Item	Reported as		
1	Page 22 - Non-Movable Depreciation	0	is inconsistent with Page 23	- 0
1	Page 23 - Accumulated Dep. of Non-Movable Eq.	31,745	is inconsistent with Page 31	31,745 0
1	Page 23 - Accumulated Dep. of Movable Eq.	382,242	is inconsistent with Page 31	382,242 (0)
1	Page 24 - Accumulated Amort. of Leasehold Imp.	1,483,778	is inconsistent with Page 31	1,483,778 0
1 -	Page 35 - Total Liabilities, Reserves and Net Worth	2,317,189	Total Assets	2,317,189 (0)

Apple Rehab West Haven  
For Cost Year Ended September 30, 2016

		2015	2016	Adjustments		Cost Report References		
		10/1 - 12/31	1/1 - 9/30	DR	CR	Total	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	(876.91)	1,163.27			286.36	31A1	
10402	Exchange - Arlene Sheehan	(1,421.88)	(992.93)			(2,414.81)	31A1	
10403	Exchange - Donations	(4,722.37)	0.00			(4,722.37)	31A1	
10404	Exchange - Wellness	0.00	0.00			0.00	31A1	
10405	Exchange - A/R	1,266.68	(50.68)			1,216.00	31A1	
11001	A/R Private Patients	1,329,737.31	(78,984.29)			1,250,753.02	31A2	
11002	A/R Medicare Patients	294,074.39	(52,468.69)			241,605.70	31A2	
11003	A/R Medicaid Patients	383,467.64	255,041.33			638,508.97	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	1,320.96	(1,320.96)			0.00	31A2	
11011	A/R Medicaid Pending	(190,815.31)	0.00			(190,815.31)	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	(236,214.00)	0.00			(236,214.00)	31A2	
11101	Loans Rec. - Officers/Owner	0.00	0.00			0.00	32D7	
12005	Dietary Supply Inventory	3,529.76	4,573.83			8,103.59	31A4	
12010	Housekeeping Supply Inventory	691.07	(201.71)			489.36	31A4	
12015	Medical & Nursing Supply Inventory	6,218.58	5,553.22			11,771.80	31A4	
12020	Maintenance Supply Inventory	1,969.00	681.51			2,650.51	31A4	
12025	Laundry Supply Inventory	2,003.25	(21.00)			1,982.25	31A4	
12030	Recreation Supply Inventory	0.00	0.00			0.00	31A4	
12035	Office/Misc. Supply Inventory	368.53	95.23			463.76	31A4	
13002	Prepaid Insurance	3,516.75	(3,516.75)			0.00	31A5b	
13006	Prepaid Property Tax	(0.01)	29,186.98			29,186.97	31A5b	
13010	Other Prepaid Expenses	0.00	0.00			0.00	31A5c	
15501	Non Moveable Equipment	36,992.75	0.00		(5,247.83)	31,744.92	31B5	
15502	Moveable Equipment	422,000.25	29,663.64	11,246.94		462,910.83	31B6	
16001	Auto & Trucks	0.00	0.00			0.00	31B7	
16501	Leasehold Improvements	1,919,087.77	6,289.54	27,686.40	(544.20)	1,952,519.51	31B4	
16598	Fixed Asset Proceeds Clearing Account	0.00	0.00			0.00	31B9	
16599	Fixed Asset Clearing A/C	5,009.71	(5,009.71)	135.97		135.97	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 Equipmen	(29,463.65)	(1,174.06)	1,058.00	(2,165.00)	(31,744.71)	31B5	
17002	Acc. Depreciation Moveable Equipment	(303,061.78)	(17,500.44)		(61,680.00)	(382,242.22)	31B6	
17003	Acc. Depreciation Auto & Truck	0.00	0.00			0.00	31B7	
17005	Acc. Amortization Leasehold Imp.	(1,381,265.88)	(59,300.26)		(43,212.00)	(1,483,778.14)	31B4	
19101	Leasehold Deposits	0.00	0.00			0.00	32D7	
19501	Goodwill	0.00	0.00			0.00	32D7	
20101	A/P Trade	(528,332.79)	234,659.01			(293,673.78)	33A1	
20104	A/P Patient Need Account	0.00	0.00			0.00	33A1	
20110	A/P Patient Exchange	142.36	500.00			642.36	33A12	
20115	A/P Other	(707,605.09)	(53,989.32)			(761,594.41)	34B3	
20200	Due Affiliate -Corporate	(922,794.92)	(40,619.90)	4,454.39	(109,259.79)	(1,068,220.22)	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	(50,076.91)	(4,291.21)		(9,084.86)	(63,452.98)	33A4	
20601	Accrued Vacation	(100,475.22)	0.00	100,475.22	(91,753.45)	(91,753.45)	33A12	
21001	Federal Withholding	(6,617.00)	6,385.01			(231.99)	33A6	
21002	State Withholding	(2,099.04)	2,042.28			(56.76)	33A6	
21005	FICA - Employee	(5,208.38)	5,020.41			(187.97)	33A6	

		2015	2016	Adjustments		Cost Report References		
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21006	FICA - Employer	(8,810.50)	4,696.47			(4,114.03)	33A6	
21010	Federal Unemployment Comp.	(12,264.38)	11,486.95			(777.43)	33A6	
21011	State Unemployment Comp.	(9,207.69)	(1,890.19)			(11,097.88)	33A6	
21035	Other Employee Withhold	(6,884.20)	6,884.20			0.00	33A12	
21037	Employee Withholding (HCRA/DCRA)	6,454.33	(30.00)			6,424.33	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	3,202.32	(564.52)			2,637.80	33A12	
21060	401 (K) Salary Reduction	186.47	(1,708.05)			(1,521.58)	33A12	
22001	Accrued Professional Fees	(6,144.11)	201.69			(5,942.42)	33A12	
22010	Accrued Pension	(2,727.36)	174.51			(2,552.85)	33A12	
22015	Accrued Workers compensation	(79,850.63)	(29,633.82)			(109,484.45)	33A12	
22040	Accrued Group Insurance	0.01	0.00			0.01	33A12	
22050	Accrued Other Expenses	(145,832.71)	45,591.61			(100,241.10)	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	(3,837,308.20)	0.00			(3,837,308.20)	35B1	
28000	Retained Earnings	4,892,621.49	0.00	74,285.69		4,966,907.18	35B5	
31001	Room and Board - Private	(373,210.10)	(870,409.67)			(1,243,619.77)	30 I 1a4	
31002	Room and Board - Medicare	(427,489.00)	(1,063,376.00)			(1,490,865.00)	30 I 1a3	
31003	Room and Board - Medicaid	(1,136,762.08)	(3,661,952.20)			(4,798,714.28)	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	(119,650.45)	(372,936.00)			(492,586.45)	30 I 1a3	
31032	Medicare Recoupment	11,867.42	34,442.87			46,310.29	30 I 1a3	
31033	Medicaid Recoupment	(547.26)	1,611.31			1,064.05	30 I 1a1	
35001	Physical Therapy	(189,386.93)	(470,930.30)			(660,317.23)	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	(62,965.18)	(194,612.59)			(257,577.77)	30 II 1b1	
35007	Clinical Services	(5,788.38)	(14,148.22)			(19,936.60)	30 II 1b6	
35008	Laboratory Services	0.00	0.00			0.00	30 II 1b6	
35009	Diagnostic Services (EKG/Xray)	0.00	0.00			0.00	30 II 1b6	
35010	Speech Therapy	(8,100.25)	(44,957.02)			(53,057.27)	30 II 1b4	
35011	Occupational Therapy	(167,536.21)	(413,688.41)			(581,224.62)	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	216,488.16	526,149.45			742,637.61	30 II 1b, 4b, 5b	
35031	Medicare Contractual Allowance - Other	47,561.15	145,013.97	21.95		192,597.07	30 II 1d, 4d, 5d	
35032	Medicare Contractual Allowance - Supplies	120.55	700.35			820.90	30 II 6	
35033	Medicaid Contractual Allowance - Supplies	21.95	3,560.24			3,582.19	30 II 6	
35035	Contractual Allowance - HMO/Insurance/M	66,837.41	224,292.99			291,108.45	30 II 6	
35054	Hairdresser & Barber	0.00	0.00			0.00	30 2.1	
35098	Misc. Income - Other	(899.71)	(3,055.55)			(3,955.26)	See Attached	
36001	Interest Income	(2.43)	(1.22)			(3.65)	30 IV 5	
36500	Gain (Loss) on Sale of Assets	0.00	0.00			0.00	30 IV 8	
41001	Salaries - Administrator	0.00	0.00	107,081.81		107,081.81	10 A2.3	
41002	Salaries - Clerical	13,559.68	34,899.59	5,596.46	(4,136.39)	49,919.34	10 A4	
41003	Salaries - Accounting	20,455.40	85,490.07	3,907.59	(2,917.51)	106,935.55	10 A11b	
41004	Salaries - Social Services/Admissions	21,752.15	70,357.01	2,896.22	(3,870.74)	91,134.64	10 A12m	
41005	Salaries - Management	1,050.89	0.00		(1,050.89)	0.00	10A2	
41006	Salaries - Maintenance	13,015.25	38,969.93	143.78	(1,217.95)	50,911.01	10 A7b	
41007	Salaries - Projects	0.00	108.60			108.60	10 A7b	
41008	Salaries - Staff Development	1,831.08	22,289.96			24,121.04	10 A12b2	
41009	Salaries - Beautician	0.00	0.00			0.00	10A9	

		2015	2016	Adjustments		Cost Report References		
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41010	Employee Physicals	3,626.00	8,771.50			12,397.50	16 m13	
41011	Pre-employment Screen	753.68	2,118.92			2,872.60	16 m13	
41015	FICA - Employer	61,801.97	180,372.92			242,174.89	15 1a4	
41016	Unemployment - Federal	1,564.18	15,087.43			16,651.61	15 1a3	
41017	Unemployment - State	6,312.58	39,276.54			45,589.12	15 1a3	
41020	Insurance - Workmen's Comp	(23,474.47)	95,012.16			71,537.69	15 1a1	
41021	Insurance - Group Medical	69,060.33	201,926.20			270,986.53	15 1a5	
41023	Insurance - Group Life & Disability	16,284.01	14,620.10			30,904.11	15 1a6	
41022	Insurance - FMLA	0.00	0.00			0.00	15 1a5	
41024	Pension Expense	2,027.07	9,575.06			11,602.13	15 1a7	
41025	Other Employee Benefits	5,275.77	5,333.14			10,608.91	See Attached	
41026	Corporate Fee - Non-reimbursable Costs	10,439.98	26,339.50	3,886.07		40,665.55	16 m13	28 #23 1
41027	Corporate Management Fee	116,956.43	344,683.52	1,220.98	(3,886.07)	458,974.86	16 m12	
41028	Healthport Indirect	0.00	0.00	15,517.00		15,517.00	16m12	
41029	Auto Repair & Maintenance.	0.00	0.00			0.00	16l.6	
41030	Travel - Motor Vehicle	2,654.15	2,024.27			4,678.42	16 l.4	
41031	Conventions & Meetings	0.00	6.00			6.00	16 l.5	
41032	Education & Seminars	0.00	702.98	12.70		715.68	16 l.5	
41033	Auditing Fees	1,601.94	5,515.20			7,117.14	15 1d	See Attached
41034	Point Click Care Fees	2,544.00	8,090.76			10,634.76	16 m13	
41035	Legal Services	427.50	0.00			427.50	15 1e	See Attached
41036	Consulting Fees - Social Service	0.00	0.00			0.00	13b6	
41037	Consulting Fees - Other	20,154.90	8,806.33			28,961.23	See Attached	
41038	Licenses & Fees	2,502.08	7,525.27	12.64		10,039.99	16 m13	
41039	Dues & Memberships	1,535.40	5,601.20			7,136.60	See Attached	See Attached
41040	Subscriptions	228.35	104.70			333.05	16 m9	
41041	Advertising - Public Relations	1,207.75	13,199.84			14,407.59	16 m3	28 #18
41042	Advertising - Help Wanted	0.00	609.61			609.61	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	0.00	0.00			0.00	16 l.5	
41047	Transportation - Patients	3,536.22	8,070.11			11,606.33	16 l.1	29 #28
41048	CNA Registration & Validation	0.00	0.00			0.00	16l.1	
41050	Office Supplies & Printing	8,517.85	15,769.98			24,287.83	15 lg	
41051	Postage	1,147.56	2,643.60			3,791.16	16 m7	
41052	Telephone	3,949.63	8,220.86			12,170.49	15 1h	
41053	Rent	93,000.00	279,000.00			372,000.00	22 9	
41054	Insurance - Package	29,353.41	66,826.36			96,179.77	27 14a	
41057	Equipment Lease	2,357.33	7,165.82			9,523.15	22 6a	
41060	Purchased Services & Repair	16,261.11	53,067.68	315.56		69,644.35	22 6a	
41061	Maintenance & Repair Supplies	16,689.63	65,292.59	161.47		82,143.69	22 6a	
41062	Fuel - Plant Operation	282.40	993.97			1,276.37	22 6b	
41063	Gas - Plant Operation	4,228.07	10,755.90			14,983.97	22 6b	
41064	Electric - Plant Operation	19,479.38	67,937.03			87,416.41	22 6c	
41065	Water & Sewerage	7,038.00	35,802.68			42,840.68	22 6d	
41066	Refuse Removal / Recyclables	5,422.00	16,599.40			22,021.40	22 6f	
41067	Corp Office Building Maintenance	0.00	0.00			0.00	Corp Only	
41070	Taxes - Real Estate	18,194.73	56,726.19			74,920.92	22 10b	
41071	Taxes - Personal Property	1,753.11	5,128.74			6,881.85	22 10c	
41075	Bad Debt	40,762.84	0.00			40,762.84	15 1c	28 #9
41080	Donations	0.00	0.00			0.00	16m10	
41086	Sales Tax	0.00	803.23		(803.23)	0.00	16m13	
41087	Service Charge - Bank	0.00	763.55			763.55	16 m13	28 #23 4
41090	Miscellaneous Expense	(4,666.50)	5,532.42			865.92	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)	113,474.45	296,238.20	6,683.44	(11,683.94)	404,712.15	10 A12b1	
45002	Salaries - L.P.N. (CCNH)	168,830.92	531,374.95	15,123.25	(21,375.10)	693,954.02	10 A12c	
45003	Salaries - Aides (CCNH)	242,628.71	688,741.53	24,519.10	(24,467.17)	931,422.17	10 A12d	

		2015	2016	Adjustments		Cost Report References		
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45004	Salaries - Assistant D.O.N.	17,676.90	47,545.88		(2,732.69)	62,490.09	10 A12a	
45005	Salaries - D.O.N.	31,096.40	71,878.84		(292.50)	102,682.74	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	22,923.82	30,800.00	6,222.93	(6,842.49)	53,104.26	10 A12b2	
45011	Salaries - Nursing Administration	3,042.07	15,858.90			18,900.97	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	17,501.24	70,163.73	1,367.85	(5,750.64)	83,282.18	10 A12b2	
45022	Purchased Services - HPS (RN-CCNH)	872.00	14,645.00		(15,517.00)	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	13,030.38	39,473.94			52,504.32	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	0.00	37.99	86.26		124.25	20 5j	
45046	Prescription Drugs - Medicare	45,465.05	146,581.71			192,046.76	20 5a	30 #27
45047	Prescription Drugs - Medicaid	0.00	0.00			0.00	20 5a	
45048	Prescription Drugs - Private	15,257.66	55,640.76			70,898.42	20 5a	30 #27
45049	Prescription Drugs Managed Care	21,880.82	59,393.62			81,274.44	20 5a	30 #27
45050	Medical Supplies	70,783.42	129,126.15	18.49		199,928.06	20 5c	
45051	Medicare Part B Billable	0.00	0.00			0.00	205c	
45052	Medical Equipment Purchases	1,366.36	5,955.12			7,321.48	20 5c	
45055	O.T.C. Medical Supply	97.40	2,798.21			2,895.61	20 5c	
45058	Rehab Service Supplies	0.00	9,037.89		(9,037.89)	0.00	205j	
45060	Oxygen - Private	3,884.65	8,811.64			12,696.29	20 5e2	29 #32
45061	Oxygen - Medicare	3,190.84	4,902.16			8,093.00	20 5e2	29 #32
45062	Oxygen - Medicaid	1,959.26	6,798.52			8,757.78	20 5e2	
45063	Oxygen - Managed Care	1,202.66	2,251.04			3,453.70	20 5e2	29 #32
45065	I.V. Therapy Services	6,967.30	21,131.65			28,098.95	20 5j	29 #34
45070	Laboratory Services	7,514.16	17,787.63			25,301.79	20 5h	29 # 30
45075	Diagnostic Services	12,899.63	14,263.96			27,163.59	20 5f	29 # 29
50001	Salaries - Dietitians	15,532.83	31,114.36		(4,322.26)	42,324.93	10 A5a	
50002	Salaries - Chefs, Cooks	25,894.16	77,973.67	3,725.67	(2,010.58)	105,582.92	10 A5c	
50003	Salaries - Helpers, Dishwashers	37,621.22	116,828.77	2,015.95	(1,483.78)	154,982.16	10 A5c	
50004	Salaries - Food Service Supervisor	13,581.39	37,601.40	4,021.21	(1,235.30)	53,968.70	10 A5b	
50005	Salaries - Dietary - Light Duty	0.00	0.00			0.00	10 A5c	
50030	Consultant Fee - Dietary	0.00	0.00			0.00	13B1	
50035	Purchased Services - Dietary	1,009.27	1,110.56			2,119.83	18 2b	
50036	Equipment Lease - Dietary	0.00	0.00			0.00	18 2a1	
50040	Supplies - Dietary	13,774.83	31,151.11			44,925.94	18 2a2	
50041	Other Expenses - Dietary	24.39	0.00			24.39	18 2a2	
50050	Food Supplies - HPC/Thurston	48,364.83	126,952.00			175,316.83	18 2a1	
50051	Food Supplies - Dairy	6,160.84	16,696.91			22,857.75	18 2a1	
50052	Food Supplements	0.00	6,782.12			6,782.12	18 2a1	
50053	Enteral Feeding Supplies	0.00	0.00			0.00	18 2a1	
50054	Food Supplies - Other	(276.20)	0.00			(276.20)	18 2a1	
50055	Foods Supplies - Rebates	0.00	0.00			0.00	18 2a1	
55001	Salaries - Laundry	15,675.35	43,411.29	3,039.03	(2,471.56)	59,654.11	10 A8b	
55002	Salaries - Laundry Supervisor	857.63	10,731.08			11,588.71	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	



	2015 10/1 - 12/31	2016 1/1 - 9/30	Adjustments		Total	Cost Report References	
			DR	CR		Report Page/Line #	Self Disallow Page/Line #
55031	Personal Laundry	0.00	0.00		0.00	19 3b	
55035	Linen & Bedding Supplies	5,060.43	11,243.33		16,303.76	19 3a4	
55036	Equipment Lease Laundry	0.00	0.00		0.00	19 3d	
55040	Laundry Supplies	6,218.01	7,096.36		13,314.37	19 3a1	
60001	Salaries - Housekeeping	22,718.55	72,772.19	5,019.09	(4,103.36)	96,406.47	10 A6b
60002	Salaries - Housekeeping Supervisor	8,850.19	13,928.37	3,623.06	(3,954.90)	22,446.72	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	6,300.23	21,309.25		27,609.48	20 4a	
65001	Salaries - Recreation	15,909.08	42,679.72	1,757.78	(1,242.40)	59,104.18	10 A12h
65030	Supplies - Recreation	893.81	1,114.63	60.14		2,068.58	20 5i
65035	Other Expenses - Recreation	9,402.27	19,208.03		28,610.30	20 5i	
70010	Medical Director	9,000.00	19,500.00		28,500.00	13 B8a	
70011	Medical Staff/URC Meeting	0.00	0.00		0.00	13 B8b	
70012	Other Physician Fees	418.58	508.00		926.58	13 B8e	
70015	Pharmacist Fees	3,446.01	10,200.06		13,646.07	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	2,403.00	7,563.00		9,966.00	13 B2	
70036	Podiatrist Fees	86.29	0.00		86.29	13 B4	
70040	Hairdresser/Barber	0.00	0.00		0.00	16m6	
70047	Purchased Services - Physical Therapist	109,050.53	234,247.46		343,297.99	13 5a	
70048	Purchased Services - Speech Therapist	7,788.57	37,022.65		44,811.22	13 B9a	
70049	Purchased Services - Occupational Therapist	72,875.25	156,914.67		229,789.92	13 B10a	28 #6
70050	Inactive	0.00	0.00		0.00	N/A	
70052	Rehab. Services Supplies	417.98	1,144.78	9,037.89	10,600.65	20 5j	29 # 34
70060	Salaries - Rehab Director	0.00	10,953.32	7,153.12	18,106.44	10 A12e	
70062	Salaries - Therapy Technicians	1,004.67	3,700.12		4,704.79	10 A12e	
70065	Salaries - Physical Therapy Assistant	0.00	0.00		0.00	10 A12e	
70066	Salaries - Per Diem PT Assistant	0.00	135.00		135.00	10 A12e	
70067	Salaries - Physical Therapist	0.00	23,220.72	5,605.99	28,826.71	10 A12e	
70068	Salaries - Per Diem Physical Therapist	0.00	568.93		568.93	10 A12e	
70070	Salaries - Certified Occupational Therapist	0.00	12,693.59	1,029.06	13,722.65	10 A12g	28 #3
70071	Salaries - Per Diem Certified OT	0.00	0.00		0.00	10 A12g	28 #3
70072	Salaries - Occupational Therapist	0.00	8,842.35	387.77	9,230.12	10 A12g	28 #3
70073	Salaries - Per Diem Occupational Therapist	0.00	1,465.00		1,465.00	10 A12g	28 #3
70075	Salaries - Speech Therapist	0.00	353.79		353.79	10 A12f	
70076	Salaries - Per Diem Speech Therapist	0.00	2,516.25	189.50	2,705.75	10 A12f	
71050	User Fee	137,241.00	319,168.42		456,409.42	15 1k3	
76000	Interest	1,115.12	6,518.01		7,633.13	27 12D	29 #49
78010	Salaries - Owner	4,902.00	0.00		4,902.00	36 G1	
79010	Depreciation of Non Moveable Equipment	408.12	1,174.06		0.39	22 7c	
79011	Depreciation of Moveable Equipment	5,294.78	17,871.44	524.79	(371.00)	23,320.01	22 7d
79015	Depreciation of Auto & Truck	0.00	0.00		0.00	31B7	
79025	Amortization of Leasehold Improvements.	20,475.89	59,300.26		79,776.15	22 8a	
82010	CT State Income Tax	0.00	250.00		250.00	15 j1	
82050	Provider Specific Tax	0.00	0.00		0.00	15j1	
				\$461,328.21	(461,328.21)		
			<b>Variance (must be \$0.00)</b>		0.00		
	<b>Total Assets</b>	2,302,797.96					
	<b>Total Liabilities</b>	(2,505,198.80)					
	<b>Total Revenue</b>	(8,323,737.34)					
	<b>Total Expenses</b>	8,070,400.81					

Analysis Accounts
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**Cost Report References**

Report Self Disallow

	2015	2016	Adjustments		Total	Cost Report References	
	10/1 - 12/31	1/1 - 9/30	DR	CR		Report	Self Disallow
						Page/Line #	Page/Line #
		Page/Line #	Page/Line #				
<b>35098 Misc. Income - Other</b>	<b>3,955.26</b>						
Rebates	1,110.00						
Medical Records	898.39	30 IV 8					
Refunds	1,946.87						
<b>Total Misc. Income - Other</b>	<b>3,955.26</b>						
<b>41001 Salaries - Administrator</b>	<b>107,081.81</b>						
Administrator	107,081.81	10 A2					
Asst Administrator/AIT	0.00	10 A3					
<b>Total Administrator</b>	<b>107,081.81</b>						
<b>41025 Employee Benefits</b>	<b>10,608.91</b>						
Holiday Parties	2,914.84	16 I2					
Employee gifts/ recognition	7,694.07	16 I3	28 #23 2				
<b>Total Employee Benefits</b>	<b>10,608.91</b>						
<b>41037 Consulting Fees - Other</b>	<b>28,961.23</b>						
Medical Consultant	25,661.23	13 B12					
Data Integrity Auditor	3,300.00	13 B12					
<b>Total Consulting Fees - Other</b>	<b>28,961.23</b>						
<b>45041 Purchase Service - Other</b>	<b>0.00</b>						
Pharmacy Consult		16 m13	28 #23 5				
Wound Consultant		16 m13	28 #23 6				
<b>Total Consulting Fees - Other</b>	<b>0.00</b>						
<b>41090 Misc. Expense</b>	<b>865.92</b>						
Resident Expenses	4,510.78		28 #23 5				
User Fee, Use Tax, SUTA, & Business Entity Fees	1,053.14						
Prior Period Adj	(4,698.00)		28 #23 6				
<b>Total Misc. Expense</b>	<b>865.92</b>						
<b>70012 Physician Fees</b>	<b>926.58</b>						
Audiologist	289.01						
Physician	400.00	13 B8de					
Eye Doctor	237.57	13 B8de					
<b>Total Physician Fees</b>	<b>926.58</b>						
<b>41041 Advertising - Public Relations</b>	<b>14,407.59</b>						
Public Relations	14,407.59	16 m3	28 #18				
Directory Advertising	0.00						
<b>Total Advertising - Public Relations</b>	<b>14,407.59</b>						
<b>41052 Telephone</b>	<b>12,170.49</b>						
Telephone & Beepers	12,170.49	15 1h1					
Cell Phones	0.00	15 1h2					
<b>Total Telephone</b>	<b>12,170.49</b>						
<i>(check G/L account 41052 for possible cell or beeper reclass J/E)</i>							
<b>41039 Dues &amp; Membership</b>	<b>7,136.60</b>						
Dues & Membership	6,541.60	16 m8					
Chamber of Commerce	595.00	16 m8a	28 #23 3				
<b>Total Dues &amp; Membership</b>	<b>7,136.60</b>						
<i>(most homes should have, may need to check other accounts)</i>							

**Apple Rehab West Haven  
Cost Year 2016**

J/E #	DB	AMOUNT	ACCOUNT TITLE	CR	AMOUNT	Reverse CY 2017
1	16599	135.97	Fixed Asset Clearing A/C			
	41032	12.70	Education & Seminars			
	41038	12.64	Licenses & Fees			
	41060	315.56	Purchased Services & Repair			
	41061	161.47	Maintenance & Repair Supplies			
	45045	86.26	Nursing Station Supplies			
	45050	18.49	Medical Supplies			
	65030	60.14	Supplies - Recreation			
		0.00	Sales Tax	41086	803.23	
			<b>Allocate Sales Tax</b>			
2	20601	100,475.22	Accrued PTO			
			Salaries - Clerical	41002	4,136.39	
			Salaries - Accounting	41003	2,917.51	
			Salaries - Social Service	41004	3,870.74	
			Salaries - Maintenance	41006	328.80	
			Salaries - RN	45001	11,379.44	
			Salaries - LPN	45002	17,225.21	
			Salaries - CNA	45003	24,467.17	
			Salaries - ADNS	45004	2,732.69	
			Salaries - Infection Control	45010	6,842.49	
			Salaries - MDS	45017	5,750.64	
			Salaries - Dietitians	50001	4,322.26	
			Salaries - Chef, Cooks	50002	2,010.58	
			Salaries - Dietary Aid, Dishwasher	50003	1,483.78	
			Salaries - Food Service Suprv	50004	1,235.30	
			Salaries - Laundry	55001	2,471.56	
			Salaries - Housekeeping	60001	4,103.36	
			Salaries - Housekeeping Supervisor	60002	3,954.90	
			Salaries - Recreation	65001	1,242.40	
			<b>Reverse 12/15 PTO Accrual</b>			
3	41002	4,497.37	Salaries - Clerical			
	41003	3,836.94	Salaries - Accounting			
	41004	2,710.37	Salaries - Social Service			
	45001	6,144.93	Salaries - RN			
	45002	13,600.74	Salaries - LPN			
	45003	20,525.26	Salaries - CNA			
			Salaries - DNS	45005	292.50	
	45010	6,067.82	Salaries - Infection Control			
	45017	1,367.85	Salaries - MDS			
	50002	3,335.37	Salaries - Chef, Cooks			
	50003	1,460.03	Salaries - Dietary Aid, Dishwasher			
	50004	1,978.34	Salaries - Food Service Suprv			
	55001	2,738.50	Salaries - Laundry			
	60001	4,443.49	Salaries - Housekeeping			
	60002	3,476.77	Salaries - Housekeeping Supervisor			
	65001	1,496.73	Salaries - Recreation			
	70060	7,153.12	Salaries - Rehab Director			
	70067	5605.99	Salaries - Physical Therapist			
	70070	1029.06	Salaries - Certified Occupational Therapist			
	70072	387.77	Salaries - Occupational Therapist			
	70076	189.50	Salaries - Per Diem Speech Therapist			
			Accrued PTO	20601	91,753.45	
			<b>Accrue 9/30/16 PTO</b>			
4	41027	1,220.98	Corporate Management Fee			
			Due Affiliate - Corporate	20200	1,220.98	
			<b>Allocate Interest Income</b>			
5	41001	107,081.81	Salaries Administrator			
			Due Affiliate - Corporate	20200	107,081.81	
			<b>Administrator Salary</b>			
6						
	50004	1,940.04	Salaries - Food Service Supervisor			
	41002	957.00	Salaries - Clerical			
			Salaries - Management	41005	1,050.89	
			Salaries - Maintenance	41006	889.15	
			Due Affiliate - Corporate	20200	957.00	

Apple Rehab West Haven  
Cost Year 2016

J/E #	DB	AMOUNT	ACCOUNT TITLE	CR	AMOUNT	Reverse CY 2017
			<b>To reverse to take out duplicate entry Healthport Srvc</b>			
7	20200	3,088.00	Due Affiliate - Corporate			
			Salaries - R.N. (CCNH)	45001	304.50	
			Salaries - L.P.N. (CCNH)	45002	2,783.50	
			<b>To reverse to add Shared Employees Healthport</b>			
8	20200	1,366.39	Due Affiliate - Corporate			
			Salaries - L.P.N. (CCNH)	45002	1,366.39	
			<b>To reverse to add adj new system integration issues</b>			
9	41028	15,517.00	Healthport Indirect			
			Purchased Services - HPS (RN-CCNH)	45022	15,517.00	
			<b>To adjust Purchased Services 45022</b>			
10	70052	9,037.89	Rehab. Services Supplies			
			Rehab Service Supplies	45058	9,037.89	Y
			<b>To reclass rehab service supplies</b>			
11	35031	21.95	Medicare Contractual Allowance - Other			
			Contractual Allowance - HMO/Insurance/Managed Care	35035	21.95	
			<b>Cost Report JE - To reclass Cont All HMO/Ins</b>			
12	28000	74,285.69	Retained Earnings			
	79011	524.79	Movable Depreciation			
	15502	2,096.46	Moveable Equipment			
	15502	3,151.37	Moveable Equipment			
	15502	721.11	Moveable Equipment			
	15502	5,278.00	Moveable Equipment			
	16501	3,597.40	Leasehold Improvements			
	16501	24,089.00	Leasehold Improvements			
	17001	1,058.00	Acc Dep of Nonmovable Equipment			
			Nonmovable Deprec	79010	524.79	
			Nonmovable Deprec	79010	1,057.00	
			Non Moveable Equipment	15501	2,096.46	
			Non Moveable Equipment	15501	3,151.37	
			Leasehold Improvements	16501	181.74	
			Leasehold Improvements	16501	362.46	
			Accum Deprec - NME	17001	2,165.00	
			Accum Deprec - ME	17002	61,680.00	
			Accum Deprec - LHI	17005	43,212.00	
			Movable Depreciation	79011	371.00	
			<b>Adjust Deprec</b>			
13	41026	3,886.07	Corp Fee - Non Reimb			
			Corporate Management Fee	41027	3,886.07	
			<b>Allocate Corp Therapy Salaries</b>			
14	41002	142.09	Salaries - Clerical			
	41003	70.65	Salaries - Accounting			
	41004	185.85	Salaries - Social Service			
	41006	143.78	Salaries - Maintenance			
	45001	538.51	Salaries - RN			
	45002	1,522.51	Salaries - LPN			
	45003	3,993.84	Salaries - CNA			
	45010	155.11	Salaries - Infection Control			
	50002	390.30	Salaries - Chef, Cooks			
	50003	555.92	Salaries - Dietary Aid, Dishwasher			
	50004	102.83	Salaries - Food Service Suprv			
	55001	300.53	Salaries - Laundry			
	60001	575.60	Salaries - Housekeeping			
	60002	146.29	Salaries - Housekeeping Supervisor			
	65001	261.05	Salaries - Recreation			
			Accrued Payroll	20501	9,084.86	
			<b>Accrue Wage Enhancement</b>			
		461,328.21	<b>TOTALS</b>		461,328.21	

Facility: Apple Rehab West Haven  
 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	8,070,401	8,323,737	2,302,798	2,505,199
Per Cost Report	8,065,499	8,323,737	2,317,189	2,519,590
<b>Difference</b>	<b>4,902</b>	<b>0</b>	<b>14,391</b>	<b>14,391</b>
21037-21060 - Payroll W/H			7,541	7,541
10401-10403 Exchange			6,851	6,851
78010 - Owners Salary	4,902			
<b>Difference</b>	<b>4,902</b>	<b>0</b>	<b>14,391</b>	<b>14,391</b>
	0	0	0	0

Apple Rehab West Haven

Asset Class	Asset ID	Asset Description	Service Date	Cost	Depreciation	
					10/01/15 - 12/31/15	01/01/16 - 9/30/16
<b>Non Moveable Equipment</b>						
NME-10	0809010	CARRIER WALL PAC(CLIMATE CNTRL)	1/1/1987	1,047.00	0.00	0.00
NME-15	0809017	ACORN MANU(EXHAUST FAN)	12/1/1991	621.02	0.00	0.00
NME-10	0809011	United(Dishwasher)	3/1/1993	7,295.45	0.00	0.00
NME-3	0809001	Flaghouse(Heat Packs)	2/1/1994	1,439.44	0.00	0.00
NME-10	0809014	Yankee(Dryer)	11/1/1994	2,072.30	0.00	0.00
NME-10	0809015	ice machine (kittredge equipment company	5/1/2002	1,146.60	0.00	0.00
NME-8	0809005	garbage disposal (kittredge equipment co	1/1/2003	824.29	0.00	0.00
NME-8	0809006	garbage disposal repairs (EDS Quality Se	10/1/2004	833.32	0.00	0.00
NME-10	0809016	ice machine (Apollo Refrigeration, Inc.)	10/1/2005	2,710.29	0.00	0.00
NME-8	0809007	garbage disposal (EDS Quality Service LL	12/1/2006	1,961.00	0.00	0.00
NME-5	0809002	walk-in cooler repairs (Appolo Refrigera	4/1/2009	1,720.27	0.00	0.00
NME-10	0809496	Ice Machine	9/29/2010	3,151.37	78.80	236.34
NME-10	0809513	Exhaust Fan	10/1/2010	275.00	6.89	20.61
NME-10	0809565	Ice Machine	11/30/2010	3,151.37	78.80	236.34
NME-10	0809564	Condensing Unit - Walk-in Freezer	3/15/2011	4,684.78	117.12	351.36
NME-10	0809572	Eyewash and Facewash Stations	5/17/2011	963.51	24.08	72.27
NME-5	0809580	Walk -in cooler repairs	10/24/2011	999.28	50.01	99.91
NME-10	0812003	Ice Machine	3/9/2012	2,096.46	52.42	157.23
<b>Non Moveable Equipment as of 09/30/16</b>				<b>36,992.75</b>	<b>408.12</b>	<b>1,174.06</b>
<b>Depreciation 10/1/15 - 9/30/16</b>						<b>\$1,582.18</b>

**Cost Report Adjustments**

812003	Ice Machine	(\$2,096.46)	(\$209.65)
	Reclass Ice Machine to Moveable	(\$3,151.37)	(\$315.14)
<b>Adjusted Balance 9/30/16</b>		<b>\$31,744.92</b>	<b>\$1,057.39</b>
	Prior Period	\$31,744.92	\$1,057.39
	Retired (See Attached)	\$0.00	\$0.00
	Current Period	\$0.00	\$0.00

Asset Class	Asset ID	Asset Description	Service Date	Cost	Depreciation	
					10/01/15 - 12/31/15	01/01/16 - 9/30/16
<b>Moveable Equipment</b>						
ME-10	0809046	CHARTING SYSTEM (CARSTENS)	7/1/1986	3,962.68	0.00	0.00
ME-10	0809049	TABLE TOPS(MIDDLETOWN GLASS)	5/1/1987	1,604.93	0.00	0.00
ME-15	0809125	CLIMATE CONTROL (3 COMPRESS.)	9/1/1990	2,141.64	0.00	0.00
ME-10	0809053	FRAME KING (ART WORK)	9/1/1990	1,200.00	0.00	0.00
ME-5	0809024	CLIMATE (AIR COND SM.)	5/1/1991	4,556.52	0.00	0.00
ME-20	0809150	UNITED REST (STEEL SHELVES)	1/1/1992	1,701.95	0.00	0.00
ME-10	0809054	UNITED REST (SLICER)	1/1/1992	1,230.98	0.00	0.00
ME-10	0809055	AMERICAN-LADD(CHAIRS)	8/1/1992	2,953.53	0.00	0.00
ME-10	0809058	American(Loveset)	11/1/1993	1,993.80	0.00	0.00
ME-10	0809059	Hausmann(Furniture)	12/1/1993	1,101.00	0.00	0.00
ME-10	0809061	Lane(Table)	12/1/1993	395.00	0.00	0.00
ME-10	0809062	Fallon(Table)	12/1/1993	1,351.48	0.00	0.00
ME-10	0809063	Aking(Chair)	12/1/1993	918.00	0.00	0.00
ME-10	0809064	American(Lovesheet)	12/1/1993	638.65	0.00	0.00
ME-10	0809065	American(Chair)	12/1/1993	965.45	0.00	0.00
ME-5	0809027	Lane(Miscellaneous)	1/1/1994	19.26	0.00	0.00
ME-10	0809066	Fallon(Stack Chairs)	1/1/1994	183.43	0.00	0.00
ME-10	0809067	Aking (Chairs)	1/1/1994	205.33	0.00	0.00
ME-10	0809068	Flaghouse(Mobile Whirlpool)	1/1/1994	2,264.47	0.00	0.00
ME-10	0809069	Flaghouse(Training Staries)	1/1/1994	1,930.45	0.00	0.00
ME-5	0809029	First Heal(Panel)	2/1/1994	246.77	0.00	0.00
ME-5	0809030	McCabe(Bulletin Board)	2/1/1994	313.34	0.00	0.00
ME-5	0809031	First Heal(Various Supplies)	2/1/1994	3,806.59	0.00	0.00
ME-10	0809070	Flaghouse(Weight Wagan)	2/1/1994	913.61	0.00	0.00
ME-10	0809071	Flaghouse(Freighy)	2/1/1994	45.83	0.00	0.00
ME-10	0809072	McCabe(Chairs)	2/1/1994	3,141.84	0.00	0.00
ME-10	0809073	McCabe(Chairs)	2/1/1994	1,299.56	0.00	0.00
ME-10	0809074	McCabe(File Cabinet)	2/1/1994	683.70	0.00	0.00
ME-10	0809077	American(Mirror)	6/1/1994	508.92	0.00	0.00
ME-10	0809078	United(Miscellaneous)	8/1/1994	63.31	0.00	0.00
ME-10	0809079	United(Food Containers)	8/1/1994	1,005.94	0.00	0.00
ME-10	0809080	United(Food Containers)	9/1/1994	854.44	0.00	0.00
ME-10	0809081	United(Trays)	9/1/1994	413.40	0.00	0.00
ME-5	0809032	Medical(Wheel Chairs)	10/1/1994	4,757.00	0.00	0.00
ME-10	0809082	United(Carts)	10/1/1994	2,448.60	0.00	0.00
ME-10	0809084	United(Dispenser)	10/1/1994	1,303.80	0.00	0.00
ME-10	0809087	United(Food processor)	4/1/1996	1,192.50	0.00	0.00
ME-10	0809085	Yankee(Dryer)	5/1/1996	498.20	0.00	0.00
ME-10	0809086	Yankee(Washing machine)	5/1/1996	5,035.00	0.00	0.00
ME-10	0809089	United(Lakeside cart)	5/1/1996	2,756.00	0.00	0.00
ME-15	0809128	Akin(20 chairs,4 tables)	6/1/1996	6,343.69	0.00	0.00

Asset Class	Asset ID	Asset Description	Service Date	Cost	Depreciation	
					10/01/15 - 12/31/15	01/01/16 - 9/30/16
ME-15	0809129	Akin(20 chairs,4 tables)	7/1/1996	6,343.69	0.00	0.00
ME-15	0809130	Med outpnt (recliner)	7/1/1996	532.99	0.00	0.00
ME-15	0809131	Akin(20 chairs)	9/1/1996	3,458.07	0.00	0.00
ME-10	0809090	Lakeside Cart (United East)	10/1/1996	2,864.12	0.00	0.00
ME-10	0809091	50 Overbed Tables (Redline)	2/1/1997	3,512.31	0.00	0.00
ME-10	0809096	Yankee(Dryer)	5/1/1998	2,448.60	0.00	0.00
ME-10	0809097	Key Telephone in Bus Office (Heneghan)	11/1/1998	874.50	0.00	0.00
ME-10	0809098	Washing Machine Bearings (Yankee)	12/1/1998	1,272.00	0.00	0.00
ME-10	0809099	Washing machine (Yankee)	3/1/1999	7,520.70	0.00	0.00
ME-15	0809132	Serving Counter (United)	4/1/1999	4,149.90	0.00	0.00
ME-10	0809100	Washing machine cylinder (Yankee)	6/1/1999	1,029.04	0.00	0.00
ME-10	0809102	steamer (TriMark United East)	6/1/2001	3,211.80	0.00	0.00
ME-10	0809103	steamer stand (TriMark United East)	6/1/2001	757.90	0.00	0.00
ME-10	0809104	3 - 2 door refrige. (TriMark United East)	6/1/2001	6,550.79	0.00	0.00
ME-10	0809105	commercial mixer (TriMark United East)	9/1/2001	6,148.00	0.00	0.00
ME-10	0809107	install hand scanner (Precision Electric	7/1/2002	699.60	0.00	0.00
ME-12	0809120	3 - 4 drawer vertical files	8/1/2002	251.22	0.00	0.00
ME-12	0809121	shelving & storage cabinets	9/1/2002	1,198.86	0.00	0.00
ME-10	0809108	robo coupe (TriMark United East)	10/1/2002	1,361.00	0.00	0.00
ME-10	0809109	2 door reach-in freezer (TriMark United	2/1/2003	3,317.80	0.00	0.00
ME-10	0809110	76 prints (Architectural Woodworking)	9/1/2003	7,171.36	0.00	0.00
ME-10	0809111	55lb Milnor washer (Yankee Equipment Sys	4/1/2004	7,654.26	0.00	0.00
ME-15	0809133	40 dining room chairs (Duracase)	10/1/2004	4,760.00	79.37	237.96
ME-15	0809134	40 dining room chairs-final pmt (Duracas	12/1/2004	5,390.00	89.87	269.46
ME-15	0809135	resident's furniture (j/e 129128)	12/1/2004	1,960.00	32.66	98.01
ME-10	0809112	Hoyer lift (McKesson Medical-Surgical Mi	3/1/2006	1,160.70	29.04	58.03
ME-5	0809036	cisco router (JKS Systems, LLC)	9/1/2006	3,123.50	0.00	0.00
ME-15	0809136	4 cabinets (McKesson Medical-Surgical Mi	9/1/2006	835.94	13.97	41.76
ME-15	0809137	2 beds/furniture (Medline)	9/1/2006	3,907.50	65.11	195.39
ME-5	0809037	network cable drops (A&R Communications,	11/1/2006	1,113.00	0.00	0.00
ME-5	0809038	install router (JKS Systems, LLC)	12/1/2006	757.50	0.00	0.00
ME-10	0809113	12" manual slicer (Triple A Supplies, In	12/1/2006	2,709.36	67.72	135.44
ME-15	0809138	bedside cabinet (McKesson)	2/1/2008	1,113.19	18.59	55.62
ME-15	0809139	overbed table (McKesson)	2/1/2008	1,053.11	17.56	52.65
ME-10	0809114	steam table (Triple A)	2/1/2008	1,704.70	42.58	127.89
ME-10	0809115	shower chair (McKesson)	2/1/2008	753.55	18.84	56.52
ME-15	0809140	overbed table (McKesson)	3/1/2008	179.42	2.96	9.00
ME-5	0809039	wireless pocket adapter (Tech Depot)	6/1/2008	70.38	0.00	0.00
ME-15	0809141	1st pmt. dressers, nightstands, round ta	10/1/2008	11,060.04	184.38	552.96
ME-12	0809122	35 electric beds (Direct Supply)	11/1/2008	24,604.35	512.62	1,537.74
ME-15	0809142	chairs 1st install. (Kwalu)	1/1/2009	7,941.84	132.38	397.08
ME-15	0809143	nightstand (Medline)	1/1/2009	860.99	14.38	43.02
ME-5	0809040	32 televisions (Best Buy)	2/1/2009	17,217.16	0.00	0.00
ME-15	0809144	bedside cabinets (Mckesson)	2/1/2009	739.92	12.34	36.99
ME-15	0809145	2nd pmt. dressers, nightstands, round ta	2/1/2009	11,060.04	184.38	552.96
ME-15	0809146	arm chairs for residents rooms (Direct S	2/1/2009	10,377.16	172.96	518.85
ME-10	0809116	mattresses (McKesson)	2/1/2009	2,317.28	57.94	173.79
ME-15	0809147	chairs 2nd install. (Kwalu)	3/1/2009	7,042.76	117.35	352.17
ME-10	0809117	foot rests, shower chairs (McKesson)	4/1/2009	1,013.03	25.34	75.96
ME-15	0809148	3rd pmt. dressers, nightstands, round ta	7/1/2009	11,060.04	184.38	552.96
ME-10	0809576	Wheelchair scales	7/1/2009	4,018.46	100.44	301.41
ME-15	0809149	4th pmt. dressers, nightstands, round ta	8/1/2009	3,686.68	61.46	184.32
ME-10	0809501	Vectra Genisys System	8/11/2009	4,010.93	100.31	300.78
ME-5	0809041	televisions (Kaplan Computers)	11/1/2009	4,896.07	0.00	0.00
ME-5	0809042	laptop computer (Tech Depot)	12/1/2009	848.91	0.00	0.00
ME-10	0809118	refrigerator (Sid Miller's Appliance)	12/1/2009	444.60	11.07	33.39
ME-10	0809119	cross trainer (Sammons Preston)	12/1/2009	3,498.00	87.45	262.35
ME-10	0809563	AED Machine	12/2/2009	1,505.52	37.60	112.95
ME-10	0809498	Medical Cart	4/5/2010	964.52	24.09	72.36
ME-5	0809493	Photocopier	4/12/2010	7,632.00	0.00	0.00
ME-5	0809500	Floor Scrubber	5/13/2010	5,278.80	0.00	0.00
ME-10	0809495	Medical Cart	7/13/2010	1,002.43	25.09	75.15
ME-10	0809497	Patient Lift	7/24/2010	2,062.71	51.56	154.71
ME-5	0809507	Televisions	10/1/2010	2,872.60	0.00	0.00
ME-5	0809519	Flat tilts, TV Wall Mounts	10/1/2010	1,659.39	0.00	0.00
ME-5	0809530	Telephones	10/1/2010	719.00	0.00	0.00
ME-5	0809534	LCD Flat Mount	10/1/2010	86.28	0.00	0.00
ME-5	0809539	17" LCD VGA (Security Recording Device)	10/1/2010	355.62	0.00	0.00
ME-5	0809543	LCD TV	10/1/2010	953.99	0.00	0.00
ME-15	0809514	Overbed Tables	10/1/2010	4,110.46	68.47	205.56
ME-15	0809522	Laminate Table Top	10/1/2010	822.94	13.73	41.13
ME-15	0809545	Chairs for Cafe	10/1/2010	6,115.80	101.90	305.82
ME-15	0809559	Office Furniture	10/1/2010	4,818.00	80.27	240.93
ME-10	0809509	Lamps, clocks, refrigerator, tables,	10/1/2010	9,848.26	246.20	738.63
ME-10	0809531	Refrigerator	10/1/2010	570.28	14.28	42.75

Asset Class	Asset ID	Asset Description	Service Date	Cost	Depreciation	
					10/01/15 - 12/31/15	01/01/16 - 9/30/16
ME-10	0809555	Platform Mat, Therapy Table, Freezer,	10/1/2010	4,598.04	114.92	344.88
ME-10	0809557	Dispensers	10/1/2010	454.45	11.34	34.11
ME-5	0809502	Computer and Monitor	10/18/2010	344.17	0.00	0.00
ME-12	0809567	Electric Bed	3/31/2011	1,208.27	25.18	75.51
ME-15	0809569	Chairs	4/5/2011	3,340.16	55.64	167.04
ME-5	0809568	Scanner	4/11/2011	168.74	8.46	16.87
ME-5	0809573	Floor Buffer	5/4/2011	1,865.60	93.31	186.56
ME-5	0809566	32" Toshiba and 46" Samsung LCD TVs	5/11/2011	3,127.00	156.32	312.70
ME-15	0809574	Desks, File Cabinets, Bookcases, Chairs	7/1/2011	2,347.90	39.17	117.36
ME-10	0809575	Patient Lift with Scale	7/11/2011	4,228.82	105.72	317.16
ME-5	0809577	Notebook Computer (CDW Government)	9/14/2011	260.64	13.07	26.06
ME-5	0809579	Photo ID Badge Printing Kit	9/27/2011	1,453.81	72.69	145.39
ME-12	0809582	Electric Bed	11/12/2011	807.53	16.80	50.49
ME-12	0809581	Electric Bed	11/30/2011	810.01	16.83	50.67
ME-12	0809583	Electric Bed, Head/Footboard, Hardware	12/6/2011	1,055.09	21.95	65.97
ME-12	0812001	Electric Bed, Head/Foot Boards	1/20/2012	883.40	18.45	55.17
ME-5	0812007	32" LED Commercial TV(Senior TV)	7/10/2012	818.00	40.93	122.67
ME-5	0812008	50" LG HDTV Plasma TV(Senior TV)	8/23/2012	830.00	41.53	124.47
ME-10	0813013	Patient lift with scale	9/27/2012	4,899.02	122.43	367.47
ME-15	0812006	Overbed Table(HD Supply)	10/23/2012	764.85	12.74	38.25
ME-12	0812009	Electric Bed(Medline)	12/14/2012	998.46	20.84	62.37
ME-12	0812009A	Electric Bed Part 2(Medline)	12/29/2012	82.95	1.69	5.22
ME-5	0813014	2 - 32" televisions	4/18/2013	853.00	42.62	127.98
ME-5	0813015	3 - televisions	4/18/2013	1,648.00	82.37	247.23
ME-15	0813010B	Lift Chair(Boston Orthotics)	4/25/2013	750.00	12.47	37.53
ME-15	0813010C	Lift Chair(Boston Orthotics)	4/30/2013	750.00	12.47	37.53
ME-15	0813010A	Lift Chair(Boston Orthotics)	5/1/2013	750.00	12.47	37.53
ME-20	0813011	Chart Racks(Carstens)	5/10/2013	1,084.12	13.53	40.68
ME-20	0813011A	Chart Racks(Carstens)	5/10/2013	1,084.12	13.53	40.68
ME-15	0813010D	Lift Chair(Boston Orthotics)	5/13/2013	750.00	12.47	37.53
ME-15	0813010E	Lift Chair(Boston Orthotics)	5/13/2013	750.00	12.47	37.53
ME-15	0813010	Lift Chair(Boston Orthotics)	5/15/2013	750.00	12.47	37.53
ME-12	0813012	Electric bed w/ Headboard & Footboard	5/17/2013	812.48	16.95	50.76
ME-12	0813012A	Electric bed w/ Headboard & Footboard	5/25/2013	83.75	1.76	5.22
ME-5	0813021	2 head and foot boards	6/7/2013	1,938.70	96.95	290.79
ME-5	0813017	computers for nursing station	6/12/2013	844.92	42.26	126.72
ME-12	0813012B	foot and head boards	6/14/2013	89.82	4.46	13.50
ME-12	0813020	2 electric beds	8/3/2013	1,939.52	40.40	121.23
ME-10	0813022	LIFT CHAIR HOSPICE	10/5/2013	775.00	19.36	58.14
ME-10	0813023	STACKABLE VINYL CHAIRS (6)	10/16/2013	859.67	21.53	64.44
ME-10	0813024	6 Chair Guest Stackable	11/11/2013	860.04	21.47	64.53
ME-5	0814029	ULTRASOUND UROSCAN 3.5 (MCKESSON)	3/27/2014	9,680.35	484.01	1,452.06
ME-5	0814038	SPOT VITAL MONITOR (FIRST CHOICE)	11/21/2014	2,073.56	103.67	311.04
ME-15	0815039	HOT FOOD TABLE (TRIPLE A SUPPLIE)	2/20/2015	2,366.42	22.94	118.35
ME-10	0815046	Payroll System Upgrade-Time Clocks	3/19/2015	1,233.02	19.61	92.52
ME-10	0815046A	Payroll System Upgrade-Time Clocks	3/19/2015	1,395.84	22.22	104.67
ME-5	0815041	Install Wireless Network Controllers	4/30/2015	441.88	16.51	66.24
ME-20	0815044	2 Chart Racks(Carstens)	6/3/2015	2,141.32	23.16	80.28
ME-5	0816047	Wiring Equipment for POC Implementation	1/14/2016	284.98	0.00	21.11
ME-5	0816047A	Wiring Equipment for POC Implementation	1/15/2016	143.81	0.00	10.68
ME-5	0816047B	Wiring Equipment for POC Implementation	1/27/2016	744.21	0.00	54.44
ME-5	0816048	16 Kiosks for POC Implementation	2/3/2016	23,737.32	0.00	1,722.30
ME-12	0816051	4 Electric Beds(Geriatric Medical)	6/8/2016	3,397.37	0.00	78.80
ME-10	0816052	Mobile Hydrocollator-Therapy Department	8/24/2016	1,355.95	0.00	20.03
<b>Moveable Equipment as of 09/30/15</b>				<b>451,663.89</b>	<b>5,294.78</b>	<b>17,500.44</b>
<b>Depreciation 10/1/15 - 9/30/16</b>						<b>22,795.22</b>

**Cost Report Adjustments**

0812003	Ice Machine	3/9/2012	\$2,096.46		\$209.65
				From last year	\$721.11
				Payroll Equipment	\$5,278.00
				Reclass Ice Machine from non-moveable	\$3,151.37
<b>Adjusted Balance 9/30/16</b>			<b>\$462,910.83</b>		<b>\$23,320.01</b>
				Prior Period	\$433,247.19
				Retired (See Attached)	\$0.00
				Current Period	\$29,663.64

Asset Class	Asset ID	Asset Description	Service Date	Cost	Depreciation	
					10/01/15 - 12/31/15	01/01/16 - 9/30/16
<b>Leasehold Improvements</b>						
LHI-20	0809417	PRIVACY FENCE (A C FENCING)	12/1/1986	1,735.00	0.00	0.00
LHI-10	0809293	NURSE CALL SYSTEM (IND TIME)	12/1/1986	14,438.33	0.00	0.00
LHI-10	0809295	CINSCULO PLUMBING( )	2/1/1987	1,399.00	0.00	0.00
LHI-20	0809418	F.S. PAYNE(PHOTO ELECT CELL)	4/1/1987	1,802.13	0.00	0.00
LHI-20	0809419	UNGER'S FLOOR (TILE)	5/1/1987	1,223.00	0.00	0.00



Asset Class	Asset ID	Asset Description	Service Date	Cost	Depreciation	
					10/01/15 - 12/31/15	01/01/16 - 9/30/16
LHI-20	0809422	VIP ELECTRICAL (WIRING)	10/1/1987	1,275.00	0.00	0.00
LHI-15	0809364	CARDONE (CHIMNEY/UPGRADE BOILER)	11/1/1989	5,160.00	0.00	0.00
LHI-15	0809365	CARDONE (INSTALL WATER HEATER)	11/1/1989	3,600.00	0.00	0.00
LHI-10	0809290	PERMA-SEAL (REPAIR ROOF)	12/1/1989	5,994.00	0.00	0.00
LHI-15	0809366	CARDONE (WATER HEATER)	1/1/1990	3,815.90	0.00	0.00
LHI-5	0809152	JOSEPH (PAINT)	4/1/1990	5,720.40	0.00	0.00
LHI-5	0809153	JOSEPH (PAINT)	4/1/1990	5,720.40	0.00	0.00
LHI-5	0809154	JOSEPH (PAINT)	4/1/1990	5,720.40	0.00	0.00
LHI-5	0809155	JOSEPH (PAINT)	4/1/1990	2,241.00	0.00	0.00
LHI-15	0809367	EAST SHORE (PLEXI-GLASS)	8/1/1990	2,365.20	0.00	0.00
LHI-20	0809423	APPOLLO (INSULATE PIPES)	4/1/1991	1,144.80	0.00	0.00
LHI-20	0809424	CORDONE (MXING VALVE/WTR TANK)	4/1/1991	1,667.90	0.00	0.00
LHI-10	0809291	APPOLLO (W/IN FRZER COMPRESSOR)	6/1/1991	1,277.40	0.00	0.00
LHI-20	0809425	F.S. PAYNE(ELEC. EYE FOR ELEV.)	10/1/1991	842.70	0.00	0.00
LHI-7	0809285	SANI-MED (SECURE CARE SYS)	1/1/1992	3,891.35	0.00	0.00
LHI-5	0809160	VICTOR ROME(CUBICLE CURTAINS)	4/1/1992	3,820.31	0.00	0.00
LHI-5	0809161	VICTOR ROME(CUBICLE CURTAINS)	8/1/1992	3,783.60	0.00	0.00
LHI-5	0809162	Victor Rome(Curtains)	10/1/1992	3,783.61	0.00	0.00
LHI-15	0809368	Kenyon(Architects)	1/1/1993	1,640.50	0.00	0.00
LHI-15	0809369	Cordone(Water Heater)	1/1/1993	4,500.00	0.00	0.00
LHI-20	0809426	Huntington(Generator)	2/1/1993	1,550.00	0.00	0.00
LHI-15	0809370	Kenyon(Architects)	8/1/1993	961.94	0.00	0.00
LHI-5	0809166	Brewster(Wallcovering)	10/1/1993	2,013.40	0.00	0.00
LHI-15	0809371	Classic(Base Contract)	10/1/1993	48,760.00	0.00	0.00
LHI-10	0809296	Benson(Flooring)	10/1/1993	17,893.50	0.00	0.00
LHI-10	0809297	Brewster(Crossrods)	10/1/1993	1,468.72	0.00	0.00
LHI-10	0809298	Brewster(Flooring)	10/1/1993	1,801.60	0.00	0.00
LHI-5	0809167	Ernandez(Floor Tile)	11/1/1993	349.39	0.00	0.00
LHI-5	0809168	Classic(Laminate)	11/1/1993	807.72	0.00	0.00
LHI-15	0809373	FAB(Window Treatment)	11/1/1993	5,623.52	0.00	0.00
LHI-15	0809376	Kenyon(Architect)	11/1/1993	375.60	0.00	0.00
LHI-15	0809377	Classic(Base Contract)	11/1/1993	20,553.00	0.00	0.00
LHI-5	0809169	Pepe(Design Consulting Services)	12/1/1993	1,900.00	0.00	0.00
LHI-5	0809170	Maharam(Tek Wall)	12/1/1993	456.06	0.00	0.00
LHI-5	0809171	Victor(Curtain Tract)	12/1/1993	377.36	0.00	0.00
LHI-10	0809299	Benson(Floor Covering)	12/1/1993	7,160.50	0.00	0.00
LHI-15	0809378	Simplex(Fire Alarm System Overhaul)	1/1/1994	2,984.96	0.00	0.00
LHI-5	0809173	Classic(Painting)	2/1/1994	10,584.00	0.00	0.00
LHI-20	0809427	Classic(Electrical)	2/1/1994	445.00	0.00	0.00
LHI-20	0809428	Classic(Electrical)	2/1/1994	1,169.00	0.00	0.00
LHI-20	0809429	Classic(Electrical)	2/1/1994	1,004.00	0.00	0.00
LHI-20	0809430	Classic(Electrical)	2/1/1994	449.00	0.00	0.00
LHI-20	0809431	Classic(Electrical)	2/1/1994	1,581.00	0.00	0.00
LHI-2	0809151	Decola (Repair)	2/1/1994	320.80	0.00	0.00
LHI-15	0809379	Kenyon(Architects)	2/1/1994	520.00	0.00	0.00
LHI-10	0809300	Decola(Plumbing)	2/1/1994	320.80	0.00	0.00
LHI-20	0809432	Classic(Electrical)	3/1/1994	385.00	0.00	0.00
LHI-7	0809286	Classic(Repair Show Stall)	4/1/1994	2,330.00	0.00	0.00
LHI-20	0809433	Atlantic(Ceramic)	4/1/1994	913.56	0.00	0.00
LHI-20	0809434	Atlantic(Ceramic)	4/1/1994	826.74	0.00	0.00
LHI-10	0809301	Henegan(Tele. System)	4/1/1994	11,660.00	0.00	0.00
LHI-7	0809287	Classic(Repair Show Stall)	5/1/1994	1,955.00	0.00	0.00
LHI-7	0809288	Classic(Repair Show Stall)	5/1/1994	2,281.00	0.00	0.00
LHI-7	0809289	Classic(Repair Show Stall)	5/1/1994	2,104.00	0.00	0.00
LHI-20	0809435	Atlantic(Ceramic)	5/1/1994	744.07	0.00	0.00
LHI-20	0809436	Precision(Electrical)	8/1/1994	371.00	0.00	0.00
LHI-20	0809437	Precision(Electrical)	8/1/1994	371.00	0.00	0.00
LHI-10	0809302	Sani-Med(Door Locks)	9/1/1994	6,421.90	0.00	0.00
LHI-15	0809380	Climate(Climate Control)	12/1/1994	2,427.40	0.00	0.00
LHI-15	0809381	Industrial(Climate Control)	12/1/1994	191.75	0.00	0.00
LHI-5	0809174	CARPETING ( KROCHKO)	4/1/1995	550.00	0.00	0.00
LHI-15	0809382	CENTRAL AIR CONDITIIONING( MACRI)	6/1/1995	65,158.00	0.00	0.00
LHI-15	0809383	LOCKING DEVICE-FRONT DOOR(PROT ALARMS)	2/1/1996	1,478.70	0.00	0.00
LHI-5	0809175	Paint Hallway Ceilings (Miconi)	10/1/1996	5,777.00	0.00	0.00
LHI-20	0809438	Safety Light Bars-Elevator Doors (Payne	11/1/1996	3,286.00	41.09	82.15
LHI-10	0809303	Freezer\Cooler (United East)	11/1/1996	13,934.76	0.00	0.00
LHI-10	0809304	Freezer\Cooler Shelving (United East)	11/1/1996	1,081.89	0.00	0.00
LHI-10	0809305	Wiring for Freezer (Heritage Electrical)	11/1/1996	1,638.69	0.00	0.00
LHI-20	0809439	2nd Floor Utility Room (Home Depot)	6/1/1997	1,969.77	24.60	73.89
LHI-15	0809384	Nurse Work Station (Golec)	6/1/1997	1,249.60	0.00	0.00
LHI-15	0809385	A\C Drainage Pumps (Aegis)	7/1/1997	1,018.93	0.00	0.00
LHI-15	0809386	A\C Drainage Pumps (Aegis)	8/1/1997	1,195.69	0.00	0.00
LHI-20	0809440	Roof Repair (Allied)	1/1/1998	1,092.52	13.68	40.95
LHI-15	0809387	Interior Decorator (Design Resource)	1/1/1998	720.00	0.00	0.00
LHI-5	0809176	Painting of door frames (Roberge)	3/1/1998	5,025.00	0.00	0.00

Asset Class	Asset ID	Asset Description	Service Date	Cost	Depreciation	
					10/01/15 - 12/31/15	01/01/16 - 9/30/16
LHI-5	0809177	Wallpaper (C. Pepe)	3/1/1998	772.74	0.00	0.00
LHI-5	0809179	Wallpaper (Imperial)	4/1/1998	1,095.36	0.00	0.00
LHI-20	0809441	Elevator Rescuator (Thyssen)	11/1/1998	5,056.20	63.18	189.63
LHI-5	0809181	Cubicle Curtains (Victor Rome)	12/1/1998	3,341.01	0.00	0.00
LHI-20	0809442	Rewire Switch Panels (Heritage)	12/1/1998	1,055.76	13.19	39.60
LHI-20	0809443	gas/water hookup-kitchen (Cordone)	1/1/1999	1,126.50	14.12	42.21
LHI-10	0809306	generator annunciator-2nd Fl (Central El	3/1/1999	1,961.00	0.00	0.00
LHI-20	0809444	Backflow preventor-sprinkler (FPT)	6/1/1999	5,170.68	64.67	193.86
LHI-20	0809445	Tile floor in Recreation room (Atlantic)	9/1/1999	1,209.62	15.12	45.36
LHI-20	0809446	roof repair (Allied)	5/1/2000	1,028.79	12.83	38.61
LHI-10	0809307	Vulcan stove/range (United East)	5/1/2000	4,505.00	0.00	0.00
LHI-20	0809447	lighting retrofit (Canam Energy Systems,	10/1/2000	10,216.94	127.72	383.13
LHI-20	0809448	lighting fixtures (Heritage Electrical C	11/1/2000	5,297.88	66.26	198.63
LHI-5	0809186	digital prints	4/1/2001	25.28	0.00	0.00
LHI-25	0809485	fire suppression system (Fire Protection	6/1/2001	2,271.43	22.73	68.13
LHI-25	0809486	hot water heater (Cordone & Tonucci)	6/1/2001	5,789.00	57.86	173.70
LHI-15	0809388	2 compressors installed (Climate Control	11/1/2001	3,816.00	63.60	127.20
LHI-10	0809308	wiring for kitchen fan (Heritage Electri	4/1/2002	1,034.84	0.00	0.00
LHI-5	0809187	digital prints	6/1/2002	225.05	0.00	0.00
LHI-15	0809389	grease trap (North Haven Sewer Co., Inc.	6/1/2002	3,000.00	49.97	150.03
LHI-5	0809188	"video main sewer line video given to Be	7/1/2002	179.00	0.00	0.00
LHI-5	0809189	digital prints	7/1/2002	201.14	0.00	0.00
LHI-5	0809190	remove garbage disposal	7/1/2002	74.20	0.00	0.00
LHI-5	0809191	MC service	7/1/2002	636.00	0.00	0.00
LHI-5	0809192	MC service	7/1/2002	106.00	0.00	0.00
LHI-5	0809193	MC service	7/1/2002	636.00	0.00	0.00
LHI-5	0809194	carpet cleaning	7/1/2002	801.36	0.00	0.00
LHI-5	0809195	carpet cleaning	7/1/2002	536.02	0.00	0.00
LHI-20	0809450	pipe double bay sink drain to hallway ta	7/1/2002	393.00	4.89	14.76
LHI-20	0809451	install hot & cold water pipes	7/1/2002	423.00	5.31	15.84
LHI-20	0809452	replace shut off valves	7/1/2002	446.25	5.57	16.74
LHI-20	0809453	water lines	7/1/2002	551.00	6.85	20.70
LHI-20	0809454	cold water line	7/1/2002	79.55	1.01	2.97
LHI-20	0809455	kitchen floor supplies	7/1/2002	181.74	2.25	6.84
LHI-20	0809456	kitchen floor supplies	7/1/2002	60.32	0.77	2.25
LHI-20	0809457	replaced valves for hand sink	7/1/2002	477.00	5.94	17.91
LHI-15	0809392	contractor's application for payment	7/1/2002	39,927.62	665.46	1,996.38
LHI-15	0809393	wall/ceiling work in kitchen	7/1/2002	6,250.00	104.19	312.48
LHI-15	0809394	electrical supplies	7/1/2002	511.72	8.55	25.56
LHI-10	0809311	sink, holding tank, MC service	7/1/2002	620.10	0.00	0.00
LHI-5	0809183	mitsubishi a/c unit (RA Levine Company)	8/1/2002	4,499.00	0.00	0.00
LHI-5	0809196	misc supplies - kitchen project	8/1/2002	148.52	0.00	0.00
LHI-5	0809197	2 battery NPG 18 - 12	8/1/2002	275.98	0.00	0.00
LHI-5	0809198	MC service	8/1/2002	97.17	0.00	0.00
LHI-5	0809199	MC service	8/1/2002	106.00	0.00	0.00
LHI-5	0809200	MC service	8/1/2002	53.00	0.00	0.00
LHI-5	0809201	MC service	8/1/2002	106.00	0.00	0.00
LHI-5	0809202	MC service	8/1/2002	53.00	0.00	0.00
LHI-5	0809203	MC service	8/1/2002	53.00	0.00	0.00
LHI-5	0809204	MC service	8/1/2002	53.00	0.00	0.00
LHI-5	0809205	MC service	8/1/2002	53.00	0.00	0.00
LHI-5	0809206	MC service	8/1/2002	53.00	0.00	0.00
LHI-5	0809207	pest control	8/1/2002	26.50	0.00	0.00
LHI-5	0809208	August dishwasher charge	8/1/2002	304.42	0.00	0.00
LHI-5	0809209	misc supplies - kitchen project	8/1/2002	27.45	0.00	0.00
LHI-5	0809210	MC service	8/1/2002	53.00	0.00	0.00
LHI-5	0809211	MC service	8/1/2002	53.00	0.00	0.00
LHI-5	0809212	stop strip orange	8/1/2002	138.71	0.00	0.00
LHI-5	0809213	time & materials for sinks	8/1/2002	693.00	0.00	0.00
LHI-5	0809214	trash removal	8/1/2002	419.48	0.00	0.00
LHI-5	0809215	storage container rental	8/1/2002	222.60	0.00	0.00
LHI-5	0809216	fire extinguisher and hood inspection/re	8/1/2002	412.50	0.00	0.00
LHI-5	0809217	MC service	8/1/2002	53.00	0.00	0.00
LHI-5	0809218	MC service	8/1/2002	53.00	0.00	0.00
LHI-5	0809219	MC service	8/1/2002	53.00	0.00	0.00
LHI-5	0809220	MC service	8/1/2002	53.00	0.00	0.00
LHI-5	0809221	MC service	8/1/2002	53.00	0.00	0.00
LHI-5	0809222	service	8/1/2002	1,122.00	0.00	0.00
LHI-5	0809223	storage container rental	8/1/2002	230.02	0.00	0.00
LHI-5	0809224	cleared main sewer line blockage	8/1/2002	179.00	0.00	0.00
LHI-5	0809225	MC service	8/1/2002	53.00	0.00	0.00
LHI-5	0809226	MC service	8/1/2002	355.10	0.00	0.00
LHI-25	0809487	update kitchen suppression system	8/1/2002	1,033.50	10.29	31.05
LHI-20	0809458	floor drains	8/1/2002	773.32	9.69	28.98
LHI-15	0809390	remove/install new concrete floor (Nod C	8/1/2002	17,596.00	293.23	879.84

Asset Class	Asset ID	Asset Description	Service Date	Cost	Depreciation	
					10/01/15 - 12/31/15	01/01/16 - 9/30/16
LHI-15	0809391	kitchen floor supplies (Home Depot)	8/1/2002	201.74	3.37	10.08
LHI-15	0809395	contractor's application for payment	8/1/2002	39,775.00	662.94	1,988.73
LHI-10	0809309	2 tubs, lifts, scales (Invacare Continui	8/1/2002	25,861.33	0.00	0.00
LHI-5	0809184	kitchen venting system (Squires Metal Ma	9/1/2002	4,135.70	0.00	0.00
LHI-5	0809185	building permit fee (City of West Haven)	9/1/2002	285.00	0.00	0.00
LHI-5	0809227	rental of equipment	9/1/2002	91.11	0.00	0.00
LHI-5	0809228	MC service	9/1/2002	53.00	0.00	0.00
LHI-5	0809229	MC service	9/1/2002	53.00	0.00	0.00
LHI-5	0809230	MC service	9/1/2002	53.00	0.00	0.00
LHI-5	0809231	MC service	9/1/2002	53.00	0.00	0.00
LHI-5	0809232	MC service	9/1/2002	355.10	0.00	0.00
LHI-5	0809233	MC service	9/1/2002	53.00	0.00	0.00
LHI-5	0809234	wallpaper	9/1/2002	74.20	0.00	0.00
LHI-5	0809235	misc supplies - kitchen project	9/1/2002	371.65	0.00	0.00
LHI-5	0809236	misc supplies - kitchen project	9/1/2002	196.29	0.00	0.00
LHI-5	0809237	MC service	9/1/2002	53.00	0.00	0.00
LHI-5	0809238	MC service	9/1/2002	53.00	0.00	0.00
LHI-5	0809239	MC service	9/1/2002	53.00	0.00	0.00
LHI-5	0809240	misc supplies - kitchen project	9/1/2002	402.38	0.00	0.00
LHI-5	0809241	labor/travel	9/1/2002	139.13	0.00	0.00
LHI-5	0809242	MC service	9/1/2002	53.00	0.00	0.00
LHI-5	0809243	MC service	9/1/2002	53.00	0.00	0.00
LHI-15	0809396	contractor's application for payment	9/1/2002	40,362.38	672.67	2,018.16
LHI-10	0809312	grease trap	9/1/2002	5,904.00	0.00	0.00
LHI-5	0809244	storage container rental	10/1/2002	235.43	0.00	0.00
LHI-5	0809245	storage container rental	10/1/2002	33.00	0.00	0.00
LHI-5	0809246	MC service	10/1/2002	53.00	0.00	0.00
LHI-5	0809247	MC service	10/1/2002	53.00	0.00	0.00
LHI-5	0809248	MC service	10/1/2002	53.00	0.00	0.00
LHI-5	0809249	MC service	10/1/2002	53.00	0.00	0.00
LHI-5	0809250	rental of equipment	10/1/2002	355.10	0.00	0.00
LHI-5	0809251	sander, 2 computer cables	10/1/2002	81.06	0.00	0.00
LHI-5	0809252	carpet cleaning	10/1/2002	536.02	0.00	0.00
LHI-5	0809253	SANI-CAN, INC. (NEED INVOICE)	10/1/2002	1,313.20	0.00	0.00
LHI-5	0809254	PETTY CASH (NEED INVOICE)	10/1/2002	3.17	0.00	0.00
LHI-5	0809255	MC service	10/1/2002	53.00	0.00	0.00
LHI-5	0809256	paint and primer	10/1/2002	118.96	0.00	0.00
LHI-5	0809257	paint and supplies	10/1/2002	252.44	0.00	0.00
LHI-15	0809397	beauty parlor renovations	10/1/2002	355.50	5.88	17.82
LHI-10	0809313	floor drains & misc. supplies & labor	10/1/2002	2,003.85	0.00	0.00
LHI-10	0809314	plumbing supplies	10/1/2002	139.35	0.00	0.00
LHI-10	0809315	2 bay scrub sink	10/1/2002	1,069.90	0.00	0.00
LHI-10	0809316	2 bay scrub sink	10/1/2002	265.00	0.00	0.00
LHI-10	0809317	pipe water/drains for kitchen, supplies	10/1/2002	952.00	0.00	0.00
LHI-10	0809318	time and material for kitchen plumbing	10/1/2002	1,291.00	0.00	0.00
LHI-10	0809319	steam table and bay pot sink plumbing	10/1/2002	1,820.40	0.00	0.00
LHI-5	0809258	battery, starter motor	11/1/2002	1,069.75	0.00	0.00
LHI-5	0809259	paint and primer	11/1/2002	118.96	0.00	0.00
LHI-5	0809260	rental of wallpaper steamer	11/1/2002	73.46	0.00	0.00
LHI-5	0809261	storage container rental	11/1/2002	230.02	0.00	0.00
LHI-20	0809449	quarry tile (Commercial Floor Covering C	11/1/2002	13,462.00	168.29	504.81
LHI-15	0809398	relocate wiring for kitchen	11/1/2002	2,862.00	47.70	143.10
LHI-5	0809262	balance	12/1/2002	50.16	0.00	0.00
LHI-5	0809263	wallpaper	12/1/2002	488.40	0.00	0.00
LHI-5	0809264	misc supplies - kitchen project	12/1/2002	138.41	0.00	0.00
LHI-5	0809265	misc supplies - kitchen project	12/1/2002	173.63	0.00	0.00
LHI-5	0809266	move air handler	12/1/2002	1,033.50	0.00	0.00
LHI-15	0809399	wired temporary kitchen	12/1/2002	980.50	16.32	49.05
LHI-10	0809310	2 compartment sink (TriMark United East)	12/1/2002	1,441.60	0.00	0.00
LHI-5	0809267	Collins & Aikman Carpet/Base	9/1/2003	10,318.00	0.00	0.00
LHI-5	0809268	storage container rental	9/1/2003	283.02	0.00	0.00
LHI-20	0809459	deposit for generator (Precision Electri	9/1/2003	24,000.00	300.00	900.00
LHI-20	0809460	generator (Central Electric)	9/1/2003	50,000.00	625.03	1,874.97
LHI-20	0809461	generator (Central Electric)	9/1/2003	42,000.00	525.00	1,575.00
LHI-20	0809462	sales tax and settlement of contract	9/1/2003	12,626.00	157.81	473.49
LHI-20	0809463	misc generator project expenses	9/1/2003	10,213.70	127.65	383.04
LHI-20	0809464	generator (Precision Electrical)	9/1/2003	10,515.30	131.48	394.29
LHI-10	0809320	siding & windows	9/1/2003	46,250.00	0.00	0.00
LHI-10	0809321	siding & windows	9/1/2003	28,875.00	0.00	0.00
LHI-10	0809322	siding & windows	9/1/2003	92,500.00	0.00	0.00
LHI-5	0809269	roof repairs (Allied Roofing & Sheet Met	10/1/2003	1,202.59	0.00	0.00
LHI-5	0809270	roof repairs (Allied Roofing & Sheet Met	10/1/2003	2,130.70	0.00	0.00
LHI-5	0809271	amplifier-paging system (MultiComm)	10/1/2003	1,057.43	0.00	0.00
LHI-15	0809400	control valve (Climate Control Corp)	10/1/2003	1,344.00	22.37	67.23
LHI-10	0809323	landscaping-generator (Aurora Landscapin	11/1/2003	1,987.50	0.00	0.00

Asset Class	Asset ID	Asset Description	Service Date	Cost	Depreciation	
					10/01/15 - 12/31/15	01/01/16 - 9/30/16
LHI-5	0809272	roof repairs (Allied Roofing & Sheet Met	12/1/2003	862.44	0.00	0.00
LHI-15	0809401	vent chimney (Perty Plumbing & Heating)	12/1/2003	1,326.22	22.08	66.33
LHI-10	0809324	Secure Care alarm (SMD, Inc.)	12/1/2003	2,147.42	0.00	0.00
LHI-5	0809273	carpet 1st floor corridor (Commercial Fl	1/1/2004	6,524.03	0.00	0.00
LHI-15	0809402	water heater (Cordone & Tonucci)	3/1/2004	6,436.00	107.23	321.84
LHI-10	0809325	fire door (Eastern Fire Door Co, Inc)	5/1/2004	1,155.06	0.00	0.00
LHI-10	0809326	roof repairs (Allied Roofing & Sheet Met	9/1/2004	911.52	0.00	0.00
LHI-10	0809327	21 pr. shutters (Peter L. Brown Company)	12/1/2004	2,439.34	0.00	0.00
LHI-15	0809403	hot water heater (Cordone & Tonucci)	7/1/2005	7,100.00	118.37	354.96
LHI-10	0809328	roof repairs (Heritage Systems, Inc.)	1/1/2006	5,200.00	130.03	260.00
LHI-5	0809274	roof repairs-leak (Heritage Systems, Inc	4/1/2006	1,032.75	0.00	0.00
LHI-10	0809329	roof repairs (Heritage Systems, Inc.)	4/1/2006	27,842.50	696.07	1,392.12
LHI-10	0809330	roof repairs (Heritage Systems, Inc.)	6/1/2006	47,730.00	1,193.25	2,386.50
LHI-10	0809331	fire doors deposit (Eastern Fire Door Co	8/1/2006	1,683.42	42.07	84.18
LHI-5	0809275	phone repairs (A&R Communications, LLC)	9/1/2006	952.50	0.00	0.00
LHI-10	0809332	roof final pmt (Heritage Systems, Inc.)	9/1/2006	5,378.00	134.42	268.90
LHI-10	0809333	fire doors (Eastern Fire Door Co., Inc.)	11/1/2006	1,683.42	42.07	84.18
LHI-10	0809334	fire door parts (Eastern Fire Door Co.,	11/1/2006	2,337.30	58.41	116.86
LHI-5	0809276	Carpet (Commercial Flooring)	2/1/2007	15,174.54	0.00	0.00
LHI-10	0809335	Fire Door (Eastern Fire Door)	2/1/2007	593.60	14.81	44.55
LHI-5	0809277	Carpet (Commercial Flooring)	3/1/2007	17,020.52	0.00	0.00
LHI-25	0809488	jockey pump (Fire Protection Testing)	3/1/2007	2,950.33	29.54	88.47
LHI-10	0809336	pave parking lot (City Point Constructio	5/1/2007	31,900.00	797.53	2,392.47
LHI-10	0809338	compressors for 2 AC units (Climate Cont	7/1/2007	5,989.00	149.71	449.19
LHI-10	0809337	repair fire doors (Builder's Hardware)	8/1/2007	4,307.45	107.65	323.10
LHI-20	0809465	2 filter dryers (Central Control Corpora	9/1/2007	1,150.10	14.40	43.11
LHI-20	0809466	2 filter dryers (Central Control Corpora	9/1/2007	1,294.26	16.20	48.51
LHI-15	0809404	concrete sidewalk (City Point Constructi	9/1/2007	8,120.00	135.34	405.99
LHI-5	0809278	carpet downpmt (Commercial Flooring)	12/1/2007	14,875.48	0.00	0.00
LHI-25	0809489	dry sprinklers in walk-in cooler and fre	12/1/2007	8,143.98	81.41	244.35
LHI-15	0809405	door closer and panic device(IDN Hardwar	2/1/2008	341.99	5.70	17.10
LHI-15	0809406	door (IDN Hardware Sales)	2/1/2008	648.93	10.77	32.49
LHI-10	0809339	door hinge (IDN Hardware Sales)	2/1/2008	138.43	3.49	10.35
LHI-5	0809279	carpeting (Commercial Flooring)	5/1/2008	14,875.25	0.00	0.00
LHI-10	0809340	satellite tv 1st 50% install. (Allied Sa	5/1/2008	10,070.00	251.72	755.28
LHI-15	0809407	air conditioning (Perfectemp)	7/1/2008	35,746.00	595.76	1,787.31
LHI-10	0809341	phone cable & switchboard dwnpmt (Total	8/1/2008	1,241.47	31.00	93.15
LHI-10	0809342	satellite tv (Allied Satellite and Anten	8/1/2008	839.17	21.01	62.91
LHI-20	0809467	elevator door (Schindler Elevator Corpor	9/1/2008	7,142.50	89.29	267.84
LHI-20	0809468	elevator door and repairs(Schindler Elev	9/1/2008	952.27	11.88	35.73
LHI-20	0809469	elevator door and repairs(Schindler Elev	9/1/2008	1,791.39	22.43	67.14
LHI-20	0809470	elevator door and repairs(Schindler Elev	9/1/2008	1,791.39	22.43	67.14
LHI-20	0809471	elevator door and repairs(Schindler Elev	9/1/2008	1,791.39	22.43	67.14
LHI-15	0809408	electrical wiring/emergency lighting (Pr	9/1/2008	1,584.70	26.45	79.20
LHI-15	0809409	design consulting (Design Resource Group	9/1/2008	640.00	10.63	32.04
LHI-10	0809343	phone cable & switchboard (Total Communi	9/1/2008	1,725.57	43.14	129.42
LHI-10	0809344	satellite TV (Allied Satellite and Anten	9/1/2008	839.17	21.01	62.91
LHI-10	0809345	phone system (Interoptic Systems, Inc.)	9/1/2008	1,171.20	29.28	87.84
LHI-10	0809346	door locks 50% dwnpmt (SMD, Inc.)	9/1/2008	1,226.40	30.66	91.98
LHI-25	0809490	10 sprinkler heads in 10 closets (Fire P	10/1/2008	5,639.73	56.39	169.20
LHI-10	0809347	satellite tv (Allied Satellite and Anten	10/1/2008	839.17	21.01	62.91
LHI-15	0809410	granite vanity tops w/ sink (Eaststone)	12/1/2008	4,000.00	66.69	199.98
LHI-15	0809411	woodplank (Karmdean International)	12/1/2008	6,831.66	113.89	341.55
LHI-10	0809348	satellite tv (Allied Satellite and Anten	12/1/2008	839.17	21.01	62.91
LHI-10	0809349	satellite tv (Allied Satellite and Anten	12/1/2008	839.17	21.01	62.91
LHI-10	0809350	satellite tv (Allied Satellite and Anten	12/1/2008	839.17	21.01	62.91
LHI-10	0809351	satellite tv (Allied Satellite and Anten	12/1/2008	839.17	21.01	62.91
LHI-5	0809280	paint (Sherwin Williams)	1/1/2009	1,552.80	0.00	0.00
LHI-5	0809281	painting (D&D Painting)	1/1/2009	3,609.30	0.00	0.00
LHI-20	0809472	building materials (Kamco)	1/1/2009	1,279.33	16.00	47.97
LHI-15	0809412	electrical wiring - fire doors (Cimino E	1/1/2009	1,625.00	27.06	81.27
LHI-15	0809413	tiles (Karmdean International)	1/1/2009	5,583.47	93.05	279.18
LHI-10	0809352	bathroom fixtures (HD Supply Facilities	1/1/2009	255.14	6.34	19.17
LHI-10	0809353	vinyl flooring (Antonio Carpet Installat	1/1/2009	3,380.34	84.50	253.53
LHI-10	0809354	flooring (BestFlor Distributor)	1/1/2009	763.38	19.10	57.24
LHI-10	0809355	flooring (ProStar, LLC)	1/1/2009	1,429.60	35.77	107.19
LHI-5	0809282	paint (Precision Painters)	2/1/2009	1,500.00	0.00	0.00
LHI-15	0809414	electrical wiring - bathroom (Cimino Ele	2/1/2009	875.00	14.59	43.74
LHI-15	0809415	electrical wiring - bathroom (Cimino Ele	2/1/2009	425.00	7.09	21.24
LHI-10	0809356	satellite tv (Allied Satellite & Antenna	3/1/2009	839.17	21.01	62.91
LHI-10	0809357	door locks final pmt. (SMD, Inc.)	4/1/2009	1,226.39	30.66	91.98
LHI-10	0809358	satellite tv (Allied Satellite & Antenna	4/1/2009	839.17	21.01	62.91
LHI-5	0809283	drapery fabric (Design Resouce Group)	5/1/2009	160.00	0.00	0.00
LHI-20	0809473	cable and electrical outlets (Precision	5/1/2009	8,273.71	103.46	310.23
LHI-10	0809359	satellite tv (Allied Satellite & Antenna	5/1/2009	839.17	21.01	62.91

Asset Class	Asset ID	Asset Description	Service Date	Cost	Depreciation	
					10/01/15 - 12/31/15	01/01/16 - 9/30/16
LHI-20	0809474	elevator repairs (Schindler Elevator Cor	6/1/2009	21,427.90	267.88	803.52
LHI-10	0809360	satellite tv (Allied Satellite & Antenna	6/1/2009	839.17	21.01	62.91
LHI-10	0809361	closet handles, mirrors, clocks (Design	6/1/2009	599.01	14.99	44.91
LHI-10	0809362	satellite tv (Allied Satellite & Antenna	7/1/2009	839.17	21.01	62.91
LHI-15	0809494	AC Condenser	8/31/2009	4,250.00	70.84	212.49
LHI-20	0809475	capitalized labor	9/1/2009	5,786.84	72.35	216.99
LHI-20	0809476	capitalized labor	9/1/2009	1,314.05	16.38	49.32
LHI-20	0809477	capitalized labor	9/1/2009	1,158.63	14.46	43.47
LHI-20	0809478	capitalized labor	9/1/2009	2,592.08	32.40	97.20
LHI-20	0809479	capitalized labor	9/1/2009	1,342.55	16.82	50.31
LHI-20	0809480	capitalized labor	9/1/2009	20,460.28	255.76	767.25
LHI-20	0809481	capitalized labor	9/1/2009	4.28	0.03	0.18
LHI-20	0809482	capitalized labor	9/1/2009	1,295.37	16.17	48.60
LHI-20	0809483	capitalized labor	9/1/2009	441.00	5.49	16.56
LHI-5	0809284	wallpaper (Design Resource Group)	12/1/2009	3,022.94	0.00	0.00
LHI-20	0809484	capitalized labor	12/1/2009	10,552.00	131.87	395.73
LHI-10	0809363	signs dwnpmt. (Connecticut Signcraft)	12/1/2009	1,802.40	45.06	135.18
LHI-20	0809499	Capitalized Labor on Renovation	9/30/2010	20,731.15	259.14	777.42
LHI-5	0809516	Interior Painting, Wall Covering	10/1/2010	11,623.30	0.00	0.00
LHI-5	0809518	Air Conditioner	10/1/2010	2,170.85	0.00	0.00
LHI-5	0809521	Cubicle Curtain Track	10/1/2010	94.35	0.00	0.00
LHI-5	0809547	Decor, carpet, door mats, misc supplies	10/1/2010	1,588.25	0.00	0.00
LHI-5	0809552	Painting	10/1/2010	3,200.00	0.00	0.00
LHI-5	0809553	Manning Lino 6 ft color 129	10/1/2010	1,223.00	0.00	0.00
LHI-5	0809556	Paint, Paint Supplies	10/1/2010	9,270.55	0.00	0.00
LHI-20	0809503	Plumbing and Plumbing Fixtures	10/1/2010	18,501.67	231.27	693.81
LHI-20	0809512	Electrical Wiring, Lighting	10/1/2010	21,368.00	267.13	801.27
LHI-20	0809526	Electrical Fixtures and Supplies	10/1/2010	167.58	2.08	6.30
LHI-20	0809537	Bowl, kitchen faucet	10/1/2010	129.48	1.61	4.86
LHI-20	0809541	Bathroom Plumbing fixtures, exhaust fan	10/1/2010	2,746.67	34.37	102.96
LHI-20	0809542	Renovation Materials	10/1/2010	19,714.83	246.39	739.35
LHI-20	0809548	Renovation materials, building permit	10/1/2010	1,136.21	14.24	42.57
LHI-20	0809549	Electrical Wiring, Fixtures	10/1/2010	1,025.00	12.82	38.43
LHI-20	0809551	Electrical Wiring	10/1/2010	25,133.90	314.22	942.48
LHI-20	0809560	Project Manager Labor	10/1/2010	13,176.00	164.70	494.10
LHI-20	0809562	Contractor Services	10/1/2010	14,354.40	179.43	538.29
LHI-15	0809504	Flooring - Vinyl Tiles, Millwork	10/1/2010	22,048.80	367.51	1,102.41
LHI-15	0809508	Flooring	10/1/2010	3,114.85	51.96	155.70
LHI-15	0809511	Design Consulting Services	10/1/2010	10,084.90	168.06	504.27
LHI-15	0809515	Railings	10/1/2010	10,154.36	169.27	507.69
LHI-15	0809523	countertops, sinks, vanities, backsplash	10/1/2010	6,582.64	109.71	329.13
LHI-15	0809524	Granite vanity counter tops w/sinks	10/1/2010	3,806.46	63.41	190.35
LHI-15	0809525	Air Screens	10/1/2010	930.68	15.52	46.53
LHI-15	0809528	Office Counters, reception area, sinks,	10/1/2010	26,118.40	435.33	1,305.90
LHI-15	0809536	Batteries, adhesive, covebase,	10/1/2010	224.40	3.71	11.25
LHI-15	0809538	Cabinets	10/1/2010	1,198.36	19.95	59.94
LHI-15	0809540	Smoke Seal, Dorm Door	10/1/2010	483.62	8.03	24.21
LHI-15	0809544	Flooring	10/1/2010	26,925.91	448.75	1,346.31
LHI-15	0809546	Architectural Services	10/1/2010	500.00	8.31	25.02
LHI-15	0809558	Vinly Siding	10/1/2010	410.01	6.81	20.52
LHI-10	0809505	Lighting - 50% dwnpmt - Carole Pepe	10/1/2010	1,775.00	44.39	133.11
LHI-10	0809506	Lighting - Final Pmt (BBC Lighting dba	10/1/2010	1,775.00	44.39	133.11
LHI-10	0809510	bulletin boards, blinds, shades, wall	10/1/2010	9,456.54	236.45	709.20
LHI-10	0809517	Lighting	10/1/2010	3,360.00	84.00	252.00
LHI-10	0809520	Overbed lighting	10/1/2010	582.18	14.57	43.65
LHI-10	0809527	Fire Alarm	10/1/2010	395.31	9.92	29.61
LHI-10	0809529	Lighting, light fixtures	10/1/2010	17,235.34	430.86	1,292.67
LHI-10	0809532	Nurse Call Pendant	10/1/2010	182.11	4.53	13.68
LHI-10	0809533	Lighting	10/1/2010	3,440.09	85.98	258.03
LHI-10	0809550	Heating Units	10/1/2010	5,968.00	149.23	447.57
LHI-10	0809554	Signs	10/1/2010	2,294.37	57.36	172.08
LHI-10	0809561	Address Sign, Welcome Sign	10/1/2010	1,891.10	47.27	141.84
LHI-20	0809535	Renovation Materials	12/1/2010	3,724.93	46.57	139.68
LHI-15	0809578	Renovation	9/30/2011	3,256.34	54.28	162.81
LHI-5	0809585	Batteries - Automatic Transfer Switch	10/1/2011	1,070.18	53.48	107.00
LHI-15	0809584	Install Air Curtain	10/1/2011	1,315.78	32.94	98.64
LHI-10	0812004	Hot Water Heater Repairs	3/1/2012	934.55	23.35	70.11
LHI-20	0812002	Mixing Valve	3/8/2012	3,726.50	46.56	139.77
LHI-10	0812005	smoke & heat detectors	9/19/2012	6,745.29	168.64	505.89
LHI-10	0813016	50% downpayment air conditioning	6/24/2013	16,923.00	423.03	1,269.27
LHI-7	0813019E	replace 4 wooden doors	7/10/2013	1,216.64	43.49	130.32
LHI-7	0813019D	replace 4 wooden fire doors	7/25/2013	36.54	1.26	3.96
LHI-7	0813019	repace 4 wooden fire doors	7/29/2013	461.43	16.51	49.41
LHI-7	0813019A	replace 4 wooden fire doors	7/29/2013	269.61	9.63	28.89
LHI-7	0813019B	replace 4 wooden fire doors	7/29/2013	231.84	8.28	24.84

Asset Class	Asset ID	Asset Description	Service Date	Cost	Depreciation	
					10/01/15 - 12/31/15	01/01/16 - 9/30/16
LHI-7	0813019C	replace 4 wooden fire doors	7/29/2013	269.61	9.63	28.89
LHI-10	0813018	telephone system	7/29/2013	10,000.00	250.03	749.97
LHI-10	0813016A	air conditioning on 2nd & 3rd floors	9/12/2013	8,461.50	211.56	634.59
LHI-10	0813018A	phone system	9/30/2013	9,000.00	225.00	675.00
LHI-10	0813016B	Replace Air Conditioning	10/22/2013	8,461.50	211.56	634.59
LHI-10	0813027	Telephone System	12/5/2013	7,225.91	180.61	541.98
LHI-10	0813026	1 Door Kit Advantage	12/12/2013	1,960.55	49.00	147.06
LHI-10	0813025	Commerical Mixing Valve on Water Heater	12/31/2013	1,500.00	37.50	112.50
LHI-10	0814028	WATER HEATER COMMERCIAL (B&R PLUMBING)	3/26/2014	9,890.55	247.28	741.78
LHI-15	0814030	CARPENTRY SHEETROCK PREP FLOOR (TKEIFEI)	4/14/2014	1,650.78	27.52	82.53
LHI-10	0814031	PERMIT & FEE WATER HEAT INSTALL (B&R PL)	6/20/2014	200.00	4.97	15.03
LHI-10	0814032	REMOVE BOILER & TANK (B&R PLUMING)	6/20/2014	750.00	18.75	56.25
LHI-10	0814033	HVAC UNIT REQUIRED DRAWINGS(PROGRESSIV)	7/24/2014	4,000.00	100.03	299.97
LHI-25	0814034	PIPES COPPER NEW (PERFECTEMP)	8/11/2014	2,962.33	29.66	88.83
LHI-10	0814035	ROOF CONDENSER SECUREMENT (H&H ROOFIN)	10/8/2014	3,200.00	79.97	240.03
LHI-10	0814036	REPLC SPRINKLER VALVE (FPT)	10/27/2014	2,859.04	71.43	214.47
LHI-10	0815040	Down Payment on Water Heater	3/12/2015	8,500.00	132.21	637.47
LHI-10	0815040A	Remaining Balance on Water Heater	3/12/2015	1,700.00	26.45	127.53
LHI-20	0815043	Install New Piping on Air Conditioner	5/28/2015	1,187.61	12.51	44.55
LHI-10	0815042	Install of Wiring for Air Conditioners	6/6/2015	5,849.25	128.39	438.66
LHI-10	0815042C	Labor to Test New Air Conditioner Units	6/19/2015	877.39	20.58	65.79
LHI-10	0815042A	Install of Wiring for Air Conditioners	6/29/2015	907.94	22.46	68.13
LHI-10	0815042B	Install of Wiring for Air Conditioners	6/29/2015	935.88	23.15	70.20
LHI-20	0815045	Replace Fire Pump Base-Fire Pump Repair	8/31/2015	14,221.12	264.52	533.25
LHI-20	0815045A	Replace Fire Pump Base-Fire Pump Repair	8/31/2015	6,409.36	119.21	240.39
LHI-20	0815045B	Replace Fire Pump Base-Fire Pump Repair	8/31/2015	280.76	5.22	10.53
LHI-15	0816050	Circuits, Breakers, & Receptacle Install	5/1/2014	1,140.60	0.00	171.12
LHI-10	0816049	Install Printed Circuit Board-Generator	2/11/2016	5,148.94	0.00	184.95
<b>Leasehold Improvements as of 09/30/16</b>				<b>1,925,377.31</b>	<b>20,475.89</b>	<b>59,300.26</b>
<b>Depreciation 10/1/15 - 9/30/16</b>						<b>79,776.15</b>

**Cost Report Adjustments**

	A/C Unit	\$3,597.40	\$0.00
	Cap Salary	\$24,089.00	\$0.00
	??? From Last year	(\$181.74)	\$0.00
	??? From Last year	(\$362.46)	\$0.00
	<b>Adjusted Balance 9/30/16</b>	<b>\$1,952,519.51</b>	<b>\$79,776.15</b>
	Prior Period	\$1,946,229.97	\$79,420.08
	Retired (See Attached)	\$0.00	\$0.00
	Current Period	\$6,289.54	\$356.07