State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2016

Name of Facility (as	licensed)	······································	······································	······			
Senior Philanthropy of	of Westport, LL	C, d/b/a West	oort Rehabilitat	ion Compl	ex		
Address (No. & Stree	t, City, State, Z	ip Code)					
1 Burr Rd, Westport,	CT 06880						
Type of Facility							
☐ Chronic and C Nursing Home	convalescent only (CCNH)		Rest Home wit Supervision on (RHNS)	_		(Specify)	
Report for Year Begin	nning		Report for Yea	r Ending			
10/1/2015			9/30/2016				
License Numbers:		CCNH 2405	RHNS		(Specify)	M	Medicare Provider 075280
Medicaid Provider N	ımhere:	CC	CNH	DI	INS	T	CF-IID
ivicalcala i fovider ivi	iniocis.	110371	Z1 1 11		1113	1	CI-IID
For Department Use	Only						,
Sequence Number	Signed and	Date	Sequence N	lumber	Signed a	nd Notarized	Date Received
Assigned	Notarized	Received	Assign	ed	Signed a		Date Received
				,			
		• • •	-				-

Table of Contents

Gen	eral Information - Administrator's/Owner's Certification	1
Gene	eral Information and Questionnaire - Data Required for Real Wage Adjustment	1A
Gen	eral Information and Questionnaire - Type of Facility - Organization Structure	2
Gene	eral Information and Questionnaire - Partners/Members	3
Gen	eral Information and Questionnaire - Corporate Owners	3A
	eral Information and Questionnaire - Individual Proprietorship	3B
Gen	eral Information and Questionnaire - Related Parties	4
Gene	eral Information and Questionnaire - Basis for Allocation of Costs	5
Gen	eral Information and Questionnaire - Leases	6 7
Gen	eral Information and Questionnaire - Accounting Basis	7
Sche	edule of Resident Statistics	8
Sche	edule of Resident Statistics (Cont'd)	9
A.	Report of Expenditures - Salaries & Wages	10
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives	11
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives (Cont'd)	12
B.	Report of Expenditures - Professional Fees	13
	Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee	
	for Service Basis	14
C.	Expenditures Other than Salaries - Administrative and General	15
<u>C.</u>	Expenditures Other than Salaries (Cont'd) - Administrative and General	16
	Schedule C-1 - Management Services	17
C.	Expenditures Other than Salaries (Cont'd) - Dietary	18
C.	Expenditures Other than Salaries (Cont'd) - Laundry	19
<u>C</u> .	Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
	Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C.	Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
	Depreciation Schedule	23
	Amortization Schedule	24
<u>C</u> .	Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C.	Expenditures Other than Salaries (Cont'd) - Interest	26
C.	Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D.	Adjustments to Statement of Expenditures	28
D.	Adjustments to Statement of Expenditures (Cont'd)	29
F.	Statement of Revenue	30
G.	Balance Sheet	31
G.	Balance Sheet (Cont'd)	32
G.	Balance Sheet (Cont'd)	33
G.	Balance Sheet (Cont'd)	34
G.	Balance Sheet (Cont'd) - Reserves and Net Worth	35
<u>H.</u>	Changes in Total Net Worth	36
I.	Preparer's/Reviewer's Certification	37

FEDERAL LAW.

instructions.

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Westport, LLC, d/b/a Westport	2405	9/30/2016	1	37
Administra	ntor's/Owner's C	ertification		
MISREPRESENTATION OR FALSIFICA COST REPORT MAY BE PUNISHABLE				

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Senior Philanthropy of Westport, LLC, d/b/a Westport Rehabilitation Complex [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

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

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

{a} Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Michael Fiore	<u></u>		Printed Name (Owner)	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires

(Notary Seal)

State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page 1A	of 37
Name of Facility		Period Cov	ered:	From	То
Senior Philanthropy of Westport, LLC, d/b/a Westport Rehabilitat	tion	Complex		10/1/2015	9/30/2016
Address of Facility					
1 Burr Rd, Westport, CT 06880					
Report Prepared By		Phone Nun		Date	
Marcum LLP		203-781-96	500	1/13/2017	
Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

		Pho	ne No. of Fac	ility	Report for Ye	ar Ended	Page	of
		(203	3) 221-4201		9/30/2016		2	37
Name of Facility (as shown on license)	,				Street, City, Sta			
Senior Philanthropy of Westport, LLC, d/b/a		hab		Westp				
l	CCNH		RHNS		(Specify)		1	Provider No.
License Numbers:	2405			<u> </u>			075280	
Type of Facility (Check appropriate box(es))	_						
Chronic and Convalescent Nursing Home only (CCNH)			t Home with ervision only			(Specify))	
Type of Ownership (Check appropriate box))							
O Proprietorship O LLC O I	Partnership	•	Profit Corp.		Non-Profit Cor		Government	O Trust
If this facility opened or closed during repor	t year provide	e:		Date	e Opened	Date Clo	esed	
Has there been any change in ownership or operation during this report year?		0	Yes		No	If "Yes."	explain full	v.
Administrator								
Name of Administrator	•				Nursing Ho	ome		
Michael Fiore					Administrat	or's	876	
					License 1	No.:		
Other Operators/Owners who are assistant a	dministrators	(ful	l or part time	of th		; 		
Name					License 1	No.:		
N/A					· · · · · · · · · · · · · · · · · · ·			
	,							

General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page of
Senior Philanthropy of Westpo	ort, LLC, d/b/a Westpor	2405	9/30/2016		3 37
Legal Name of Part	nership/LLC	Business A	Address		or Town(s) in egistered
N/A					
Name of Partners/Members	Business Ad	ddress	,	Γitle	% Owned
N/A					
				· · · · · · · · · · · · · · · · · · ·	
	1				

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year End	ded	Page of
Senior Philanthropy of Westport, LLC, d/b/a	2405	9/30/2016		3A 37
If this facility is owned or operated as a corpo				
Legal Name of Corporation	 	s Address		ch Incorporated
Senior Philanthropy of Westport,	1 Burr Rd, Westpo	ort, CT 06880	Florida	
LLC, d/b/a Westport				
Rehabilitation Complex				
Name of Directors, Officers	Busines	s Address	Title	No. Shares Held by Each
Ben Atkins	24641 US Hwy 19 33763-5007	N., Clearwater, FL	Chairman	
Joseph A Garff	24641 US Hwy 19 33763-5007	N., Clearwater, FL	VP, Director	
Gene Rensch	24641 US Hwy 19 33763-5007	9 N., Clearwater, FL	VP, Secretary	
Victor Marcos	24641 US Hwy 19 33763-5007	9 N., Clearwater, FL	CFO	
RB Bridges	24641 US Hwy 19 33763-5007	9 N., Clearwater, FL	COO	
Names of Stockholders Owning at Least 10% of Shares				

State of Connecticut **Annual Report of Long-Term Care Facility**CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Westport, LLC, d/b/a West	2405	9/30/2016	3B	37
If this facility is owned or operated as an individua	l proprietorship, p	rovide the following informat	tion:	
Ow	ner(s) of Facility			
N/A				
				<u> </u>
	·			
				
	 			
	· · · · · · · · · · · · · · · · · · ·			
				•
			,	

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-4 Rev. 10/2005

General Information and Questionnaire Related Parties*

Name of Facility Senior Philanthropy of V	Name of Facility Senior Philanthropy of Westport, LLC, d/b/a Westport	License No.	No. 2405	Report for Year Ended 9/30/2016		Page 4	of 37
Are any individuals rece	Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	cility rela	roug	h O Yes	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	ne Name/Add	iress and
	L						
Are any individuals or co	Are any individuals or companies which provide goods or services,	or servic	es,				
including the rental of prelated through family as	including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business	o this facility, control, or bu	ility, or business	⊙ Yes O No			
association to any of the	association to any of the owners, operators, or officials of this facility?	of this fac	ility?		If "Yes," provide the following information:	e following	information:
		Also	Also Provides		Indicate Where		
		Goods	Goods/Services to		Costs are Included		
Name of Related	Business	Non-Re	Non-Related Parties	Description of Goods/Services	es in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No %**	Provided	Page # / Line #	Reported	Related Party
24641 US Hwy Eagle Lake Foundation, Inc. FL 33763-5007	24641 US Hwy 19 N., Clearwater, FL 33763-5007	0	•	Rent, Insurances, Call Mgmt	Various	3,445,210	3,445,210
Milford B, LLC, dba Golden Hill Rehab Center	Milford B, LLC, dba Golden 2028 Bridgeport Ave, Milford, CT Hill Rehab Center	0	•	 Shared Staff Nursing	Various	10,379	10,379
cheshire		0	0	Shared Staff Admin, Billing	Various	128,731	128,731
Traditions Senior Management	24641 US Highway 19 North - Clearwater FL, 33763	0	•	Internet, Recruitment, IT Support, Shared St Various	red St Various	116,927	116,927
Senior Philanthropy of Danbury, LLC	107 Osborne St. Danbury, CT 06810	0	•	Shared Staff Admin, Soc Svc	Various	3,662	3,662
Senior Philanthropy of Newington, LLC	240 Church St, Newington, CT 06111	0	•	Shared Staff- Nursing, Marketer & Loan	an Various	102,558	102,558
Milford O, LLC dba West River Rehab Center	245 Orange Ave, Milford, CT 06461	0	•	Shared Staff- Nursing, Therapys	Various	176,547	176,547
Stamford LLC, dba Long Ridge Post- Acute Care	710 Long Ridge Rd, Stamford, CT 06902	0	•	Shared Staff- Nursing & Loan	Various	9,442	9,442
Eagle Lake Foundation, Inc. FL 33763-5007	24641 US Hwy 19 N., Clearwater, FL 33763-5007	0	•	Shared Group Benefit Plan	PG 15, Line 1.a.5	616,522	616,522

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No		Report for Year Ended	Page	of
Senior Philanthropy of Westport, LLC, d/b/a We	2405		9/30/2016	5	37
If the facility is licensed as CDH and/or RCH or	provides Al	DS or TBI	services with special Medicaid	rates, costs	s
must be allocated to CCNH and RHNS as follow	/s:		-		
Item			Method of Allocation		
Dietary		Number of	meals served to residents		
Laundry		Number of	pounds processed		
Housekeeping			square feet serviced		
		Number of	hours of routine care provided	by EACH	
Nursing		employee c	lassification, i.e., Director (or	Charge Nu	rse),
		Registered	Nurses, Licensed Practical Nur	rses, Aides	and
		Attendants			
Direct Resident Care Consultants		Number of	hours of resident care provided	by EACH	I
		specialist (See listing page 13)		
Maintenance and operation of plant	•	Square feet			
Property costs (depreciation)		Square feet			
Employee health and welfare		Gross salar	ies		
Management services			e cost center involved		
All other General Administrative expenses		Total of Di	rect and Allocated Costs		
The preparer of this report must answer the follo	wing questi	ons applicat	ole to the cost information prov	ided.	
1. In the preparation of this Report, were all	O Yes	⊙ No	If "No," explain fully why suc	h allocatio	n was not
costs allocated as required?	O 163	O 110	made.		
N/A - One Level of Care					
				and the second second second	
2. Explain the allocation of related company exp	enses and a	ttach copy o	of appropriate supporting data.		
N/A					
3. Did the Facility appropriately allocate and sel			_	ne cost cen	ters?
(e.g., Assisted Living, Home Health, Outpation	ent Services	Adult Day	Care Services, etc.)		
	O Yes	⊙ No	If "No," explain fully why suc made.	h allocatio	n was not
N/A - One Level of Care			111000		
and better of only					

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.

snouid not be included in these almonius.							
Name of Facility			License No.	Report for Year Ended	ır Ended		Page of
Senior Philanthropy of Westport, LLC, d/b/a Westport Reha	a Westpo	rt Reha	2405	9/30/2016			6 37
	Related	d * to					
	Owners,	iers,					
	Operators,	ators,				Annual	
	Officers	cers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
N/A	0	0					
	0	0					:
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
Is a Mileage I og Book Maintained for All I gased Vehicles?	V based V	ehicles ?	O Yes	O No	0	Total ***	

Is a Mileage Log Book Maintained for All Leased Vehicles?

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	License No.	Report for Year Ended		Page	of
Senior Philanthropy of Westport, L		9/30/2016		7	37
The records of this facility for the p	eriod covered by this report	were maintained on the following basis:			
O Accrual O Cash O	Modified Cash				
Is the accounting basis for this					
14	Yes	If "No," explain.			
previous period?	No				
Independent Accounting Firm				***************************************	
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Marcum LLP		555 Long Wharf Dr., New Haven, CT 06:	511		
2 Barbara Clark		PO Box 13723, St. Petersburg, FL 33733			
3					
Services Provided by This Firm (de	escriba fully)				
				0.222	· · · · · · · · · · · · · · · · · · ·
1 Medicaid and Medicare Cost Report F	reparation/reimbursement advisory	services	\$	8,320	
2 Consolidation Audit			\$	281	
3 Accrue Accounting			\$	22,000	
 			\$ C C	O	
			_	or Services P	rovided
	III Day Comit Day 10 com	O CO TO Charles of AVI AV	\$	30,601	
Are These Charges Reflected in the Expend O Yes O No	liture Portion of This Report? If Ye Page 15, Line 1d	es, Specify Expense Classification and Line No.			
Legal Services Information	I age 13, Eme 10				
Name of Legal Firm or Independen	nt Attorney		Telephon	e Number	
1 State of Connecticut					
2 Constangy, Brooks, Smith			1		
4					
5			L		
Address (No. & Street, City, State,	Zip Code)				
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	20268				
PO Box 102476, Atlanta, GA					
3 75 Broad Street, Milford, CT 0	J040U				
4 5					
Services Provided by This Firm (de	escribe fully)				
1 Convservator Fee (self-disallow)			\$	1,100	
2 Advise re collective bargaining & nor	n-soliciation policy		\$	76	
3 Discrimination matter (Self-disallow)				1,327	
4 True up Prepaids (Self-disallow)			\$	342	
5			\$		
			Charge fo	or Services F	Provided
			\$	2,845	
Are These Charges Reflected in the Expend		es, Specify Expense Classification and Line No.			
⊙ Yes O No	Page 15, Line 1e				

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

Schedule of Resident Statistics

Name of Facility			License No.	Jo.			Report fo	Report for Year Ended	ρχ		Page	Jo
Senior Philanthropy of Westport, LLC, d/b/a Westport Rehabilitation Co	rt Rehabili	tation Co		2405			9/30/2016	· ·			8	37
					1	eriod 10/	Period 10/1 Thru 6/30	30		Period 7/1 Thru 9/30	Thru 9/30)
	Total All	Total CCNH	Total RHNS	Total								
	Levels	Level	Level	(Specify)	Total	CCNH	RHINS	(Specify)	Total	CCNH	RHINS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	120			120	120			120	120		
B. On last day of THIS report period	120	120			120	120			120	120		
2. Number of Residents									,			
A. As of midnight of PREVIOUS report period	105	105			105	105			105	105		
B. As of midnight of THIS report period	105	105			105	105			105	105		
3. Total Number of Days Care Provided During Period												
A. Medicare	3,338	3,338			2,580	2,580			758	758		
B. Medicaid (Conn.)	31,956	31,956			24,068	24,068			7,888	7,888		
C. Medicaid (other states)												
D. Private Pay	1,363	1,363			1,068	1,068			295	295		
E. State SSI for RCH												
F. Other (Specify)	1,997	1,997			1,537	1,537			460	460		
G. Total Care Days During Period (3A thru F)	38,654	38,654			29,253	29,253			9,401	9,401		
Total Number of Days Not Included in Figures in												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	30	30							30	30		
5. Total Resident Days (3G + 4A + 4B)	38,684	38,684			29,253	29,253			9,431	9,431		

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity		-	Licer	nse No.				Report	t for Year	Ended		Page	of
Senior Philan	thropy o	f Westp	ort, LLC, d/b/a V	:	2405				•	9/30/201	6		9	37
			in the certified b	-	pacity dui	ing th	ne repo	rt year	?	0	Yes	0	No	
II "YES"	, provid		llowing informat	ion:						· -				
			f Change		Cl	nange	in Bed	S		Ca	pacity Afte	er Change		
Date of	CCNH	RHNS	(Specify)		Lost			Gaine	d					
Change		(0)	(0)	(4)	(a)		(4)		(a)				l	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason f	or Change
	<u> </u>						-			ļ				
-										1				
								\vdash						
5. If there y	vas anv	change	in certified bed c	anaci	ty during	the re	enort ve	ar (as	reporte	ed in item	4 above) r	provide the num	ber of	
)	-	_	90 days followin	-	-					1				
			Change in Re	esiden	t Days					CC	CNH	RHNS	(Spe	ecify)
1st chang														
2nd chan														
3rd chan										ļ				
4th chan		lonta on	l Rates on Septe		20 of Co.	+ V								
6. Number	or Kesic	ienis an	Medicare	mber	Medi		ır	_		Se	elf-Pay		Other Sta	te Assisted
			ivicultare		Wicui	Card		 		1	JII-I dy		Other Sta	C Assisted
								1						
	Item		CCNH		CNH	וסו	HNS	C	CNH	DI	INS	(Specify)	R.C.H.	ICF-MR
No. of R			13		80		11113	<u> </u>	12	 	1145	(Specify)	R.C.II.	TCI -IVIK
Per Dien					and a contract of the contraction		į.		10.0		100		4	
a. One b	a. One bed rm. Various 278.00 51					519.00								
						466.00								
c. Three	or more	•												
bed r	ms.													
			al Therapy Treat	ments						10	TAL	CCNH	RHNS	(Specify)
		re - Par	usive of Part B)								5,469	5,469		
] B.			e Treatments								4,570	4,570		
			Treatments								4,370	4,570		· · · · · · · · · · · · · · · · · · ·
C.	Other										14,608	14,608		
		hysical	Therapy Treatn	ients							24,647	24,647		
			Therapy Treatm	ents					·			ERSE	2.5	
A.	Medica	re - Par	В								633	633	State and order . See Consultation . See Add	200
B.	Medica	id (Excl	usive of Part B)							Mark County		A Desire		1.00
			Treatments								. 590	590		
<u>-</u>	Other	orative	Treatments							 	1.022	1.022		
		neech T	herapy Treatme	nts						-	1,032 2,255	1,032 2,255		
			tional Therapy		nents						2,233	2,233		
		re - Par		vuul							2,674	2,674		
B.	Medica	id (Exc	usive of Part B)	•									10.00	8 8 8 A
	1. Mai	ntenanc	e Treatments								2,390	2,390		
		torative	Treatments											
<u>C.</u>	Other										10,982	10,982		
[D.	Total C	<i>Occupati</i>	onal Therapy T	reatm	ents						16,046	16,046		1

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility Senior Philanthropy of Westport, LLC, d/b/a Westport Reha	License No.		Report for Year 9/30/2016		Page 10	of 37
Are time records maintained by all individuals receiving con	mpensation?	0	Yes	0	No	
Contract (46)			Total Cost	and Hours		
ere (A principal e a la la company de l			1		1	
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*			建铁板			
Operators/Owners (Complete also Sec. I	2282.486			30.000		
of Schedule A1)				3 639 2032 (1985)	4.968 a.	2500000000
2. Administrator(s) (Complete also Sec. III	121.045	2.070	20000.000			
of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV	131,945	2,079	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1		5 8 4 4 5 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	68. 1 114.	ASSASSAMENTAL	Land to the state of		SASSESSES AND ADDRESSES OF THE PARTY OF THE	
of Schedule A1) 4. Other Administrative Salaries (telephone			28(6/2)		S 134.1	(2)
operator, clerks, receptionists, etc.)	258,682	11,690	100000000000000000000000000000000000000			
5. Dietary Service	4 1	- 1,000		296		
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	434,098	26,328	(3.77.77.77.22.22.22.22.22.22.22.22.22.22.			
Housekeeping Service a. Head Housekeeper		300			é áb	
b. Other Housekeeping Workers	327,458	19,691	1	ļ	 	<u> </u>
7. Repairs & Maintenance Services	327,436	15,051	1000000	26.00	X(0)	172 A
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	50,476	3,083				
8. Laundry Service	A 486	. A.	3683			A.B.
a. Supervisor	50.500	1.00.4	ļ		ļ	
b. Other Laundry Workers	78,593	4,934	· 	 		
Barber and Beautician Services Protective Services	76,682	4,385		-	 	
11. Accounting Services	70,002	4,505		876. A. V	362	
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents	Actor Manager				33	4.00
a. Directors and Assistant Director of Nurses	159,126	3,244				
b. RN	No.		6.00			E. i
1. Direct Care	1,091,595	17,513		 	ļ	
2. Administrative** c. LPN	183,998	3,543				
1. Direct Care	1,168,705	40,172			ALCOHOL:	
2. Administrative**	1,100,703		1			
d. Aides and Attendants	1,729,525	107,383				
e. Physical Therapists	106,335	2,556				
f. Speech Therapists	54,634	2,488		ļ	ļ	ļ
g. Occupational Therapists	73,159	1,803		 		
h. Recreation Workers i. Physicians	116,224	4,819			46	
i. Physicians 1. Medical Director			and the same of th		STREET,	36
Utilization Review	- 		 		 	1
3. Resident Care***			1			
4. Other (Specify)	and Australia San All				منت السيقال	
	<u> </u>			ļ		ļ
j. Dentists	-		-	_	 	\vdash
k. Pharmacists l. Podiatrists	_		 	+	+	
Podiatrists Social Workers/Case Management	60,134	1,794		 	 	
n. Marketing	4,026	70		+	†	1
o. Other (Specify)		-	12.5	222		12.25
See Attached Schedule						
A-13. Total Salary Expenditures	6,105,395	257,575	<u> </u>	<u> </u>	1	<u> </u>

^{*} 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 of Other Salaries and Wages (Page 10)

	CC	CNH	RH	INS	(S	pecify)
Position	S	Hours	\$	Hours	\$	Hours
	-					
(8) (88) (8) (6) (6)						
	+				 	
			+		 	
A CONTRACTOR OF THE CONTRACTOR			-		+	
				-		
					C Process	
					 	
						152
3. On the 2.						
	50					
Total	s -		\$ -	-	s -	-

Schedule of Other Fees (Page 13)

	CC	NH	RH	INS	(Spe	cify)
Service	S	Hours	\$	Hours	\$	Hours
	-					
Purchased Services-Other	\$ 1,341	19				
				777		
	7					
						1
		17				
				.		
				1		
Total	\$ 1,341	19	\$ -	-	\$ -	<u> </u>

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

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

Assistant Administrators and Other Related Parties*

45			Assistar	It Administra	Assistant Administrators and Other Related Farties	Relate	rarues.		Dece	90
Name of Facility				License No.		Report for	Report for Year Ended		rage	ō
Senior Philanthropy of Westport, LLC, d/b/a Westport Rehabilitation	.C, d/b/a W	estport Reh	abilitation Co	2405		9/30/2016			111	37
		Salary Paid	đ							
				Fringe Benefits and/or Other		Total	Line Where		Total	
Name	CCNH	RHNS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).							·			
* No allowance for calaries will be considered unless full information is provided Use additional sheets if required	considered	linless full	information i	s provided The add	fitional sheets if require	-	•			

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

^{**} Include all employment worked during the cost year.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Assistant Administrators and Other Related Parties*

Name of Facility (as licensed)		1		License No	License No Report for Year Ended	Report for Year Ended	sar Ended		Page	Jo
Induite of 1 definity (as interised)						- manadan	2000		-	5
Senior Philanthropy of Westport, LLC, d/b/a Westport Rehabilitation (LC, d/b/a V	Vestport Re	habilitation (2405		9/30/2016			12	37
		Salary Paid	q							,
				Fringe Benefits			I ing Whore		Letel	
				Payments		Total Hours	Claimed on	Name and Address of All	Hours	Compensation
Name	CCNH	RHINS	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section III - Administrators***										
See Attached	131,945			Non-Discrim.	Administrator	2,079 A.2.	A.2.			
Section IV - Assistant Administrators										

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

^{**} Include all other employment worked during the cost year.

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

State of Connecticut

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

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

Name of Facility (as licensed)				License No.		Report for Year Ended	ar Ended		Page	Jo
Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilon	Hill Rehab Pa	vilon		2410		9/30/2016			12	37
		Salary Paid								
				Fringe Benefits and/or Other			Line Where		Total	
				Payments	Full Description of	Total Hours	Claimed on	Full Description of Total Hours Claimed on Name and Address of All	Hours	Compensation
Name	CCNH	RHINS	(Specify)	(Specify) (describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section III - Administrators***										
Najamy, Marion (4/1/15 - 3/1/16)	895'95			Non-Discrim.	Administrator	857 A2	A2	,		
Stango, Donna (3/1/16 - 8/5/16)	060'09			Non-Discrim.	Administrator	912 A2	A2			
Panicek, John (8/5/16 - 8/31/16)	5,045			Non-Discrim.	Administrator	128 A2	A2			
Fiore, Michael (8/31/16 - 10/6/16)	10,242			Non-Discrim.	Administrator	182 A2	A2			
Total	131.945					2,079				

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

B. Report of Ex	kpenditur	es - Prof	essional l	rees		
1	License No.		Report for Y	ear Ended	Page	of
Senior Philanthropy of Westport, LLC, d/b/a Westpo	240	05	9/30/2016		13	37
2. "我们我们对对。"李···································			Total Cost	and Hours		
		,				
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee				A 107		
for service basis in lieu of salary	#1					
(For all such services complete Schedule B1)					Betalia e	
1. Dietitian	11.076				 	
Dentist Pharmacist	11,076 11,862	55 240				<u> </u>
4. Podiatrist	11,802	240			<u> </u>	
5. Physical Therapy		S. 2000			FOR STATE	
a. Resident Care	405,981	Contract	***	although to the	(1 m) 1 m)	
b. Other	403,781	Contract				
6. Social Worker		L				
7. Recreation Worker					†	
8. Physicians	in L			4 49	100	
a. Medical Director (entire facility)	60,874	360				
b. Utilization Review	100,460			3. 3	16.	
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility			38 B	2 2	1,000	
1. Infection Control Committee						
(Quarterly meetings) 2. Pharmaceutical Committee					 	
(Quarterly meetings)						
3. Staff Development Committee						
(Once annually)						San.
e. Other (Specify)		a.sa. Same			4	I.C.
		S DO A VILLEBRA DE MARIES				
9. Speech Therapist	(2.500			التحريف		
a. Resident Care	62,609	Contract		 	<u> </u>	
b. Other						
10. Occupational Therapist	271.070	Ctt			. Landidation	
a. Resident Care	271,978	Contract				
b. Other 11. Nurses and aides and attendants				640,430,630		
a. RN	0.00	100	B 4		1.044	
a. KN 1. Direct Care	ALLE SHEET			3		
2. Administrative***	36,390	303			-	
b. LPN	30,370	303	161			
1. Direct Care		100				SALSESSE U
2. Administrative***	· · · · · · · · · · · · · · · · · · ·	 				
c. Aides			<u> </u>			
d. Other	_					
12. Other (Specify)	- 1 S	964	1970		4.00	
See Attached Schedule	1,341	19				
B-13 Total Fees Paid in Lieu of Salaries	862,111	977	1	T	T	1

^{*} 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 Senior Philanthropy of Westport, LLC, d/b/	License No. 'a Westport R 2405		Report for Y 9/30/2016	ear Ended	Page 14	of 37
Name & Address of Individual	Full Explanation of Service		to Owners, rs, Officers	Expla	nation of Rela	ationship
George Goldfarb, MD 1305 Post Rd, Suite 102, Fairfield, CT 06824	Medical Director	0	• • • • • • • • • • • • • • • • • • •			
Partners Pharmacy, P.O. Box 9689, Uniondale, NY 11555	Pharmacist - Record Review	0	0			
Lorraine H. Mulligan 20 Armitage Drive Bridgeport, CT 06606	RN Nursing Admin	0	0			
Eagle Lake Foundation Inc, 24641 US Highway 19 North, Clearwater FL 33763	Medical Director	0	0	,		
Health Drive Dental Group, 888 Worcester St. #130, Wellesley, MA 02482	Dental Consultant	0	0			
Expense Consulting, LLC 811 Blue Hills Ave, Bloomfield, CT 06002	Contracted Servie	0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			•
		0	0			
		0	0			
		0	0		··· -··· -	
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			

^{*} Use additional sheets if necessary.

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Senior Philanthropy of Westport, LLC, d/b/a We 2405		Report for Ye	ear Ended	Page 15	of 37
Senior Timanunopy of Westport, Elbe, a of a West 2403		775072010		10	
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General			16.0	1.0	雅 為北
a. Employee Health & Welfare Benefits		1000	F		
Workmen's Compensation	\$	274,707	274,707		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	190,728	190,728		
4. Social Security (F.I.C.A.)	\$	446,862	446,862		
5. Health Insurance	\$	616,522	616,522		
6. Life Insurance (employees only)		A STATE OF THE STA		Page 1	
(not-owners and not-operators)	\$	4,591	4,591		
7. Pensions (Non-Discriminatory)	\$[382,297	382,297		Va. a. s.
(not-owners and not-operators)		F 4	#67177	. C	
8. Uniform Allowance	\$	9,233	9,233		
9. Other (Specify)	\$	15,075	15,075		
See Attached Schedule		4 56		HEE.	
b. Personal Retirement Plans, Pensions, and	\$				
Profit Sharing Plans for Owners and				5 - MAX	La Arek
Operators (Discriminatory)*					
• • • • • • • • • • • • • • • • • • • •		The second	2.75		(数) とり
c. Bad Debts*	\$	(18,020)	(18,020)		
d. Accounting and Auditing	\$	30,601	30,601		
e. Legal (Services should be fully described on Page 7)	\$	2,845	2,845		
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*		154	-	数数	學為「我」
g. Office Supplies	\$	18,647	18,647		
h. Telephone and Cellular Phones		952	1000		190
1. Telephone & Pagers	\$	52,837	52,837		
2. Cellular Phones	\$	2,073	2,073		
i. Appraisal (Specify purpose and	\$				
attach copy)*		THE .	Sec.	3.00	100 A
under copy)			1. 1 情報		舞
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)	<u>*</u>	150	1860 E.		14
1. Income*	\$				
2. Other (Specify)	\$				<u> </u>
See Attached Schedule	ΨĮ	1.0	9.60	228	WE 186
3. Resident Day User Fee	\$	711,779	711,779	1466	. XX YA-YA
Subtotal	\$	2,740,777	2,740,777		
DHOWIN	Ψ	2,170,111		tala famuard	

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

*** DO NOT Include Holiday Parties / Awards / Gifts to Staff

Senior Philanthropy of Westport, LLC, d/b/a Westport Rehabilitation Complex 9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

Description		CCNH	RHNS	(Specify)	
		•			
Employee Food (Self-disallow)	\$	2,461			
Holiday Funds (Self-disallow)	\$	2,775			
Employee Continuing Education	\$	833			
Employee Physicals	\$	877			
Employee Drug Testing	\$	512			
Employee Flu shots	\$	7,042			
Employee Assistance Program	\$	575			
Total	\$	15,075	\$ -	\$ -	

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	-		
			100
Total Total	\$ -	\$ -	\$ -

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

Name of Facility License No.		Report for Y	Year Ended	Page	of
Senior Philanthropy of Westport, LLC, d/b/a Westpor 2405		9/30/2016		16	37
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought For	vard:	2,740,777	2,740,777		
l. Travel and Entertainment			Ī.	直 牙髓	3.35
Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	1,864	1,864		
5. Education Expenses Related to Seminars and Conventions	\$	7,693	7,693		
6. Automobile Expense (not purchase or depreciation)	\$	141	141		
7. Other (<i>Specify</i>)	\$				
See Attached Schedule		335			5.00
m. Other Administrative and General Expenses				37 (7)	1275
1. Advertising Help Wanted (all such expenses)	\$	5,386	5,386		
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)***	\$	1,152	1,152		
See Attached Schedule				200	17.6
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)***		Lens.	304 2		
7. Postage	\$	5,123	5,123		
* 8. Dues and Membership Fees to Professional	\$	7,999	7,999		
Associations (Specify)		海影		8483	4
See Attached Schedule		44		经货款	# 14
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.**	* \$				
9. Subscriptions	\$	3,597	3,597		
10. Contributions***	\$				
See Attached Schedule		1000		10.72	100
11. Services Provided by Contract (Specify and Complete	\$	121,469	121,469	-	
Schedule C-2, Page 21 for each firm or individual)		1.5			(4) (4)
12. Administrative Management Services**	\$	315,924	315,924		
13. Other (Specify)	\$	38,927	38,927		
See Attached Schedule		¥.	-	40 (13)	2
C-14 Total Administrative & General Expenditures	\$	3,250,052	3,250,052		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Special Events-Mkt	369		
Promo Items-Mkt 5	783		
Total Other Advertising 5	1,152	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
CT Association of Health Care Facilities membership dues	\$ 7,880		
AANAC Membership Dues	\$ 119		
			50.00
Total Dues	\$ 7,999	s -	S -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	-		
			10.10
Total Contributions	s -	\$ -	5 .

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)	
D. 1. 10. 1. W. 2. 1.1	s 164		-	
Background Checks-Nursing Admin	\$ 16,559		+	
Software Expense - Nursing Adm	s 1841			
Licenses/Permits-Nursing Admn			-	
Background Checks-Nursing		-		
Background Checks-Dietary	\$ 246			
Collateral Material-Mkt (Self-disallow)	\$ 372		+	
Licenses & Permits-Trans	\$ 536			
Benefit Plan Fees (Self-disallow)	\$ (5,477)		<u> </u>	
Licenses/Permits	\$ 239			
Patient Trust Bond	\$ 2,620			
Resident Reimburse on Lost/Stolen Items (Self-disallow)	\$ 702			
Entertainment-Adm	\$ 40			
Equipment Minor-Adm (Self-disallow)	\$ (4,186)			
Internet Access-Adm	\$ 7,222			
Records Storage - Adm	\$ 5,950			
Equipment Rental-Adm	\$ 986			
Misc Decor-Adm (Self-disallow)	\$ 155			
Holiday Decorations-Adm (Self-disallow)	\$ 92			
Collection Fees/Credit Card Fees (Self-disallow)	\$ 192		100	
Late fees/Fines/Finance Charges-Adm (Self-disallow)	\$ 5,368			
Bank Service Charges-Adm	\$ 4,507			
Employee/Guest meals (Self-disallow)	\$ 34			
Total Other Administrative and General	\$ 38,927	s -	\$ -	

State of Connecticut Annual Report of Long-Term Care Facility CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility Senior Philanthropy of Westport, LLC, d/	License No. 2405	Report for Year Ended 9/30/2016	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Traditions Senior Management, 24641 US Highway 19 North - Clearwater FL, 33763	315,924	Handles all the operations and financial functions directly related to the facility.	Page 16/ Line 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)

		17		i Page 5)				
Name of Facility			License		Report for Y		Page	of
Sen	ior Philanthropy of Westport, LLC, d/b/a Westp	ort		2405	9/30/2016	5	18	37
	Item			Total	CCNH	RHNS	(S	pecify)
2.	Dietary				147119	A DE TEN		2.5
	a. In-House Preparation & Service				100			
	1. Raw Food		\$	120,172	120,172			
	2. Non-Food Supplies		\$	35,021	35,021			
	3. Other (Specify)		\$					
				等 基	利益 数			
				34100				
	b. Purchased Services (by contract other		\$	269,417	269,417			
	than through Management Services)						10.00	1.4
	(Complete Schedule C-2 att. Page 21)			30	A P			
	c. Management Services**		\$					
	d. Other (Specify)		\$					
				110	2 3			1.2
							W 77	
2E.	Total Dietary Expenditures (2a + b + c + d)		\$	424,610	424,610			·
2F.	Dietary Questionnaire			Total	CCNH	RHNS	(S	pecify)
G.	Resident Meals: Total no. of meals served per	day	/: *					· · · · · · · · · · · · · · · · · · ·
H.	Is cost of employee meals included in 2E?		Yes	•	No		' .	
I.	Did you receive revenue from employees?	0	Yes	•	No	If yes, specify amt.		
J.	Where is the revenue received reported in the	Cos	t Report	? (Page/Line	Item)			
	Is cost of meals provided to persons other							
K.	than employees or residents (i.e., Board	0	Yes	•	No	If yes, specify		
	Members, Guests) included in 2E?					cost.		
L.	Is any revenue collected from these people?	0	Yes	•	No	If yes, specify amt.		
M.	Where is the revenue received reported in the	Cos	t Repor	? (Page/Line	Item)			
	Is cost of food (other than meals, e.g.,							
N.	snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	0	Yes	•	No	If yes, specify cost.		
O.	Is any revenue collected from employees?	0	Yes	•	No	If yes, specify amt.		
P.	Where is the revenue received reported in the	Cos	t Repor	? (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)

·		License		Report for Y		Page of	
Seni	or Philanthropy of Westport, LLC, d/b/a Westport R		2405	9/30/2016	·····	19 37	
	Item		Total	CCNH	RHNS	(Specify)	
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.				3.4	
	gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	2,298	2,298			
	 Employee items including uniforms, gowns, etc. washed, ironed and/or processed.*** 	Lbs.					
	processed.	Amt. \$					
	 Personal clothing of residents washed, ironed, and/or processed.*** 	Lbs.	-				
	wasned, ironed, and/or processed.	Amt. \$					
	4. Repair and/or purchase of linens.***	Lbs.					
		Amt. \$					
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	42,945	42,945			
	c. Management Services**	\$					1815/020
	d. Other (Specify) Supplies and chemicals	\$		1,533	- 80 -500	8 8 W	
3E.	Total Laundry Expenditures $(3a + b + c + d)$	\$	46,776	46,776			
3F.	Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E? O	Yes	0	No	If yes, specify cost.		
Н.	Did you receive revenue from employees?	Yes	0	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?	Yes	•	No	If yes, specify cost.		
K.	Did you receive revenue from these people?	Yes	0	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		Rep	ort for Year E	nded	Page	of
Senior Philanthropy of Westport, LLC, d/b/a W	2405		9/30/2016		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel					
1. Supplies - Cleaning (Mops,	Amt.	\$		•		
pails, brooms, etc.)						
b. Purchased Services (by contract other	Sq. Ft. Serviced					<u> </u>
than through Management Services)	by Personnel					
(Complete Schedule C-2 att.	Amt.	\$	48,793	48,793		
Page 21)						
c. Management Services*		\$				
d. Other (Specify)		\$	10,730	10,730		
Cleaning supplies & Minor Equipr	nent		1986			
4E. Total Housekeeping Expenditures (4a +	b+c+d)	\$	59,523	59,523		
5. Resident Care (Supplies)**			A STATE OF THE STA		1	
a. Prescription Drugs***			750		in the same	
Own Pharmacy		\$				
2. Purchased from		\$	129,320	129,320		
			1972		AR ATTE	12.14
b. Medicine Cabinet Drugs		\$	26,375	26,375		
c. Medical and Therapeutic Supplies		\$	186,297	186,297		
d. Ambulance/Limousine***		\$	1,037	1,037		
e. Oxygen			眷		18 , 1	100
For Emergency Use		\$				
2. Other***		\$	17,473	17,473		
f. X-rays and Related Radiological		\$	6,430	6,430		
Procedures***			4	4	14.	g F F
g. Dental (Not dentists who should be inc	luded under	\$				
salaries or fees)			建筑物		40 JA	S. Commission
h. Laboratory***		\$	20,237	20,237		
i. Recreation		\$	34,706	34,706		<u>-</u>
j. Other (Specify)****		\$	72,090	72,090		
See Attached Schedule				25	Arr 3	40 346
5K. Total Resident Care Expenditures (5a - 5	7	\$	493,965	493,965		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
	- 1		
Equipment Minor	\$ (1,275)		
Minor Equipment & Supplies - Therapy	\$ 5,304		
IV Supplies - Medicaid	\$ 3,540		
IV Drugs - Medicare (Self-disallow)	\$ 1,460		
IV Supplies - Medicare (Self-disallow)	\$ 3,960		
Medical Equipment Rental	\$ 48,347		
Minor Equipment - Nursing	\$ 4,429	100	
IV Supplies - Managed Care (Self-disallow)	\$ 981		
IV Drugs - Medicaid	\$ 2,089		
Medical Waste Disposal	\$ 855		
Therapy Software Costs	\$ 2,400		
			Ē
Total Other Resident Care	\$ 72,090	\$ -	\$ -

Annual Report of Long-Term Care Facility CSP-21 Rev. 10/2001 State of Connecticut

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

Name of Facility Senior Philanthropy of Westport, LLC, d/b/a Westport Rehabilitation Comp	ort, LLC, d/b/a Westpo	ort Rehabilita	tion Comp	License No. 2405	Report for Year Ended 9/30/2016	1			Page 21	of 37
		Related ** to Owners,	o Owners,				(4 4 6		
		Operators, Officers	Officers				lotal Cost/	Total Cost/Page Ret.***		
Name of Individual or	Address	Ves	Z	Explanation of Relationshin	Full Explanation of Service Provided*	HNUU	RHNS	(Specify)	Po	T.ine
CWPM_LLC	Box 415, Plainville CT 06062	0	•		Trash Removal	26,224			1	ję
Healthcare Service Group	300, Bensalem PA 19020	0	0		Housekeeping Services	48,793			20 4b	4
Healthcare Service Group	300, Bensalem PA 19020	0	•		Laundry Services	42,945			19 46	94
Healthcare Service Group	300, Bensalem PA 19020	0	0		Dietary Services	269,417			18	36
Healthcare Service Group	300, Bensalem PA 19020	0	•		Maintenance Department Management	17,237			22	19
		0	0							
		0	0							
		0	0		:					
		0	0							
		0	0							
		0	0	•						
		0	0							
		0	0							
		0	0							

^{*} List all contracted services over \$10,000. Use additional sheets if necessary. ** Refer to Page 4 for definition of related.

^{***} Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility License No.	Report for Ye	ear Ended		Page	of
Senior Philanthropy of Westport, LLC, d/b/a \ 2405	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Sp	ecify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 40,349	40,349			
b. Heat	\$ 46,415	46,415			
c. Light & Power	\$ 101,548	101,548			
d. Water	\$ 16,602	16,602			
e. Equipment Lease (Provide detail on page 6)	\$ -				
f. Other (itemize)	\$ 62,137	62,137			
See Attached Schedule				100	1 10
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 267,051	267,051	•		
7. Depreciation (complete schedule page 23*)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$ 4,943	4,943			
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$ 93,534	93,534			·
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 98,477	98,477			
8. Amortization (Complete att. Schedule Page 24*)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (Specify)	\$ 				
*8e. Total Amortization Costs $(8a + b + c + d)$	\$				
9. Rental payments on leased real property less					
real estate taxes included in item 10b	\$ 1,237,068	1,237,068			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 101,183	101,183			
c. Personal property taxes	\$ 5,941	5,941			
11. <i>Total Property Expenses</i> (7e + 8e + 9 + 10)	\$ 1,442,669	1,442,669		<u> </u>	

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
			16
Contracted Maintenance	\$ 17,237		
Employee Expense-Maint	\$ 122		
Electrical-Maint	\$ 3,258		
Plumbing-Maint	\$ 8,099		
HVAC/Boiler Maint	\$ (4,608)		
Paint-Maint	\$ 2,289		
Alarm Inspection-Maint	\$ 2,920		
Alarm Repairs-Maint	\$ (1,304)		
Grounds Maintenance-Maint	\$ 7,912		
Sprinklers-Maint	\$ 827		
Elevator-Maint	\$ 4,558		
Pest Control-Maint	\$ 1,714		
Maint Contracts- Generator	\$ (85)		
Waste Disposal -Grease/Trash	\$ 26,749		
Bldg Inspection Fees	\$ (11,276)		
Copier- Maintenance Agreement	\$ 3,725		
Total Other Repairs and Maintenance	\$ 62,137	\$ -	\$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-23 Rev. 10/2006

Depreciation Schedule

			חבולפת	Depreciation Schedule	icanic					
Name of Facility Senior Philanthrony of Westrort 11 C d/h/a Westrort Rehabilitation Co	Westnort Rehabilitat		License No.			Report for Year Ended 9/30/2016	nded		Page 23	of 37
Sound Limming of Westons, 220, and	marrament a radion is					A continuation				
			Historical Cost	1		Accumulated Degreesiation to	Mathod of			
		1	Fxclusive of	Salvage	Cost to Be	Beginning of Year's		Useful	Depreciation	
Property Item			Land	Value	Depreciated	Operations	_	Life	for This Year	Totals
A I and Improvements										10000000000000000000000000000000000000
_										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	h schedule)									
A-4. Subtotal										
B. Building and Building Improvements	i									
1. Acquired prior to this report period		•	16,240		16,240	743	S/L	Various	1,483	Service of the servic
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	h schedule)		52,708		52,708		S/L	Various	3,460	
B-4. Subtotal					100	T-6-1				4,943
C. Non-Movable Equipment										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	h schedule)									
C-4. Subtotal										
	Is a mileage					Accumulated				
	inguitained? Date of Acquisition Historical Cost	cquisition	Historical Cost	Less		Depreciation to	Method of			
	N N	,	Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation for This Vear	Totals
-	I CS INO Month	Year	Lallu	v diuc	Depredated	i car a Operations	Lepicolation		101 11115 1 500	Cimo I
D. Movable Equipment										
1. Motor Venicles (Specify name, moder										
and year of each vehicle)			20.00		70.04	1/3/ 700//	277	2	0.051	
a. 2015 Ford Transit 250 -10 Passenger		CI 71	1110		1110	4,020	S/I	7	222	70.0 (10.00000)
0. Colpoiate Ficet - taxable sares tax	2	2	1,110		0114		1			
ď										
2. Movable Equipment	10 March 2018			100	1000		1		The second second	
a. Acquired prior to this report period	Var.	Var.	618,296		618,296	308,886	S/L	Various	59,814	
b. Disposals (attach schedule)										
c. Acquired during this report period					100	1				
(attach schedule)	Var.	Var.	137,575		137,575		S/L	Various	25,447	
D-3. Subtotal			The second second	100		126.00		200	No. of Concession, Name of Street, or other Persons, Name of Street, or ot	93,534
E. Total Depreciation				100						98,477

Senior Philanthropy of Westport, LLC, d/b/a Westport Rehabilitation Complex 9/30/2016

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
		5	4.7	
	a read construction (Application)			
Total additions for Land	Improvement	\$ -		\$ -
Deletions:				
Total deletions for Land	Improvement	\$ -		S -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Various	See Attached	\$ 52,708	Various	\$ 3,460
			1.5	
		1		
Total additions for	· Building Improvemen	\$ 52,708		\$ 3,460
Deletions:				
110000				
			3000	
			200	
	A. 700 C.			
Total deletions for	Building Improvement	\$ -		\$.

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report periods

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
	NO.		0.00	
			10.5	
			2	
Total additions for	Non-Movable Equipmen	\$ -		S -
Deletions:				
			200	
			V ₁	101000
		400		1.00
68	1000 m			
Total deletions for	Non-Movable Equipmen	\$ -		S -

^{*}Ties to Page 23, Line C3

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

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

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

Schedule of Movable Equipment Acquired during this report perio

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Various	See Attached	\$ 137,575	Various	\$ 25,447
	3,3,7			
	NOTE: THE PARTY OF			
	Movable Equipmen	\$ 137,575		\$ 25,447
	Movable Equipmen	9 137,373		20,117
Deletions:				
	1			
			(E)	
		-	 	-
Total deletions for	Movable Equipmen	\$ -		\$ -
Torus aciclions sos	moravic Equipules	•		•

^{*}Ties to Page 23, Line D2c **Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report periods

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
		100		
Total additions for	easehold Improvemen	\$ -		\$ -
Deletions:				
	The second secon			
		1.0		
		1.0		
				17
Total deletions for I	easehold Improvemen	\$.		\$ -

^{*}Ties to Page 24, Line C3

**Ties to Page 24, Line C2

senior Philanthropy of Westport, LLC	ort Year 2016	Medicaid Cost Report - Depreciation Summary
senior Philanthr	Cost Report Year 2016	Medicaid Cost R

Lost neport real 2010 Medicaid Cost Report - Depreciation Summary		Š			3/31/2015	SHORT YEAR	9/30/2015	9/30/3016	9/30/2016	Net
	Historical Cost	Acquired	Method	Life	Deprec.	Expense	Deprec.	Expense	Deprec.	Value
Building Improvements 2015 Additions										
Roof Repair Flevator renair	6,470	4/22/2015 7/1/2015	አ <i>አ</i>	2 2		324	324	647	971	5,499
HVAC	6,950	8/3/2015	¦ √s	1 9	٠	348	348	969	1,043	5,907
Total 2015 Additions	16,240					743	743	1,483	2,226	14,014
2016 Additions										
Elevator Maintenance	7,255	10/21/2015	7√ S	50		1	•	363	363	6,892
Interior Wall Painting	9,897	10/23/2015	당 5	2 5		•		495	495	9,402
Elevator Maintenance Elevator Maintenance	1,980	10/23/2015 5/13/2016	7 7 7	8 8		. ,	, ,	109	109	2.071
Elevator Maintenance	1,153	5/23/2016	S∕.	2 2	•		•	28	28	1,095
Elevator Maintenance	928'9	6/14/2016	3 ∕r	20	•	,	•	348	348	6,608
New doors	7,868	6/21/2016	s/r	10	•	1	ı	787	787	7,081
Roof Repairs	1,285	6/25/2016	S/L	ន្ត ន	1	•	•	129	129	1,157
Broken Glass Panel	4,488	7//2016	i} 5	2 2		•	•	44.0	340	4,039
Repair Elevator	7.856	7/6/2016	7 5	2 2				286	286	2,570
Total 2016 Additions	52,708	2107/01	7,	 }	,		-	3,460	3,460	49,247
Total Building Improvements	68,948					743	743	4,943	5,686	63,261
Vehicles 2015 Additions										
2015 Ford Transit 250 -10 Passenger Wagon	40,257	7/3/2015	s/r	ν. I		4,026	4,026	8,051	12,077	28,180
2016 Additions	40,257			J		4,026	4,026	8,051	17,0/1	78,180
Corporate Fleet - taxable sales tax	1,110	5/16/2106	s/r	S,	•	,	•	222	222	888
	1,110			ı				222	222	888
Total Vehicles	41,367					4,026	4,026	8,273	12,299	29,068
Moveable Equipment Prior Owners Moveable Equipment (Fully Depreciation				ļ						
Assets Removed)	556,422	Various	%	Various	275,982	27,417	303,399	51,017	354,416	202,006
Asset Additions 10/1/2014-3/31/2015	21,507	Various	1/s	Various	544	1,088	1,632	1,088	2,720	18,787
2015 Additions	009 6	4/30/2015	5	Ť,		130	130	241	361	3 748
Solik Wali	5,003	5/30/2015	, 5	j r		1 978	1 978	3 957	5 935	13.848
Shields	2,145	5/26/2015	s/r	15		72	27.	143	215	1,930
Slings	11,808	6/1/2015	s/r	5	ı	1,181	1,181	2,362	3,543	8,265
AHT Software	3,022	7/1/2015	s/r	m	•	504	504	1,007	1,511	1,511

Senior Philanthropy of Westport, LLC Cost Report Year 2016 Medicaid Cost Report - Depreciation Summan

Cost Report - Depreciation Summary	Historical Cost	Date Acquired	Method	Ę.	3/31/2015 Accum Deprec.	SHORT YEAR 9/30/2015 Expense	9/30/2015 Accum Deprec.	9/30/2016 Expense	9/30/2016 Accum Deprec.	Net Book Value
Total 2015 Additions	40.367			I		3.855	3.855	7.709	11.564	28.803
				•						
2016 Additions										
Digital Weight Scale	250	6/1/2015	2 √Γ	S	•	•		110	110	440
4 Channel Nurse Station	12,017	12/18/2015	2 / Γ	2	1	•	•	2,403	2,403	9,614
Computer Equip	1,275	1/14/2015	3 ∕r	S	1			255	255	1,020
Plastic Card Printer	1,197	1/15/2015	s/r	5	•	•		239	239	928
Computer	966	1/28/2015	s/r	5	1	,	•	199	199	767
Time Clocks	3,170	2/20/2015	s/r	Ŋ	•	•	•	634	634	2,536
Radio	489	3/5/2015	s/r	S	•	•		86	86	391
Facility Sign	2,250	3/31/2015	s/r	Ŋ	•	•	•	450	450	1,800
Locking Cabinet Door	343	3/19/2015	s/r	Ŋ	,	٠	•	69	69	274
Refrigerator	2,312	4/20/2015	s/r	10	1	,	•	231	231	2,081
Window AC	328	5/13/2015	s/r	10	•	•	•	33	33	295
2	400	7/29/2038	s/r	S	1	,	•	80	80	320
Shower Chair	547	5/13/2015	s/r	5	,	•	•	109	109	438
Thermometer	666	7/9/2015	s/r	S	•		,	200	200	799
iPads	1,322	6/16/2015	s/r	S	•	•		264	264	1,058
Window AC	164	7/22/2015	s/r	10	•	•	•	16	16	148
Mattress	555	8/5/2015	s/r	S	ı	•		111	111	444
Tray Delivery Cart	2,439	9/14/2015	s/r	ιΩ	1	•	•	488	488	1,951
Fire Extinguishers, Hydro Valves, Hardware	461	9/15/2015	s/r	5	1	1	•	92	95	369
Blood Pressure Monitor & Thermometer	1,227	9/17/2015	s/r	5	•		1	245	245	981
Laptop Cart	1,536	11/12/2015	s/r	5	•	•	•	307	307	1,229
Suction Machine	6,280	12/15/2015	s/r	s	ı	1	1	1,256	1,256	5,024
Adjustment prior period	(2,595)	12/15/2015	s/r	2		1	•	(519)	(519)	(2,076)
Copier, additional charge	2,051	5/18/2016	s/r	2	ı	•	•	410	410	1,641
TV's	909	11/10/2015	s/r	2	1	1	1	121	121	484
Equipment	14,680	1/5/2016	s/r	S	•	•	,	2,936	2,936	11,744
Furniture	4,004	3/11/2016	S/L	5	•	•	•	400	400	3,604
Lockers @ 2	1,202	9/2/2015	٧/s	10	•	•	•	120	120	1,082
Cooler Curtains	925	9/2/2015	s/r	S	•	,	•	185	185	740
Elect Chair Scales @ 2	1,440	11/16/2015	۶/۲	S	1	•	•	288	288	1,152
Mattress	3,680	11/19/2015	2/ر	5	ı	•	•	736	736	2,944
Equipment	2,439	3/25/2016	S/L	S	•	•	•	488	488	1,951
Mattresses	1,842	3/28/2016	s/r	2	1	•	•	368	368	1,474
Mattresses	2,222	4/8/2016	s/r	5	•	,	•	444	444	1,778
Refrigerator	1,761	5/3/2016	s/r	10	•		1	176	176	1,585
Healted Dish Dispenser	2,533	6/1/2016	s/r	2	•	,	•	202	202	2,027
Circulator Pumb.	2,654	6/22/2016	s/r	2	•	•	1	531	531	2,123
Phone system'	3,685	6/23/2016	s/r	S	•	,	1	737	737	2,948
Phone system'	5,191	3/31/2016	2/5	Ŋ	•	•	•	1,038	1,038	4,152
20 Metal Tray Carts	2,772	6/10/2016	s/r	S	•	•	•	554	554	2,217
Tray Cart Pass Thru	2,283	6/22/2016	1/5	5	1	•	•	457	457	1,827
Washer	517	6/30/2016	2/۲	10	•	•	•	52	52	465
Generator Maint	3,499	6/30/2016	1/5	10	•	•	•	320	350	3,150

Senior Philanthropy of Westport, LLC Cost Report Year 2016 Medicaid Cost Report - Depreciation Summary

icald Cost Report - Depreciation Summary					3/31/2015	SHORT YEAR	9/30/2015		9/30/2016	Net
		Date			Accum	9/30/2015	Accum	9/30/2016	Accum	Book
	Historical Cost	Acquired	Method	Life	Deprec.	Expense	Deprec.	Expense	Deprec.	Value
Trays	770		s/r	S	•		•	154	154	616
Conveyor Toaster	844		2/r	Ŋ	•			169	169	675
Cap/Capinet	757		s/r	ις	ı	•	•	151	151	909
Washer Maint	2,626		s/r	S	í	•	,	525	525	2,101
Freezer Compressor	3,320		s/r	10	ì	•	•	332	332	2,988
Adview Station	884	7/1/2016	۶/۲	10	í	•	•	88	88	796
Sloan Sensor Faucet	1,664		3/ F	10	ì	•	•	166	166	1,497
Kitchen A/C Unit	1,027		s/r	10	1		,	103	103	925
Communications Equipment	27,437	-	s/r	S	1	•	ı	5,487	5,487	21,950
2016 Additions	137,575			•	1			25,447	25,447	112,128

361,724	454,053
394,147	412,132
85,261	98,478
308,886	313,655
32,360	37,129
276,526	276,526
755,871	866,186
Total Moveable Equipment	Total for 2016

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

Amortization Schedule*

Name of Facility Senior Philanthropy of Westport, LLC, d/b/a Westport Rehab	Westport	Rehab	License No. 2405		Report for Year Ended 9/30/2016	: Ended		Page 24	of 37
	Date of	of			Accumulated Amort. to				
	Acquisition	ition			Beginning of	Basis for			•
			Length of	Cost to Be	Year's	Computing	Rate	Rate Amortization	
Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									***
1.									法職をおかる またり
2.									
3.									September
B-4. Subtotal			1000			The second second	0.000	· 通知 · 多、通数 · 中心	
C. Leasehold Improvements and Other									A 100 Personal Contract of the
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period			Section 1			And the second second			And the same of th
(attach schedule)									
C-4. Subtotal			A STATE OF THE STA						
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.
B. Life of mortgage; OR
C. Remaining Life of Lease; OR
D. Actual Life if owned by Related Party.

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

Name of Facility License N		Report for Year En	ded		Page of
Senior Philanthropy of Westport, LLC	2405	9/30/2016		".	25 37
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility	0	Yes	•	No	If "Yes," complete Part B.
or leased from a Related Party?*					If "No," complete Part C.
*If any owner or operator of this facility is relat business association to any person or organizati					
related party transaction.	011 11 0111 11 110 111 0	and reason, me			
Description		Total	本 未類		森 多达 22
1. Date Land Purchased			· 非 大質		"你是我们 "
2. Date Structure Completed					20 选择
3. If NOT Original Owner, Date of Purch4. Date of Initial Licensure	ase				
Date of Initial Licensure Total Licensed Bed Capacity		120			
6. Square Footage		120			
7. Acquisition Cost		W 46.03			公田等
a. Land					
b. Building					
Part B - Owner and Related Parties	-	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, varia	able)				
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year d. Term of Mortgage (number of years	3)				
e. Amount of Principal Borrowed	5)		 	·	
f. Principal balance outstanding as of					
Complete if Mortgage was Refinance	ed	5	1. 49	2 (2) Te	F ₁ ,
During Current Cost Year			200		
g. Type of Financing (e.g., fixed, varia	able)				
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years	5)				
k. Amount of Principal Borrowedl. Principal Outstanding on Note Paid	Off				
l. Principal Outstanding on Note Paid Part C - Arms-Length Leases for Re		mprovements Onl	v		
Name and Address of Lessor		perty Leased		Term of Lease	Annual Amount of Lease
1 Burr Rd LLC		Westport, CT		10 Years	1,237,068
	06880	,	1		
	 	-			
				 	<u> </u>

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

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

Name of Facility License No.		Report for Yes	ar Ended		Page of
Senior Philanthropy of Westport, LLQ 2405		9/30/2016			26 37
Item		Total	CCNH	RHNS	(Specify)
 Interest A. Building, Land Improvement & Non-Movable Equipment 1. First Mortgage 	; \$				
Name of Lender	Rate	16			1143
Address of Lender				生生	
Second Mortgage	\$				
Name of Lender	Rate		· 数据:		
Address of Lender		集。複			
3. Third Mortgage	\$				
Name of Lender	Rate				
Address of Lender		战事	· · · ·		
4. Fourth Mortgage	\$				
Name of Lender	Rate			1 A.	
Address of Lender					
B. CHEFA Loan Information					
Original Loan Amount	\$,			
2. Loan Origination Date					建汗 动数
3. Interest Rate %					
4. Term			191		
5. CHEFA Interest Expense					
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$				
12 D1. 10th Dunning Interest Expense (A1 - A4 + D3)			v Subtotals :	I	

(Carry Subtotals forward to next page)

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

Name of Facility Senior Philanthropy of Westport, LI 24	No. •05		Report for Ye 9/30/2016	ear Ended		Page 27	of 37
Senior i manunopy or westport, Eq. 24	0.5		7/30/2010			21	31
Item			Total	CCNH	RHNS	(Spe	cify)
	totals Bro	ught Forward:		001111	1411.0	(2)	··· <i>y</i>
12. C. Movable Equipment							
1. Automotive Equipment		\$					
A. Item	Rate	Amount	4.1				
Lender	,	<u> </u>					
Address of Lender		·					
2 01 (6 :6)		Φ.		T arangan			No.
2. Other (Specify) A. Item	D4-	\$					
A. Item	Rate	Amount		Ž.	186		
Lender		1 —	4 表	*	法裁点		
Address of Lender			k i i		集群员		4
B. Item	Rate	Amount					
Lender		<u> </u>					
							, Tr
Address of Lender				1			
12. C. 3. Total Movable Equipment Interes	est						
Expense $(C1 + 2)$		\$					
12. D. Other Interest Expense (Specify)		\$	44,434	44,434			
Interest on line of credit & other int	erest		E 35	4 1 10	多一般	14.18	£ 71
			學。表	4.3 b	20. 排		
13. Total All Interest Expense (12B7 + 120	23 + 12D	\$	44,434	44,434		<u> </u>	_
14. Insurance						1	
a. Insurance on Property (buildings or	ıly)	\$		9,454			
b. Insurance on Automobiles		\$	2,370	2,370			
c. Insurance other than Property (as sp	ecified ab	•	62.210	52.010			
1. Umbrella (Blanket Coverage)		<u>\$</u>	53,210	53,210		 	
2. Fire and Extended Coverage				7 101		1	
3. Other (Specify) D&O and Crime Policy		\$	7,101	7,101			
D&O and Crime Policy							
14d. Total Insurance Expenditures (14a + b	+ c)	\$	72,135	72,135			
15. Total All Expenditures (A-13 thru C-14		\$		13,068,721			

D. Adjustments to Statement of Expenditures

	of Fa		ppy of Westport, LLC, d/b/a Westport Rehabili	Lic	ense No. 2405	Report for Year 9/30/2016	r Ended	Page 28	of 37
Item	Page	Line	,		Total Amount of				
No.	No.		Item Description		Decrease	CCNH	RHNS	(Spe	cify)
	<u> 10 - S</u>	alarie	es and Wages	_	1 77.52			200	
1.			Outpatient Service Costs	\$				<u> </u>	
2.			Salaries not related to Resident Care	\$		50.15 0			
3.	10	A12g	Occupational Therapy	\$	73,159	73,159			
4.			Other - See attached Schedule	\$	4,026	4,026			DA:000015075
	13 - F	rofes	sional Fees	_		Stor Ac		TA TE	
5.		710	Resident Care Physicians **	\$	251.050	271.070			
6.	_13	B10a	Occupational Therapy	\$	271,978	271,978			
<u>7.</u>			Other - See attached Schedule	\$					
	s 15 &	16 -	Administrative and General		388			1000	
8.			Discriminatory Benefits	\$	(10.020)	(10.000)		ļ	
9.	_	1c	Bad Debts	\$	(18,020)	(18,020)		ļ	
10.	15	1e	Accounting & Legal	\$	2,769	2,769		ļ	
11.			Telephone	\$	(0.0	(22)		ļ	
12.	15	1h2	Cellular Telephone	\$	633	633		1 As (1000 MIN 100 L-100 MIN 100 MIN 100 L-100 MIN 100 MIN	EKCJONERYZGIĄC
13.			Life insurance premiums on the life						
			of Owners, Partners, Operators	\$		ļ			
14.			Gifts, flowers and coffee shops	\$	800 (000 000 000 000 000 000 000 000 000				
15.			Education expenditures to colleges or			112 1986	b all last		
			universities for tuition and related costs						
			for owners and employees	\$			and the second s	8 650 - 680 SW 886 6 7 15 C	7.55 <i>2000</i> 000000000000000000000000000000000
16.			Travel for purposes of attending			W. Ex.	100	4	
			conferences or seminars outside the			35 353			
			continental U.S. Other out-of-state			37 Year			
			travel in excess of one representative	\$			····-	ļ	
17.			Automobile Expense (e.g. personal use)	\$				ļ	
18.	16	m2/3	Unallowable Advertising *	\$	1,152	1,152			
19.			Income Tax / Corporate Business Tax	\$				ļ	
20.			Fund Raising / Contributions	\$				<u> </u>	
21.	16	m12	Unallowable Management Fees	\$	60,489	60,489	···		
22.			Barber and Beauty	\$					-
23.			Other - See attached Schedule	\$	5,811	5,811			VES 864000 COCK
Page			y Expenditures		The second secon	W. 39	TO SERVICE OF THE SER		
24.	16	m13	Meals to employees, guests and others		- 数議議:		新维生		
			who are not residents	\$	34	34			
	<u> 19 - 1</u>	Launa	ry Expenditures		80 00000		76,000		
25.			Laundry services to employees, guests		1. 人名英国	L D. LEM			
		<u> </u>	and others who are not residents	\$			88885 YYVA 200 C AAA AA		sa wiczonen
Page	<u> 20 - 1</u>	House	keeping Expenditures				Tealing.		
26.			Housekeeping services to employees, guests				107 (A. 1).		
			and others who are not residents	\$					
			Subtotal (Items 1 - 26)	\$	402,031	402,031	· · · · · · · · · · · · · · · · ·		

^{*} All except "Help Wanted".

⁽Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12n	Marketing	4,026		
		The state of the s			
Total Other	Salaries A	Adjustment	\$ 4,026	s -	s -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other	Fees Adju	stments	\$ -	\$ -	S -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
See	Attached	Marketing Disallowances	\$ 3,357		
16	m.13.	Collateral Material-Mkt (Self-disallow)	\$ 372		
16	m.13.	Benefit Plan Fees (Self-disallow)	\$ (5,477)		
16	m.13.	Resident Reimburse on Lost/Stolen Items (Self-disallow)	\$ 702		
16	m.13.	Equipment Minor-Adm (Self-disallow)	\$ (4,186)		
16	m.13.	Misc Decor-Adm (Self-disallow)	\$ 155		
16	m.13.	Holiday Decorations-Adm (Self-disallow)	\$ 92		
16	m.13.	Collection Fees/Credit Card Fees (Self-disallow)	\$ 192		
16	m.13,	Late fees/Fines/Finance Charges-Adm (Self-disallow)	\$ 5,368		
15	1a9	Employee Food (Self-disallow)	\$ 2,461		
15	1a9	Holiday Funds (Self-disallow)	\$ 2,775		
Total Othe	r A&G Ad	ustments	\$ 5,811	\$ -	\$ -

Senior Philanthropy of Westport, LLC Calculation of Allowable Management Fee 9/30/2016

<u>Descrption</u>	Amount		
Management fees Charged (Pg. 16 / Line m12) Patient Days	315,924 TB 38,684 Pag		
Amount Per Patient Day	\$	8.1668	
PPD Allowance Per Rate Agreement 2015 CPI Increase		6.37 0,23	
PPD Allowance 9/30/2015		6.60	-
Amount over (Under)	\$	1.5637	
Total Days		38,684	Page 8 of C/R
Disallowed Management Fee	<u></u>	60,489	- -

Senior Philanthropy of Westport, LLC Calculation of Allowable Cell Phone Expense September 30, 2016

Beds	# of Allowable Cell Phones
1-100	3
101-200	4
201-300	5
301-400	6

Total Bed Capacity	120
# of Allowable Cell Phones	4

Allowable Cell Phone Expense	(per cell phone):	
per month	\$	30
per year	\$	360

Page 15 Line 1h2	Aı	mount	
Cell Phone expense per TB	\$	2,073	
Allowable Cell Phone expense	\$	1,440	
Disallowed Cell Phone expense	\$	633	Page 28 Line 12

Senior Philanthropy of Westport, LLC Marketing Disallowance September 30, 2016

Page	2	<u>Line</u>	Account	<u>Description</u>	Amount
15 15	1.g. 1.g.		490901 490920	Office Supplies-Mkt Forms/Printing-Mkt Total Page 15 Marketing Disallowance	3,355 3,355
16 16 16	1.4. 1.5. m.7.		490950 490133 490930	Mileage Reimbursement-Mkt Training/Seminars/Courses-Mkt Postage-Mkt Total Page 16 Marketing Disallowance	2 - - 2
Disal	lowed M	Iarketing De	partment E	xpenses =	\$ 3,357

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

			D. Adjustments to Statemen			litures (co	ont'd)		
Name	of Fa	cility		Lic	ense No.	Report for Y	ear Ended	Page	of
Senio	r Phil	anthro	ppy of Westport, LLC, d/b/a Westport Rehat		2405	9/30/2016		29	37
				T	Total				
Item	Page	Line			Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Sp	pecify)
			Subtotals Brought Forward	\$	402,031	402,031			
Page	20 - K	Reside	nt Care Supplies***		1000	TO A SECURE		- 8	10.4
27.			Prescription Drugs	\$	129,320	129,320			
28.	20	5d	Ambulance/Limousine	\$	1,037	1,037			
29.	20	5f	X-rays, etc	\$	6,430	6,430			
30.	20	5h	Laboratory	\$	20,237	20,237			
31.	30	302II	Medical Supplies	\$	910	910			
32.	20	5e2	Oxygen (non emergency)	\$	17,473	17,473			
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$	26,670	26,670			
Page	22 - N	Iaint	enance and Property		4 6 7	Cape (Sept.)	100	363	
35.			Excess Movable Equipment Depreciation		多集 多	1945			
			See Attached Schedule	\$					
36.			Depreciation on Unallowable		2000	354			
			Motor Vehicles	\$					
37.			Unallowable Property and Real		1 1 1				
1		,	Estate Taxes	\$					
38.		-	Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$					
Page	27 - 1	nsura	ince		4.4				4
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
Othe	r - Mi	scella	neous		16 A 3	Marin A. D.		16.00	1200
42.			Research or Experimental Activities	\$					
43.			Radio and Television Revenue	\$					
44.	30	IV8	Vending Machine Revenue	\$	2,834	2,834			
45.			Purchase Discounts and Allowances	\$					
46.			Duplications of functions or services	\$					
47.			Expenditures made for the protection,		2 3 8 00.			200	
	İ		enhancement or promotion of the		4 年 成體		# N.	- 4	and a
			providers interest	\$					
48.			Interest Income on Accounts Rec	\$					
49.			Other (include personnel and other		381 Z. S	14			160
1			costs unrelated to resident care) - See			300			
			Attached Schedule	\$	1,792	1,792			
Not I	For Pi	ofit P	roviders Only			A1168			10.27
50.		<u> </u>	Building/Non Movable Eq. Depreciation						5.00
		[Unallowable Building Interest -			4900	2.25		£ 400
			See Attached Schedule	\$					
51.	Total	Amo	unt of Decrease (Items 1 - 50)	\$	608,734	608,734			

^{***} 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.

Senior Philanthropy of Westport, LLC, d/b/a Westport Rehabilitation Complex 9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5.i.	Cable TV (see attached)	\$ 20,269		
20	5.j.	IV Drugs - Medicare (Self-disallow)	\$ 1,460		
20	5.j.	IV Supplies - Medicare (Self-disallow)	\$ 3,960		
20	5.j.	IV Supplies - Managed Care (Self-disallow)	\$ 981		
Total Othe	r Ancillary	Costs	\$ 26,670	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
		A Section			
		3.00			- 1
		200			State of the state
Total Exces	s Movable	Equipment Depreciation	s -	\$ -	S -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	1.27	No.			
				17.0	
11036					17
					20.00
Total Othe	r Property	Adjustments	\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c3	D&O Insurance	\$ 1,146		
30	IV1	Meals income	646		100
		Ú, i			
Total Other	. Adjustme	ents	\$ 1,792	s -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
					4.
	100				
		The state of the s			
		(A)			
Total Unall	owable Bu	ilding Interest	\$ -	\$ -	\$ -

Pg. 29b

Senior Philanthropy of Westport, LLC Disallowance Schedule for Cable TV September 30, 2016

	<u>A</u>	mount	
Total Cable TV Expense acct #560717	\$	23,869	TB Linked
Monthly Allowable amount	\$	300	
Months in Cost Report Year	•	12	
Total Allowable Cost	\$	3,600	
Disallowed Cable TV	\$	20,269	

F. Statement of Revenue

Name of Facility License No.		Report for Yo	ear Ended		Page	of
Senior Philanthropy of Westport, LLC, d/12405	_	9/30/2016	· · · · · · · · · · · · · · · · · · ·		30	37
	ı					
Item	_	Total	CCNH	RHNS	(Spe	ecify)
I. Resident Room, Board & Routine Care Revenue			146	EL.		
1. a. Medicaid Residents (CT only)	\$	14,758,419	14,758,419		<u> </u>	
b. Medicaid Room and Board Contractual Allowance **	\$	(5,649,892)	(5,649,892)			
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$	1,463,511	1,463,511			
b. Medicare Room and Board Contractual Allowance **	\$	601,765	601,765			
4. a. Private-Pay Residents and Other	\$	1,556,133	1,556,133			
b. Private-Pay Room and Board Contractual Allowance **	\$	(104,527)	(104,527)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$	140,065	140,065			
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$	80,695	80,695		1	
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	· · · · · · · · · · · · · · · · · · ·				
2. a. Medical Supplies - Medicare	\$	910	910			
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$	968,470	968,470	-		
b. Physical Therapy - Medicare Contractual Allowance **	\$	<u></u>				
c. Physical Therapy - Non-Medicare	\$	637,904	637,904			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$,				
4. a. Speech Therapy - Medicare	\$	187,573	187,573			
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$	148,701	148,701			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$	674,419	674,419			
b. Occupational Therapy - Medicare Contractual Allowance **	\$	5,			-	
c. Occupational Therapy - Non-Medicare	\$	357,553	357,553			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	501,500				
6. a. Other (Specify) - Medicare	\$	(1,722,930)	(1,722,930)		·	
b. Other (Specify) - Non-Medicare	\$	(1,174,465)	(1,174,465)			
III. Total Resident Revenue (Section I. thru Section II.)	_	12,924,304			1	
IV. Other Revenue*		12,724,504	12,724,504			A Park
1	ø	646	646		2 3	
1. Meals sold to guests, employees & others	\$	646	040		<u> </u>	
2. Rental of rooms to non-residents	\$		<u> </u>		 	
3. Telephone	\$				+	
4. Rental of Television and Cable Services	\$				+	
5. Interest Income (Specify)	\$		3		+	
6. Private Duty Nurses' Fees	\$				+	
7. Barber, Coffee, Beauty and Gift shops	\$		2 024		+	
8. Other (Specify)	\$		2,834	 	+	-
V. Total Other Revenue (1 thru 8)	\$		3,483	<u> </u>	 	·
VI. Total All Revenue (III+V)	\$	12,927,787	12,927,787		<u>. </u>	

^{*} 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)
		•		
	Laboratory+ MCR A-SNF	\$ 20,649		
	IV Therapy-MCR A-SNF	\$ 7,634		
	XRay MRA	\$ 8,497		
	Contractual Adj-Ancill-MCR A-SNF	\$ (1,389,660)		
	Equipment Rental-MCR B-SNF	\$ -		
	Sequestration - MCR B	\$ (4,049)		
27	Contractual Adj- Ancill- MCR B-SNF	\$ (366,001)		
Total Oth	er Resident Revenue - Medicare	\$ (1,722,930)	\$.	s -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-	147000 480	
	Laboratory	\$ 220	11.5	
	Laboratory- MCD- SNF	\$ 1,419		
	IV Therapy-MCD-SNF	\$ 8,222	1	
	Other Service- MCD-SNF	\$ 99		
7.0	Contractual Adj- Ancillaries- MCD-SNF	\$ (605,631)		
	Medical Supplies HMO	\$ 410	107	
7.7	Lab HMO	\$ 9,441		
	IV THERAPY	\$ 1,889		
	Radiology HMO	\$ 1,629		
	Contractual Adj Ancillary HMO	\$ (592,163)		
Total Oth	er Resident Revenue	\$ (1,174,465)	s -	s -

Interest Income

Account

Page Ref Account	Balance	CCNH	RHNS	(Specify)
		. 32.33		
Interest Income		\$ 3		
Total Interest Income		\$ 3	s -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		95. - 12-		
	Vending Machine Revenue (Self-disallow)	\$ 2,834		
	1			
Total Othe	r Revenue	\$ 2,834	S -	S -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Westport, LLC	2405	9/30/2016	31	37
	Account		Aı	mount
Assets				
A. Current Assets				
1. Cash (on hand and in banks))		 \$	426,907
2. Resident Accounts Receivab	le (Less Allowance	for Bad Debts)	\$	2,403,410
3. Other Accounts Receivable			\$	
4 Inventories			\$	
5. Prepaid Expenses			\$	119,829
a. Prepaid Insurance		6,091		143
b. Prepaid Taxes and Licens	es	423	4.1	· 摄 摄 旋
c. Prepaid Uniforms		28,312		湖 新井
d. Prepaid Other		85,003		
6. Interest Receivable			\$	
7. Medicare Final Settlement R	eceivable		\$	
8. Other Current Assets (itemiz	e)		\$	176,928
Due from Long Ridge		1,082	\$ 32	
Deposits on Utilities		500		
Deposits on Professional Servi Construction-in-Progress	ces	70,000 105,346		海 (五點)
A-9. Total Current Assets (Lines A1	thru 8)	700,010	\$	3,127,074
B. Fixed Assets	· · · · · · · · · · · · · · · · · · ·			
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
2. Earla Improvements	Accum. Depreciat	tion Net	ľ	
3. Buildings	*Historical Cost	68,948	\$	63,261
J. Buildings	Accum. Depreciat	····	ľ	00,201
4. Leasehold Improvements	*Historical Cost	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	
Deasenoid improvements	Accum. Depreciat	tion Net		
5. Non-Movable Equipment	*Historical Cost	2,00	\$	
J. Tron Morable Equipment	Accum. Depreciat	tion Net	ľ	
6. Movable Equipment	*Historical Cost	199,449	\$	159,718
o. Movable Equipment	Accum. Depreciat			,
7. Motor Vehicles	*Historical Cost	41,367	\$	29,068
7. Motor Venicies	Accum. Depreciat		ľ	25,000
8. Minor Equipment-Not Depre		Tayann Tiet	\$	
9. Other Fixed Assets (itemize))		\$	2,076
F/S vs. C/R Adjustment	,	2,076	ľ	2,070
170 vs. C/X Aujusunciii	· · · · · · · · · · · · · · · · · · ·	4,070	_	
B-10. Total Fixed Assets (Lines B	11 thru 9)		\$	254,123

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

G. Balance Sheet (cont'd)

		Facility	License No.	Report for Year Ended		Page	of
Seni	or P	hilanthropy of Westport, LLC,		9/30/2016		32	37
			Account			Amo	
				Total Brought Forward	: \$		3,381,197
C.		asehold or like property record	ed for Equity Purpose	es.			
		Land			\$		
	2.	Land Improvements	*Historical Cost				
ļ			Accum. Depreciation	n Net	\$		
	3.	Buildings	*Historical Cost				
			Accum. Depreciation	n Net	\$	** **	
	4.	Non-Movable Equipment	*Historical Cost				
			Accum. Depreciation		\$	•	
	5.	Movable Equipment	*Historical Cost	556,422			202.006
			Accum. Depreciation	n 354,416 Net	\$		202,006
ļ	6.	Motor Vehicles	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	7.				\$		202.006
C-8		tal Leasehold or Like Properti	ies (C1 thru 7)		\$		202,006
D.		vestment and Other Assets					
		Deferred Deposits			\$		
		Escrow Deposits	· ,		\$		·
	3.	Organization Expense	*Historical Cost				
			Accum. Depreciatio	n Net	\$		· _
		Goodwill (Purchased Only)			\$		
	5.	Investments Related to Reside	ent Care (temize)		\$		
					_		左前线
							1 24 2
	6.	Loans to Owners or Related F	Parties (itemize)		\$		
		Name and Address	Amount	Loan Date			La E
							East 4
							BA 5.
	7.	Other Assets (itemize)			\$		
					_	35 100 (100 (100 (100 (100 (100 (100 (100	
							2.5
		tal Investments and Other Ass			\$		
D-9.	To	tal All Assets (Lines A9 + B10	0 + C8 + D8		\$		3,583,204

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

G. Balance Sheet (cont'd)

Name of Fac			License No.	Report for Year	Ended	Page	of
Senior Philar	nthro	py of Westport, LLC, d/b/a V	2405	9/30/2016		33	37
		A	ccount			An	nount
Liabilities	_						
A.		rrent Liabilities			١		1 140 024
	1.	Trade Accounts Payable			\$ \$		1,140,034 7,102
	2.	Notes Payable (<i>itemize</i>) Note Payable - HSG 12/31/3	15	7,102			7,102
		Note Payable - 113G 12/31/	13	7,102			
							
	3.	Loans Payable for Equipme	nt Current portion	n) (itemize)	\$		***
		Name of Lender	Purpose	Amount	Date Due		4 6
			-				
							20.00
							# X
							對其其二
						曹 麻	4.88
							161.010
	<u>4.</u>	Accrued Payroll (Exclusive	*		\$		161,812
	5.	Accrued Payroll (Owners ar		only)	\$		05.041
	6.	Accrued Payroll Taxes Paya			\$		25,841
	7.	Medicare Final Settlement I			\$		
	8.	Medicare Current Financing			\$		
	9.	Mortgage Payable (Current) 1 (1D ('))	\$		
<u> </u>		. Interest Payable (Exclusive	oj Owner ana/or F	(elatea Parties)	\$		
		Accrued Income Taxes*					826,419
	12	Other Current Liabilities (ite	·	410	Ţ)	620,419
		See Attached	826	,419		5- La	
			<u> </u>				
		tal Current Liabilities (Lines				<u> </u>	2,161,208

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

(Carry Total forward to next page)

Traditions Senior Management Medicaid - Senior Philanthropy of Westport, LLC 9/30/2016 A.O.I - TB-CCNH A.O4 - Balance Sheet

Client: Engagement: Period Ending: Trial Balance: Workpaper:

Workpaper:	A.04 - Balance Sheet				
Account	Description	ADJ	1st PP-FINAL	\$ VAR	% VAR
		9/30/2016	9/30/2016		
Subgroup : (A1	2] Other Current Liabilities				
210109	Employee Deductions- Gamishments	(4.00)	(170.68)	166.68	(97.66%)
210110	Employee Deductions- HSA	0.00	(617.14)	617.14	(100.00%)
210111	Employee Deductions- 401K	0.00	(10,898.99)	10,898.99	(100.00%)
210112	Employee Deductions- FSA	(962.00)	(351.22)	(610.78)	173.90%
210113	Employee Deductions- ST/LIFE	(2,308.00)	(2,268.75)	(39.25)	1.73%
210114	Employee Deductions- Child Support	(187.00)	(1,054.11)	867.11	(82.26%)
210116	Employee Deductions - AFLAC	(326.00)	(3,013.85)	2,687.85	(89.18%)
210117	Employee Deductions - Union Dues	(946.00)	(1,341.09)	395.09	(29.46%)
210118	Resident Trust	(56,544.00)	(34,519.36)	(22,024.64)	63.80%
210160	Uncleared Checks	(37,526.00)	(194,194.22)	156,668.22	(80.68%)
210206	Accrued Workers Comp	(16,630.00)	(36,893.53)	20,283.53	(54.92%)
210208	Accrued Real Estate Taxes	(37,602.00)	(60,750.00)	23,148.00	(38.10%)
210212	Accrued Interest Payable	0.00	(10,607.84)	10,607.84	(100.00%)
210214	Accrued Land Lease	(5,471.00)	(5,471.00)	0.00	0.00%
210215	Accrued Legal Fees	(12,692.00)	(12,800.00)	108.00	(0.84%)
210216	Accrued Accounting/Audit Fees	(33,514.00)	(17,000.00)	(16,514.00)	97.14%
210218	Accrued Personal Property Taxes	(2,352.00)	(11,250.00)	8,898.00	(79.09%)
210225	Due to Eagle Lake Foundation	0.00	(116,170.47)	116,170.47	(100.00%)
210259	Due to Medicald - Bed Fees	(177,997.00)	(186,447.40)	8,450.40	(4.53%)
220200	Deferred Rent	(441,358.00)	0.00	(441,358.00)	0.00%
	Other Current Liabilities	(826,419.00)	(705,819.65)	(120,599.35)	17.09%

G. Balance Sheet (cont'd)

Name of Facility			Page	of		
Senior Philanthropy of Westport, LLC, d/b/	a 2405	9/30/2016		34	37	
Account				A	mount 2,161,208	
	Total Brought Forward:					
Liabilities (cont'd)						
B. Long-Term Liabilities			1.			
Loans Payable-Equipment			\$			
Name of Lender	Purpose	Amount	Date Due		18 SH 188	
	ļ		<u> </u>			
				4.8		
				激		
				楚 1	在技术	
0.11			1			
2. Mortgages Payable	1 1 D 12 C1 2		\$			
3. Loans from Owners or Rel)		
Name and Address of Lender	Amount	Loan I	Jate			
				100		
				建		
				學。		
					25.45	
				75.7	A 10 4	
				78		
4. Other Long-Term Liabiliti	es (itemize)		\$	<u> </u>	998,525	
Due to Fifth Third Line		952,455		1 7 1	ALTER SHOW	
Long Term Capital Lease		46,070		E .		
					1 强	
				\$4.00 pt 1	4.计算基础	
B-5. Total Long-Term Liabilities (\$		998,525	
C. Total All Liabilities (Lines A-	13 + B-5)		\$	3	3,159,733	

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

	ne of Facility	License No.	Report for Y	ear Ended	Page	of
Sen	or Philanthropy of Westport, LLC		9/30/2016		35	37
A. Reserves					Am	nount
Δ.		and			 	
					Ψ.	
	2. Reserve for depreciation val to be amortized	ue of leased buildi	ngs and appurten	ances	 \$	
	to be amortized				19	· · · · · · · · · · · · · · · · · · ·
	3. Reserve for depreciation val	ue of leased person	nal property (Equ	uity)	\$	202,006
	4. Reserve for leasehold real pr	operties on which	fair rental value	is based	\$	
	5. Reserve for funds set aside a	s donor restricted		<u>. </u>	\$	
	6. Total Reserves				\$	202,006
B.	Net Worth					
	1. Owner's Capital				\$	
	2. Capital Stock				\$	
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	308,027
	6. Gain or Loss for Period	10/1/2	015 thru_	9/30/2016	\$	(86,562)
	7. Total Net Worth				\$	221,465
C.	Total Reserves and Net Worth				\$	423,471
D.	Total Liabilities, Reserves, and	Net Worth			\$	3,583,204

H. Changes in Total Net Worth

Senior Philanthropy of Westport, LLC, d 2405 9/30/2016	36	37
Account	Α	mount
A. Balance at End of Prior Period as shown on Report of 09/30/2015	\$	308,027
	\$	12,927,787
	\$	13,014,349
	\$	(86,562)
	\$	221,465
F. Additions		
1. Additional Capital Contributed (itemize)	100	* 1.38B
Total Expenditures PG 27 13,068,721		No. 1
Depreciation Adjustment (54,370)		
Rounding (2)		1.80
Total Expenditures Line C 13,014,349		
2. Other (itemize)		推進
		"强"。 激動
		建工程
F-3. Total Additions	\$	
G. Deductions		
Drawings of Owners/Operators/Partners (Specify)	\$	
Name and Address (No., City, State, Zip) Title Amount		
		L 134 1
		香罗龙 金
2. Other Withdrawings (Specify)	\$	
Purpose Amount	#34£	34 39
		1
3. Total Deductions	\$	
H. Balance at End of Period 09/30/16	\$	221,465

I. Preparer's/Reviewer's Certification

Name of Facility		License No.	Report for Year Ended	Page of				
Senior Philanthropy of Westport, LLC,		2405	2405 9/30/2016					
	Check appropriate category							
Chronic and Convalescent Nursing Home only (CCNH) Rest Home with Nursing Supervision only (RHNS)								
		Preparer/Reviewer Certificat	tion					
	I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.							
Signat	Signature of Preparer Title Date Signed 2 7 17							
	Printed Name of Preparer							
	Matthew S. Bavolack							
Addre	s Address		Phone Number					
555 L	ong Wharf Drive, New Haven, CT 06	511	203-781-9600					

Subject to the attached accountants' consulting report



ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Senior Philanthropy of Westport, LLC for the year ended September 30, 2016, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Senior Philanthropy of Westport, LLC. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

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

This report is intended solely for the information and use of the management of **Senior Philanthropy of Westport**, **LLC** and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT February 6, 2017



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

Facility Na	Me Senior Philanthropy of Westport, LLC d/b/a Westport Rehabilitation Complex
	following check list. Provide an explanation for any "No" answers. Attach ets to explain further, if necessary.
Yes No X Explanation:	1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?
Yes No / Explanation:	 Are the methods of allocating costs consistent with cost year 2015? If not, explain the reporting change.
Yes No Explanation:	3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.
Yes No	 Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Explanation:	5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?
Yes No J Explanation:	6. During cost year 2016, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?
Yes No	7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?
Yes No Substitution:	8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.
Yes No Explanation:	9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?
Yes No Explanation:	10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation:	11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?
Yes No Explanation:	12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?
Yes No	13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from cost year 2015?
Yes No Explanation:	14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?
Yes No Explanation:	15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?
Yes No J Explanation:	16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation:	17. Have all contractual allowances been properly reported on Page 30?
Yes No	18. If the automated cost report was used, were all discrepancies on the Error Page addressed? If not addressed, explain why.
Yes No Explanation:	19. Have Pages 1 and 37 been signed? Cost reports without a signed Page 1 and 37 will not be accepted.
Yes No	20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? <i>If detail is not provided, appropriate disallowances will be made.</i>
Yes No Explanation:	21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?
Yes No Explanation:	22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Client: Engagement: Period Ending: Trial Balance:	A.01 - TB-CCNH		IE Pof #	RJE	FINAL
Account	Description	ADJ	JE Ref#	KJE	
		9/30/2016			9/30/2016
110102	Petty Cash	1,000.00			1,000.00 6,705.00
110103 110110	BOA Operating Account Resident Trust	6,705.00 56,544.00			56,544.00
110110	Accts Receivable-PVT	135,614.00			135,614.00
110204	Accts Receivable-Caid Res Responsibility	(50,046.00)			(50,046.00)
110205	Accts Receivable-SNF Medicare Part A	279,795.00			279,795.00
110207	Accts Receivable-SNF Medicare Part B	90,868.00			90,868.00
110208	Accts Receivable-Caid Cross-Over Part A	38,828.00			38,828.00
110209	Accts Receivable-Caid Cross-Over Part B	29,474.00			29,474.00
110210	Accts Receivable-SNF Medicaid	1,321,739.00			1,321,739.00
110211	Accts Receivable-Hospice	48,327.00			48,327.00
110212	Accts Receivable-Pvt Co Insurance Part A	101,051.00			101,051.00
110213	Accts Receivable-Pvt Co Insurance Part B	10,844.00			10,844.00
110214	Accts Receivable-Insurance	17,160.00			17,160.00
110215	Allowance for Uncollectible-SNF/IL/AL	(62,980.00)			(62,980.00)
110217	Accts Receivable - Other	19,703.00			19,703.00
110218	Accts Receivable - HMO B	10,712.00			10,712.00
110221	Accounts Receivable - HMO	95,575.00			95,575.00
110223	Accts Receivable - PO	311,194.00			311,194.00
110242	Due from Long Ridge	1,082.00			1,082.00
110250	AR-Refunds	5,552.00			5,552.00
110401	Prepaid Insurance	6,091.00			6,091.00
110403	Prepaid Taxes and Licenses	423.00			423.00
110405	Prepaid Uniforms	28,312.00			28,312.00
110406	Prepaid Other	85,003.00			85,003.00
120110	Deposits on Utilities	500.00			500.00 70,000.00
120111 120204	Deposits on Professional Services Cash - Insurance Reserve	70,000.00 361,908.00			361,908.00
120204	Cash - Security Deposit	750.00			750.00
120205	Building & Improvements	68,948.00			68,948.00
120304	Accumulated Depr- Bldg & Improvement	(4,860.00)			(4,860.00)
120305	Furniture, Fixtures & Equipment	199,449.00			199,449.00
120307	Accumulated Depr- FFE	(41,014.00)			(41,014.00)
120308	Motor Vehicles	41,367.00			41,367.00
120309	Accumulated Depr- Vehicles	(9,767.00)			(9,767.00)
120320	Construction-in-Progress	105,346.00			105,346.00
210104	Accounts Payable- Trade	(1,076,334.00)	ı		(1,076,334.00)
210105	Accounts Payable- Accrued	(63,700.00)			(63,700.00)
210109	Employee Deductions- Garnishments	(4.00)	ı		(4.00)
210112	Employee Deductions- FSA	(962.00)	ı		(962.00)
210113	Employee Deductions- ST/LIFE	(2,308.00)			(2,308.00)
210114	Employee Deductions- Child Support	(187.00)			(187.00)
210115	SIT Taxes Payable	(2,967.00)			(2,967.00)
210116	Employee Deductions - AFLAC	(326.00)			(326.00)
210117	Employee Deductions - Union Dues	(946.00)			(946.00)
210118	Resident Trust	(56,544.00)			(56,544.00)
210152	Note Payable - HSG 12/31/15	(7,102.00)			(7,102.00)
210160	Uncleared Checks	(37,526.00)			(37,526.00)
210201	Accrued Salaries & Wages	(74,821.00)			(74,821.00)
210202	Federal Income Tax Withheld	(9,792.00) (12,403.00)			(9,792.00) (12,403.00)
210204 210205	FICA Taxes- EE SUI Taxes Payable	(12,403.00) (658.00)			(658.00)
210205	Accrued Workers Comp	(16,630.00)			(16,630.00)

				10:46 AM
Account	Description	ADJ	JE Ref # RJE	FINAL
710000111		9/30/2016		9/30/2016
210207	Accrued Vacation/Holiday Pay	(86,991.00)		(86,991.00)
210208	Accrued Real Estate Taxes	(37,602.00)		(37,602.00)
210210	FUTA Taxes	(21.00)		(21.00)
210214	Accrued Land Lease	(5,471.00)		(5,471.00)
210215	Accrued Legal Fees	(12,692.00)		(12,692.00)
210216	Accrued Accounting/Audit Fees	(33,514.00)		(33,514.00)
210218	Accrued Personal Property Taxes	(2,352.00)		(2,352.00)
210244	Due to Fifth Third Line	(952,455.00)		(952,455.00)
210259	Due to Medicaid - Bed Fees	(177,997.00)		(177,997.00)
220200	Deferred Rent	(441,358.00)		(441,358.00)
220400	Long Term Capital Lease	(46,070.00)		(46,070.00)
250200	Change in Net Assets	(308,029.00)		(308,029.00)
310101	Routine Services-SNF PVT	(657,501.00)		(657,501.00)
310103	Pharmacy- SNF PVT	1,789.00		1,789.00
310105	Laboratory	(220.00)		(220.00)
310106	Physical Therapy- SNF PVT`	(7,552.00)		(7,552.00)
310108	Occupational Therapy- SNF PVT	(4,532.00)		(4,532.00)
310201	Routine Services-MCR A-SNF	(1,499,154.00)		(1,499,154.00)
310203	Pharmacy-MCR A-SNF	(140,065.00)		(140,065.00)
310205	Laboratory- MCR A-SNF	(20,649.00)		(20,649.00)
310206	Physical Therapy- MCR A-SNF	(631,410.00)		(631,410.00)
310207	Speech Therapy- MCR A-SNF	(73,281.00)		(73,281.00)
310208	Occupational Therapy- MCR A-SNF	(508,123.00)		(508,123.00)
310212	IV Therapy-MCR A-SNF	(7,634.00)		(7,634.00)
310215	XRay MRA	(8,497.00)		(8,497.00)
310295	Sequestration - MCR A	35,643.00		35,643.00
310298	Contractual Adj- Room- MCR A-SNF	(601,765.00)		(601,765.00)
310299	Contractual Adj-Ancill-MCR A-SNF	1,389,660.00		1,389,660.00 (14,758,419.00)
310301	Routine Services- MCD-SNF	(14,758,419.00)		(15,470.00)
310303 310305	Pharmacy- MCD- SNF	(15,470.00) (1,419.00)		(1,419.00)
	Laboratory- MCD- SNF Physical Therapy- MCD-SNF	(333,024.00)		(333,024.00)
310306 310307	Speech Therapy- MCD-SNF	(91,375.00)		(91,375.00)
310307	Occupational Therapy- MCD-SNF	(156,023.00)		(156,023.00)
310308	IV Therapy-MCD-SNF	(8,222.00)		(8,222.00)
310312	Other Service- MCD-SNF	(99.00)		(99.00)
310398	Contractual Adj- Room- MCD-SNF	5,649,892.00		5,649,892.00
310399	Contractual Adj- Ancillaries- MCD-SNF	605,631.00		605,631.00
310402	Medical Supplies- MCR B-SNF	(910.00)		(910.00)
310406	Physical Therapy- MCR B-SNF	(337,060.00)		(337,060.00)
310407	Speech Therapy-MCR B-SNF	(114,292.00)		(114,292.00)
310408	Occupational Therapy-MCR B-SNF	(166,296.00)		(166,296.00)
310498	Sequestration - MCR B	4,049.00		4,049.00
310499	Contractual Adj- Ancill- MCR B-SNF	366,001.00		366,001.00
310501	Routine Services-Hospice-SNF	(146,574.00)		(146,574.00)
310503	Pharmacy-Hospice-SNF	(132.00)		(132.00)
310508	Occupational Therapy-Hospice-SNF	(185.00)		(185.00)
310598	Contractual Adj-Room-Hospice-SNF	58,531.00		58,531.00
310599	Contractual Adj- Ancill- Hospice-SNF	132.00		132.00
310801	Routine Services HMO	(752,058.00)		(752,058.00)
310802	Medical Supplies HMO	(410.00)		(410.00)
310803	Pharmacy HMO	(66,882.00)		(66,882.00)
310805	Lab HMO	(9,441.00)		(9,441.00)
310806	PT HMO	(297,328.00)		(297,328.00)
310807	ST HMO	(57,326.00)		(57,326.00)
310808	OT HMO	(196,813.00)		(196,813.00)
310810	IV THERAPY	(1,889.00)		(1,889.00)

				10):46 AM
Account	Description	ADJ	JE Ref#	RJE	FINAL
Account	Description	9/30/2016			9/30/2016
310815	Radiology HMO	(1,629.00)			(1,629.00)
310895	Sequestration - HMO	434.00			434.00
310898	Contractual Adjustment Room HMO	45,430.00			45,430.00
310899	Contractual Adj Ancillary HMO	592,163.00			592,163.00
370120	Employee Meals	(646.00)			(646.00)
380165	Vending Machine Revenue	(2,834.00)			(2,834.00)
410101	Salaries-Administrator	131,945.00			131,945.00
410102	Salaries-DON	107,624.00			107,624.00
410104	Salaries-MDS Coor/MDS Asst	86,122.00			86,122.00
410106	Inservice Coordinator-Nursing Admin	54,724.00			54,724.00
410107	Salaries - ADON/Unit Mgr	51,502.00			51,502.00
410116	Orientation - Nursing Adm	407.00			407.00
410120	Vacation/Sick/Holiday-Nursing Admn	42,745.00			42,745.00
410121	Payroll Taxes-Nursing Admn-FICA	34,749.00			34,749.00
410122	Payroll Taxes-Nursing Admn-SUI	9,015.00			9,015.00
410123	Workers Comp-Nursing Admn	16,396.00			16,396.00
410124	Payroll Nursing Admin-FUTA	2,217.00			2,217.00 22,384.00
410125	Employee Health Insurance-Nurs Admin	22,384.00			687.00
410126	Employee Life Insurance-Nursing Admn	687.00 841.00			841.00
410127	Employee Dental Insurance-Nurs Admin	88.00			88.00
410128	Employee Vision Insurance-Nurs Admin Recruitment-Nursing Admn	1,288.00			1,288.00
410130	Background Checks-Nursing Admn	164.00			164.00
410132 410133	Training/Seminars/Courses-Nurs Admn	4,835.00			4,835.00
410134	Dues/Subscriptons-Nursing Admn	7,999.00			7,999.00
410135	Employee Expense-Nursing Admn	753.00		(704.00)	49.00
410136	Contracted Services - Nursing Admin	36,390.00		,	36,390.00
410137	Software Expense - Nursing Adm	16,559.00			16,559.00
410140	Interco Contracted Services -Nurse Admin	10,557.00			10,557.00
410141	Cell Phones - Nursing Admin	1,683.00			1,683.00
410176	Equipment Minor	(1,275.00)			(1,275.00)
410195	Mileage/Travel Reimburse - Nursing Adm	895.00			895.00
410199	Licenses/Permits-Nursing Admn	1,841.00			1,841.00
410201	Salaries-RN	582,915.00			582,915.00
410202	Overtime-RN	60,691.00			60,691.00
410203	Orientation-RN	3,658.00			3,658.00
410204	Salaries-LPN	1,095,634.00			1,095,634.00
410205	Overtime-LPN	64,982.00			64,982.00 8,089.00
410206	Orientation-LPN	8,089.00			1,643,641.00
410207	Salaries-CNA	1,643,641.00			50,201.00
410208	Overtime-CNA	50,201.00 1,224.00			1,224.00
410209	Orientation-CNA	31,550.00			31,550.00
410210	Ward Clerk/Staff Coord-Nursing Ward Clerk/Staff Coord- OT	2,732.00			2,732.00
410212	Ward Clerk-Nurs Orientation	177.00			177.00
410213 410220	Vacation/Sick/Holiday-Nursing	444,331.00			444,331.00
410220	Payroll Taxes-Nursing-FICA	292,058.00			292,058.00
410222	Payroll Taxes-Nursing-SUI	96,201.00			96,201.00
410223	Workers Comp-Nursing	195,173.00			195,173.00
410224	Payroll Nursing - FUTA	19,933.00			19,933.00
410225	Employee Health Insurance-Nursing	404,381.00		153.00	404,534.00
410226	Employee Life Insurance-Nursing	2,398.00			2,398.00
410227	Employee Dental Insurance-Nursing	7,353.00			7,353.00
410228	Travel - Nursing	0.00		845.00	845.00
410229	Employee Vision Insurance - Nursing	1,543.00			1,543.00
410230	Recruitment-Nursing	2,654.00			2,654.00
410231	Drug Free Expense-Nursing	512.00			512.00

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Account	Description	ADJ JE	Ref#	RJE	FINAL
7100001111	22220				9/30/2016
		9/30/2016			
410232	Background Checks-Nursing	765.00			765.00
410233	Training/Seminars/Courses-Nursing	525.00 44 630.00		(272.00)	525.00 11,357.00
410235	Employee Expense-Nursing	11,629.00		(212.00)	6,016.00
410236	Uniforms-Nursing	6,016.00 758.00			758.00
410237	Office Supplies - Nursing	3,724.00			3,724.00
410240 410241	Interco Contracted Services - Nursing Pension-Nursing	301,021.00			301,021.00
410501	Salaries-Med Rec	38,344.00			38,344.00
410502	Overtime-Med Rec	3,218.00			3,218.00
410520	Vacation/Sick/Holiday- Med Recs	3,861.00			3,861.00
410521	Payroll Taxes-Med Recs-FICA	3,343.00			3,343.00
410522	Payroll Taxes-Med Recs-SUI	1,615.00			1,615.00
410523	Workers Comp- Med Recs	93.00			93.00
410524	Payroll Tax - Medical Record - FUTA	277.00			277.00
410525	Employee Health Insurance-Med Recs	5,802.00			5,802.00
410526	Employee Life Insurance-Med Recs	31.00			31.00
410527	Employe Dental Insurance-Med Recs	(100.00)			(100.00)
410535	Employee Expense-Med Recs	22.00		(22.00)	0.00
410540	Interco Contracted Services - Med Rec	1,204.00			1,204.00
410601	Salaries-Social Service	52,236.00			52,236.00
410620	Vacation/Sick/Holiday-Social Service	7,898.00			7,898.00
410621	Payroll Taxes- Social Service-FICA	4,367.00			4,367.00
410622	Payroll Taxes- Social Service-SUI	2,339.00			2,339.00
410623	Workers Comp-Social Service	93.00			93.00
410624	Payroll Tax - Social Service - FUTA	378.00			378.00
410625	EE Health Insurance-Social Service	5,499.00			5,499.00
410626	Employee Life Ins-Social Service	95.00			95.00 63.00
410627	Employee Dental Ins-Social Service	63.00			21.00
410628	Employee Vision Insurance - Social Ser	21.00 367.00			367.00
410630	Recruitment-Social Service	17.00			17.00
410635	Employee Expense-Social Service Medical Director	60,874.00			60,874.00
410701 410702	Pharmacy Consultant	11,862.00			11,862.00
410702	Salaries - Director of Rehab	22,491.00		(22,491.00)	0.00
410712	Salaries - Physical Therapy Assistant	36,330.00		(==, :: :: :)	36,330.00
410716	Salaries - Occupational Therapy Assist	13,406.00			13,406.00
410718	Salaries - Therapy - Rehab Tech	29,285.00			29,285.00
410719	Therapy - Rehab Tech OT	954.00			954.00
410730	Minor Equipment & Supplies - Therapy	5,304.00			5,304.00
410733	Floor Stock Drugs & Supplies	20,884.00			20,884.00
410740	Interco Contracted Services - Therapy	(235.00)			(235.00)
410741	Oxygen	8,881.00			8,881.00
410742	Inhalation Supplies	8,592.00			8,592.00
410743	IV Supplies - Medicaid	3,540.00			3,540.00
410750	Resident Transportation	1,037.00			1,037.00
410751	Lab Fees	20,237.00			20,237.00
410752	X-Ray Service	6,430.00			6,430.00
410753	Pharmacy Credits	(4,722.00)			(4,722.00)
410754	IV Drugs - Medicare	1,460.00			1,460.00
410755	IV Supplies - Medicare	3,960.00			3,960.00
410756	Pharmacy-RX Medicaid	5,084.00			5,084.00
410757	Pharmacy-RX Medicare	88,246.00			88,246.00
410758	Pharmacy-RX Managed Care	40,691.00			40,691.00 5 133 00
410759	Pharmacy OTC Medicaid	5,133.00			5,133.00 200.00
410760	Pharmacy-OTC Medicare	200.00			43,481.00
410761	Incontinent Supplies	43,481.00 63,847.00			63,847.00
410762	Medical Supplies	05,047.00			55,517.50

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Account	Description	ADJ JE F	Ref # RJE	FINAL
		9/30/2016		9/30/2016
410763	Nursing Supplies	78,969.00		78,969.00
410764	Nutritional Supplements	19,751.00		19,751.00
410765	Medical Equipment Rental	48,347.00		48,347.00
410767	Equipment Repairs - Nursing	6,998.00		6,998.00
410768	Minor Equipment - Nursing	4,429.00		4,429.00
410769	Pharmacy - RX Other	21.00		21.00
410770	Pharmacy - OTC Other	158.00		158.00
410772	IV Supplies - Managed Care	981.00		981.00
410773	IV Drugs - Medicaid	2,089.00		2,089.00
410774	Medical Waste Disposal	855.00		855.00
410775	Salaries - Physical Therapy	47,442.00	22,277.00	69,719.00
410776	Overtime - Physical Therapy	286.00	45.070.00	286.00
410777	Salaries - Occupational Therapy	44,612.00	15,376.00	59,988.00
410779	Salaries - Speech Therapy	12,949.00	11,446.00	24,395.00 0.00
410782	Vac/Sick/Hol - Therapy	26,608.00 17,335,00	(26,608.00)	17,225.00
410783	Fica - Therapy	17,225.00 2,624.00		2,624.00
410784 410785	SUI - Therapy Workers Comp - Therapy	10,755.00		10,755.00
410786	FUTA - Therapy	3,443.00		3,443.00
410787	Employee Health - Therapy	20,657.00		20,657.00
410788	Employee Dental - Therapy	752.00		752.00
410789	Employee Life - Therapy	143.00		143.00
410790	Therapy Software Costs	2,400.00		2,400.00
410791	Employee Vision Insurance - Therapy	44.00		44.00
410792	Physical Therapist - Outside Contr	405,981.00		405,981.00
410793	Occupational Therapist-Outside Cont	271,978.00		271,978.00
410794	Speech Therapist - Outside Contract	62,609.00		62,609.00
410796	Recruitment - Therapy	548.00		548.00
410798	Training/Seminars/Courses-Therapy Dept	2,243.00		2,243.00
410799	Purchased Services-Other	1,341.00		1,341.00
410855	Dental Consultants	11,076.00		11,076.00
410997	Quality Assessment Fee - SNF	711,779.00		711,779.00
410998	Bad Debt Expense-SNF	(18,020.00)	22.045.00	(18,020.00) 4 7,471.00
440101	Salaries-Dietary Manager/CDM	24,426.00	23,045.00	19.00
440104	Salaries- Dietary Supervisor	19.00 89,888.00		89,888.00
440107	Salaries-Cooks Overtime-Cooks	7,138.00		7,138.00
440108 440109	Orientation-Cooks	341.00		341.00
440110	Salaries - Prep Cooks	23,045.00	(23,045.00)	0.00
440113	Salaries- Dietary Aides	259,824.00	(==,= :=:==,	259,824.00
440114	Overtime-Dietary Aides	3,338.00		3,338.00
440120	Vacation/Sick/Holiday-Dietary	26,079.00		26,079.00
440121	Payroll Taxes-Dietary-FICA	32,561.00		32,561.00
440122	Payroll Taxes- Dietary-SUI	19,845.00		19,845.00
440123	Workers Comp-Diet	21,867.00		21,867.00
440124	Payroll Taxes-Dietary FUTA	2,890.00		2,890.00
440125	Employee Health Insurance- Dietary	13,985.00		13,985.00
440126	Employee Life Insurance-Dietary	406.00		406.00
440127	Employee Dental Insurance- Dietary	1,032.00		1,032.00
440128	Employee Vision Insurance - Dietary	136.00		136.00
440130	Recruitment-Dietary	264.00		264.00
440132	Background Checks-Dietary	246.00		246.00
440134	Dues/Subscriptions-Dietary	2,030.00		2,030.00 305.00
440135	Employee Expense-Dietary	305.00 4 338 00		1,338.00
440136 440137	Uniforms-Dietary Contract Services - Dietary	1,338.00 268,555.00		268,555.00
440137 440140	Interco Contracted Services - Dietary	862.00		862.00
11 0140	intered Contracted Services - Dietary	502.00		502.00

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Account	Description	ADJ JE Ref#	RJE	FINAL
		9/30/2016		9/30/2016
440141	Pension-Dietary	27,380.00		27,380.00
440789	Thickened Liquids-Dietary	3,494.00		3,494.00
440803	Raw Food-Dietary	89,361.00		89,361.00
440804	Produce-Dietary	11,949.00		11,949.00
440805	Dairy-Dietary	18,862.00		18,862.00
440807	Dietary Supplies-Dietary	7,756.00		7,756.00
440811	Chemicals-Dietary	6,082.00		6,082.00
440813	Maintenance & Repairs-Dietary	5,651.00		5,651.00
440876	Equipment Minor-Dietary	(2,062.00)		(2,062.00)
440920	Forms/Printing-Dietary	89.00		89.00
440950	Mileage Reimbursement-Dietary	68.00		68.00
450104	Salaries- Housekeeping Staff	274,438.00 17,735.00		274,438.00 17,735.00
450105 450110	Overtime- Housekeeping Staff	17,735.00 48,793.00		48,793.00
450110 450120	Contract Services _ Housekeeping Vacation/Sick/Holiday-Hskp	35,285.00		35,285.00
450120	Payroll Taxes- Hskp-FICA	24,131.00		24,131.00
450121	Payroll Taxes-Hskp-SUI	10,912.00		10,912.00
450123	Workers Comp-Hskp	16,281.00		16,281.00
450124	Payroll Tax Housekeeping FUTA	1,855.00		1,855.00
450125	Employee Health Insurance-Hskp	34,939.00		34,939.00
450126	Employee Life Insurance-Hskp	265.00		265.00
450127	Employee Dental Insurance-Hskp	936.00		936.00
450128	Employee Vision Insurance - Hskp	173.00		173.00
450136	Uniforms-Hskp	1,107.00		1,107.00
450141	Pension-Hskp	28,641.00		28,641.00
450871	Cleaning Supplies-Hskp	10,592.00		10,592.00
450875	Maintenance & Repairs-Hskp	4.00		4.00
450876	Equipment Minor-Hskp	138.00		138.00
460104	Salaries-Laundry Staff	68,776.00		68,776.00
460105	Overtime- Laundry Staff	706.00		706.00
460107	Contract Services - Laundry	42,945.00		42,945.00
460120	Vacation/Sick/Holiday-Laundry	9,111.00 5,736.00		9,111.00 5,726.00
460121	Payroll Taxes-Laundry-FICA Payroll Taxes-Laundry-SUI	5,726.00 2,731.00		2,731.00
460122 460123	Workers Comp-Laundry	4,040.00		4,040.00
460124	Payroll Tax Laundry FUTA	457.00		457.00
460125	Employee Health Insurance-Laundry	9,223.00		9,223.00
460126	Employee Life Insurance-Laundry	48.00		48.00
460127	Emplyoee Dental Insurance-Laundry	345.00		345.00
460128	Employee Vision Insurance - Laundry	15.00		15.00
460136	Uniforms-Laundry	257.00		257.00
460141	Pension-Laundry	6,470.00		6,470.00
460820	Maintenance& Repairs-Laundry	285.00		285.00
460881	Chemicals-Laundry	1,452.00		1,452.00
460882	Laundry Supplies-Laundry	81.00		81.00
460883	Linen/Terry-Laundry	2,298.00		2,298.00
460885	Maintenance & Repairs-Laundry	6,735.00		6,735.00
470104	Salaries-Maintenance Staff	41,970.00		41,970.00
470105	Overtime-Maintenance Staff	729.00		729.00
470120	Vacation/Sick/Holiday-Maint	7,777.00		7,777.00
470121	Payroll Taxes-Maint-FICA	3,700.00 1,691.00		3,700.00 1,691.00
470122 470122	Payroll Taxes-Maint-SUI	1,691.00 2 343 00		2,343.00
470123 470124	Workers Comp-Maint Payroll Maint-FUTA	2,343.00 333.00		333.00
470124 470125	Employee Health Insurance-Maint	5,140.00		5,140.00
470125 470126	Employee Life Insurance-Maint	48.00		48.00
470127	Employee Dental Insurance-Maint	151.00		151.00
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Account	Description	ADJ J	E Ref # R	UE	FINAL
		9/30/2016			9/30/2016
470128	Contracted Maintenance	17,237.00	- 		17,237.00
470129	Employee Vision Insurance - Maint	22.00			22.00
470130	Recruitment-Maint	265.00			265.00
470134	Dues/Subscriptions-Maint	1,567.00			1,567.00
470135	Employee Expense-Maint	122.00			122.00
470136	Uniforms-Maint	129.00			129.00
470141	Pension-Maint	4,300.00			4,300.00
470820	Maintenance & Repairs-Maint	19,720.00			19,720.00
470821	Electrical-Maint	3,258.00			3,258.00
470822	Plumbing-Maint	8,099.00			8,099.00
470823	HVAC/Boiler Maint	(4,608.00)			(4,608.00)
470824	Paint-Maint	2,289.00			2,289.00
470826	Small Tools-Maint	473.00			473.00
470828	Alarm Inspection-Maint	2,920.00			2,920.00
470829	Alarm Repairs-Maint	(1,304.00)			(1,304.00) 7,912.00
470830 470833	Grounds Maintenance-Maint	7,912.00 827.00			827.00
470832 470833	Sprinklers-Maint Elevator-Maint	4,558.00			4,558.00
470834	Pest Control-Maint	1,714.00			1,714.00
470836	Maint Contracts- Generator	(85.00)			(85.00)
470876	Equipment Minor-Maint	483.00			483.00
470941	Cell Phones-Maint	636.00			636.00
470970	Waste Disposal -Grease/Trash	26,749.00			26,749.00
480104	Salaries-Reception/Security Staff	66,949.00			66,949.00
480105	Overtime-Reception/Security Staff	345.00			345.00
480106	Orientation-Reception/Security Staff	168.00			168.00
480120	Vacation/Sick/Holiday-Rec/Sec	9,220.00			9,220.00
480121	Payroll Taxes-Rec/Sec-FICA	5,427.00			5,427.00
480122	Payroll Taxes-Rec/Sec-SUI	2,884.00			2,884.00
480123	Workers Comp-Rec/Sec	188.00			188.00
480124	Payroll Tax Security FUTA	400.00			400.00
480125	Employee Health Insurance-Rec/Sec	20,508.00			20,508.00
480126	Employee Life Insurance-Rec/Sec	61.00			61.00
480127	Employee Dental Insurance-Rec/Sec	291.00			291.00
480129	Employee Vision Insurance - Rec/Sec	78.00			78.00
480136	Uniforms-Reception	257.00		6.052.00	257.00
480141	Pension-Reception	4,450.00		6,952.00	11,402.00
490120	Vacation/Sick/Holiday-Mkt	1,046.00			1,046.00 2,980.00
490140	Interco Contracted Services - Marketing	2,980.00 369.00			369.00
490858 490859	Special Events-Mkt Collateral Material-Mkt	372.00			372.00
490862	Promo Items-Mkt	783.00			783.00
490920	Forms/Printing-Mkt	3,355.00			3,355.00
490950	Mileage Reimbursement-Mkt	2.00			2.00
500199	Licenses & Permits-Trans	536.00			536.00
500891	Vehicle Fuel-Trans	141.00			141.00
550101	Activities SNF MGR	49,781.00			49,781.00
550104	Salaries-Activities-SNF	54,552.00			54,552.00
550120	Vacation/Sick/Holiday-Activities SNF	11,891.00			11,891.00
550121	Payroll Taxes-Activities SNF-FICA	8,650.00			8,650.00
550122	Payroll Taxes-Activities SNF-SUI	2,457.00			2,457.00
550123	Workers Comp-Activities SNF	5,374.00			5,374.00
550124	Payroll Tax Activities SNF FUTA	531.00			531.00
550125	Employee Health Insurance-Activities SNF	5,847.00			5,847.00
550126	Employee Life Insurance-Activities SNF	139.00			139.00
550127	Employee Dental Insurance-Activities SNF	111.00			111.00
550128	Employee Vision Insurance - Act SNF	68.00			68.00

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Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2016			9/30/2016
550137	Uniforms-Activities	129.00		· · ·	129.00
550141	Pension - Activities	3,083.00			3,083.00
550850	Activities Supplies-Activities-SNF	387.00			387.00
550851	Entertainment-Activities-SNF	7,090.00			7,090.00
550852	Activities Events Food-Activities-SNF	3,360.00			3,360.00
550905	Copier-Activities SNF	13.00			13.00
560102	Salaries-Business Office	52,186.00			52,186.00
560103	Salaries-Human Resources/Payroll	29,868.00			29,868.00
560104	Salaries-Admin Staff	12,530.00			12,530.00
560105	Overtime-Admin	3,415.00			3,415.00
560109	Salaries - Admissions Coordinator	87,457.00			87,457.00
560120	Vacation/Sick/Holiday-Adm	20,852.00			20,852.00
560121	Payroll Taxes-Admin-FICA	14,925.00			14,925.00
560122	Payroll Taxes-Admin-SUI	4,640.00			4,640.00
560123	Workers Comp-Admin	2,104.00			2,104.00
560124	Payroll Tax Admin FUTA	1,060.00			1,060.00
560125	Employee Health Insurance-Admin	53,073.00		76.00	53,149.00
560126	Employee Life Insurance-Admin	270.00			270.00
560127	Employee Dental Insurance-Admin	781.00			781.00
560128	Employee Vision Insurance - Admin	111.00			111.00
560129	Benefit Plan Fees	(5,477.00)			(5,477.00)
560133	Training/Seminars/Courses-Admin	90.00		(7 000 00)	90.00
560135	Employee Benefits/Expense-Admin	9,863.00		(7,028.00)	2,835.00
560140	Contracted Services - Business Office	19,527.00			19,527.00
560198	Bldg Inspection Fees	(11,276.00)			(11,276.00)
560199 560711	Licenses/Permits	239.00			239.00 101,548.00
560711 560712	Utilities-Electric Utilities-Gas/Oil	101,548.00 46,415.00			46,415.00
560713	Utilities-Water/Sewer/Refuse	16,602.00			16,602.00
560713	Utilities-Telephone Service	44,498.00			44,498.00
560715	Utilities-Telephone Maintenance Contract	8,339.00			8,339.00
560717	Utilities-Cable TV	23,869.00			23,869.00
560731	Real Estate Taxes	101,183.00			101,183.00
560733	Personal Property Taxes	5,941.00			5,941.00
560734	Professional Liability Insurance	26,605.00			26,605.00
560735	General Liability Insurance	26,605.00			26,605.00
560736	Property Insurance	9,454.00			9,454.00
560738	Auto Insurance	2,370.00			2,370.00
560740	Insurance-Other	7,101.00			7,101.00
560742	Patient Trust Bond	2,620.00			2,620.00
560744	Resident Reimburse on Lost/Stolen Items	702.00			702.00
560840	Interco Contracted Services - Admin	6,951.00			6,951.00
560841	Contracted Services - Call System	4,052.00			4,052.00
560842	Conservator Fees	1,100.00			1,100.00
560843	Legal Fees-Adm	1,745.00			1,745.00
560844	Accounting/Audit Fees-Adm	30,601.00			30,601.00
560845	Payroll Processing Fees	20,097.00			20,097.00
560847	Consultant	3,823.00			3,823.00
560851	Entertainment-Adm	40.00			40.00
560876	Equipment Minor-Adm	(4,186.00)			(4,186.00)
560901	Office Supplies-Adm	13,278.00			13,278.00
560905	Copier- Maintenance Agreement	3,725.00			3,725.00
560910	Computer Supplies-Adm	50.00			50.00
560911	Computer Maintenance-Adm	15,747.00			15,747.00
560912	Software Maintenance Contract-Adm	27,335.00			27,335.00
560913	Internet Access-Adm	7,222.00			7,222.00
560914	Software Expense - Adm	1,944.00			1,944.00

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Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2016			9/30/2016
560915	Timeclock Software	13,459.00			13,459.00
560920	Forms/Printing-Adm	1,104.00			1,104.00
560925	Records Storage - Adm	5,950.00			5,950.00
560930	Postage-Adm	2,758.00			2,758.00
560931	Overnight Service-Adm	2,365.00			2,365.00
560941	Cell Phones-Adm	(246.00)			(246.00)
560950	Mileage Reimbursement-Adm	54.00			54.00
560960	Equipment Rental-Adm	986.00			986.00
560963	Misc Decor-Adm	155.00			155.00
560964	Holiday Decorations-Adm	92.00			92.00
560995	Collection Fees/Credit Card Fees	192.00			192.00
560996	Late fees/Fines/Finance Charges-Adm	5,368.00			5,368.00
560997	Bank Service Charges-Adm	4,507.00			4,507.00
580001	Interest Income	(3.00)			(3.00)
580002	Employee/Guest meals	34.00			34.00
590002	Management Fees	315,924.00			315,924.00
590004	Interest Expense	39,713.00			39,713.00
590005	Rent Expense	1,237,068.00			1,237,068.00
590006	Depreciation-Bldgs & Improvements	4,374.00			4,374.00
590007	Depreciation-FFE	32,762.00			32,762.00
590008	Depreciation-Vehicles	6,972.00			6,972.00
590009	Amortization	4,721.00			4,721.00
Total		0.00		0.0	0.00
	Net (Income) Loss	0.00		0.0	0.00

Traditions Senior Management Medicald - Senior Philanthropy of Westport, LLC 9/30/2016 A.01 - TB-CCNH A.03 - Grouped Trial Balance

Account		Description	FINAL 9/30/2016	1st PP-FINAL 9/30/2015	\$ VAR	% VAR
Group : [10-A]	Salaries and Wages					
Subgroup : [2]	Administrators					
l 10101 Subtotal [2] Administ	Salaries-Administrator trators		131,945.00 131,945.00	58,193.82 58,193.82	73,751.18 73,751.18	126.73% 126.73%
Subgroup : [4]	Other Administrative Salaries					
10501	Salaries-Med Rec		38,344.00	17,417.34	20,926.66	120.15%
110502	Overtime-Med Rec		3,218.00	2,564.34 1,284.99	653.66 2,576.01	25.49% 200.47%
110520 560102	Vacation/Sick/Holiday- Med Recs Salaries-Business Office		3,861.00 52,186.00	8,511.01	43,674.99	513.16%
60103	Salaries-Human Resources/Payroll		29,868.00	17,775.37	12,092.63	68.03%
560104	Salaries-Admin Staff		12,530.00	14,349.76	(1,819.76)	(12.68%)
560105	Overtime-Admin		3,415.00	7,913.77	(4,498.77)	(56.85%)
560109	Salaries - Admissions Coordinator		87,457.00	29,346.45	58,110.55	198.02%
560120	Vacation/Sick/Holiday-Adm		20,852.00 6,951.00	3,972.13 725.02	16,879.87 6,225.98	424.96% 858.73%
560840 Bubtotal [4] Other Ad	Interco Contracted Services - Admin Iministrative Salaries		258,682.00	103,860.18	154,821.82	149.07%
Subgroup : [6C]	Dietary Workers					
140101	Salaries-Dietary Manager/CDM		47,471.00	26,614.74	(2,188.74)	(8.22%)
440104	Salaries- Dietary Supervisor		19.00	15,393.26	(15,374.26)	(99.88%)
140107	Salaries-Cooks		89,888.00	34,338.22	55,549.78	161.77%
440108	Overtime-Cooks		7,138.00 341.00	755.67 38.54	6,382.33 302.46	844.59% 784.80%
140109 140110	Orientation-Cooks Salaries - Prep Cooks		0.00	26,030.65	(2,985.65)	(11.47%)
440113	Salaries- Dietary Aides		259,824.00	119,334.83	140,489.17	117.73%
440114	Overtime-Dietary Aides		3,338.00	807.97	2,530.03	313.13%
440120	Vacation/Sick/Holiday-Dietary		26,079.00	12,520.46	13,558.54	108.29%
Subtotal [5C] Dietary	Workers		434,098.00	235,834.34	198,263.66	84.07%
Subgroup : [6B] 450104	Other Housekeeping Workers Salaries- Housekeeping Staff		274,438.00	137,172.34	137,265.66	100.07%
450105	Overtime- Housekeeping Staff		17,735.00	4,895.33	12,839.67	262.28%
450106	Orientation- Housekeeping Staff		0.00	129.25	(129.25)	(100.00%)
450120	Vacation/Sick/Holiday-Hskp		35,285.00	15,406.42	19,878.58	129.03%
Subtotal [6B] Other I	lousekeeping Workers		327,458.00	157,603.34	169,854.66	107.77%
Subgroup : [7B] 470104	Other Maintenance Workers Salaries-Maintenance Staff		41,970.00	29.038.51	12,931.49	44.53%
47010 4 470105	Overtime-Maintenance Staff		729.00	448.68	280.32	62.48%
470120	Vacation/Sick/Holiday-Maint		7,777.00	2,001.60	5,775.40	288.54%
	Maintenance Workers		50,476.00	31,488.79	18,987.21	60.30%
Subgroup : [8B]	Other Laundry Workers		68,776.00	38,249.79	30,526.21	79.81%
460104 460105	Salaries-Laundry Staff Overtime- Laundry Staff		706.00	217.45	488.55	224.67%
460120	Vacation/Sick/Holiday-Laundry		9,111.00_	2,431.67 40,898.91	6,679.33 37,694.09	274.68% 92.16%
Subtotal [88] Other L	aundry workers.		78,593.00	40,030.01	37,034.03	\$2.10%
Subgroup : [10] 480104	Protective Services Salaries-Reception/Security Staff		66,949.00	34,734.74	32,214.26	92.74%
480105	Overtime-Reception/Security Staff		345.00	557.73	(212.73)	(38.14%)
480106	Orientation-Reception/Security Staff		168.00	88.00	80.00	90.91%
480120 Subtotal [10] Protect	Vacation/Sick/Holiday-Rec/Sec		9,220.00 76,682.00	4,115.79 39,496.26	5,104.21 37,185.74	124.02% 94.15%
		_			·	
Subgroup : [12A] 410102	Director of Nurses/Assistant Directo Salaries-DON	•	107,624.00	56,166.40	51,457.60	91.62%
410107 Subtotal [12A] Direct	Selaries - ADON/Unit Mgr or of Nurses/Assistant Director		51,502.00 159,126.00	(3,468.00) 52,698.40	54,970.00 106,427.60	(1,585.06%) 201.96%
Subgroup : [12B1] 410201	RNs - Direct Care Salaries-RN		582,915.00	326,041.13	256,873.87	78.79%
410202	Overtime-RN		60,691.00	20,330.02	40,360.98	198.53% 174.82%
410203 410220	Orientation-RN Vacation/Sick/Holiday-Nursing		3,658.00 444,331.00	1,331.06 174,576.28	2,326.94 269,754.72	154.52%
Subtotal [12B1] RNs			1,091,595.00	522,278.49	569,316.51	109.01%
Subgroup : [12B2]	RNs - Administrative					
410104	Salaries-MDS Coor/MDS Asst		86,122.00	0.30	86,121.70	28,707,233.33%
410106	Inservice Coordinator-Nursing Admin		54,724.00	0.11	54,723.89	49,748,990.91%
410116	Orientation - Nursing Adm		407.00	(0.29) (0.33)	407.29 42,745.33	(140,444.83%) (12,953,130.30%)
410120 Subtotal [12B2] RNs	Vacation/Sick/Holiday-Nursing Admn - Administrative		42,745.00 183,998.00	(0.21)	183,998.21	(87,618,195.24%)
Subgroup : [12C1]	LPNs - Direct Care					
410204	Salaries-LPN		1,095,634.00	581,725.47 44,023.05	513,908.53 20,958.95	88.34% 47.61%
410205	Overtime-LPN		64,982.00 8,089.00	19,184.67	(11,095.67)	(57.84%)
410206 Subtotal [12C1] LPN:	Orientation-LPN s - Direct Care		1,168,705.00	644,933.19	523,771.81	81.21%
Subgroup : [12D]	Aides and Attendants					
410207	Salaries-CNA		1,643,641.00	828,350.71	815,290.29	98.42%
410208	Overtime-CNA		50,201.00	28,083.66	22,117.34	78.76%
410209	Orientation-CNA		1,224.00	3,894.00	(2,670.00)	(68.57%) 94.32%
410210	Ward Clerk/Staff Coord-Nursing		31,550.00 2,732.00	16,236.06 1,671.63	15,313.94 1,060.37	94.32% 63.43%
410212 410213	Ward Clerk/Staff Coord- OT Ward Clerk-Nurs Orientation		177.00	42.01	134,99	321.33%
\$10213 Subtotal [12D] Aides			1,729,625.00	878,278.07	851,246.93	96.92%
Subgroup : [12E]	Physical Therapists					
410711	Salaries - Director of Rehab		0.00	0.20	22,490.80	11,245,400.00%

Traditions Senior Management
Medicaid - Senior Philanthropy of Westport, LLC
9/30/2016
A.01 - TB-CCNH
A.03 - Groundd Trial Relance

Norkpaper: Account						
	A.03 - Grouped Trial Balance Desc	ription	FINAL	1st PP-FINAL	\$ VAR	% VAR
			9/30/2016	9/30/2015	(42 724 00)	(54.62%)
110712	Salaries - Physical Therapy Assistant Overtime - Physical Therapy Assistant		36,330.00 0.00	80,061.09 355.60	(43,731.09) (355.60)	(100.00%)
10713 10775	Salaries - Physical Therapy		69,719.00	129,921.57	(82,479.57)	(63.48%)
110776	Overtime - Physical Therapy		286.00	1,881.71	(1,595.71)	(84.80%)
10781	Orientation - All Therapy		0.00	(20.06)	20.06	(100.00%)
10782	Vac/Sick/Hol - Therapy		0.00	(0.46)	26,608.46	(5,784,447.83%)
iubtotal [12E] Physica	al Therapists		106,335.00	212,199.65	(79,042.65)	(37.25%)
ubgroup : [12F]	Speech Therapists		29,285.00	14,004.47	15,280.53	109.11%
10718 10719	Salaries - Therapy - Rehab Tech Therapy - Rehab Tech OT		954.00	135.96	818.04	601.68%
10779	Salaries - Speech Therapy		24,395.00	43,477.92	(30,528.92)	(70.22%)
10780	Overtime - Speech Therapy		0.00	842.39	(842.39)	(100.00%)
ubtotal [12F] Speech	Therapists		54,634.00	58,460.74	(15,272.74)	(26.12%)
ubgroup : [12G] 10716	Occupational Therapists Salaries - Occupational Therapy Assist		13,406.00	30,391.54	(16,985.54)	(55.89%)
10717	Overtime - Occupational Therapy Assistan		0.00	305.26	(305.26)	(100.00%)
10740	Interco Contracted Services - Therapy		(235.00)	(283.89)	48.89	(17.22%)
10777	Salaries - Occupational Therapy		59,988.00	128,705.83	(84,093.83)	(65.34%)
10778	Overtime - Occupational Therapy	_	0.00	2,049.90	(2,049.90)	(100.00%)
ubtotal [12G] Occup	ational Therapists		73,159.00	161,168.64	(103,385.64)	(64.15%)
ubgroup : [12H]	Recreation Workers		40 794 00	2F 70¢ 13	23,984.57	92.98%
0101 0104	Activities SNF MGR Salaries-Activities-SNF		49,781.00 54,552.00	25,796.43 22,337.34	32,214.66	144.22%
0104	Overtime- Activities SNF		0.00	(23.58)	23.58	(100.00%
0106	Orientation-Activities SNF		0.00	100.00	(100.00)	(100.00%
0120	Vacation/Sick/Holiday-Activities SNF		11,891.00	3,757.80	8,133.20	216.44%
ubtotal (12H) Recrea	tion Workers	=	116,224.00	51,967.99	64,256.01	123.65%
ıbgroup : [12M]	Social Workers/Case Management				40.455.20	59.35%
0601	Salaries-Social Service		52,236.00 7,898.00	32,780.68 2.817.56	19,455.32 5,080.44	180.31%
0620 ıbtotal [12M] Social	Vacation/Sick/Holiday-Social Service Workers/Case Management		60,134.00	35,598.24	24,535.76	68.92%
ibgroup : [12N]	Marketing					
0120	Vacation/Sick/Holiday-Mkt		1,046.00	0.00	1,046.00	0.00% (47.56%)
0140	Interco Contracted Services - Marketing	-	2,980.00 4,026.00	5,682.22 5,682.22	(2,702.22) (1,656.22)	(29.15%
ubtotal [12N] Market otal [10-A] Salaries a		_	6,105,395.00	3,290,641.06	2,814,753.94	85.54%
roup : [13-B]	Professional Fees					
ubgroup : [2]	Dentist					
10855 ubtotal [2] Dentist	Dental Consultants		11,076.00 11,076.00	5,538.00 5,638.00	5,538.00 5,538.00	100.00% 100.00%
			,		·	
ubgroup : [3] 10702	Pharmacist Pharmacy Consultant		11,862.00	6,831.78	5,030.22	73.63%
ubtotai [3] Phannaci		Ξ	11,862.00	6,831.78	5,030.22	73.63%
ubgroup : [6A]	PT - Resident Care					
10792 ubtotal [5A] PT - Res	Physical Therapist - Outside Contr sident Care	_	405,981.00 405,981.00	0.00	405,981.00 405,981.00	0.00% 0.00%
ubgroup : [8A]	Medical Director	_				
10701	Medical Director	_	60,874.00	31,071.43	29,802.57	95.92% 95.92%
		_	60,874.00	31,071.43	29,802.57	33.3270
	Director	_				
ubgroup : [9A]	ST - Resident Care		0.00	270.00	(270.00)	(100.00%
ubgroup : [9A] 10725	ST - Resident Care Therapy Staffing Services	_	0.00	270.00 1,080.00	(270.00) 61,529.00	5,697.13%
ubgroup : [8A] 10725 10794	ST - Resident Care Therapy Staffing Services Speech Therapist - Outside Contract	=				
ubgroup : [9A] 10725 10794 ubtotal [9A] ST - Res	ST - Resident Care Therapy Staffing Services Speech Therapist - Outside Contract	=	62,609.00	1,080.00	61,529.00	5,697.13%
ubgroup : [9A] 10725 10794 ubtotal [9A] ST - Re: ubgroup : [10A]	ST - Resident Care Therapy Staffing Services Speech Therapist - Outside Contract sident Care	=	62,609.00 62,609.00 271,978.00	1,080.00 1,350.00	61,529.00 61,259.00 271,978.00	5,697.13% 4,537.70% 0.00%
ubgroup : [9A] 10725 10794 ubtotal [9A] ST - Res ubgroup : [10A] 10793	ST - Resident Care Therapy Staffing Services Speech Therapist - Outside Contract sident Care OT - Resident Care Occupational Therapist-Outside Cont	= = =	62,609.00 62,609.00	1,080.00 1,350.00	61,529.00 61,259.00	5,697.13% 4,537.70% 0.00%
ubgroup : [9A] 10725 10794 ubtotal [9A] ST - Res ubgroup : [10A] 10793 ubtotal [10A] OT - R	ST - Resident Care Therapy Staffing Services Speech Therapist - Outside Contract sident Care OT - Resident Care Occupational Therapist-Outside Cont	= = =	62,609.00 62,609.00 271,978.00 271,978.00	1,080.00 1,350.00	61,529.00 61,259.00 271,978.00 271,978.00	5,697.13% 4,537.70% 0.00% 0.00%
ubgroup : [9A] 10725 10794 ubtotal [9A] ST - Re: ubgroup : [10A] 10793 ubtotal [10A] OT - R: ubgroup : [11A2] 10136	ST - Resident Care Therapy Staffing Services Speech Therapist - Outside Contract sident Care OT - Resident Care Occupational Therapist-Outside Cont seldent Care RN's - Administrative Contracted Services - Nursing Admin	= = =	62,609.00 62,609.00 271,978.00 271,978.00 36,390.00	1,080.00 1,350.00 0.00 0.00	61,529.00 61,259.00 271,978.00 271,978.00 5,580.00	5,697.13% 4,537.70% 0.00% 0.00%
ubgroup : [9A] 10725 10794 ubtotal [9A] ST - Re: ubgroup : [10A] 10793 ubtotal [10A] OT - R: ubgroup : [11A2] 10136	ST - Resident Care Therapy Staffing Services Speech Therapist - Outside Contract sident Care OT - Resident Care Occupational Therapist-Outside Cont seldent Care RN's - Administrative Contracted Services - Nursing Admin	= = = =	62,609.00 62,609.00 271,978.00 271,978.00	1,080.00 1,350.00 0.00 0.00	61,529.00 61,259.00 271,978.00 271,978.00	5,697.13% 4,537.70% 0.00% 0.00%
ubgroup : [9A] 10725 10794 ubtotal [9A] ST - Re: ubgroup : [10A] 10793 ubtotal [10A] OT - Re: ubgroup : [11A2] 10136 ubtotal [11A2] RN's ubgroup : [12]	ST - Resident Care Therapy Staffing Services Speech Therapist - Outside Contract sident Care OT - Resident Care Occupational Therapist-Outside Cont esident Care RN's - Administrative Contracted Services - Nursing Admin - Administrative Other	= = = =	62,609.00 62,609.00 271,978.00 271,978.00 36,390.00 36,390.00	1,080.00 1,350.00 0.00 0.00 30,810.00 30,810.00	61,529.00 61,259.00 271,978.00 271,978.00 5,580.00 5,580.00	5,697.13% 4,537.70% 0.00% 0.00% 18.11%
ubgroup : [9A] 10725 10725 10726 10794 10501 10793 10793 10793 10136 10136 10142 10156 10799	ST - Resident Care Therapy Staffing Services Speech Therapist - Outside Contract ident Care OT - Resident Care Occupational Therapist-Outside Cont soldent Care RN's - Administrative Contracted Services - Nursing Admin Administrative	= = = = = -	62,609.00 62,609.00 271,978.00 271,978.00 36,390.00 36,390.00	1,080.00 1,350.00 0.00 0.00	61,529.00 61,259.00 271,978.00 271,978.00 5,580.00	5,697.13% 4,537.70% 0.00% 0.00% 18.11% 0.00%
ubgroup : [9A] 0725 0794 bibtotal [9A] ST - Rei ubgroup : [10A] 0793 ubtotal [10A] OT - R ubgroup : [11A2] 0136 ubtotal [11A2] RN's ubgroup : [12] 0799	ST - Resident Care Therapy Staffing Services Speech Therapist - Outside Contract sident Care OCcupational Therapist-Outside Cont estdent Care RN's - Administrative Contracted Services - Nursing Admin Administrative Other Purchased Services-Other	= = = = =	62,609.00 62,609.00 271,978.00 271,978.00 36,390.00 36,390.00	1,080.00 1,350.00 0.00 0.00 30,810.00 30,810.00	61,529.00 61,259.00 271,978.00 271,978.00 5,580.00 5,580.00	5,697.13% 4,537.70% 0.00% 0.00% 18.11% 18.11% 0.00%
ubgroup : [9A] 0725 0794 bibtotal [9A] ST - Rei ibgroup : [10A] 0793 ibtotal [10A] OT - R ibgroup : [11A2] 0136 ibtotal [11A2] RN's ibgroup : [12] 0799 ibtotal [12] Other total [13-B] Professio	ST - Resident Care Therapy Staffing Services Speech Therapist - Outside Contract sident Care OCcupational Therapist-Outside Cont estdent Care RN's - Administrative Contracted Services - Nursing Admin Administrative Other Purchased Services-Other	= = = = = = =	62,609.00 62,609.00 271,978.00 271,978.00 36,390.00 36,390.00 1,341.00 1,341.00	1,080.00 1,360.00 0.00 0.00 30,810.00 30,810.00 0.00	61,529.00 61,259.00 271,978.00 271,978.00 5,580.00 5,580.00 1,341.00	5,697.13% 4,537.70% 0.00% 0.00% 18.11% 18.11% 0.00%
ubgroup : [9A] 0725 0794 ibtotal [9A] ST - Re: ibgroup : [10A] 0793 ibtotal [10A] OT - R: ibgroup : [11A2] 0136 ibtotal [11A2] RN's ibgroup : [12] 0799 ibtotal [12] Other otal [13-B] Professio	ST - Resident Care Therapy Staffing Services Speech Therapist - Outside Contract sident Care OT - Resident Care Occupational Therapist-Outside Cont seldent Care RN's - Administrative Contracted Services - Nursing Admin - Administrative Other Purchased Services-Other	= = = = =	62,609.00 62,609.00 271,978.00 271,978.00 36,390.00 36,390.00 1,341.00 1,341.00 862,111.00	1,080.00 1,350.00 0.00 0.00 30,810.00 30,810.00 0.00 75,601.21	61,529.00 61,259.00 271,978.00 271,978.00 5,580.00 5,580.00 1,341.00 1,341.00 786,509.79	5,697,13% 4,537,70% 0.00% 0.00% 18.11% 18.11% 0.00% 0.00% 1,040,34%
ubgroup : [8A] 0725 0794 bibtotal [9A] ST - Rei sibgroup : [10A] 0793 bibtotal [10A] OT - R sibgroup : [11A2] 0136 sibtotal [11A2] RN's sibgroup : [12] 0799 sibtotal [12] Other total [13] Other total [13] Profession roup : [15]	ST - Resident Care Therapy Staffing Services Speech Therapist - Outside Contract sident Care Occupational Therapist-Outside Cont seldent Care N's - Administrative Contracted Services - Nursing Admin - Administrative Other Purchased Services-Other onal Fees Expenditures Other than Salaries Workers Comp-Nursing Admin Vorkers Comp-Nursing Admin	= = = = =	62,609.00 62,609.00 271,978.00 271,978.00 36,390.00 36,390.00 1,341.00 1,341.00 862,111.00	1,080.00 1,360.00 0.00 0.00 30,810.00 30,810.00 0.00 75,601.21	61,529.00 61,259.00 271,978.00 271,978.00 5,580.00 5,580.00 1,341.00 1,341.00 786,509.79	5,697,13% 4,537,70% 0.00% 0.00% 18.11% 0.00% 0.00% 1,040.34%
ubgroup : [9A] 0725 0794 bibtotal [9A] ST - Res ubgroup : [10A] 0793 ubtotal [10A] OT - R ubgroup : [11A2] 0136 ubtotal [11A2] RN's ubgroup : [12] 0799 ubtotal [12] Other otal [13-B] Profession roup : [15] ubgroup : [141] 0123	ST - Resident Care Therapy Staffing Services Speech Therapist - Outside Contract ident Care OT - Resident Care Occupational Therapist-Outside Cont seident Care RN's - Administrative Contracted Services - Nursing Admin - Administrative Other Purchased Services-Other onal Fees Expenditures Other than Salaries Workmen's Compensation Workers Comp-Nursing Admin Workers Comp-Nursing Admin Workers Comp-Nursing Admin	=======================================	62,609.00 62,609.00 271,978.00 271,978.00 36,390.00 36,390.00 1,341.00 862,111.00	1,080.00 1,350.00 0.00 0.00 30,810.00 0.00 0.00 75,601.21	61,529.00 61,259.00 271,978.00 271,978.00 5,580.00 5,580.00 1,341.00 1,341.00 786,509.79	5,697,13% 4,537,70% 0.00% 0.00% 18.11% 0.00% 0.00% 1,040,34% 880,90% 185,79%
ubgroup : [9A] 10725 10794 10725 10794 1090 : [10A] 10793 10btotal [10A] OT - Rei 1036 1036 1040 : [11A2] RN's 10599 10599 10501 [13-B] Professio 1099 : [15] 105group : [14] 10123 10223	ST - Resident Care Therapy Staffing Services Speech Therapist - Outside Contract sident Care OC-upational Therapist-Outside Cont setIdent Care OC-upational Therapist-Outside Cont setIdent Care RN's - Administrative Contracted Services - Nursing Admin - Administrative Other Purchased Services-Other smal Fees Expenditures Other than Salaries Workmen's Compensation Workers Comp-Nursing Admin Workers Comp-Nursing Workers Comp-Mees	= = = = = =	62,609.00 62,609.00 271,978.00 271,978.00 36,390.00 36,390.00 1,341.00 15,341.00 16,396.00 19,173.00 93.00	1,080.00 1,350.00 0.00 0.00 30,810.00 30,810.00 0.00 75,601.21	61,529.00 61,259.00 271,978.00 271,978.00 5,580.00 5,580.00 1,341.00 786,509.79	5,697,13% 4,537,70% 0.00% 0.00% 18.11% 0.00% 1,040,34% 880,90% 185,79% 215,36%
ubgroup : [9A] 10725 10794 10725 10794 10793 10793 10793 10136 10136 10136 1014 1014 1015 10199	ST - Resident Care Therapy Staffing Services Speech Therapist - Outside Contract sident Care OT - Resident Care Occupational Therapist-Outside Cont esident Care RN's - Administrative Contracted Services - Nursing Admin - Administrative Other Purchased Services-Other small Fees Expenditures Other than Salaries Workmen's Compensation Workers Comp-Nursing Adm Workers Comp-Nursing Adm Workers Comp-Nursing Adm Workers Comp-Nursing My Workers Comp-Social Service	= = = = =	62,609.00 62,609.00 271,978.00 271,978.00 271,978.00 36,390.00 36,390.00 1,341.00 13,41.00 16,396.00 195,173.00 93.00 93.00	1,080.00 1,350.00 0.00 0.00 30,610.00 30,610.00 0.00 75,661.21	61,529.00 61,259.00 271,978.00 271,978.00 5,580.00 5,580.00 1,341.00 1,341.00 786,509.79	5,697,13% 4,537,70% 0.00% 0.00% 18.11% 0.00% 1,040.34% 880,90% 185,79% 215,36%
ubgroup : [9A] 10725 10794 10725 10794 10793 10793 10793 10136 10136 10136 10136 10136 10136 10136 10136 10136 10139 10136 10139 10131 10133 10133 10133 10133 10133 10133 10133 10133 10133 10133 10133 10133 10133	ST - Resident Care Therapy Staffing Services Speech Therapist - Outside Contract sident Care OT - Resident Care Occupational Therapist-Outside Cont seldent Care RN's - Administrative Contracted Services - Nursing Admin - Administrative Other Purchased Services-Other small Fees Expenditures Other than Salaries Workmen's Compensation Workers Comp-Nursing Admi Workers Comp-Nursing Workers Comp-Fursing Workers Comp-Med Recs Workers Comp-Med Recs Workers Comp-Therapy	= = = = =	62,609.00 62,609.00 271,978.00 271,978.00 36,390.00 36,390.00 1,341.00 13,41.00 16,396.00 195,173.00 93.00 93.00 10,755.00	1,080.00 1,350.00 0.00 0.00 30,810.00 30,810.00 0.00 75,601.21 1,671.52 68,291.48 29.49 38.41 13,469.40	61,529.00 61,259.00 271,978.00 271,978.00 5,580.00 5,580.00 1,341.00 1,341.00 786,509.79 14,724.48 126,881.52 63.51 54.59 (2,714.40)	5,697,13% 4,537,70% 0,00% 0,00% 18.11% 0,00% 0,00% 1,040,34% 880,90% 185,79% 215,36% 142,12% (20,15%
ubgroup : [9A] 10725 10794 10795 10794 10793 10793 10793 10793 10136 1040 10513	ST - Resident Care Therapy Staffing Services Speech Therapist - Outside Contract sident Care Occupational Therapist-Outside Cont seldent Care Occupational Therapist-Outside Cont seldent Care RN's - Administrative Contracted Services - Nursing Admin - Administrative Other Purchased Services-Other seldent Services-Other workers Comp-Nursing Admin Workers Comp-Nursing Admin Workers Comp-Nursing Workers Comp-Nursing Workers Comp-Nursing Workers Comp-Med Recs Workers Comp-Med Recs Workers Comp-Med Recs Workers Comp-Med Recs Workers Comp-Sodal Service Workers Comp-Therapy Workers Comp-Diet	= = = = = = =	62,609.00 62,609.00 271,978.00 271,978.00 36,390.00 36,390.00 1,341.00 13,41.00 195,173.00 195,173.00 195,173.00 10,755.00 21,867.00	1,080.00 1,150.00 0.00 0.00 30,810.00 30,810.00 0.00 75,661.21 1,671.52 68,291.48 29.49 38.41 13,469.40 7,225.52	61,529.00 61,259.00 271,978.00 271,978.00 5,580.00 5,580.00 1,341.00 1,341.00 786,509.79 14,724.48 126,881.52 63.51 54.59 (2,714.40) 14,041.18	\$,697,13% 4,537,70% 0.00% 0.00% 18.11% 18.11% 0.00% 1,040.34% 880.90% 185,79% 215,36% 142,12% (20.15%)
Subgroup : [9A] 10725 10725 10726 Subgroup : [10A] 10734 Subtotal [9A] ST - Res Subgroup : [10A] 10739 Subtotal [10A] OT - R Subgroup : [11A2] 10136 Subtotal [11A2] RN's Subgroup : [12] 10136 Subtotal [11] Other Total [13-B] Profession Group : [15] Subgroup : [141] 110723 110623 110623 110785 140123 110785 140123 150123 150123	ST - Resident Care Therapy Staffing Services Speech Therapist - Outside Contract sident Care OT - Resident Care Occupational Therapist-Outside Cont seldent Care RN's - Administrative Contracted Services - Nursing Admin - Administrative Other Purchased Services-Other small Fees Expenditures Other than Salaries Workmen's Compensation Workers Comp-Nursing Admi Workers Comp-Nursing Workers Comp-Fursing Workers Comp-Med Recs Workers Comp-Med Recs Workers Comp-Therapy	=======================================	62,609.00 62,609.00 271,978.00 271,978.00 36,390.00 36,390.00 1,341.00 13,41.00 16,396.00 195,173.00 93.00 93.00 10,755.00	1,080.00 1,350.00 0.00 0.00 30,810.00 30,810.00 0.00 75,601.21 1,671.52 68,291.48 29.49 38.41 13,469.40	61,529.00 61,259.00 271,978.00 271,978.00 5,580.00 5,580.00 1,341.00 1,341.00 786,509.79 14,724.48 126,881.52 63.51 54.59 (2,714.40)	,

Traditions Senior Management Medicaid - Senior Philanthropy of Westport, LLC 9/30/2016 A.01 - TB-CCNH A.03 - Grouped Trial Balance

	Description	FINAL	1st PP-FINAL	\$ VAR	% VAR
		9/30/2016	9/30/2015		
80123	Workers Comp-Rec/Sec	188.00	248.63	(60.63)	(24.399
50123 60123	Workers Comp-Activities SNF Workers Comp-Admin	5,374.00 2,104.00	1,974.35 375.94	3,399.65 1,728.06	172.199 459.669
	men's Compensation	274,707.00	101,361.05	173,345.95	171.029
Subgroup : [1A3]	Unemployment Insurance				
110122	Payroll Taxes-Nursing Admn-SUI	9,015.00	(156.68)	9,171.68	(5,853.779
10124	Payroll Nursing Admin-FUTA	2,217.00	(2.98)	2,219.98	(74,495.97%
10222	Payroll Taxes-Nursing-SUI	96,201.00	30,573.12 855.92	65,627.88 19,077.08	214.669 2.228.849
10224 10522	Payroll Nursing - FUTA Payroll Taxes-Med Recs-SUI	19,933.00 1,615.00	555.99	1,059.01	190.479
10524	Payroll Tax - Medical Record - FUTA	277.00	19.65	257.35	1,309.679
10622	Payroll Taxes- Social Service-SUI	2,339.00	(15.50)	2,354.50	(15,190.329
10624	Payroll Tax - Social Service - FUTA	378.00	0.00	378.00	0.009
10784	SUI - Therapy	2,624.00	896.50	1,727.50	192.699
10786	FUTA - Therapy	3,443.00	48.36	3,394.64	7,019.52
40122	Payroll Taxes- Dietary-SUI	19,845.00	6,969.56	12,875.44	184.74
40124	Payroll Taxes-Dietary FUTA	2,890.00	342.08	2,547.92	744.83
50122	Payroll Taxes-Hskp-SUI	10,912.00	4,164.21	6,747.79	162.04
50124	Payroll Tax Housekeeping FUTA	1,855.00	80.35	1,774.65 1,466.25	2,208.659 115.939
60122	Payroll Taxes-Laundry-SUI	2,731.00 457.00	1,264.75 16.62	440.38	2,649.70
60124 70122	Payroll Tax Leundry FUTA Payroll Taxes-Maint-SUI	1,691.00	713.72	977.28	136.93
70124	Payroll Maint-FUTA	333.00	(1.32)	334.32	(25,327.27
80122	Payroli Taxes-Rec/Sec-SUI	2,884.00	1,248.44	1,635.56	131.01
80124	Payroll Tax Security FUTA	400.00	48.73	351.27	720.85
50122	Payroll Taxes-Activities SNF-SUI	2,457.00	731.48	1,725.52	235.89
50124	Payroll Tax Activities SNF FUTA	531.00	30.37	500.63	1,648.44
60122	Payroll Taxes-Admin-SUI	4,640.00	1,755.72	2,884.28	164.28
60124	Payroll Tax Admin FUTA	1,060.00	59.25	1,000.75	1,689.03
iubtotal [1A3] Unem	ployment Insurance	190,728.00	50,198.34	140,529.66	279.95
Subgroup : [1A4]	Social Security (FICA)				
10121	Payroll Taxes-Nursing Admn-FICA	34,749.00	8,375. 9 7	26,373.03	314.87
10221	Payroll Taxes-Nursing-FICA	292,058.00	151,890.09	140,167.91	92.28
10521	Payroll Taxes-Med Recs-FICA	3,343.00	1,585.19	1,757.81	110.89
10621	Payroll Taxes- Social Service-FICA	4,367.00	2,669.99	1,697.01	63.56
10783	Fica - Therapy	17,225.00	31,975.09	(14,750.09)	(46.13
40121	Payroll Taxes-Dietary-FICA	32,561.00	17,815.00	14,746.00	82.77 106.09
50121 50121	Payroll Taxes- Hskp-FICA	24,131.00 5,726.00	11,708.98 3,009.48	12,422.02 2,716.52	90.27
60121 70121	Payroll Taxes-Laundry-FICA Payroll Taxes-Maint-FICA	3,700.00	2,345.06	1,354.94	57.78
80121	Payroli Taxes-Rec/Sec-FICA	5,427.00	2,829.83	2,597.17	91.78
50121	Payroll Taxes-Activities SNF-FICA	8,650.00	3,929.46	4,720.54	120.13
60121	Payrolt Taxes-Admin-FICA	14,925.00	6,067.36	8,857.64	145.99
Subtotal [1A4] Socia		446,862.00	244,201.50	202,660.50	82.99
Subgroup : (1A5)	Health insurance				
410125	Employee Health Insurance-Nurs Admin	22,384.00	1,727.31	20,656.69	1,195.899
110127	Employee Dental Insurance-Nurs Admn	841.00	174.45	666.55	382.09
610128 610225	Employee Vision Insurance-Nurs Admin Employee Health Insurance-Nursing	88.00 404,534.00	26.14 129,266.93	61.86 275,114.07	236.65 212.83
710223	Cinbioles Licain war sice-lin and	101,001.00	123,200.55	210,114.01	£12.00
410227	Employee Dental Insurance-Nursing	7,353.00	3,487.47	3,865.53	110.84
110229	Employee Vision Insurance - Nursing	1,543.00	705.63	837.37	118.67
110229 110525	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs	1,543.00 5,802.00	705.63 1,553.80	837.37 4,248.20	118.67 273.41
10229 10525 10527	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs	1,543.00 5,802.00 (100.00)	705.63 1,553.80 50.07	837.37 4,248.20 (150.07)	118.67 273.41 (299.72
10229 110525 110527 110625	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EE Health Insurance-Social Service	1,543.00 5,802.00 (100.00) 5,499.00	705.63 1,553.80 50.07 1,980.91	837.37 4,248.20 (150.07) 3,518.09	118.67 273.41 (299.72 177.60
10229 110525 110527 110625 110627	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Ins-Social Service	1,543.00 5,802.00 (100.00) 5,499.00 63.00	705.63 1,553.80 50.07 1,980.91 0.00	837.37 4,248.20 (150.07) 3,518.09 63.00	118.67 273.41 (299.72 177.60 0.00
10229 10525 10527 10625 10627 10628	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Ins-Social Service Employee Vision Insurance - Social Ser	1,543,00 5,802.00 (100,00) 5,499.00 63.00 21.00	705.63 1,553.80 50.07 1,980.91 0.00	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00	118.67 273.41 (299.72 177.60 0.00 0.00
10229 10525 10527 10625 10627 10628 10787	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Ins-Social Service Employee Vision Insurance - Social Ser Employee Health - Therapy	1,543.00 5,802.00 (100.00) 5,499.00 63.00	705.63 1,553.80 50.07 1,980.91 0.00	837.37 4,248.20 (150.07) 3,518.09 63.00	118.67 273.41 (299.72 177.60 0.00 0.00 (33.96
10229 10525 10527 10627 10627 10628 10787	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Ins-Social Service Employee Vision Insurance - Social Ser Employee Health - Therapy Employee Dental - Therapy	1,543.00 5,802.00 (100.00) 5,499.00 83.00 21.00 20,657.00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10,623.58)	118.67 273.44 (299.77 177.60 0.00 (33.96 (21.63
10229 10525 10525 10627 10625 10627 10628 10787 10788 10791	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Ins-Social Service Employee Vision Insurance - Social Ser Employee Health - Therapy	1,543,00 5,802.00 (100.00) 5,499.00 21.00 20,657.00 752.00 44.00 13,965.00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 959.53	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10,623.58) (207.53)	118.67 273.4 (299.72 177.60 0.00 0.00 (33.96 (21.63 (56.02
10229 10525 10525 10627 10625 10627 10628 10787 10791 40125	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Ins-Social Service Employee Vision Insurance - Social Ser Employee Health - Therapy Employee Dental - Therapy Employee Vision Insurance - Therapy	1,543.00 5,862.00 (100.00) 5,499.00 63.00 21.00 20,657.00 752.00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 959.53 100.05	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10,623.58) (207.53) (56.05)	118.67 273.4 (299.72 177.60 0.00 0.00 (33.96 (21.63 (56.02
10229 10525 10527 10625 10627 10628 10787 10788 10791 40125 40127	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Ins-Social Service Employee Vision Insurance - Social Ser Employee Health - Therapy Employee Dental - Therapy Employee Usion Insurance - Therapy Employee Health Insurance Dietary Employee Oental Insurance Dietary Employee Vision Insurance Dietary	1,543,00 5,802,00 (100,00) 5,499,00 21,00 22,657,00 752,00 44,00 13,985,00 1,032,00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 959.53 100.05 9,111.03 128.63 88.17	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10,623.58) (207.53) (56.05) 4,873.97 903.37 47.83	118.67 273.47 (299.72 177.50 0.00 (33.96 (21.63 (56.02 53.56 702.33
10229 10525 10527 10625 10627 10628 10787 10788 10791 40125 40127 40128 50125	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Ins-Social Service Employee Vision Insurance - Social Ser Employee Dental - Therapy Employee Vision Insurance - Therapy Employee Vision Insurance - Therapy Employee Vision Insurance - Dietary Employee Dental - Insurance - Dietary Employee Health Insurance - Dietary Employee Health Insurance - Dietary Employee Health Insurance - Health	1,543,00 5,862.00 (100.00) 5,499.00 21,00 20,657,00 752.00 44,00 13,965.00 1,032.00 136.00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 959.53 100.05 9,111.03 128.63 88.17 15,228.40	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10,623.58) (207.53) (56.05) 4,873.97 903.37 47.83 19,710.60	118.6° 273.4' (299.7' 177.60 0.00 (33.9° (21.6° (56.0° 53.5' 702.3' 54.2' 129.4'
10229 10525 10527 10625 10626 10787 10788 10791 40125 40127 40128 50127	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Ins-Social Service Employee Vision Insurance - Social Ser Employee Health - Therapy Employee Vision Insurance - Therapy Employee Vision Insurance - Therapy Employee Health Insurance - Detary Employee Vision Insurance Detary Employee Vision Insurance - Dietary Employee Health Insurance - Dietary Employee Dental Insurance - Dietary Employee Dental Insurance - Dietary Employee Dental Insurance - Dietary Employee Dental Insurance - Dietary	1,543,00 5,802,00 (100,00) 5,492,00 21,00 22,067,00 752,00 44,00 13,965,00 1,032,00 1,360,00 34,933,00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 959.53 100.05 9,111.03 128.63 88.17 15,228.40 (303.03)	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10,623.58) (207.53) (56.05) 4,873.97 903.37 47.83 19,710.60 1,239.03	118.6; 273.4; (299.7; 177.6; 0.0; 0.0; (33.9; (21.6; (56.0; 53.5; 702.3; 54.2; 129.4; (408.8;
10229 10525 10527 10627 10625 10627 10628 10787 10788 10791 40125 40127 40127 40128 50125 50127 50128	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employee Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Ins-Social Service Employee Vision Insurance - Social Ser Employee Vision Insurance - Social Ser Employee Dental - Therapy Employee Dental - Therapy Employee Vision Insurance - Therapy Employee Health Insurance - Dietary Employee Vision Insurance - Dietary Employee Vision Insurance - Dietary Employee Dental Insurance - Hiskp Employee Dental Insurance - Hiskp Employee Vision Insurance - Hiskp Employee Vision Insurance - Hiskp	1,543,00 5,802.00 (100.00) 5,499.00 21,00 20,657.00 752.00 44.00 1,032.00 138.00 34,939.00 936.00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 959.53 100.05 9,111.03 128.63 88.17 15,228.40 (303.03) 80.74	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10,623.58) (207.53) (56.05) 4,873.97 903.37 47.83 19,710.60 1,239.03	118.6; 273.4; (299.7; 177.6; 0.0; 0.0; (33.9; (21.6; (56.0; 53.5; 702.3; 54.2; 129.4; (408.8)
10229 10525 10527 10625 10628 10787 10788 10791 40125 40127 40128 50125 50127 50128 600128	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Ins-Social Service Employee Vision Insurance - Social Ser Employee Dental - Therapy Employee Dental - Therapy Employee Vision Insurance - Therapy Employee Vision Insurance - Dietary Employee Usion Insurance - Dietary Employee Usion Insurance - Dietary Employee Vision Insurance - Dietary Employee Vision Insurance - Dietary Employee Dental Insurance - Help Employee Vision Insurance - Help Employee Vision Insurance - Help Employee Vision Insurance - Help Employee Health Insurance-Leundry	1,543,00 5,862.00 (100.00) 5,499.00 21,00 21,00 752.00 44,00 13,965.00 1,032.00 136.00 34,939.00 936.00 173.00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 959.53 100.05 9,111.03 128.63 88.17 15,228.40 (303.03) 60.74	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10,623.59) (56.05) 4,873.97 903.37 47.83 19,710.60 1,239.03 112.26 4,307.75	118.6° 273.4° (299.7° 177.6° 0.00 (33.9° (21.6° (56.0° 53.5° 702.3° 54.2° (408.8° 184.8° 87.6°
10229 10525 10527 10625 10627 10628 10767 10788 10791 40125 40127 40127 50126 50127 50128	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Ins-Social Service Employee Vision Insurance - Social Ser Employee Vision Insurance - Social Ser Employee Health - Therapy Employee Dental - Therapy Employee Vision Insurance - Therapy Employee Vision Insurance - Dietary Employee Vision Insurance Dietary Employee Vision Insurance - Dietary Employee Vision Insurance - Hekp Employee Dental Insurance - Hekp Employee Vision Insurance - Hekp Employee Vision Insurance - Hekp Employee Dental Insurance - Hakp Employee Dental Insurance - Laundry Employee Dental Insurance - Laundry Employee Dental Insurance - Laundry	1,543,00 5,802.00 (100.00) 5,499.00 21,00 20,657.00 752.00 44.00 13,985.00 1,032.00 34,939.00 935.00 9,223.00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 959.53 100.05 9,111.03 128.63 88.17 15,228.40 (303.03) 60.74 4,915.25	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10,623.58) (207.53) (56.05) 4,873.97 903.37 47.83 19,710.60 1,239.03 112.26 4,307.75 275.56	118.6; 273.4; (299.7; 177.6; 0.0; 0.3.9; (21.6; (56.0; 53.5; 702.3; 54.2; 129.4; (408.4; 87.6; 396.8;
10229 10525 10527 10625 10627 10628 10787 10788 10791 40125 40127 40128 50125 50127 50128 60125 60125 60125	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Ins-Social Service Employee Dental Ins-Social Service Employee Vision Insurance - Social Ser Employee Usion Insurance - Potental Employee Dental - Therapy Employee Vision Insurance - Therapy Employee Vision Insurance - Dietary Employee Dental Insurance - Dietary Employee Usion Insurance - Dietary Employee Health Insurance - Dietary Employee Health Insurance - Hakp Employee Dental Insurance - Hakp Employee Vision Insurance - Hakp Employee Dental Insurance - Hakp Employee Dental Insurance-Laundry Employee Vision Insurance - Laundry Employee Vision Insurance - Laundry	1,543,00 5,802.00 (100.00) 5,499.00 21,00 22,657.00 752.00 44,00 13,965.00 1,032.00 136.00 34,939.00 936.00 173,00 9,223.00 345.00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 959.53 100.05 9,111.03 128.63 88.17 15,228.40 (303.03) 60.74 4,915.25 69.44 7.36	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10,623.58) (207.53) (56.05) 4,873.97 903.37 47.83 19,710.60 1,239.03 112.26 4,307.75 275.56	118.6; 273.4; (299.7; 177.6; 0.0; 0.0; 0.33.9; (21.6; (56.0; 53.5; 702.3; 54.2; 129.4; (408.8; 87.6; 396.6; 103.8;
10229 10525 10527 10625 10627 10628 10787 10788 10791 40125 40127 40127 50128 50125 50127 50128 60125 60127 60128	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Ins-Social Service Employee Vision Insurance - Social Ser Employee Health - Therapy Employee Dental - Therapy Employee Dental - Therapy Employee Dental Insurance - Dietary Employee Dental Insurance Dietary Employee Vision Insurance Dietary Employee Vision Insurance - Dietary Employee Vision Insurance - Dietary Employee Dental Insurance - Hisko Employee Vision Insurance - Hisko Employee Vision Insurance - Hisko Employee Vision Insurance - Laundry Employee Health Insurance - Laundry Employee Health Insurance - Maint	1,543,00 5,802,00 (100,00) 5,499,00 21,00 22,007 752,00 44,00 13,985,00 1,032,00 34,939,00 173,00 9,223,00 345,00 15,00 15,00 15,00 15,00 15,00 173,00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 959.53 100.05 9,111.03 128.63 88.17 15,228.40 (303.03) 60.74 4,915.25 69.44 7.36 2,122.60	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10,623.58) (207.53) (56.05) 4,873.97 903.37 47.83 19,710.60 1,239.03 112.26 4,307.75 275.56 7,64	118.6; 273.4; (299.7; 177.6; 0.00 0.00 (33.9; (21.6; (56.0; 53.5; 702.3; 129.4; (408.8; 184.8; 396.8; 103.8; 114.1;
10229 10525 10527 10625 10627 10628 10767 10768 10791 40125 40127 40127 50128 50125 50127 50128 60125 60125 60125	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Ins-Social Service Employee Dental Ins-Social Service Employee Vision Insurance - Social Ser Employee Vision Insurance - Therapy Employee Vision Insurance - Therapy Employee Vision Insurance - Therapy Employee Dental Insurance - Dietary Employee Dental Insurance - Dietary Employee Vision Insurance - Dietary Employee Health Insurance - Hiskp Employee Vision Insurance - Hiskp Employee Vision Insurance - Hiskp Employee Dental Insurance - Laundry Employee Vision Insurance - Laundry Employee Vision Insurance - Laundry Employee Dental Insurance - Laundry Employee Dental Insurance - Laundry Employee Dental Insurance - Maint	1,543,00 5,802.00 (100.00) 5,499.00 21,00 20,657.00 752.00 44.00 1,032.00 138.00 34,939.00 936.00 173.00 9223.00 145.00 1,500 15,00 15,00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 959.53 100.05 9,111.03 128.63 88.17 15,228.40 (303.03) 60.74 4,915.25 69.44 7.36 2,122.60 50.07	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10,623.58) (207.53) (56.05) 4,873.97 903.37 47.83 19,710.60 1,239.03 112.26 4,307.75 275.56 7.64 3,017.40	118.6; 273.4; (299.7; 177.6; 0.00 0.00 (33.9) (21.6; (56.0; 53.5; 702.3; 54.2; 129.4; (408.8; 87.6; 366.6; 103.8;
10229 10525 10527 10625 10627 10626 10787 10788 10791 40125 40127 50128 50125 50127 50128 60127 60125 60127 70128	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Ins-Social Service Employee Dental Ins-Social Service Employee Vision Insurance - Social Ser Employee Health - Therapy Employee Dental - Therapy Employee Health Insurance - Therapy Employee Health Insurance - Dietary Employee Health Insurance Dietary Employee Vision Insurance - Dietary Employee Dental Insurance - Dietary Employee Dental Insurance - Hiskp Employee Vision Insurance - Hiskp Employee Vision Insurance - Laundry Employee Health Insurance-Maint Employee Vision Insurance - Maint	1,543.00 5,802.00 (100.00) 5,499.00 21.00 22.00 752.00 752.00 1,032.00 1,032.00 1,398.00 1,73.00 936.00 173.00 945.00 15.00 5,140.00 15.00 5,140.00 15.00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 959.53 100.05 9,111.03 128.63 88.17 15,228.40 (303.03) 60.74 4,915.25 69.44 7.36 2,122.60 50.07 7.36	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10.623.58) (207.53) (56.05) 4,873.97 903.37 47.83 19,710.60 1,239.03 112.26 4,307.75 275.56 7,64 3,017.40 100.93	118.6; 273.4; (299.7; 177.6; 0.00 0.00 (33.9; (21.6; (56.0; 53.5; 702.3; 129.4; (408.8; 184.8; 87.6; 336.8; 103.8; 142.1; 201.5; 198.9;
10229 10525 10527 10625 10627 10628 10787 10788 10791 40125 40127 40127 50128 50125 50127 50128 50125 70127 70128	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Ins-Social Service Employee Dental Ins-Social Service Employee Health - Therapy Employee Dental - Therapy Employee Dental - Therapy Employee Dental - Therapy Employee Dental Insurance - Otetary Employee Health Insurance-Dietary Employee Vision Insurance Dietary Employee Vision Insurance - Dietary Employee Health Insurance - Health Employee Dental Insurance - Health Employee Dental Insurance - Health Employee Dental Insurance-Laundry Employee Vision Insurance - Laundry Employee Vision Insurance - Laundry Employee Vision Insurance - Maint Employee Dental Insurance-Maint Employee Dental Insurance-Maint Employee Vision Insurance Maint Employee Vision Insurance - Maint Employee Health Insurance-Maint Employee Health Insurance-Rec/Sec	1,543,00 5,802.00 (100.00) 5,499.00 21,00 21,00 20,657.00 752.00 44.00 13,985.00 1,032.00 938.00 173.00 9,223.00 34,530 0 15,00 15,00 15,00 15,00 22,00 22,00 22,00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 959.53 100.05 9,111.03 128.63 88.17 15,228.40 (303.03) 60.74 4,915.25 69.44 7.36 2,122.60 50.07 7.36	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10,623.58) (207.53) (56.05) 4,873.97 903.37 47.83 19,710.60 1,239.03 112.26 4,307.75 275.56 7,64 3,017.40 100.93 14.64	118.67 273.44 (299.72 177.66 0.00 (33.98 (21.63 (56.02 53.55 702.30 54.22 (408.88 184.87 396.83 103.86 142.11 198.99 208.12
10229 10525 10527 10525 10527 10625 10628 10787 10788 10791 40125 40128 50125 50127 50128 60127 60125 70125 70128 80125	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Ins-Social Service Employee Vision Insurance - Social Ser Employee Vision Insurance - Social Ser Employee Vision Insurance - Therapy Employee Vision Insurance - Therapy Employee Vision Insurance - Therapy Employee Vision Insurance - Detary Employee Vision Insurance - Detary Employee Vision Insurance - Health Employee Vision Insurance - Health Employee Dental Insurance - Health Employee Dental Insurance - Laundry Employee Vision Insurance Laundry Employee Vision Insurance Laundry Employee Vision Insurance - Maint Employee Vision Insurance Maint Employee Vision Insurance - Maint Employee Vision Insurance - Maint Employee Dental Insurance - Maint Employee Dental Insurance - Rec/Sec	1,543.00 5,802.00 (100.00) 5,492.00 21.00 22.00 752.00 752.00 13,965.00 1,032.00 135.00 34,933.00 936.00 173.00 34,534.00 15,00 5,140.00 15,00 22,00 22,00 22,00 29,00 29,00 21,00 20,00 20,00 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000 20,000	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 959.53 100.05 9,111.03 128.63 88.17 15,228.40 (303.03) 60.74 4,915.25 69.44 7.36 2,122.60 50.07 7.36 6,655.95 163.43	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10,623.58) (207.53) (56.05) 4,873.97 903.37 47.83 19,770.60 1,229.03 112.26 4,307.75 275.56 7.64 3,017.40 100.93 14.64 13,852.05	118.67 273.41 (299.72 177.65 0.00 0.00 (33.96 (21.65 53.55 702.35 54.22 129.43 (408.81 184.85 87.64 396.83 142.11 201.55 198.91 208.12 78.02
10229 10525 10527 10625 10627 10628 10787 10788 10791 40125 40127 40127 50128 50127 50128 60127 60128 70127 70129 80125 80127 80128	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Ins-Social Service Employee Vision Insurance - Social Ser Employee Health - Therapy Employee Vision Insurance - Social Ser Employee Health - Therapy Employee Health Insurance - Therapy Employee Health Insurance - Dietary Employee Vision Insurance - Dietary Employee Vision Insurance - Dietary Employee Vision Insurance - Dietary Employee Dental Insurance - Hiskip Employee Dental Insurance - Hiskip Employee Vision Insurance - Hakp Employee Dental Insurance-Laundry Employee Dental Insurance-Laundry Employee Dental Insurance-Maint Employee Dental Insurance-Maint Employee Dental Insurance-Maint Employee Union Insurance - Maint Employee Dental Insurance-Maint Employee Dental Insurance-Rec/Sec Employee Vision Insurance - Rec/Sec	1,543,00 5,802.00 (100.00) 5,499.00 21,00 21,00 20,657.00 752.00 44.00 13,985.00 1,032.00 938.00 173.00 9,223.00 34,530 0 15,00 15,00 15,00 15,00 22,00 22,00 22,00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 958.53 100.05 9,111.03 128.63 88.17 15,228.40 (303.03) 80.74 4,915.25 69.44 7.36 2,122.60 50.07 7.36 6,655.95 163.43 32.32	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10.623.58) (207.53) (56.05) 4,873.97 903.37 47.83 19,710.60 1,239.03 112.26 4,307.75 275.56 7.64 3,017.40 100.93 14.64 13,852.05 127.57	118.6; 273.4; (299.7; 177.6; 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0
10229 10525 10527 10625 10627 10628 10787 10788 10791 40125 40127 40128 50125 50127 50128 60125 60125 60125 60127 60128 80129 80127 80129	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs EE Health Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Ins-Social Service Employee Dental Insurance - Social Ser Employee Vision Insurance - Social Ser Employee Vision Insurance - Social Ser Employee Dental - Therapy Employee Vision Insurance - Therapy Employee Vision Insurance - Therapy Employee Dental Insurance - Dietary Employee Usion Insurance - Dietary Employee Vision Insurance - Dietary Employee Vision Insurance - Hiskp Employee Vision Insurance - Hiskp Employee Vision Insurance - Hiskp Employee Vision Insurance - Laundry Employee Vision Insurance - Laundry Employee Dental Insurance-Maint Employee Dental Insurance-Maint Employee Vision Insurance - Rec/Sec Employee Dental Insurance-Rec/Sec Employee Dental Insurance-Rec/Sec Employee Vision Insurance - Rec/Sec Employee Health Insurance-Rec/Sec Employee Vision Insurance - Rec/Sec Employee Health Insurance-Rec/Sec	1,543,00 5,802.00 (100.00) 5,499.00 21,00 22,00 752.00 44.00 13,905.00 13,905.00 13,905.00 1373.00 936.00 173.00 9223.00 15,00 5,140.00 15,00 22,00 20,506.00 291.00 78.00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 959.53 100.05 9,111.03 128.63 88.17 15,228.40 (303.03) 60.74 4,915.25 69.44 7.36 2,122.60 50.07 7.36 6,655.95 163.43 32.32 2,905.18	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10,623.58) (207.53) (56.05) 4,873.97 903.37 47.83 19,770.60 1,229.03 112.26 4,307.75 275.56 7.64 3,017.40 100.93 14.64 13,852.05	118.6; 273.4; (299.7; 177.6; 0.00, 0
10229 10525 10527 10627 10627 10628 10787 10788 10791 40125 40127 40127 50128 50125 50127 50128 60125 60127 70129 80128 80127 80128 80127 80128 80127 80128	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Insurance - Social Ser Employee Dental Insurance - Social Ser Employee Vision Insurance - Social Ser Employee Pleath - Therapy Employee Dental - Therapy Employee Dental - Therapy Employee Dental Insurance - Dietary Employee Dental Insurance - Dietary Employee Vision Insurance - Dietary Employee Vision Insurance - Dietary Employee Dental Insurance - Hiskp Employee Vision Insurance - Hiskp Employee Vision Insurance - Laundry Employee Vision Insurance - Laundry Employee Dental Insurance-Laundry Employee Dental Insurance-Maint Employee Vision Insurance - Maint Employee Vision Insurance - Maint Employee Vision Insurance - Maint Employee Vision Insurance - Rec/Sec Employee Dental Insurance - Rec/Sec Employee Dental Insurance - Rec/Sec Employee Dental Insurance - Activities SNF Employee Dental Insurance - Activities SNF Employee Dental Insurance - Activities SNF	1,543,00 5,802,00 (100,00) 5,499,00 21,00 21,00 752,00 752,00 44,00 13,985,00 1,032,00 136,00 173,00 9336,00 173,00 9,223,00 345,00 15,00 15,140,00 151,00 22,00 20,506,00 291,00 78,00 178,00 178,00 179,00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 959.53 100.05 9,111.03 128.63 88.17 15,228.40 (303.03) 60.74 4,915.25 69.44 7.36 2,122.60 50.07 7.36 6,655.95 163.43 32.32 2,905.18	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10,623.58) (207.53) (56.05) 4,873.97 903.37 47.83 19,710.60 1,239.03 112.26 4,307.75 275.56 7.64 3,017.40 100.93 14.64 13,852.05 127.57 45.68 2,941.82	118.67 273.41 (299.72 177.65 0.00 0.00 (33.96 (21.63 (56.02 53.55 702.33 54.22 129.43 (408.88 184.83 103.86 110.38 120.15 110.88 120.15 110.88 110.18
10229 10525 10527 10625 10627 10628 10787 10788 10791 40125 40127 40128 50125 50127 50128 60127 70129 80125 80127 80125 80127 80128 80127 90128 90129 90129 90129 90129 90129 90129	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs EE Health Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Ins-Social Service Employee Dental Insurance - Social Ser Employee Vision Insurance - Social Ser Employee Vision Insurance - Social Ser Employee Dental - Therapy Employee Vision Insurance - Therapy Employee Vision Insurance - Therapy Employee Dental Insurance - Dietary Employee Usion Insurance - Dietary Employee Vision Insurance - Dietary Employee Vision Insurance - Hiskp Employee Vision Insurance - Hiskp Employee Vision Insurance - Hiskp Employee Vision Insurance - Laundry Employee Vision Insurance - Laundry Employee Dental Insurance-Maint Employee Dental Insurance-Maint Employee Vision Insurance - Rec/Sec Employee Dental Insurance-Rec/Sec Employee Dental Insurance-Rec/Sec Employee Vision Insurance - Rec/Sec Employee Health Insurance-Rec/Sec Employee Vision Insurance - Rec/Sec Employee Health Insurance-Rec/Sec	1,543,00 5,802.00 (100.00) 5,499.00 21,00 22,00 752.00 44.00 13,905.00 13,905.00 13,905.00 1373.00 936.00 173.00 9223.00 15,00 5,140.00 15,00 22,00 20,506.00 291.00 78.00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 959.53 100.05 9,111.03 128.63 88.17 15,228.40 (303.03) 60.74 4,915.25 69.44 7.36 2,122.60 50.07 7.36 6,655.95 163.43 32.32 2,905.18	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10,623.58) (207.53) (56.05) 4,873.97 903.37 47.83 19,710.60 1,239.03 112.26 4,307.75 275.56 7,64 3,017.40 100.93 14,64 13,852.05 127.57 45.68 2,941.82 94.85	118.67 273.41 (299.72 177.66 0.00 0.00 (33.98 (21.63 (56.02) 53.55 702.30 54.25 129.43 (408.88 144.18 201.55 198.91 208.12 78.00 141.34
10229 10525 10527 10625 10627 10628 10788 10791 40125 40127 40125 50126 50127 50128 60127 60128 70129 80125 50127 50128 80127 50128 80127 50128 80127 50128 80127 50128	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employee Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Ins-Social Service Employee Vision Insurance - Social Ser Employee Health - Therapy Employee Dental - Therapy Employee Dental - Therapy Employee Dental - Therapy Employee Dental Insurance - Therapy Employee Dental Insurance Dietary Employee Vision Insurance Dietary Employee Vision Insurance - Dietary Employee Vision Insurance - Health Employee Dental Insurance - Health Employee Dental Insurance - Health Employee Dental Insurance - Laundry Employee Dental Insurance - Laundry Employee Dental Insurance - Laundry Employee Vision Insurance - Maint Employee Vision Insurance - Maint Employee Vision Insurance - Maint Employee Vision Insurance Rec/Sec Employee Vision Insurance - Rec/Sec Employee Vision Insurance - Rec/Sec Employee Vision Insurance - Activities SNF Employee Health Insurance - Activities SNF Employee - Activities SNF Em	1,543.00 5,802.00 (100.01) 5,499.00 21,00 21,00 22,657.00 752.00 44.00 13,985.00 1,032.00 938.00 173.00 9,223.00 15,00 5,144.00 15,10 22,20 20,506.00 22,00 20,506.00 291.00 5,447.00 111.00 68.00 53,149.00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 959.53 100.05 9,111.03 128.63 88.17 15,228.40 (303.03) 60.74 4,915.25 69.44 7.36 2,122.60 50.07 7.36 6,655.95 163.43 32.32 2,905.18 16.15 45.82 8,965.08	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10.623.58) (207.53) (56.05) 4,873.97 903.37 47.83 19,710.60 1,239.03 112.26 4,307.75 275.56 7.64 3,017.40 100.93 14.64 13,852.05 127.57 45.68 2,941.82 94.85 22.18	118.67 273.41 (299.72 177.66 0.00 0.00 (33.98 (21.63 (56.02 53.55 702.30 54.25 129.43 (408.88 184.82 87.64 396.83 103.80 142.16 201.58 198.91 208.12 78.00 141.34 101.26 587.31 48.41
10229 10525 10527 10625 10627 10628 10791 10791 10791 40125 40127 40128 50125 50127 50128 60127 60128 80129 50125 50127 50128 80127 60128 80129 50125 50128 80127 60128 80129 50128	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Insurance - Social Ser Employee Dental Insurance - Social Ser Employee Vision Insurance - Social Ser Employee Health - Therapy Employee Dental Insurance - Social Ser Employee Dental - Therapy Employee Dental Insurance - Dietary Employee Vision Insurance - Dietary Employee Vision Insurance - Dietary Employee Dental Insurance - Dietary Employee Dental Insurance - Dietary Employee Dental Insurance - Hexp Employee Dental Insurance - Hexp Employee Dental Insurance - Laundry Employee Dental Insurance-Laundry Employee Dental Insurance-Maint Employee Vision Insurance - Maint Employee Usion Insurance - Maint Employee Usion Insurance - Maint Employee Usion Insurance - Rec/Sec Employee Vision Insurance - Rec/Sec Employee Vision Insurance - Rec/Sec Employee Dental Insurance - Rec/Sec Employee Dental Insurance - Rec/Sec Employee Dental Insurance - Activities SNF Employee Dental Insurance - Activities SNF Employee Dental Insurance - Admin Employee Vision Insurance - Admin Employee Vision Insurance - Admin	1,543,00 5,802,00 (100,00) 5,499,00 21,00 22,007 752,00 44,00 13,985,00 1,032,00 34,939,00 173,00 9,223,00 345,00 15,00 5,144,00 15,100 22,00 20,508,00 29,100 29,100 38,939,00 173,00 58,47,00 111,00 68,00 53,149,00 781,00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 958.53 100.05 9,111.03 128.63 88.17 15,228.40 (303.03) 80.74 4,915.25 69.44 7.36 2,122.60 50.07 7.36 2,122.60 50.07 7.36 6,655.95 163.43 32.32 2,905.18 16.15 45.82 8,965.08	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 21.00 (10.623.58) (207.53) (56.05) 4,873.97 903.37 47.83 19,710.60 1,239.03 112.26 4,307.75 275.56 7.64 3,017.40 100.93 14.64 13,852.05 127.57 45.68 2,941.82 94.85 22.18 44,107.92	118.67 273.41 (299.72 177.66 0.00 0.00 (33.96 (21.63 (56.02 53.55 702.30 54.25 129.43 (408.88 184.82 87.64 396.83 103.86 142.16 201.55 198.99 208.12 78.06 141.34 101.26 547.86
10229 110525 110527 110625	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Insurance - Social Ser Employee Dental Insurance - Social Ser Employee Vision Insurance - Social Ser Employee Health - Therapy Employee Dental Insurance - Social Ser Employee Dental - Therapy Employee Dental Insurance - Dietary Employee Vision Insurance - Dietary Employee Vision Insurance - Dietary Employee Dental Insurance - Dietary Employee Dental Insurance - Dietary Employee Dental Insurance - Hexp Employee Dental Insurance - Hexp Employee Dental Insurance - Laundry Employee Dental Insurance-Laundry Employee Dental Insurance-Maint Employee Vision Insurance - Maint Employee Usion Insurance - Maint Employee Usion Insurance - Maint Employee Usion Insurance - Rec/Sec Employee Vision Insurance - Rec/Sec Employee Vision Insurance - Rec/Sec Employee Dental Insurance - Rec/Sec Employee Dental Insurance - Rec/Sec Employee Dental Insurance - Activities SNF Employee Dental Insurance - Activities SNF Employee Dental Insurance - Admin Employee Vision Insurance - Admin Employee Vision Insurance - Admin	1,543.00 5,802.00 (100.00) 5,492.00 21.00 23.00 752.00 752.00 13.965.00 1,032.00 135.00 34,933.00 936.00 173.00 345.00 345.00 155.00 22.00 25.140.00 151.00 22.00 25.068.00 178.00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 959.53 100.05 9,111.03 128.63 88.17 15,228.40 (303.03) 60.74 4,915.25 69.44 7.36 2,122.60 50.07 7.36 6,655.95 163.43 32.32 2,905.18 16.15 45.82 8,965.08	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10.623.58) (207.53) (56.05) 4,873.97 903.37 47.83 19,710.60 1,239.03 112.26 4,307.75 275.56 7.64 3,017.40 100.93 14.64 13,852.05 127.57 45.68 2,941.82 94.85 2,941.82 94.85 2,218 44,107.92	118.67 273.44 (299.72 177.66 0.00 (33.96 (21.63 (56.02 53.55 702.33 54.22 129.43 (408.88 184.82 103.88 142.11 201.55 198.99 208.12 78.00 141.34 101.22 547.82
10229 10525 10527 10627 10628 10788 10791 40125 40127 40125 50127 50128 60125 60127 60128 60127 60128 60127 60128 60127 60128 60127 60128 60127 60128 60127 60128 60127 60128 60127 60128 60127 60128 60127 60128 60127 60128 60128 60128 60128 60128 60128 60128 60128 60128 60128	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employee Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Insurance-Social Service Employee Dental Insurance - Social Ser Employee Vision Insurance - Social Ser Employee Dental Insurance - Social Ser Employee Dental Insurance - Therapy Employee Dental Insurance - Therapy Employee Dental Insurance - Dietary Employee Vision Insurance - Dietary Employee Vision Insurance - Dietary Employee Health Insurance - Hekp Employee Dental Insurance - Hekp Employee Dental Insurance - Laundry Employee Dental Insurance-Laundry Employee Dental Insurance-Maint Employee Health Insurance-Maint Employee Health Insurance-Maint Employee Dental Insurance-Maint Employee Dental Insurance-Rec/Sec Employee Dental Insurance-Rec/Sec Employee Vision Insurance - Rec/Sec Employee Vision Insurance - Rec/Sec Employee Vision Insurance - Activities SNF Employee Dental Insurance-Admin Employee Vision Insurance - Admin	1,543.00 5,802.00 (100.00) 5,499.00 21.00 22.00 24.00 752.00 44.00 13,985.00 1,032.00 938.00 173.00 9,223.00 345.00 15.00 22.00 24.00 15.00 5,144.00 15.00 22.00 25.00 00 25.00 00 27.00 111.00 00 5,847.00 111.00 068.00 53,149.00 781.00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 959.53 100.05 9,111.03 128.63 88.17 15,228.40 (303.03) 60.74 4,915.25 69.44 7.36 2,122.60 50.07 7.36 6,655.95 163.43 32.32 2,905.18 16.15 45.82 8,965.08	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10,623.58) (207.53) (56.05) 4,873.97 903.37 47.83 19,710.60 1,239.03 112.26 4,307.75 275.56 7.64 3,017.40 100.93 14.64 13,852.05 127.57 45.68 2,941.82 94.85 22.18 44,107.92 660.21 91.79 394,570.18	118.61 273.41 (299.72 177.66 0.00 (33.94 (21.63 (56.02 53.55 702.31 54.22 (408.81 184.82 103.88 142.11 178.01 198.92 208.12 78.00 141.33 101.24 482.01 546.51
10229 10525 10527 10627 10628 10787 10788 10798 40125 40127 50128 50125 50127 50128 60125 60127 60128 80127 80129 10628 107012	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Insurance - Social Ser Employee Dental Insurance - Social Ser Employee Vision Insurance - Social Ser Employee Health - Therapy Employee Dental - Therapy Employee Dental Insurance - Therapy Employee Dental Insurance - Therapy Employee Health Insurance - Dietary Employee Vision Insurance - Dietary Employee Dental Insurance - Dietary Employee Dental Insurance - Dietary Employee Dental Insurance - Health Employee Dental Insurance - Health Employee Health Insurance - Laundry Employee Vision Insurance - Laundry Employee Vision Insurance - Laundry Employee Health Insurance-Maint Employee Vision Insurance - Maint Employee Vision Insurance - Maint Employee Vision Insurance - Maint Employee Vision Insurance - Rec/Sec Employee Vision Insurance - Rec/Sec Employee Vision Insurance - Rec/Sec Employee Dental Insurance - Rec/Sec Employee Vision Insurance - Activities SNF Employee Dental Insurance - Activities SNF Employee Dental Insurance - Admin Employee Vision Insurance - Admin Employee Life Insurance - Marsing Admin	1,543.00 5,602.00 (100.00) 5,499.00 21.00 22.00 752.00 752.00 13,965.00 13,965.00 173.00 23,939.00 173.00 2223.00 345.00 15.00 25,000 20,506.00 21,000 20,506.00 21,000 20,506.00 21,000 20,506.00 21,000 20,506.00 21,000 20,506.00 21,000 20,506.00 21,000 20,506.00 21,00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 959.53 100.05 9,111.03 128.63 88.17 15,228.40 (303.03) 60.74 4,915.25 69.44 7.36 2,122.60 50.07 7.36 6,655.95 163.43 32.32 2,905.18 16.15 45.82 8,965.08	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10.623.58) (207.53) (56.05) 4,873.97 903.37 47.83 19,710.60 1,239.03 112.26 4,307.75 275.56 7.764 3,017.40 100.93 14.64 13.852.05 127.57 45.68 2,941.82 94.85 22.18 44,107.92 660.21 91.79 394,570.18	118.67 273.41 (299.72 177.65 0.00 0.00 (33.96 (21.65 (56.02 53.55 702.33 54.22 129.43 (408.81 184.85 87.63 396.83 103.86 81.142.16 201.55 198.99 208.12 78.00 141.34 101.22 587.31 48.41
10229 10525 10527 10625 10627 10628 10788 10791 10788 10791 40125 40127 40127 50128 60125 50127 60128 70127 70129 80125 80127 80128 80127 80127 80128 80127 80128 80127 80128 80127 80128 80127 80128 80129	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employee Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Insurance - Social Ser Employee Dental Insurance - Social Ser Employee Vision Insurance - Social Ser Employee Health - Therapy Employee Dental - Therapy Employee Dental - Therapy Employee Dental Insurance - Therapy Employee Dental Insurance - Dietary Employee Vision Insurance - Dietary Employee Vision Insurance - Dietary Employee Vision Insurance - Hekp Employee Dental Insurance - Hekp Employee Dental Insurance - Hekp Employee Dental Insurance - Laundry Employee Dental Insurance - Laundry Employee Dental Insurance - Laundry Employee Dental Insurance - Maint Employee Dental Insurance - Maint Employee Dental Insurance - Maint Employee Dental Insurance - Rec/Sec Employee Vision Insurance - Rec/Sec Employee Vision Insurance - Rec/Sec Employee Vision Insurance - Activities SNF Employee Vision Insurance - Activities SNF Employee Vision Insurance - Admin Employee Utel Insurance - Name - Employee Vision Insurance - Employee Vision Insurance - Rec/Sec Employee Vision Insurance - Admin Employee Utel Insurance-Nursing Admin Employee Life Insurance-Nursing	1,543,00 5,802,00 (100,00) 5,499,00 21,00 21,00 22,057,00 752,00 44,00 13,985,00 1,032,00 34,939,00 173,00 9,223,00 345,00 15,100 22,00 20,508,00 291,00 27,00 5,447,00 111,00 68,00 781,00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 958.53 100.05 9,111.03 128.63 88.17 15,228.40 (303.03) 80.74 4,915.25 69.44 7.36 2,122.60 50.07 7.36 2,122.60 163.43 32.32 2,905.18 16.15 45.82 8,965.08	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 21.00 (10.623.58) (207.53) (56.05) 4,873.97 903.37 47.83 19,710.60 1,239.03 112.26 4,307.75 275.56 7.64 3,017.40 100.93 14.64 13,852.05 127.57 45.68 2,941.82 94.85 22.18 44,107.92 660.21 91.79 394,570.18	118.67 273.41 (299.72 177.66 0.00 (33.98 (21.63 (56.03 53.55 702.33 54.22 129.43 (408.48 184.85 103.48 142.11 201.55 198.91 208.12 78.00 141.34 492.00 546.55 477.82 477.82
10229 10525 10527 10627 10628 10787 10788 10791 40125 40127 50128 50125 50127 50128 60127 60128 60127 60128 60127 60128 60127 60128 60127 60128 60127 60128 60127 60128 60127 60128 60127 60128 60128 60127 60128 60128 60128 60129 50127 50129 60128 60129 50127 50129 60128 60129 50129 50127 50128 60129 50129	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EF Health Insurance-Social Service Employee Dental Insurance-Social Service Employee Dental Insurance - Social Ser Employee Vision Insurance - Social Ser Employee Health - Therapy Employee Vision Insurance - Therapy Employee Vision Insurance - Therapy Employee Health Insurance - Dietary Employee Vision Insurance - Hiskp Employee Vision Insurance - Hiskp Employee Vision Insurance - Hiskp Employee Vision Insurance - Laundry Employee Vision Insurance - Maint Employee Vision Insurance - Maint Employee Vision Insurance - Mint Employee Vision Insurance Rec/Sec Employee Vision Insurance - Activities SNF Employee Dental Insurance - Activities SNF Employee Dental Insurance - Activities SNF Employee Vision Insurance - Activities SNF Employee Vision Insurance - Admin Employee Vision Insurance - Admin Employee Vision Insurance - Admin Employee Utile Insurance - Admin Employee Utile Insurance - Nursing Admin Employee Utile Insurance - Nursing Employee Utile Insurance-Nursing Employee Utile Insurance-Med Recs	1,543.00 5,602.00 (100.00) 5,499.00 21.00 22.00 752.00 752.00 13,965.00 1,032.00 1336.00 173.00 34,939.00 173.00 345.00 15.00 22.00 23,967.00 15.00 22.00 24,00 15.00 25,140.00 15.100 25,140.00 15.100 25,140.00 15.00 26,000 27,000 27,000 28,000,00 291,00 78.00 5,147.00 111.00 68.00 53,149.00 761,00 111.00 668,00 53,149.00	705.63 1,553.80 50.07 1,960.91 0.00 0.00 31,280.58 959.53 100.05 9,111.03 128.63 88.17 15,228.40 (303.03) 60.74 4,915.25 69.44 7,36 2,122.60 50.07 7,36 6,655.95 163.43 32.32 2,905.18 16.15 45.82 8,965.08	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10.623.58) (207.53) (56.05) 4,873.97 903.37 47.83 19,710.60 1,239.03 112.26 4,307.75 275.56 7.64 3,017.40 100.93 14.64 13,852.05 127.57 45.68 2,941.82 94.85 22.18 44,107.92 660.21 91.79 394.570.18	118.67 273.41 (299.72 177.65 0.00 0.00 (33.96 (21.65 53.55 702.33 54.22 129.43 (408.81 184.82 87.64 296.81 201.55 198.99 208.12 78.00 141.34 151.22 54.54 177.82 177.82
10229 10527 10525 10527 10626 10627 10628 10787 10788 10791 40125 40127 40128 50125 50127 50128 60127 60128 70129 80125 50127 50128 80129 50127 50128 80129 50125 50127 50128 80129 50125 50127 50128 80129 50125 50127 50128 80129 50125 50127 50128 80129 50127 50128 80129 50128 80129 50127 50128 80129 50127 50128 80129 50127 50128 80129 50127 50128 80129 50126 10026 80127 60128	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Insurance - Social Ser Employee Dental Insurance - Social Ser Employee Vision Insurance - Social Ser Employee Health - Therapy Employee Usion Insurance - Therapy Employee Usion Insurance - Therapy Employee Dental Insurance - Dietary Employee Vision Insurance - Dietary Employee Vision Insurance - Dietary Employee Dental Insurance - Dietary Employee Dental Insurance - Health Employee Vision Insurance - Lisup Employee Vision Insurance - Laundry Employee Dental Insurance-Laundry Employee Dental Insurance-Laundry Employee Dental Insurance-Maint Employee Dental Insurance-Maint Employee Vision Insurance Maint Employee Vision Insurance - Maint Employee Vision Insurance - Rec/Sec Employee Vision Insurance - Rec/Sec Employee Vision Insurance - Rec/Sec Employee Usion Insurance - Rec/Sec Employee Vision Insurance - Admin Employee Vision Insurance - Rec/Sec Employee Usion Insurance - Rec/Sec Employee Usion Insurance - Rec/Sec Employee Vision Insurance - Rec/Sec E	1,543.00 5,802.00 (100.00) 5,499.00 21.00 21.00 22.00 24.00 13,985.00 1,032.00 136.00 34,939.00 173.00 9,223.00 345.00 15.00 15.00 22.00 20,508.00 291.00 78.00 5,144.00 151.00 5,144.00 151.00 66.00 27.00 78.00 5,447.00 111.00 66.00 781.00 781.00 781.00 781.00 781.00 781.00 781.00 781.00 781.00 781.00 781.00 781.00 781.00 781.00 781.00 781.00 781.00 781.00 781.00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 959.53 100.05 9,111.03 128.63 88.17 15,228.40 (303.03) 60.74 4,915.25 69.44 7.36 2,122.60 50.07 7.36 6,655.95 163.43 32.32 2,905.18 16.15 45.82 8,965.08 12.27 19.21 221,722.82	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10.623.58) (207.53) (56.05) 4,873.97 903.37 47.83 19,710.60 1,239.03 112.26 4,307.75 275.56 7.64 3,017.40 100.93 14.64 13,852.05 127.57 45.68 2,941.82 94.85 22.18 44,107.92 660.21 91.79 394,570.18	118.67 273.41 (299.72 177.66 0.00 0.00 (33.96 (21.63 (56.02) 53.55 702.30 54.25 129.43 (408.86 184.82 87.64 396.83 103.86 142.16 201.55 198.99 208.12 78.06 141.34 101.26 547.78 177.96
10229 10525 10527 10625 10527 10628 10787 10788 10791 40125 40127 40128 50125 50127 50128 60127 60128 80127 80129 80125 50127 50128 80127 80129 80125 50127 50128 80127 80129 80125 80127 80129 80125 80127 80129 80125 80127 80129 80125 80127 80129 80125 80127 80129 80125 80127 80129 80125 80127 80129 80125 80127 80129 80125 80127 80129 80125 80127 80129 80125 80127 80129 80125 80127 80129 80125 80127 80129 80125 80127 80129 80125 80127 80129 80125 80127 80129 80125 80127 80129 80125 80127 80129 80125 80127 80129	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Insurance - Social Ser Employee Vision Insurance - Social Ser Employee Vision Insurance - Social Ser Employee Health - Therapy Employee Vision Insurance - Therapy Employee Vision Insurance - Therapy Employee Vision Insurance - Detary Employee Vision Insurance - Detary Employee Vision Insurance - Detary Employee Vision Insurance - Health Employee Dental Insurance - Health Employee Dental Insurance - Health Employee Vision Insurance - Health Employee Vision Insurance - Laundry Employee Vision Insurance - Maint Employee Vision Insurance - Maint Employee Vision Insurance - Maint Employee Vision Insurance - Rec/Sec Employee Vision Insurance - Rec/Sec Employee Vision Insurance - Activities SNF Employee Dental Insurance - Activities SNF Employee Unision Insurance - Activities SNF Employee Vision Insurance - Admin Employee Vision Insurance - Admin Employee Vision Insurance - Admin Employee Unision Insurance - Admin Employee Unision Insurance - Admin Insurance - Life Insurance - Rec/Sec Employee Unit Insurance - Rec/Sec Employe	1,543.00 5,802.00 (100.00) 5,492.00 21.00 22.00 752.00 752.00 13,965.00 1,032.00 135.00 34,938.00 173.00 34,938.00 173.00 34,538.00 15.00 22.00 20,506.00 21,00 78.00 21,00 78.00 78.00 78.00 111.00 25.140.00 111.00 66.00 53,149.00 781.00 111.00 66.00 53,149.00 781.00 111.00 668.00 53,149.00 781.00 111.00 616,622.00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 959.53 100.05 9,111.03 128.63 88.17 15,228.40 (303.03) 60.74 4,915.25 69.44 7.36 2,122.60 50.07 7.36 6,655.95 163.43 32.32 2,905.18 16.15 45.82 6,965.08 120.79 19.21 221,722.82	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10.623.58) (207.53) (56.05) 4,873.97 903.37 47.83 19,710.601 1,239.03 112.26 4,307.75 275.56 7.64 3,017.40 100.93 14.64 13,852.05 127.57 45.68 2,941.82 94.85 2,241.82 94.85 2,241.82 94.85 2,241.82 94.85 2,941.79 394.570.18	118.67 273.41 (299.72 177.86 0.00 0.00 (33.96 (21.63 53.55 702.30 54.25 129.43 (408.86 184.82 87.64 201.55 198.91 208.12 78.06 142.18 201.55 198.91 208.12 78.06 141.34 101.26 177.82 177.96
10229 10525 10527 10625 10527 10628 10787 10788 10791 40125 40127 40128 50125 50127 50128 60127 60128 70129 80125 80127 50128 80127 60128 80127 60128 80129 50127 50128 80129 50127 50128 80127 50128 80129 50127 50128 80129 50127 50128 80129 50127 50128 80129 50127 50128 80129 50127 50128 80129 50127 50128 80129 50126 80127 60128 80129 100126 80127 60128 80129 100126 80127 60128	Employee Vision Insurance - Nursing Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs EE Health Insurance-Social Service Employee Dental Insurance - Social Ser Employee Dental Insurance - Social Ser Employee Vision Insurance - Social Ser Employee Health - Therapy Employee Usion Insurance - Therapy Employee Usion Insurance - Therapy Employee Dental Insurance - Dietary Employee Vision Insurance - Dietary Employee Vision Insurance - Dietary Employee Dental Insurance - Dietary Employee Dental Insurance - Health Employee Vision Insurance - Lisup Employee Vision Insurance - Laundry Employee Dental Insurance-Laundry Employee Dental Insurance-Laundry Employee Dental Insurance-Maint Employee Dental Insurance-Maint Employee Vision Insurance Maint Employee Vision Insurance - Maint Employee Vision Insurance - Rec/Sec Employee Vision Insurance - Rec/Sec Employee Vision Insurance - Rec/Sec Employee Usion Insurance - Rec/Sec Employee Vision Insurance - Admin Employee Vision Insurance - Rec/Sec Employee Usion Insurance - Rec/Sec Employee Usion Insurance - Rec/Sec Employee Vision Insurance - Rec/Sec E	1,543.00 5,802.00 (100.00) 5,499.00 21.00 21.00 22.00 24.00 13,985.00 1,032.00 136.00 34,939.00 173.00 9,223.00 345.00 15.00 15.00 22.00 20,508.00 291.00 78.00 5,144.00 151.00 5,144.00 151.00 66.00 27.00 78.00 5,447.00 111.00 66.00 781.00 781.00 781.00 781.00 781.00 781.00 781.00 781.00 781.00 781.00 781.00 781.00 781.00 781.00 781.00 781.00 781.00 781.00 781.00	705.63 1,553.80 50.07 1,980.91 0.00 0.00 31,280.58 959.53 100.05 9,111.03 128.63 88.17 15,228.40 (303.03) 60.74 4,915.25 69.44 7.36 2,122.60 50.07 7.36 6,655.95 163.43 32.32 2,905.18 16.15 45.82 8,965.08 12.27 19.21 221,722.82	837.37 4,248.20 (150.07) 3,518.09 63.00 21.00 (10.623.58) (207.53) (56.05) 4,873.97 903.37 47.83 19,710.60 1,239.03 112.26 4,307.75 275.56 7.64 3,017.40 100.93 14.64 13,852.05 127.57 45.68 2,941.82 94.85 22.18 44,107.92 660.21 91.79 394,570.18	118.67 273.41 (299.72 177.60 0.00 0.33.98 (21.63 (56.02 53.55 702.30 54.25 129.43 (408.88 184.82 87.64 396.83 103.80 142.18 201.59 198.91 208.12 78.00 141.34

Traditions Senior Management Medicaid - Senior Philanthropy of Westport, LLC 9/30/2016 A.01 - TB-CCNH A.03 - Grouped Trial Balance

Workpaper:	A.03 - Grouped Trial Balance				
Account	Description	FINAL	1st PP-FINAL	\$ VAR	% VAR
_		9/30/2016	9/30/2016		
470126	Employee Life Insurance-Maint	48.00	20.40	27.60	135.29%
480126	Employee Life Insurance-Rec/Sec	61.00	30.60	30.40	99.35%
550126	Employee Life Insurance-Activities SNF	139.00	68.34	70.66	103.39%
560126	Employee Life Insurance-Admin	270.00	74.10	195.90	264.37%
Subtotal [1A6] Life I	Insurance	4,591.00	2,437.75	2,153.25	88.33%
Subgroup : [1A7]	Pensions				
410241	Pension-Nursing	301,021.00	0.00	301,021.00	0.00%
440141	Pension-Dietary	27,380.00	0.00	27,380.00	0.00%
450141	Pension-Hskp	28,641.00	0.00	28,641.00	0.00%
460141	Pension-Laundry	6,470.00	0.00	6,470.00	0.00%
470141	Pension-Maint	4,300.00	0.00	4,300.00	0.00%
480141	Pension-Reception	11,402.00	0.00	4,450.00	0.00%
550141	Pension - Activities	3,083.00	0.00	3,083.00	0.00% 0.00%
Subtotal [1A7] Pens	ions	382,297.00	0.00	375,345.00	0.00%
Subgroup : [1A8]	Uniform Allowance	6.045.00	0.00	6,016.00	0.00%
410236 440136	Uniforms-Nursing Uniforms-Dietary	6,016.00 1,338.00	0.00	1,338.00	0.00%
450136	Uniforms-Hskp	1,107.00	0.00	1,107.00	0.00%
460136	Uniforms-Laundry	257.00	0.00	257.00	0.00%
470136	Uniforms-Maint	129.00	0.00	129.00	0.00%
480136	Uniforms-Reception	257.00	0.00	257.00	0.00%
550137	Uniforms-Activities	129.00	0.00	129.00	0.00%
550137 Subtotal [1A8] Unifo		9,233.00	0.00	9,233.00	0.00%
Subgroup : [1A9] 410135	Other Employee Expense-Nursing Admn	49.00	49.73	703.27	1,414.18%
410231	Drug Free Expense-Nursing	512.00	660.00	(148.00)	(22.42%)
410235	Employee Expense-Nursing	11,357.00	1,145.59	10,483.41	915.11%
410535	Employee Expense-Med Recs	0.00	0.00	22.00	0.00%
410635	Employee Evenese Social Service	17.00	0.00	17.00	0.00%
	Employee Expense-Social Service Employee Expense-Dietary	17.00 305.00	0.00 0.00	305.00	0.00%
440135 490135	Employee Expense-Dietary Employee Expense-Mkt	305.00 0.00	5.38	(5.38)	(100.00%)
560135	Employee Benefits/Expense-Admin	2,835.00	1,217.98	8,645.02	709.78%
Subtotal [1A9] Othe		15,075.00	3,078.68	20,022.32	650.35%
		10,010,00	0,010.00	20,022.02	555.5575
Subgroup : [1C] 410998	Bad Debts Bad Debt Expense-SNF	(18,020.00)	54,000.00	(72,020.00)	(133,37%)
Subtotal [1C] Bad D	ebts	(18,020.00)	64,000.00	(72,020.00)	(133.37%)
Subgroup : [1D]	Accounting and Auditing				
560844 Subtotal [1D] Accou	Accounting/Audit Fees-Adm	30,601.00 30,601.00	17,393.34 17,393.34	13,207.66 13,207.66	75.94% 75.94%
מסטט ומין ומיטטט	mang and reading			10,201100	
Subgroup : [1E]	Legal Conservator Fees	1,190.00	150.00	950.00	633.33%
560842 560843	Legal Fees-Adm	1,745.00	14,241.93	(12,496.93)	(87.75%)
Subtotal [1E] Legal	20811100011011	2,845.00	14,391.93	(11,546.93)	(80.23%)
Outamus (MC)	Office Supplies				
Subgroup : [1G] 410237	Office Supplies Office Supplies - Nursing	758.00	859.02	(101.02)	(11.76%)
440920	Forms/Printing-Dietary	89.00	132.23	(43.23)	(32.69%)
490901	Office Supplies-Mkt	0.00	3.45	(3.45)	(100.00%
490920	Forms/Printing-Mkt	3,355.00	2,583.26	771.74	29.87%
550905	Copier-Activities SNF	13.00	0.00	13.00	0.00%
560901	Office Supplies-Adm	13,278.00	5,462.39	7,815.61	143.08%
560902	Office Supplies Human Resources	0.00	8.29	(8.29)	(100.00%)
560910	Computer Supplies-Adm	50.00	0.00	50.00	0.00%
560920	Forms/Printing-Adm	1,104.00	571.61	532.39	93.14%
Subtotal [1G] Office		18,647.00	9,620.25	9,026.75	93.83%
Subgroup : [1H1]	Telephone and Telegraph				
560714	Utilities-Telephone Service	44,498.00	18,386.23	26,111.77	142.02%
560715	Utilities-Telephone Maintenance Contract	8,339.00	(750.00)	9,089.00	(1,211.87%)
Subtotal [1H1] Tele	phone and Telegraph	52,837.00	17,636.23	35,200.77	199.59%
Subgroup : [1H2]	Cellular Phones and Beepers				
410141	Cell Phones - Nursing Admin	1,683.00	602.51	1,080.49	179.33%
470941	Cell Phones-Maint	636.00	307.16	328.84	107.06%
560941	Cell Phones-Adm	(246.00)	0.00	(246.00)	0.00% 127.88%
oubtotal [1HZ] Celli	ular Phones and Beepers	2,073.00	909.67	1,163.33	141.00%
Subgroup : [1K2]	Other			,=== ==:	
560745 Subtotal [1K2] Othe	Taxes Other	0.00	250.00 250.00	(250.00) (250.00)	(100.00% (100.00%
		*****			,
Subgroup : [1K3] 410997	Resident Day User Fee Quality Assessment Fee - SNF	711,779.00	361,249.40	350,529.60	97.03%
Subtotal [1K3] Resi	dent Day User Fee	711,779.00	361,249.40	350,529.60	97.03%
Total [15] Expendite	ures Other than Salaries	2,740,777.00	1,098,450.96	1,643,171.04	149.59%
Group : [16]	Expenditures Other than Salaries (cont'd) - Admin. and General				
Subgroup : [4] 410195	Employee Travel Mileage/Travel Reimburse - Nursing Adm	895.00	230.96	664.04	287.51%
410195 410228	Mileage/Travel Reimburse - Nursing Adm Travel - Nursing	845.00	472.69	(472.69)	(100.00%)
	•				
440950 470950	Mileage Reimbursement-Dietary Mileage Reimbursement-Maint	68.00 0.00	31.02 7.77	36.98 (7.77)	119.21% (100.00%)
		4.54	••••	· · · · ·	(

Client: Engagement: Period Ending: Trial Balance: Workpaper: Traditions Senior Management Medicaid - Senior Philanthropy of Westport, LLC 9/30/2016 A.01 - TB-CCNH A.03 - Grouped Trial Balance

	A.03 - Grouped Trial Balance				
Account	Description	FINAL	1st PP-FINAL	\$ VAR	% VAR
		9/30/2016	9/30/2015		(00.000)
490950 560950	Mileage Reimbursement-Mkt	2.00 54.00	151.21 99.94	(149.21) (45.94)	(98.68%) (45.97%)
Subtotal [4] Employe	Mileage Reimbursement-Adm e Travel	1,864.00	993.69	25.41	2.56%
	• ••••				
Subgroup : [5]	Education Expense	4 925 00	145.00	4,690.00	3,234.48%
410133 410233	Training/Seminars/Courses-Nurs Admn Training/Seminars/Courses-Nursing	4,835.00 525.00	1,772.05	(1,247.05)	(70.37%)
410798	Training/Seminars/Courses-Therapy Dept	2,243.00	0.00	2,243.00	0.00%
490133	Training/Seminars/Courses-Mkt	0.00	36.95	(36.95)	(100.00%)
560133	Training/Seminars/Courses-Admin	90.00	385.61	(295.61)	(76.66%)
Subtotal [6] Educatio	n Expense	7,693.00	2,339.61	5,353.39	228.82%
Subgroup : [6]	Automobile Expense				
500891	Vehicle Fuel-Trans	141.00	110.01	30.99	28.17%
500892	Vehicle Maintenance-Trans	0.00	59.57	(59.57)	(100.00%
Subtotal [6] Automob	olle Expense	141.00	169.58	(28.58)	(16.85%
Subgroup : [M1]	Advertising Help Wanted				
410130	Recruitment-Nursing Admn	1,288.00	0.00	1,288.00	0.00%
410230	Recruitment-Nursing	2,654.00	1,038.07	1,615.93	155.67%
410630	Recruitment-Social Service	367.00	0.00	367.00	0.00%
410796	Recruitment - Therapy	548.00 264.00	201.00 0.00	347.00 264.00	172.64% 0.00%
440130 470130	Recruitment-Dietary Recruitment-Maint	265.00	0.00	265.00	0.00%
Subtotal [M1] Adverti		5,386.00	1,239.07	4,146.93	334.68%
Subgroup : [M3]	Advertising Other	360.00	222.24	25.00	10.70%
490858	Special Events-Mkt	369.00 783.00	333.34 876.24	35.66 (93.24)	(10.64%
490862 Subtotal [M3] Adverti	Promo Items-Mkt	1,152.00	1,209.58	(57.58)	(4.76%
Fuel versein				, <i>,</i>	
Subgroup : [M7]	Postage			(0.00)	(400 000)
490930	Postage-Mkt	0.00	0.96	(0.96)	(100.00%
560930	Postage-Adm	2,758.00 2,365.00	1,396.53 1,100.27	1,361.47 1,264.73	97.49% 114.95%
560931 Subtotal [M7] Postag	Overnight Service-Adm	5,123.00	2,497.76	2,625.24	105.10%
Suprotat [mr] Fostag	u			2,020.2	
Subgroup : (M8)	Dues and Membership Fees to Professional Associations				404 500/
410134	Dues/Subscriptons-Nursing Admn	7,999.00	3,562.11 3,562.11	4,436.89 4,436.89	124.56% 124.56%
Subtotal [M8] Dues a	nd Membership Fees to Professional Associations	7,999.00	3,502.11	4,430.05	124.30%
Subgroup : [M9]	Subscriptions				
440134	Dues/Subscriptions-Dietary	2,030.00	(579.00)	2,609.00	(450.60%
470134	Dues/Subscriptions-Maint	1,567.00	578.77	988.23	170.75%
Subtotal [M9] Subscr	riptions	3,597.00	(0.23)	3,597.23	(1,564,013.04%
Subgroup : [M11]	Services Provided by Contract				
410140	Interco Contracted Services -Nurse Admin	10,557.00	0.00	10,557.00	0.00%
410240	Interco Contracted Services - Nursing	3,724.00	0.00	3,724.00	0.00%
410540	Interco Contracted Services - Med Rec	1,204.00	0.00	1,204.00	0.00%
560140	Contracted Services - Business Office	19,527.00	0.00	19,527.00	0.00%
560841	Contracted Services - Call System	4,052.00	2,541.66 8,705.47	1,510.34 11,391.53	59.42% 130.85%
560845	Payroll Processing Fees	20,097.00 3,823.00	0.00	3,823.00	0.00%
560847 560911	Consultant Computer Maintenance-Adm	15,747.00	7,999.57	7,747.43	96.85%
560912	Software Maintenance Contract-Adm	27,335.00	9,042.48	18,292.52	202.30%
560914	Software Expense - Adm	1,944.00	459.98	1,484.02	322.63%
560915	Timeclock Software	13,459.00	3,825.08	9,633.92	251.86%
Subtotal [M11] Service	ces Provided by Contract	121,469.00	32,574.24	88,894.76	272.90%
Subgroup : [M12]	Administrative Management Services				
590002	Management Fees	315,924.00	127,250.50	188,673.50	148.27%
Subtotal [M12] Admir	nistrative Management Services	315,924.00	127,250.50	188,673.50	148.27%
Subamus : (M42)	Other				
Subgroup : [M13] 410132	Background Checks-Nursing Admn	164.00	0.00	164.00	0.00%
410137	Software Expense - Nursing Adm	16,559.00	5,060.04	11,498.96	227.25%
410199	Licenses/Permits-Nursing Admn	1,841.00	845.34	995.66	117.78%
410232	Background Checks-Nursing	765.00	1,078.00	(313.00)	(29.04%
440132	Background Checks-Dietary	246.00 0.00	210.00 30.00	36.00 (30.00)	17.14% (100.00%
470132 490859	Background Checks-Maint Collateral Material-Mkt	372.00	263.22	108.78	41.33%
	Licenses & Permits-Trans	536.00	40.00	496.00	1,240.00%
			7,609.27	(13,086.27)	(171.98%
500199	Benefit Plan Fees	(5,477.00)			(100.00%
500199 560129	Benefit Plan Fees Background Checks-Admin	(5,477.00) 0.00	30.00	(30.00)	
500199 560129 560132 560199	Background Checks-Admin Licenses/Permits	0.00 239.00	30.00 428.57	(189.57)	(44.23%
500199 560129 560132 560199 560742	Background Checks-Admin Licenses/Permits Patient Trust Bond	0.00 239.00 2,620.00	30.00 428.57 284.40	(189.57) 2,335.60	(44.23% 821.24%
500199 560129 560132 560199 560742 560744	Background Checks-Admin Licenses/Permits Patient Trust Bond Resident Reimburse on Lost/Stolen Items	0.00 239.00 2,620.00 702.00	30.00 428.57 284.40 120.55	(189.57) 2,335.60 581.45	(44.23% 821.24% 482.33%
500199 560129 560132 560199 560742 560744 560851	Background Checks-Admin Licenses/Permits Patient Trust Bond Resident Reimburse on Lost/Stolen Items Entertainment-Adm	0.00 239.00 2,620.00 702.00 40.00	30.00 428.57 284.40 120.55 0.00	(189.57) 2,335.60 581.45 40.00	(44.23% 821.24% 482.33% 0.00%
500199 560129 560132 560199 560742 560744 560851 560876	Background Checks-Admin Licenses/Permits Patient Trust Bond Resident Reimburse on Lost/Stolen Items Entertainment-Adm Equipment Minor-Adm	0.00 239.00 2,620.00 702.00	30.00 428.57 284.40 120.55	(189.57) 2,335.60 581.45	(44.23% 821.24% 482.33% 0.00% (1,842.86%
500199 560129 560132 560139 560742 560744 560876 560876 560913	Background Checks-Admin Licenses/Permits Patient Trust Bond Resident Reimburse on Lost/Stolen Items Entertainment-Adm	0.00 239.00 2,620.00 702.00 40.00 (4,186.00) 7,222.00 5,950.00	30.00 428.57 284.40 120.55 0.00 240.18 4,631.34 2,660.48	(189.57) 2,335.60 581.45 40.00 (4,426.18) 2,590.66 3,289.52	(44.23% 821.24% 482.33% 0.00% (1,842.86% 55.94% 123.64%
500199 560129 560132 560199 560742 560744 560851 560876 560913 560925 560926	Background Checks-Admin Licenses/Permits Patient Trust Bond Resident Reimburse on Lost/Stolen Items Entertainment-Adm Equipment Minor-Adm Internet Access-Adm Records Storage - Adm Parking Space - Adm	0.00 239.00 2,620.00 702.00 40.00 (4,186.00) 7,222.00 5,950.00	30.00 428.57 284.40 120.55 0.00 240.18 4,631.34 2,660.48 (1,125.00)	(189.57) 2,335.60 581.45 40.00 (4,426.18) 2,590.66 3,289.52 1,125.00	(44.23% 821.24% 482.33% 0.00% (1,842.86% 55.94% 123.64% (100.00%
500199 560132 560132 560199 560742 560744 560851 560876 560813 560825 560826 560860	Background Checks-Admin Licenses/Permits Patient Trust Bond Resident Reimburse on Lost/Stolen Items Entertainment-Adm Equipment Minor-Adm Internet Access-Adm Records Storage - Adm Parking Space - Adm Equipment Rental-Adm	0.00 239.00 2,620.00 702.00 40.00 (4,186.00) 7,222.00 5,950.00 0.00	30,00 428,57 284,40 120,55 0,00 240,18 4,631,34 2,660,48 (1,125,00) 655,92	(189.57) 2,335.60 581.45 40.00 (4,426.18) 2,590.66 3,289.52 1,125.00 330.08	(44.23% 821.24% 482.33% 0.009 (1,842.86% 55.94% 123.64% (100.009) 50.32%
500199 560132 560132 560199 560742 560744 560851 560876 560813 560925 560926 560926	Background Checks-Admin Licenses/Permits Patient Trust Bond Resident Reimburse on Lost/Stolen Items Entertainment-Adm Equipment Minor-Adm Internet Access-Adm Records Storage - Adm Parking Space - Adm Equipment Rental-Adm Interior PlantsAdm	0.00 239.00 2,620.00 702.00 40.00 (4,186.00) 7,222.00 5,950.00 906.00 0.00	30.00 428.57 284.40 120.55 0.00 240.18 4.631.34 2.660.48 (1,125.00) 655.92 169.05	(189.57) 2,335.60 581.45 40.00 (4,426.18) 2,590.66 3,289.52 1,125.00 330.08 (189.05)	(44.23°, 821.249 482.33°, 0.00°, (1,842.86°, 55.94°, 123.64°, (100.00°, 50.32°, (100.00°,
500199 560129 560132 560132 560192 560742 560851 560851 560861 560861 560965 560960 560960 560960	Background Checks-Admin Licenses/Permits Patient Trust Bond Resident Reimburse on Lost/Stolen Items Entertainment-Adm Equipment Minor-Adm Internet Access-Adm Records Storage - Adm Parking Space - Adm Equipment Rental-Adm Interior PlantsAdm Misc Decor-Adm	0.00 239.00 2,620.00 702.00 40.00 (4,186.00) 7.222.00 5,950.00 906.00 0.00	30.00 428.57 284.40 120.55 0.00 240.18 4.631.34 2.660.48 (1,125.00) 655.92 169.05 0.00	(189.57) 2,335.60 581.45 40.00 (4,426.18) 2,590.66 3,289.52 1,125.00 330.08 (169.05)	(44.23°, 821.249 482.33°, 0.00° (1,842.86°, 55.94°, 123.64° (100.00°, 50.32°, (100.00°,
500199 560132 560132 560132 560199 560742 560744 560851 560851 560865 560962 560960 560960 560962 560964	Background Checks-Admin Licenses/Permits Patient Trust Bond Resident Reimburse on Lost/Stolen Items Entertainment-Adm Equipment Minor-Adm Internet Access-Adm Records Storage - Adm Parking Space - Adm Equipment Rental -Adm Interior PlantsAdm Misc Decor-Adm Misc Decor-Adm Holiday Decorations-Adm	0.00 239.00 2,620.00 702.00 40.00 (4,186.00) 7,222.00 5,950.00 0.00 986.00 0.00 155.00 92.00	30.00 428.57 284.40 120.55 0.00 240.18 4.631.34 2.660.48 (1,125.00) 655.92 169.05	(189.57) 2,335.60 581.45 40.00 (4,426.18) 2,590.66 3,289.52 1,125.00 330.08 (189.05)	(44.23) 821.249 482.339 0.009 (1,842.86) 55.949 123.649 (100.009 50.329 (100.009
500199 560129 560132 560132 560174 560742 560744 560851 560861 560961 560960 560960 560960 560960 560960 560960	Background Checks-Admin Licenses/Permits Patient Trust Bond Resident Reimburse on Lost/Stolen Items Entertainment-Adm Equipment Minor-Adm Internet Access-Adm Records Storage - Adm Parking Space - Adm Equipment Rental-Adm Interior Plants/Adm Misc Decor-Adm Holiday Decorations-Adm Collection Fees(Credit Card Fees	0.00 239.00 2,620.00 702.00 40.00 (4,186.00) 7.222.00 5,950.00 906.00 0.00	30.00 428.57 284.40 120.55 0.00 240.18 4.631.34 2.660.48 (1,125.00) 655.92 169.05 0.00	(189.57) 2,335.60 581.45 40.00 (4,426.18) 2,590.66 3,289.52 1,125.00 330.08 (169.05) 155.00 92.00	(44.23° 821.24° 482.33° 0.00° (1,842.86° 55.94° 123.64° (100.00° 50.32° (100.00° 0.00° 0.00°
500199 560132 560132 560139 560174 560851 560851 560861 5608085 560960 560960 560960 560960 560960	Background Checks-Admin Licenses/Permits Patient Trust Bond Resident Reimburse on Lost/Stolen Items Entertainment-Adm Equipment Minor-Adm Internet Access-Adm Records Storage - Adm Parking Space - Adm Equipment Rental -Adm Interior PlantsAdm Misc Decor-Adm Misc Decor-Adm Holiday Decorations-Adm	0.00 239.00 2,620.00 702.00 40.00 (4,186.00) 7.222.00 5,950.00 0.00 986.00 0.00 155.00 92.00	30.00 428.57 284.40 120.55 0.00 240.18 4.631.34 2.660.48 (1,125.00) 655.92 169.05 0.00	(189.57) 2,335.60 581.45 40.00 (4.426.18) 2,590.66 3,289.52 1,125.00 330.08 (169.05) 155.00 92.00 180.00 5,360.57	(44.23) 821.249 482.339 0.009 (1.842.869 55.949 123.649 (100.009 50.329 (100.009 72.147.649 3390.389
500199 560132 560132 560132 560193 560742 560744 560851 560863 560963 560960 560960 560960 560960 560960 560960 560960 560960 560960 560960 560960	Background Checks-Admin Licenses/Permits Patient Trust Bond Resident Reimburse on Lost/Stolen Items Entertainment-Adm Equipment Minor-Adm Internet Access-Adm Records Storage - Adm Parking Space - Adm Equipment Rental-Adm Interior PlantsAdm Miso Decor-Adm Holiday Decorations-Adm Collection Fest/Credit Card Fees Late fees/Fines/Finance Charges-Adm Bank Service Charges-Adm Bank Service Charges-Adm	0.00 239.00 2,620.00 702.00 40.00 (4,186.00) 7,222.00 5,950.00 0.00 986.00 0.00 155.00 92.00 192.00 5,368.00 4,507.00	30.00 428.57 284.40 120.55 0.00 240.18 4.631.34 2.660.48 (1.125.00) 655.92 169.05 0.00 12.00 7.43 919.09	(189.57) 2,335.60 581.45 40.00 (4.426.18) 2,590.66 3,269.52 1,125.00 330.08 (169.05) 155.00 92.00 180.00 5,360.57 3,587.91	(44.23% 821.24% 482.33% 0.009 (1,842.86% 55.94% (100.009 50.32% (100.009 0.009 1,500.009 72,147.64% 390.389 0.009
500199 560132 560132 560132 560199 560742 560744 560851 550876 550981 560982 560982 560980 560980 560980 560980 560980 560980 560980 560980 560980 560980	Background Checks-Admin Licenses/Permits Patient Trust Bond Resident Reimburse on Lost/Stolen Items Entertainment-Adm Equipment Minor-Adm Internet Access-Adm Records Storage - Adm Parking Space - Adm Equipment Rental-Adm Interior PlantsAdm Misc Decor-Adm Holiday DecortAom Holiday DecortAom Collection Fees/Credit Card Fees Late fees/Fines/Finance Charges-Adm Bank Service Charges-Adm Employee/Gueet meals Simplified - Dietary Software	0.00 239.00 2,620.00 702.00 40.00 (4,186.00) 7,222.00 5,950.00 986.00 0.00 155.00 92.00 192.00 1,588.00 4,507.00	30.00 428.57 284.40 120.55 0.00 240.18 4,631.34 2,660.48 (1,125.00) 655.92 169.05 0.00 12.00 7.43 919.09 0.00 2,053.31	(189.57) 2,335.50 581.45 40.00 (4.426.18) 2,590.66 3,289.52 1,125.00 330.08 (169.05) 155.00 92.00 180.00 5,360.57 3,587.91 34.00 (2,053.31)	(44.23) 821.249 482.339 0.009 (1.842.869 123.649 (100.009 50.329 (100.009 72.147.649 390.389 0.009 (100.009
500199 560132 560132 560132 560132 560174 560851 560851 560861 560861 560862 560963 560963 560963 560964 560967 560096 560967 560096 660967 560096	Background Checks-Admin Licenses/Permits Patient Trust Bond Resident Reimburse on Lost/Stolen Items Entertainment-Adm Equipment Minor-Adm Internet Access-Adm Records Storage - Adm Parking Space - Adm Equipment Rental-Adm Interior PlantsAdm Miso Decor-Adm Holiday Decorations-Adm Collection Fees/Credit Card Fees Late fees/Fines/Finance Charges-Adm Bant Service Charges-Adm Bant Service Charges-Adm Employee/Guest meals Simplified - Dictary Software Direct Supply - Access Fee	0.00 239.00 2,620.00 702.00 40.00 (4,186.00) 7,222.00 5,950.00 0.00 986.00 0.00 195.00 92.00 192.00 5,368.00 4,507.00 34.00 0.00	30.00 428.57 284.40 120.55 0.00 240.18 4.631.34 2.660.48 (1,125.00) 655.92 169.05 0.00 12.00 7.43 919.09 0.00 2.053.31 579.00	(189.57) 2,335.60 581.45 40.00 (4.42&18) 2,590.66 3,289.52 1,125.00 330.08 (169.05) 155.00 92.00 180.00 5,360.57 3,587.91 34.00 (2,053.31) (579.00)	(44.23) 821.249 482.339 0.009 (1,842.869 55.949 123.649 (100.009 50.329 (100.009 72.147.649 390.389 0.009 (100.009 (100.009)
	Background Checks-Admin Licenses/Permits Patient Trust Bond Resident Reimburse on Lost/Stolen Items Entertainment-Adm Equipment Minor-Adm Internet Access-Adm Records Storage - Adm Parking Space - Adm Equipment Rental-Adm Interior PlantsAdm Misc Decor-Adm Holiday DecortAom Holiday DecortAom Collection Fees/Credit Card Fees Late fees/Fines/Finance Charges-Adm Bank Service Charges-Adm Employee/Gueet meals Simplified - Dietary Software	0.00 239.00 2,620.00 702.00 40.00 (4,186.00) 7,222.00 5,950.00 986.00 0.00 155.00 92.00 192.00 1,588.00 4,507.00	30.00 428.57 284.40 120.55 0.00 240.18 4,631.34 2,660.48 (1,125.00) 655.92 169.05 0.00 12.00 7.43 919.09 0.00 2,053.31	(189.57) 2,335.50 581.45 40.00 (4.426.18) 2,590.66 3,289.52 1,125.00 330.08 (169.05) 155.00 92.00 180.00 5,360.57 3,587.91 34.00 (2,053.31)	(14.23% 821.24% 482.33% 0.00% (1,842.86% 123.64% (100.00% 50.32% (100.00% 0.00% 72,147.64% 390.38% 0.00% (100.00% (100.00% (100.00% (100.00% (100.00%

Traditions Senior Management Medicald - Senior Philanthropy of Westport, LLC 9/30/2016 A.01 - TB-CCNH

Client: Engagement: Period Ending: Trial Balance:

Trial Balance: Workpaper:	A.03 - Grouped Trial Balance				
Account	Description	FINAL	1st PP-FINAL	\$ VAR	% VAR
Total (16) Evpanditur	es Other than Salaries (cont'd) - Admin. and General	9/30/2016 509,275.00	9/30/2015 219,487.43	288,942.57	131.64%
		000,27 0.00	210)101110	200,012.01	
Group : [18] Subgroup : [2A1]	Dietary Basis for Allocation of Costs Raw Food				
440803	Raw Food-Dietary	89,361.00	97,302.14	(7,941.14)	(8.16%
440804	Produce-Dietary	11,949.00	11,603.68	345.32	2.98%
440805	Dairy-Dietary	18,862.00	21,775.28	(2,913.28)	(13.38%
Subtotal [2A1] Raw F		120,172.00	130,681.10	(10,509.10)	(8.04%
Subgroup : [2A2]	Non-Food Supplies				
410764	Nutritional Supplements	19,751.00	12,696.75	7,054.25	55.56%
440789	Thickened Liquids-Dietary	3,494.00	1,412.66	2,081.34	147.33%
440807	Dietary Supplies-Dietary	7,756.00	13,626.87	(5,870.87)	(43.08%
440809	Utensits/Pots/Pans-Dietary	0.00	(25.51)	25.51	(100.00%
440811	Chemicals-Dietary	6.082.00	706.36	5,375.64	761.03%
440876	Equipment Minor-Dietary	(2,062.00)	3,457.06	(5,519.06)	(159.65%
Subtotal [2A2] Non-F		35,021.00	31,874.19	3,146.81	9.87%
Subgroup : [2B]	Purchased Services				
140137	Contract Services - Dietary	268,555.00	0.00	268,555.00	0.00%
140140	Interco Contracted Services - Dietary	862.00	0.00	862.00	0.00%
Bubtotal [2B] Purcha		269,417.00	0.00	269,417.00	0.00%
	sis for Allocation of Costs	424,610.00	162,555.29	262,054.71	161.21%
Group : [19]	Laundry-Basis for Allocation of Costs				
Subgroup : [3A1]	Bed Linens, etcwashed, ironed				
460883	Linen/Terry-Laundry	2,298.00	1,049.22	1,248.78	119.02%
	inens, etcwashed, ironed /	2,298.00	1,049.22	1,248.78	119.02%
Subgroup : [3B]	Purchased Services	10015	24 44 4 22	24 524 00	100.55%
460107 Subtotal [3B] Purcha	Contract Services - Laundry	42,945.00 42,946.00	21,414.00 21,414.00	21,531.00 21,531.00	100.55%
women facil Laucus	900 901110V3	72,070,00	= 1,717.00	2,,001.00	,55.5576
Subgroup : [30]	Other				
460881	Chemicals-Laundry	1,452.00	0.00	1,452.00	0.00%
460882	Laundry Supplies-Laundry	81.00_	0.00	81.00	0.00%
Subtotal [3D] Other	, ,, ,	1,633.00	0.00	1,533.00	0.00%
	asis for Allocation of Costs	46,776.00	22,463.22	24,312.78	108.23%
Group : [20]	Housekeeping and Resident Care Basis for Allocation of Costs				
Subgroup : [48]	Purchased Services				
450110	Contract Services _ Housekeeping	48,793.00	13,692.00	35,101.00	256.36%
Subtotal [4B] Purcha	sed Services	48,793.00	13,692.00	35,101.00	256.36%
Subgroup : [4D]	Other				
450871	Cleaning Supplies-Hskp	10,592.00	15,566.08	(4,974.08)	(31.95%
450876	Equipment Minor-Hskp	138.00	0.00	138.00	0.00%
Subtotal [4D] Other	Equipment mines 1 to 4	10,730.00	15,566.08	(4,836.08)	(31.07%
Subgroup : [6A2]	Purchased from				
410753	Pharmacy Credits	(4,722.00)	0.00	(4,722.00)	0.00%
410756	Pharmacy-RX Medicaid	5,084.00	2,534.91	2,549.09	100.56%
		88,246.00	67,470.50	20,775.50	30.79%
410757	Pharmacy-RX Medicare		18,387.20	22,303.80	121.30%
410758	Pharmacy-RX Managed Care	40,691.00			(99.06%
410769	Pharmacy - RX Other	21.00	2,234.66	(2,213.66)	42.69%
Subtotal [5A2] Purch	ased from	129,320.00	90,627.27	38,692.73	42.037
Subgroup : [5B]	Medicine Cabinet Drugs				
410733	Floor Stock Drugs & Supplies	20,884.00	10,349.86	10,534.14	101.78%
410759	Pharmacy OTC Medicaid	5,133.00	3,583.92	1,549.08	43.22%
410760	Pharmacy-OTC Medicare	200,00	999.58	(799.58)	(79.99%
410770	Pharmacy - OTC Other	158.00	362.93	(204.93)	(56.47%
Subtotal [6B] Medicin		26,375.00	15,296.29	11,078.71	72.43%
Subgroup : [5C]	Medical and Therapeutic Supplies				
410761	Incontinent Supplies	43,481.00	22,689.83	20,791.17	91.63%
410762	Medical Supplies	63,847.00	29,863.29	33,983.71	113.80%
410763	Nursing Supplies	78,969.00	38,949.72	40,019.28	102.75%
	ll and Therapeutic Supplies	186,297.00	91,502.84	94,794.16	103.60%
Subgroup : [6D]	Ambulance/Limousine				
410750	Resident Transportation	1,037.00	563.12	473.88	84.15%
Subtotal [5D] Ambula		1,037.00	563.12	473.88	84.15%
Subgroup : [5E2] 410741	Oxygen - Other	8.881.00	4,238.28	4,642.72	109,54%
410741 410742	Oxygen Inhalation Supplies	8,592.00	9,991.58	(1,399.58)	(14.01%
410/42 Subtotal [5E2] Oxyge		17,473.00	14,229.86	3,243.14	22.79%
					
Subgroup : [5F]	X-Rays and related radiological		£ 440 FF	1 947 15	25 770
410752	X-Ray Service	6,430.00 6,430.00	5,112.55 5,112.55	1,317.45 1,317.45	25.77% 25.77%
oubtotal [81] A-Kays	and related radiological	<u> </u>	3,112.00	1,511.45	20.777
Subgroup : [5H]	Laboratory				
410751	Lab Fees	20,237.00	10,211.97	10,025.03	98.17%
Subtotal [5H] Labora	ntory	20,237.00	10,211.97	10,025.03	98.17%
Subgroup : [51]	Recreation			•	
550850	Activities Supplies-Activities-SNF	387.00	761,97	(374.97)	(49.21%
550851	Entertainment-Activities-SNF	7,090.00	5,488.00	1,602.00	29.19%
550852	Activities Events Food-Activities-SNF	3,360.00	4,797.86	(1,437.86)	(29.97%
560717	Utilities-Cable TV	23,869.00	11,921.76	11,947.24	100.21%
Subtotal [5] Recreat		34,706.00	22,969.59	11,736.41	51.10%
fail tennings	====			,	
Subgroup : [6J]	Other				

Traditions Senior Management Medicald - Senior Philanthropy of Westport, LLC 9/30/2016 A.01 - TB-CCNH A.03 - Grouped Trial Balance

Client: Engagement: Period Ending: Trial Balance: Workpaper:

Workpaper:	A.03 - Grouped Trial Balance				
Account	Description	FINAL	1st PP-FINAL	\$ VAR	% VAR
		9/30/2016	9/30/2015		
410176	Equipment Minor	(1,275.00)	0.00	(1,275.00)	0.00%
410730	Minor Equipment & Supplies - Therapy	5,304.00	2,650.56	2,653.44	100.11%
410731	IV Therapy	0.00	267.80	(267.80)	(100.00%)
410743	IV Supplies - Medicaid	3,540.00	0.00	3,540.00	0.00%
410754		1,460.00	1,028.72	431.28	41.92%
	IV Drugs - Medicare	3,960.00	0,00	3,960.00	0.00%
410755	IV Supplies - Medicare				
410765	Medical Equipment Rental	48,347.00	73,880.52	(25,533.52)	(34,56%)
410768	Minor Equipment - Nursing	4,429.00	11,817.94	(7,388.94)	(62.52%)
410771	IV Drugs - Managed Care	0.00	1,906.03	(1,906.03)	(100.00%)
410772	IV Supplies - Managed Care	981.00	941.45	39.55	4.20%
410773	IV Drugs - Medicaid	2,089.00	0.00	2,089.00	0.00%
410774	Medical Waste Disposal	855.00	(1,687.50)	2,542.50	(150.67%)
410790	Therapy Software Costs	2,400.00	2,300.36	99.64	4.33%
	merapy commune costs	72,090.00	93,105.88	(21,015,88)	(22.57%)
Subtotal [5J] Other	ping and Resident Care Basis for Allocation of Costs	553,468.00	372,877.45	180,610.55	48.44%
TOUR [20] Housekeel	ping and Resident Care basis for Anocation of Costs	- 000,400.00	572,077.40	100,010.00	40.4470
Group : [22]	Maintenance and Property				
Subgroup : [6A]	Repairs and Maintenance				
410767	Equipment Repairs - Nursing	6,998.00	1,620.79	5,377.21	331.76%
440813	Maintenance & Repairs-Dietary	5,651.00	3,851.81	1,799.19	46.71%
		4.00	0.00	4.00	0.00%
450875	Maintenance & Repairs-Hskp		2,486.56	(2,201.56)	(88.54%)
460820	Maintenance& Repairs-Laundry	285.00			
460885	Maintenance & Repairs-Laundry	6,735.00	0.00	6,735.00	0.00%
470820	Maintenance & Repairs-Maint	19,720.00	10,146.75	9,573.25	94.35%
470826	Small Tools-Maint	473.00	0.00	473.00	0.00%
470876	Equipment Minor-Maint	483.00	849.95	(366.95)	(43.17%)
Subtotal [6A] Repair		40,349.00	18,955.86	21,393.14	112.86%
					
Subgroup : [6B]	Heat	18 115 44	10 100 17	20 022 52	138.12%
560712	Utilities-Gas/Oil	46,415.00 46,415.00	19,492.47 19,492.47	26,922.53 26,922.53	138.12% 138.12%
Subtotal [6B] Heat		46,415.00	19,492.47	20,922.33	130.12%
Subgroup : [6C]	Light & Power				
560711	Utilities-Electric	101,548.00	59,659.87	41,888.13	70.21%
Subtotal [6C] Light 8		101,548.00	59,659.87	41,888.13	70.21%
Subgroup : [6D]	Water	16,602.00	3,699.39	12,902.61	348,78%
560713 Subtotal [6D] Water	Utilities-Water/Sewer/Refuse	16,602.00	3,699.39	12,902.61	348.78%
Suproran ferbi saares.		10,002.00	9,000.00	12,502.01	040.7070
Subgroup : [6F]	Other				
470128	Contracted Maintenance	17,237.00	8,340.00	8,897.00	106.68%
470135	Employee Expense-Maint	122.00	0.00	122.00	0.00%
		3,258.00	1,685.36	1,572.64	93,31%
470821	Electrical-Maint		9,015.15	(916.15)	(10.16%)
470822	Plumbing-Maint	8,099.00			
470823	HVAC/Boiler Maint	(4,608.00)	8,912.00	(13,520.00)	(151.71%)
470824	Paint-Maint	2,289.00	579.25	1,709.75	295.17%
470828	Alarm Inspection-Maint	2,920.00	1,538.70	1,381.30	89.77%
470829	Alarm Repairs-Maint	(1,304.00)	5,634.38	(6,938.38)	(123.14%)
470830	Grounds Maintenance-Maint	7,912.00	13,178.01	(5,266.01)	(39.96%)
	Sprinklers-Maint	827.00	0.00	827.00	0.00%
470832			17,202.00	(12,644.00)	(73.50%)
470833	Elevator-Maint	4,558.00			119.74%
470834	Pest Control-Maint	1,714.00	780.00	934.00	
470836	Maint Contracts- Generator	(85.00)	1,470.00	(1,555.00)	(105.78%)
470970	Waste Disposal -Grease/Trash	26,749.00	17,717.80	9,031.20	50.97%
560198	Bldg Inspection Fees	(11,276.00)	13,710.57	(24,986.57)	(182.24%)
560905	Copier- Maintenance Agreement	3,725.00	1,752.69	1,972.31	112.53%
Subtotal [6F] Other	Copies Health Comments of Comments	62,137.00	101,515.91	(39,378.91)	(38.79%)
Subgroup : [78]	Building & Building Improvements		***	204445	B4E 040/
590006	Depreciation-Bldgs & Improvements	4,374.00	462.85	3,911.15	845.01%
Subtotal [7B] Buildin	ng & Building Improvements	4,374.00	462.85	3,911.15	845.01%
e	Marrable Equipment				
Subgroup : [7D] 590007	Movable Equipment Depreciation-FFE	32,762.00	7,730.81	25,031.19	323.78%
590008	Depreciation-Vehicles	6,972.00	2,795.65	4,176.35	149.39%
Subtotal [7D] Movat		39,734.00	10,526.46	29,207.54	277.47%
f. pl mover				•	
Subgroup : [9]	Rental Payments		****	040 224 00	040 5721
590005	Rent Expense	1,237,068.00	394,516.67	842,551.33	213.57%
Subtotal [9] Rental I	Payments	1,237,068.00	394,516.67	842,551.33	213.57%
Subgroup : [10B]	Real estate taxes paid by lessor				
560731	Real Estate Taxes	101,183.00	40,500.00	60,683.00	149.83%
	estate taxes paid by lessor	101,183.00	40,500.00	60,683,00	149.83%
				•	
Subgroup : [10C]	Personal property taxes				
560733	Personal Property Taxes	5,941.00	8,033.48	(2,092.48)	(26.05%) (26.05%)
Subtotal [10C] Perse		5,941.00	8,033.48	(2,092.48) 997,988.04	(26.05%) 151.82%
Total [22] Maintenar	nce and Property	1,655,351.00	657,362.96	997,988.04	101.02%
Graun - 1979	Interest and Insurance				
Group : [27]	Other Interest Expense				
Subgroup : [12D]		20 742 00	20 081 10	9,731.90	32.46%
590004	Interest Expense	39,713.00	29,981.10		
590009	Amortization	4,721.00	742.35 30,723.45	3,978.65 13,710.55	535.95% 44.63%
Subtotal [12D] Othe	r interest Expense	44,434.00	30,123.40	(3,710.00	17 .0376
Subgroup : [14A]	Insurance on Property				
560736	Property Insurance	9,454.00	5,176.02	4,277.98	82.65%
Subtotal [14A] Insu:		9,454.00	5,176.02	4,277.98	82.65%
orbines [144] iugui	rence on Froherry		9111,0102	1,211100	22.2370
Subgroup : [148]	Insurance of Automobiles				
560738	Auto insurance	2,370.00	0.00	2,370.00	0.00%
	rance of Automobiles	2,370.00	0.00	2,370.00	0.00%
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				•	

Traditions Senior Management
Medicald - Senior Philanthropy of Westport, LLC
9/30/2016
A.01 - TB-CCNH
A.03 - Grouped Trial Balance

Client: Engagement: Period Ending: Trial Balance: Workpaper:

Vorkpaper: Account	A.03 - Grouped Trial Balance Description	FINAL 9/30/2016	1st PP-FINAL 9/30/2015	\$ VAR	% VAR
Subgroup : [14C1]	Umbrella			40.000.40	100.00%
60734	Professional Liability Insurance	26,605.00 26,605.00	13,302.54 13,302.54	13,302.46 13,302.46	100.00%
60735 ubtotal [14C1] Umbre	General Liability Insurance olla	53,210.00	26,605.08	26,604.92	100.00%
ubgroup : [14C3]	Other				000 000/
50740 ubtotal [14C3] Other	insurance-Other	7,101.00 7,101.00	2,172.48 2,172.48	4,928.52 4,928.52	226.86% 226.86%
otal [27] Interest and		116,569.00	64,677.03	51,891.97	80.23%
roup : [30]	Statement of Revenue				
ubgroup : [1A] 10301	Medicaid Residents (CT only) Routine Services- MCD-SNF	(14,758,419.00)	(7,049,305.00)	(7,709,114.00)	109.36%
	d Residents (CT only)	(14,758,419.00)	(7,049,305.00)	(7,709,114.00)	109.36%
ubgroup : [1B]	Medicaid room and board contractual allowance	F 0.47 000 00	2 242 272 62	2.431.519.17	75.55%
10398 ubtotal [1B] Medicak	Contractual Adj- Room- MCD-SNF d room and board contractual allowance	5,649,892.00 5,649,892.00	3,218,372.83 3,218,372.83	2,431,519.17	75.55%
ibgroup : [3A]	Medicare Residents (All inclusive)				
10201	Routine Services-MCR A-SNF	(1,499,154.00)	(1,098,005.00)	(401,149.00)	36.53%
10295 ubtotal I3Al Medican	Sequestration - MCR A e Residents (All inclusive)	35,643.00 (1,463,611.00)	21,300.53 (1,076,704.47)	14,342.47 (386,806.53)	67.33% 35.93%
ubgroup : [3B]	Medicare room and board contractual allowance	 			
10298	Contractual Adj- Room- MCR A-SNF	(601,765.00)	(358,292.48)	(243,472.52)	67.95%
ubtotal [3B] Medicar	e room and board contractual allowance	(601,765.00)	(368,292,48)	(243,472.52)	67.95%
ubgroup : [4A] 10101	Private-pay residents and other	(657,501.00)	(436,595.00)	(220.906.00)	50.60%
10101 10501	Routine Services-SNF PVT Routine Services-Hospice-SNF	(146,574.00)	0.00	(146,574.00)	0.00%
10801	Routine Services HMO	(752,058.00) (1,556,133.00)	(343,104.00) (779,699.00)	(408,954.00) (776,434.00)	119.19% 99.58%
ubtotal [4A] Private-	pay residents and other	(1,056,133.00)	(778,688.00)	(110,434.00)	33.3076
ubgroup : [4B]	Private-pay room and board contractual allowance	58.531.00	0.00	58,531.00	0.00%
10598 10599	Contractual Adj-Room-Hospice-SNF Contractual Adj- Ancill- Hospice-SNF	132.00	0.00	132.00	0.00%
10895	Sequestration - HMO	434.00	408.00	26.00	6.37%
10898	Contractual Adjustment Room HMO pay room and board contractual allowance	45,430.00 104,627.00	75,427.35 75,835.35	(29,997.35) 28.691.65	(39.77%) 37.83%
		197,027,00			
ubgroup : [6A] 10203	Prescription Drugs - Medicare Pharmacy-MCR A-SNF	(140,065.00)	(100,231.98)	(39,833.02)	39.74%
	otion Drugs - Medicare	(140,065.00)	(100,231.98)	(39,833.02)	39.74%
ubgroup : [6C]	Prescription Drugs - Non-medicare				
10103	Pharmacy- SNF PVT	1,789.00 (15,470.00)	(1,788.75) (10,475.82)	3,577.75 (4,994.18)	(200.01%) 47.67%
10303 10503	Pharmacy- MCD- SNF Pharmacy-Hospice-SNF	(13,470.00)	0.00	(132.00)	0.00%
10803	Pharmacy HMO	(66,882.00)	(32,712.58)	(34,169.42)	104.45% 79.41%
iubtotal [5C] Prescrip	ption Drugs - Non-medicare	(80,695.00)	(44,977.15)	(35,717.85)	13.4170
Subgroup : [6A] 110402	Medical Supplies - Medicare Medical Supplies- MCR B-SNF	(910.00)	0.00	(910.00)	0.00%
Subtotal (6A) Medical		(910.00)	0.00	(910.00)	0.00%
Subgroup : [7A]	Physical Therapy - Medicare				
310206	Physical Therapy- MCR A-SNF	(631,410.00)	(450,339.00)	(181,071.00)	40.21% 64.56%
:10406 Subtotal I7Al Physica	Physical Therapy- MCR B-SNF Il Therapy - Medicare	(337,060.00) (968,470.00)	(204,822.00) (655,161.00)	(132,238.00) (313,309.00)	47.82%
Bubgroup : [7C] 310106	Physical Therapy - Non-medicare Physical Therapy- SNF PVT	(7,552.00)	(5,603.00)	(1,949.00)	34.78% 239.38%
10306 10806	Physical Therapy- MCD-SNF PT HMO	(333,024.00) (297,328.00)	(98,127.00) (105,698.00)	(234,897.00) (191,630.00)	239.36% 181.30%
	al Therapy - Non-medicare	(637,904.00)	(209,428.00)	(428,476.00)	204.59%
Subgroup : [8A]	Speech Therapy - Medicare				
10207	Speech Therapy- MCR A-SNF	(73,281.00) (114,292.00)	(60,046.00) (68,617.00)	(13,235.00) (45,675.00)	22.04% 66.57%
:10407 Subtotal [8A] Speech	Speech Therapy-MCR B-SNF Therapy - Medicare	(187,573.00)	(128,663.00)	(58,910.00)	45.79%
Subgroup : [8C]	Speech Therapy - Non-medicare				
10107	Speech Therapy- SNF PVT	0.00	(2,140.00) (27,773.00)	2,140.00 (63,602.00)	(100.00%) 229.01%
10307 10807	Speech Therapy- MCD-SNF ST HMO	(91,375.00) (57,326.00)	(32,302.00)	(25,024.00)	77.47%
	Therapy - Non-medicare	(148,701.00)	(62,215.00)	(86,486.00)	139.01%
ubgroup : [9A]	Occupational Therapy - Medicare				
310208	Occupational Therapy- MCR A-SNF	(508,123.00) (166,296.00)	(387,323.00) (150,495.00)	(120,800.00) (15,801.00)	31.19% 10.50%
10408 Subtotal [9A] Occupa	Occupational Therapy-MCR B-SNF tional Therapy - Medicara	(674,419.00)	(537,818.00)	(136,601.00)	25.40%
ubgroup : [9C]	Occupational Therapy - Non-medicare				
10108	Occupational Therapy- SNF PVT	(4,532.00)	(4,028.00)	(504.00)	12.51% 194.37%
10308	Occupational Therapy- MCD-SNF	(156,023.00) (185.00)	(53,003.00) 0.00	(103,020.00) (185.00)	0.00%
10508 10808	Occupational Therapy-Hospice-SNF OT HMO	(196,813.00)	(84,548.00)	(112,265.00)	132.78%
	ational Therapy - Non-medicare	(367,653.00)	(141,579.00)	(215,974.00)	152.55%
Subgroup : [10A]	Other - Medicare	***	(44.004.00)	(C C77 70)	47.27%
310205 310212	Laboratory- MCR A-SNF IV Therapy-MCR A-SNF	(20,649.00) (7,634.00)	(14,021.22) (435.00)	(6,627.78) (7,199.00)	47,27% 1,654.94%
310212 310215	XRay MRA	(8,497.00)	(11,199.72)	2,702.72	(24.13%
310299	Contractual Adj-Ancill-MCR A-SNF	1,389,660.00 0.00	1,023,595.92	366,064.08	35.76% (100.00%
310409	Equipment Rental-MCR B-SNF		(731.83)	731.83	7300 00%

Trial Balance: Workpaper: Account	A.01 - TB-CCNH A.03 - Grouped Trial Balance Description	FINAL	1st PP-FINAL	\$ VAR	% VAR
		9/30/2016	9/30/2015		
310498	Sequestration - MCR B	4,049.00	2,104.78	1,944.22 125,580.30	92.37% 52.23%
310499 Subtotal [10A] Other -	Contractual Adj- Ancill- MCR B-SNF Medicare	366,001.00 1,722,930.00	240,420.70 1,239,733.63	483,196.37	38.98%
Subgroup : [10B]	Other - Non-medicare	(220.00)	0.00	(220.00)	0.00%
310105 310195	Laboratory Routine Revenue Adjustment-SNF PVT	9.00	7,130.00	(7,130.00)	(100.00%)
310305	Laboratory- MCD- SNF	(1,419.00)	(563.15)	(855.85)	151.98%
310312	IV Therapy-MCD-SNF	(8,222.00)	(3,885.00)	(4,337.00)	111.63%
310397 310399	Other Service- MCD-SNF Contractual Adj- Ancillaries- MCD-SNF	(99.00) 605,631.00	(264.00) 194,090.97	165.00 411,540.03	(62.50%) 212.03%
310399	Medical Supplies HMO	(410.00)	(1,261.41)	851.41	(67.50%)
310805	Lab HMO	(9,441.00)	(7,633.65)	(1,807.35)	23.68%
310810	IV THERAPY	(1,889.00)	(6,132.74)	4,243.74	(69.20%) 11.22%
310815 310899	Radiology HMO Contractual Adj Ancillary HMO	(1,629.00) 592,163.00	(1,464.69) 261,113.01	(164.31) 331,049.99	126.78%
Subtotal [10B] Other		1,174,465.00	441,129.34	733,335.66	166.24%
Subgroup : [11]	Meals sold to guests, employees, and others	(646.00)	0.00	(646.00)	0.00%
370120 Subtotal [11] Meals s	Employee Meals old to guests, employees, and others	(646.00)	0.00	(646.00)	0.00%
Subgroup : [15]	Interest Income	(7.00)	0.00	(2.00)	0.009/
580001 Subtotal [15] interest	Interest Income income	(3.00)	0.00	(3.00) (3.00)	0.00% 0.00%
Subgroup : [18]	Other Revenue	_			
380165 Subtotal [18] Other Re	Vending Machine Revenue evenue	(2,834.00) (2,834.00)	0.00	(2,834.00) (2,834.00)	0.00% 0.00%
Total [30] Statement of		(12,927,787.00)	(6,169,002.93)	(6,758,784.07)	109.56%
Group : [31-32] Subgroup : [A1]	Assets Cash				
110102	Petty Cash	1,000.00	1,000.00	0.00	0.00%
110103	BOA Operating Account	6,705.00	1,377.17	5,327.83	386.87%
110110	Resident Trust Cash - Insurance Reserve	56,544.00 361,908.00	34,519.36 109,228.79	22,024.64 252,679,21	63.80% 231.33%
120204 120205	Cash - Security Deposit	750.00	750.00	0.00	0.00%
Subtotal [A1] Cash	Saur Staury Supposit	426,907.00	146,876.32	280,031.68	190.66%
Subgroup : [A2] 110204	Resident Accounts Receivable Accts Receivable-PVT	135,614.00	26,654.95	108,959.05	408.78%
110205	Accts Receivable-Caid Res Responsibility	(50,046.00)	857.75	(50,903.75)	(5,934.57%)
110206	Accts Receivable-SNF Medicare Part A	279,795.00	217,964.94	61,830.06	28.37%
110207	Accts Receivable-SNF Medicare Part B	90,868.00	92,442.00 54,554.57	(1,574.00)	(1.70%) (28.83%)
110208 110209	Accts Receivable-Caid Cross-Over Part A Accts Receivable-Caid Cross-Over Part B	38,828.00 29,474.00	18,677.49	(15,726.57) 10,796.51	57.80%
110210	Accts Receivable-SNF Medicaid	1,321,739.00	896,652.78	425,086.22	47.41%
110211	Accts Receivable-Hospice	48,327.00	8,860.17	39,466.83	445.44%
110212	Accts Receivable-Pvt Co Insurance Part A Accts Receivable-Pvt Co Insurance Part B	101,051.00 10,844.00	80,604.98 10,462.29	20,446.02 381.71	25.37% 3.65%
110213 110214	Accts Receivable-Insurance	17,160.00	17,160.00	0.00	0.00%
110215	Allowance for Uncollectible-SNF/IL/AL	(62,980.00)	(81,000.00)	18,020.00	(22.25%)
110217	Accts Receivable - Other	19,703.00	(64.53)	19,767.53	(30,633.09%) 24.35%
110218 110221	Accts Receivable - HMO B Accounts Receivable - HMO	10,712.00 95,575.00	8,614.18 152,946.53	2,097.82 (57,371.53)	(37.51%)
110223	Accts Receivable - PO	311,194.00	315,819.26	(4,625.26)	(1.46%)
110250	AR-Refunds .	5,552.00 2,403,410.00	(700.00) 1,820,507.36	6,252.00 582,902.64	(893.14%) 32.02%
	nt Accounts Receivable	2,403,410.00	1,020,007.30	302,302.04	J2.J276
Subgroup : [A6] 110401	Prepaid Expenses Prepaid Insurance	6,091.00	98,307.22	(92,216.22)	(93.80%)
110403	Prepaid Taxes and Licenses	423.00 28.312.00	84,591.87 0.00	(84,168.87) 28.312.00	(99.50%) 0.00%
110405 110406	Prepaid Uniforms Prepaid Other	85,003.00	37,328.30	47,674.70	127.72%
Subtotal [A5] Prepaid		119,829.00	220,227.39	(100,398.39)	(45.59%)
Subgroup : [A8] 110242	Other Current Assets Due from Long Ridge	1,082,00	1.081.60	0.40	0.04%
120110	Deposits on Utilities	500.00	21,485.00	(20,985.00)	(97.67%)
120111	Deposits on Professional Services	70,000.00	0.00	70,000.00	0.00%
120320 Subtotal [A8] Other C	Construction-in-Progress current Assets	105,346.00 176,928.00	0.00 22,566.60	105,346.00 154,361.40	0.00% 684.03%
Subgroup : [B3]	Buildings Improvements				_
120304	Building & Improvements	68,948.00	16,240.15 (486.35)	52,707.85 (4,373.65)	324.55% 899.28%
120305 Subtotal (B3) Buildin	Accumulated Depr- Bidg & Improvement gs Improvements	(4,860.00) 64,088.00	15,753.80	48,334.20	306.81%
Subgroup : [B6]	Movable Equipment		A	497	202 222
120306 120307	Furniture, Fixtures & Equipment Accumulated Depr- FFE	199,449.00 (41,014.00)	61,873.90 (8,251.47)	137,575.10 (32,762.53)	222.35% 397.05%
120307 Subtotal [B6] Movabl		158,435.00	53,622.43	104,812.57	195.46%
Subgroup : [B7]	Motor Vehicles	11 aa=	40.007.00	4 440 00	2 700/
120308 120309	Motor Vehicles Accumulated Depr- Vehicles	41,367.00 (9,767.00)	40,257.00 (2,795.65)	1,110.00 (6,971.35)	2.76% 249.36%
120309 Subtotal [B7] Motor \		31,600.00	37,461.35	(5,861.35)	(15.65%
Total [31-32] Assets		3,381,197.00	2,317,014.25	1,064,182.75	45.93%
Group : [33-34]	Liabilities				
Subamus · (A4)					
Subgroup : [A1] 210104 210105	Trade Accounts Payable Accounts Payable- Trade Accounts Payable- Accrued	(1,076,334.00) (63,700.00)	(673,928.97) (103,100.69)	(402,405.03) 39,400.69	59.71% (38.22%

Traditions Senior Management
Medicaid - Senior Philanthropy of Westport, LLC
9/30/2016
A.01 - TB-CCNH
A.03 - Grouped Trial Balance

vvorkpaper: Account	A.U Grouped The Belance Description	FINAL	1st PP-FINAL	\$ VAR	% VAR
		9/30/2016	9/30/2015		
Subgroup : [A2]	Note Payable				
210152	Note Payable - HSG 12/31/15	(7,102.00)	0.00	(7,102.00)	0.00%
Subtotal [A2] Note		(7,102.00)	0.00	(7,102.00)	0.00%
Subgroup : [A4]	Accrued Payroll				
210201	Accrued Salaries & Wages	(74,821.00)	(230,211.05)	155,390.05	(67.50%)
210207	Accrued Vacation/Holiday Pay	(86,991.00)	0.00	(86,991.00)	0.00%
Subtotal [A4] Accru	ued Payroll	(161,812.00)	(230,211.05)	68,399.05	(29,71%)
Subgroup : [A6]	Accrued Payroll Taxes Payable				
210115	SIT Taxes Payable	(2,967.00)	(11,571.90)	8,604.90	(74.36%)
210202	Federal Income Tax Withheld	(9,792.00)	(37,062.04)	27,270.04	(73.58%)
210204	FICA Taxes- EE	(12,403.00)	(47,608.78)	35,205.78	(73.95%)
210205	SUI Taxes Payable	(658.00)	8,241.85	(8,899.85)	(107.98%)
210210	FUTA Taxes	(21.00)	(62.15)	41.15	(66.21%)
Subtotal [A6] Accru	ued Payroli Taxes Payable	(25,841.00)	(88,063.02)	62,222.02	(70.66%)
Subgroup : [A12]	Other Current Liabilities				
210109	Employee Deductions- Garnishments	(4.00)	(170.68)	166.68	(97.66%)
210110	Employee Deductions- HSA	0.00	(617.14)	617.14	(100.00%)
210111	Employee Deductions- 401K	0.00	(10,898.99)	10,898.99	(100.00%)
210112	Employee Deductions- FSA	(962.00)	(351.22)	(610.78)	173.90%
210113	Employee Deductions- ST/LIFE	(2,308.00)	(2,268.75)	(39.25)	1.73%
210114	Employee Deductions- Child Support	(187.00)	(1,054.11)	867.11	(82.26%)
210116	Employee Deductions - AFLAC	(326.00)	(3,013.85)	2,687.85	(89.18%)
210117	Employee Deductions - Union Dues	(946.00)	(1,341.09)	395.09	(29.46%)
210118	Resident Trust	(56,544.00)	(34,519.36)	(22,024.64)	63.80%
210160	Uncleared Checks	(37,526.00)	(194,194.22)	156,668.22	(80.68%)
210206	Accrued Workers Comp	(16,630.00)	(36,893.53)	20,263.53 23,148.00	(54.92%) (38,10%)
210208	Accrued Real Estate Taxes	(37,602.00)	(60,750.00)	10,607.84	(38.10%)
210212	Accrued Interest Payable	0.00	(10,607.84)	0.00	0.00%
210214	Accrued Land Lease	(5,471.00)	(5,471.00)	108.00	(0.84%)
210215	Accrued Legal Fees	(12,692.00)	(12,800.00)		97.14%
210216	Accrued Accounting/Audit Fees	(33,514.00)	(17,000.00) (11,250.00)	(16,514.00) 8,898.00	(79.09%)
210218	Accrued Personal Property Taxes	(2,352.00) 0.00	(116,170.47)	116,170.47	(100.00%)
210225	Oue to Eagle Lake Foundation	(177,997.00)	(186,447.40)	8,450.40	(4.53%)
210259	Due to Medicaid - Bed Fees	(441,358.00)	0.00	(441,358.00)	0.00%
220200 Subtotal [A12] Other	Deferred Rent er Current Liabilities	(826,419.00)	(705,819.65)	(120,599.35)	17.09%
Subgroup : [B4]	Other Long-Term Liabilities	. ——			
210244	Due to Fifth Third Line	(952,455.00)	(149,942.28)	(802,512.72)	535,21%
220400	Long Term Capital Lease	(46,070.00)	(57,921.69)	11,851.69	(20.46%)
	r Long-Term Liabilities	(998,525.00)	(207,863.97)	(790,661.03)	380.37%
Total [33-34] Liabili		(3,169,733.00)	(2,008,987.35)	(1,150,745.65)	57.28%
Graup : [36]	Equity				
Group : [35] Subgroup : [B5]	Equity Currulated Earnings				
250200	Change in Net Assets	(308,029.00)	(103,140.58)	(204,888.42)	198.65%
Subtotal [B5] Cum		(308,029.00)	(103,140.58)	(204,888.42)	198.65%
Total [35] Equity	ualeo Camings	(308,029.00)	(103,140.58)	(204,888.42)	198.65%
	Sum of Account Groups	0.00	0.00	0.00	0.00%
	·	0.00	0.00	0.00	0.00%
	Net (Income) Loss	0.00	0.00	V.00	0.00%

Client	Traditions Senior Management			F 2
Engagement: Period Ending:	Medicald - Senior Philanthropy of Westport, LLC 9/30/2016			Principles in
Thai Balance: Workpaper	A.01 - TB-CCNH H.01 - Reclassifying Journal Entries Report		1975) 1876 1976 - 1976	1. [4]
Account	Description	W/P Ref	Debit	Credit
	urnal Entries JE # 2	I.01b		
Allocation of vacat	ion, holiday and sick time			
410775	Salaries - Physical Therapy		12,072.00	
410777	Salaries - Occupational Therapy		8,333.00 6,203.00	
410779 410782	Salaries - Speech Therapy Vac/Sick/Hol - Therapy		6,203.00	26,608.00
Total	vad old of the the tapy		26,608.00	26,608.00
Reclassifying Jou	urnal Entries JE # 5	E.01b		
Reclass Employee	(Travel			
410228	Travel - Nursing		845.00	
410135	Employee Expense-Nursing Admn			704.00
410235	Employee Expense-Nursing			119.00
410535 Total	Employee Expense-Med Recs		845.00	22.00 845.00
TOLEI			<u> </u>	040.00
Reclassifying Jou	urnal Entries JE # 6	E.01b		
Reclass Pension				
480141	Pension-Reception		6,952.00	
560135	Employee Benefits/Expense-Admin		0,002.00	6,952.00
Total			6,952.00	6,952.00
				_
Reclassifying Jou Reclass employee	urnal Entries JE # 7	E.01b		
	一种发生。1980年1月 · 1980年1月 · 1980年1			
410225	Employee Health Insurance-Nursing	•••••	153.00	
560125	Employee Health Insurance-Admin		76.00	153.00
410235 560135	Employee Expense-Nursing Employee Benefits/Expense-Admin			76.00
Total	Zimpioyoo zonomo, Zimpinoo i tanimi		229.00	229.00
Reclassifying Jou Allocation of direct	urnal Entries JE # 11	I.01a		
Allocation of direct	CVI Of talkers			
410775	Salaries - Physical Therapy	8000000000	10,205.00	
410777	Salaries - Occupational Therapy		7,043.00	
410779 410711	Salaries - Speech Therapy		5,243.00	22,491.00
Total	Salaries - Director of Rehab		22,491.00	22,491.00
				
	urnal Entries JE # 12	H.02		
Keciasa Dietitian s	salaries from prep cook			
440101	Salaries-Dietary Manager/CDM		23,045.00	
440110	Salaries - Prep Cooks			23,045.00
Total			23,045.00	23,045.00



Workpaper Index:

400.2

Prepared By:

Run Date:

Reviewed By:

2/6/2017

Workpaper Date:

2/6/2017

Provider Name: Provider Number: Senior Philanthropy of Westport, LLC

110371

9/30/16

Name of Workpaper:

VHCL CKLST

VEHICLE COMPLIANCE CHECKLIST

PURPOSE:

Period Ended:

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

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

Conclusion: