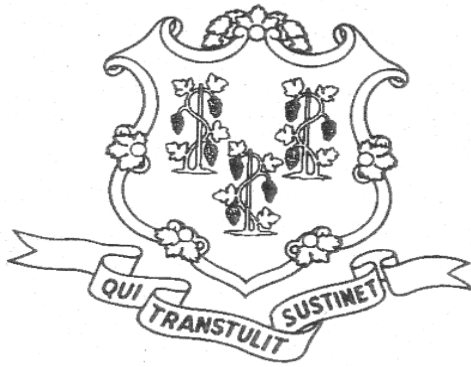


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Apple Rehab Guilford	
Address (No. & Street, City, State, Zip Code) 10 Boston Post Road Guilford, CT 06437	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 1068-C	RHNS	(Specify)	Medicare Provider 07-5144
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Medicaid Provider Numbers:	CCNH 210686	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Apple Rehab Guilford	License No. 1068-C	Report for Year Ended 9/30/2017	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Apple Rehab Guilford [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

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

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Apple Rehab Guilford		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 10 Boston Post Road Guilford, CT 06437				
Report Prepared By Apple Health Care, Inc.		Phone Number (860) 678-9755	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (203) 453-3725		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Apple Rehab Guilford		Address (No. & Street, City, State, Zip) 10 Boston Post Road Guilford, CT 06437		
License Numbers:	CCNH 1068-C	RHNS	(Specify)	Medicare Provider No. 07-5144
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Amy Welch		Nursing Home Administrator's License No.:	1908	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Apple Rehab Guilford	License No. 1068-C	Report for Year Ended 9/30/2017	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Apple Rehab Guilford	10 Boston Post Road Guilford, CT 06437	Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	
Ryan Vess	21 Waterville Road Avon, CT 06001	Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	

Annual Report of Long-Term Care Facility

**General Information and Questionnaire
Related Parties***

Name of Facility Apple Rehab Guilford	License No. 1068-C	Report for Year Ended 9/30/2017	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Brian J. Foley	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Rental	Pg. 22 Line 9	690,000	690,000
Apple Health Care	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	363,950	363,950
Healthport Services	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10/16m13	4,149	4,149
Corporate Employees	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	9,466	9,466
Employees @ Various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	18,354	18,354
Apple Health Care	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	18,768	18,768
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	376,310	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	29,913	
Aetna Ancillary	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Life & Disability	Pg. 15 1a6	20,206	

* Use additional sheets if necessary.

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

General Information and Questionnaire
Related Parties*

Name of Facility Apple Rehab Guilford		License No. 1068-C		Report for Year Ended 9/30/2017		Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> No						If "Yes," provide the Name/Address and complete the information on Page 11 of the report.		
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No						If "Yes," provide the following information:		
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Marsh	PO Box 19636 Newark, NJ	✘			Property, Liability & Umbrella Insurance	Pg. 27 14a	89,153	
AIG	PO Box 10472 Newark, NJ	✘			Worker's Compensation	Pg. 15 1a1	13,744	
Harvest Healthcare	21 Waterville Road Avon, CT	✘		63%	Training	Pg. 13 B8e	350	309
Swallowing Diagnostics	21 Waterville Road Avon, CT	✘		83%	Therapy Service	Pg. 20 5j	5,040	4,753
Ryan Vess	21 Waterville Road Avon, CT		✘			##		
Brendan Foley	21 Waterville Road Avon, CT		✘			##		

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.
 ## Related expense has been disallowed on Pg. 28 Line 23 (Brendan Foley through 3/9/17)

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Apple Rehab Guilford	License No. 1068-C	Report for Year Ended 9/30/2017	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

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

N/A

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Apple Rehab Guilford			License No. 1068-C			Report for Year Ended 9/30/2017		Page of 6 37		
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed			
	Yes	No								
	<input type="radio"/>	<input type="radio"/>								
	<input type="radio"/>	<input type="radio"/>								
	<input type="radio"/>	<input type="radio"/>								
	<input type="radio"/>	<input type="radio"/>								
	<input type="radio"/>	<input type="radio"/>								
	<input type="radio"/>	<input type="radio"/>								
	<input type="radio"/>	<input type="radio"/>								
	<input type="radio"/>	<input type="radio"/>								
	<input type="radio"/>	<input type="radio"/>								
	<input type="radio"/>	<input type="radio"/>								
Is a Mileage Log Book Maintained for All Leased Vehicles ?								<input checked="" type="radio"/> Yes	<input type="radio"/> No	Total ***

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire Accounting Basis

Name of Facility Apple Rehab Guilford	License No. 1068-C	Report for Year Ended 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

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

Services Provided by This Firm (describe fully)

1 Preparation of audited financials (disallow Pg. 28)	\$ 5,652
2 Preparation of tax returns	\$ 2,131
3	\$
4	\$
	Charge for Services Provided
	\$ 7,783

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

Legal Services Information

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

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

1

2

3

4

5

Services Provided by This Firm (describe fully)

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

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

Schedule of Resident Statistics

Name of Facility Apple Rehab Guilford			License No. 1068-C		Report for Year Ended 9/30/2017				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	90	90			90	90			90	90		
B. On last day of THIS report period	90	90			90	90			90	90		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	77	77			77	77			77	77		
B. As of midnight of THIS report period	66	66			66	66			66	66		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,790	4,790			3,324	3,324			1,466	1,466		
B. Medicaid (Conn.)	18,340	18,340			14,265	14,265			4,075	4,075		
C. Medicaid (other states)												
D. Private Pay	4,269	4,269			2,989	2,989			1,280	1,280		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	27,399	27,399			20,578	20,578			6,821	6,821		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	27,399	27,399			20,578	20,578			6,821	6,821		

Schedule of Resident Statistics (Cont'd)

Name of Facility Apple Rehab Guilford	License No. 1068-C	Report for Year Ended 9/30/2017	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

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

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

Change in Resident Days	CCNH	RHNS	(Specify)
1st change			
2nd change			
3rd change			
4th change			

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	10	50		6				
Per Diem Rate								
a. One bed rm.				453.00				
b. Two bed rms.	RUGS III	209.12		416.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,253	2,253		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	10,615	10,615		
D. Total Physical Therapy Treatments	12,868	12,868		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	315	315		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	936	936		
D. Total Speech Therapy Treatments	1,251	1,251		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	2,341	2,341		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	11,040	11,040		
D. Total Occupational Therapy Treatments	13,381	13,381		

Report of Expenditures - Salaries & Wages

Name of Facility Apple Rehab Guilford	License No. 1068-C	Report for Year Ended 9/30/2017	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	113,533	2,442				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	82,618	4,422				
5. Dietary Service						
a. Head Dietitian	182	6				
b. Food Service Supervisor	48,417	2,001				
c. Dietary Workers	216,874	16,436				
6. Housekeeping Service						
a. Head Housekeeper	35,259	2,129				
b. Other Housekeeping Workers	119,008	9,388				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	83,875	4,706				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	84,543	3,540				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	171,058	4,228				
b. RN						
1. Direct Care	569,027	15,912				
2. Administrative**	154,893	4,514				
c. LPN						
1. Direct Care	541,683	19,352				
2. Administrative**						
d. Aides and Attendants	1,084,978	67,934				
e. Physical Therapists	251,421	6,963				
f. Speech Therapists	39,628	1,086				
g. Occupational Therapists	153,062	4,640				
h. Recreation Workers	54,339	3,455				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	68,705	3,030				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	3,873,105	176,184				

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

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

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

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

Name of Facility Apple Rehab Guilford				License No. 1068-C	Report for Year Ended 9/30/2017			Page 11	of 37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Apple Rehab Guilford				1068-C	9/30/2017			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Barry O'Doherty	21,417				Administrator 10/1/2016 - 12/10/16	482	A2	Watch Hill/Clipper	80/1,233	4,155/63,580
Amy Welch	92,116				Administrator 12/11/2016 - 09/30/17	1,960	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Guilford	1068-C	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	15,501	168				
3. Pharmacist	13,714	131				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	41,188	601				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	26,900	94				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Psychiatrist	350	5				
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	7,190	146				
B-13 Total Fees Paid in Lieu of Salaries	104,844	1,145				

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

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

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

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

Name of Facility Apple Rehab Guilford		License No. 1068-C	Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Healthdrive Dental 80 Worcester St. Wellesley, MA	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
West River 41 Northwest Dr. Plainville, CT	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
RN Staff Inc. DBA Reability Care PO Box 823461 Philadelphia, PA 19182-3461	Physical Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
APF FBO Access Therapies, Inc PO Box 823461 Philadelphia, PA 19182-3461	Physical Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Elin Christensen, MD 1353 Boston Post Rd. Madison, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Anuruddha Walaliyadda, MD 12 Cooke Road Wallingford, CT 06492	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Harvest Healthcare 21 Waterville Road Avon, CT 06001	Psychiatrist	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Pointright, Inc. 150 Cambridge Park Drive Cambridge, MA 02140	Data Integrity Audit	<input type="radio"/>	<input checked="" type="radio"/>		
Connecticut Purchasing Consultants, LLC 88 Ryders Lane Stratford, CT 06614-1397	Purchasing Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
PatientPing, Inc. 10 Post Office Square Boston, MA 02109	Admission & Discharge Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Guilford	1068-C	9/30/2017		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 13,744	13,744			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 39,540	39,540			
4. Social Security (F.I.C.A.)	\$ 278,949	278,949			
5. Health Insurance	\$ 280,117	280,117			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 20,206	20,206			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 18,768	18,768			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 112,610	112,610			
d. Accounting and Auditing	\$ 7,783	7,783			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$				
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 9,914	9,914			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 14,712	14,712			
2. Cellular Phones	\$				
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	250			
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 469,796	469,796			
Subtotal	\$ 1,266,390	1,266,390			

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

(Carry Subtotals forward to next page)

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

Apple Rehab Guilford
9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Guilford	1068-C	9/30/2017	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	1,266,390	1,266,390		
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 1,696	1,696		
2. Holiday Parties for Staff	\$ 2,701	2,701		
3. Gifts to Staff and Residents	\$ 4,370	4,370		
4. Employee Travel	\$ 11,230	11,230		
5. Education Expenses Related to Seminars and Conventions	\$ 3,417	3,417		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$			
7. Other (<i>Specify</i>)	\$			
See Attached Schedule				
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)***	\$ 9,362	9,362		
See Attached Schedule				
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 5,442	5,442		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$ 6,142	6,142		
See Attached Schedule				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 7,165	7,165		
10. Contributions***	\$			
See Attached Schedule				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$			
12. Administrative Management Services**	\$ 363,950	363,950		
13. Other (<i>Specify</i>)	\$ 120,320	120,320		
See Attached Schedule				
C-14 Total Administrative & General Expenditures	\$ 1,802,183	1,802,183		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising - Public Relations	\$ 9,362		
Total Other Advertising	\$ 9,362	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 6,142		
Total Dues	\$ 6,142	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Corporate Fees Non Reimburable	\$ 57,347		
Licenses & Fees	\$ 5,219		
Pre Employment Screenings	\$ 20,794		
Point Click Care Fees	\$ 13,210		
Bank Charges, Penalties, Fees	\$ 19,350		
Healthport Indirect	\$ 675		
Legal Fees - Probate & Collection	\$ 318		
Resident Expenses	\$ 1,847		
Account W/O & Prior Period Adjustments	\$ -		
User Fee Audit Expense	\$ 1,561		
Total Other Administrative and General	\$ 120,320	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Apple Rehab Guilford	License No. 1068-C	Report for Year Ended 9/30/2017	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 #
Apple Health Care, Inc.	363,950	Accounting & Management Services	Pg. 16 m12

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

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

Name of Facility Apple Rehab Guilford	License No. 1068-C	Report for Year Ended 9/30/2017	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 191,516	191,516		
2. Non-Food Supplies	\$ 32,098	32,098		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 23,907	23,907		
c. Management Services**	\$			
d. Other (Specify) _____	\$			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 247,521	247,521		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	225	225		
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility Apple Rehab Guilford		License No. 1068-C	Report for Year Ended 9/30/2017	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	481	481	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	134,653	134,653	
c. Management Services**		\$			
d. Other (Specify)		\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$	135,134	135,134	
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

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

*** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Apple Rehab Guilford		1068-C	9/30/2017		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	48,231	48,231		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$	1,027	1,027		
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	49,258	49,258		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from West River Pharmacy	\$	325,960	325,960		
b.	Medicine Cabinet Drugs	\$				
c.	Medical and Therapeutic Supplies	\$	232,940	232,940		
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	22,741	22,741		
f.	X-rays and Related Radiological Procedures***	\$	11,719	11,719		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	22,654	22,654		
i.	Recreation	\$	36,611	36,611		
j.	Other (Specify)**** See Attached Schedule	\$	20,313	20,313		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	672,938	672,938		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Nursing Station Supplies	\$ 5,743		
Rehab Service Supplies	\$ 14,570		
IV Therapy Supplies	\$ -		
Total Other Resident Care	\$ 20,313	\$ -	\$ -

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

Name of Facility Apple Rehab Guilford			License No. 1068-C		Report for Year Ended 9/30/2017				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Unitex Textile Rental	Mount Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Service	105,235			19	3b
CWPM, LLC	P.O. Box 415 Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Refuse Removal	26,511			22	6f
Med Apparel	Mount Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Service	32,298			19	3b
Perfectemp	125 Robert Jackson Way Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	20,673			22	6a
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Apple Rehab Guilford	1068-C	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 119,775	119,775				
b. Heat	\$ 23,817	23,817				
c. Light & Power	\$ 64,814	64,814				
d. Water	\$ 37,443	37,443				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 31,999	31,999				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 277,847	277,847				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 3,631	3,631				
d. Movable Equipment	\$ 25,557	25,557				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 29,188	29,188				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 46,148	46,148				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 46,148	46,148				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 690,000	690,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 55,931	55,931				
c. Personal property taxes	\$ 4,749	4,749				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 826,015	826,015				

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

Apple Rehab Guilford
9/30/2017

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
4/21/2017	Walk-In Freezer Outdoor Condensing Unit	\$ 2,048	NME-10	\$ 66
4/21/2017	Walk-In Freezer Outdoor Condensing Unit	\$ 2,048	NME-10	\$ 66
Total additions for Non-Movable Equipment		\$ 4,096		\$ 131 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
4/26/2017	Floor Scrubbing Machine-K&S Distributors	\$ 3,988	ME-5	\$ 252
9/1/2017	Food Processor(Hubert)	\$ 1,852	ME-10	\$ 23
9/29/2017	5 Cloud Wireless AP Units	\$ 2,377	ME-5	\$ 5
Total additions for Movable Equipment		\$ 8,217		\$ 281
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
8/7/2017	Asphalt Repairs-Parking Area & Sidewalks	\$ 7,881	LHI-8	\$ 185
8/7/2017	Asphalt Repairs-Parking Area & Sidewalks	\$ 7,881	LHI-8	\$ 185
9/8/2017	Roof Installation-Architectural Shingles	\$ 3,908	LHI-10	\$ 40
9/8/2017	Roof Installation-Architectural Shingles	\$ 3,908	LHI-10	\$ 40
Total additions for Leasehold Improvement		\$ 23,578		\$ 450
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Apple Rehab Guilford			License No. 1068-C		Report for Year Ended 9/30/2017			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				1,217,182	754,801	A		45,698	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				23,578				450	
C-4. Subtotal									46,148
D. Total Amortization									46,148

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Apple Rehab Guilford	License No. 1068-C	Report for Year Ended 9/30/2017	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	90			
6. Square Footage	17,845			
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)	Variable			
h. Date of Refinancing	12/07/16			
i. New Interest Rate	4.48%			
j. Term of Mortgage (number of years)	5			
k. Amount of Principal Borrowed	6,113,537			
l. Principal Outstanding on Note Paid-Off	6,331,060			
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Guilford	1068-C	9/30/2017	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$			

(Carry Subtotals forward to next page)

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

Name of Facility Apple Rehab Guilford	License No. 1068-C	Report for Year Ended 9/30/2017	Page 27	of 37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:					
12. C. Movable Equipment					
1. Automotive Equipment \$					
A. Item	Rate	Amount			
Lender					
Address of Lender					
2. Other (Specify) \$					
A. Item	Rate	Amount			
Lender					
Address of Lender					
B. Item	Rate	Amount			
Lender					
Address of Lender					
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) \$					
12. D. Other Interest Expense (Specify) \$ 1,506					
Interest on Value Settlement and City Taxes					
13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 1,506					
14. Insurance					
a. Insurance on Property (buildings only) \$ 89,153					
b. Insurance on Automobiles \$					
c. Insurance other than Property (as specified above)					
1. Umbrella (Blanket Coverage) \$					
2. Fire and Extended Coverage \$					
3. Other (Specify) \$					
14d. Total Insurance Expenditures (14a + b + c) \$ 89,153					
15. Total All Expenditures (A-13 thru C-14) \$ 8,079,504					

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Guilford				1068-C	9/30/2017	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 153,062	153,062		
4.			Other - See attached Schedule	\$ 6,871	6,871		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 112,610	112,610		
10.	15/16	1d/m	Accounting & Legal	\$ 5,970	5,970		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 9,362	9,362		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 84,476	84,476		
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 1,286	1,286		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 373,636	373,636		

* 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	A12m	Social Service Salary - Marketing Activity	\$ 6,871		
Total Other Salaries Adjustment			\$ 6,871	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Account Write Off	\$ 1		
16	L3	Employee gifts/ recognition	\$ 4,370		
16	m13	Resident Expenses	\$ 1,847		
16	m13	User Fee Audit Expense	\$ 1,561		
16	m13	Corporate Fee - Non-reimbursable Costs	\$ 57,347		
16	m13	Bank Charges/Penalties/Fees	\$ 19,350		
Total Other A&G Adjustments			\$ 84,476	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Apple Rehab Guilford			1068-C	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 373,636	373,636		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 300,761	300,761		
28.	16	L1	Ambulance/Limousine	\$ 1,696	1,696		
29.	20	h	X-rays, etc	\$ 11,719	11,719		
30.	20	f	Laboratory	\$ 22,654	22,654		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 17,754	17,754		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 14,570	14,570		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.	30	IV4	Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.	30	IV5	Interest Income on Accounts Rec	\$ 101	101		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 1,506	1,506		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 744,396	744,396		

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

Apple Rehab Guilford
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ -		
20	5j	Rehab Service Supplies	\$ 14,570		
Total Other Ancillary Costs			\$ 14,570	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12D	Value Settlement Interest	\$ 151		
27	12D	City Taxes Interest	\$ 1,355		
Total Other Adjustments			\$ 1,506	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Apple Rehab Guilford	1068-C	9/30/2017			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 3,737,042	3,737,042				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,781,412	1,781,412				
b. Medicare Room and Board Contractual Allowance **	\$ 455,686	455,686				
4. a. Private-Pay Residents and Other	\$ 1,843,484	1,843,484				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 138,717	138,717				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (138,717)	(138,717)				
c. Prescription Drugs - Non-Medicare	\$ 84,922	84,922				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (84,922)	(84,922)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 299,542	299,542				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (244,413)	(244,413)				
c. Physical Therapy - Non-Medicare	\$ 150,850	150,850				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (143,325)	(143,325)				
4. a. Speech Therapy - Medicare	\$ 39,242	39,242				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (29,332)	(29,332)				
c. Speech Therapy - Non-Medicare	\$ 17,055	17,055				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (11,475)	(11,475)				
5. a. Occupational Therapy - Medicare	\$ 388,263	388,263				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (314,624)	(314,624)				
c. Occupational Therapy - Non-Medicare	\$ 213,885	213,885				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (183,735)	(183,735)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 7,999,557	7,999,557				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 1,286	1,286				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 101	101				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 106	106				
V. Total Other Revenue (1 thru 8)	\$ 1,493	1,493				
VI. Total All Revenue (III +V)	\$ 8,001,050	8,001,050				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV5	Interest Income	1,913,667	\$ 101		
Total Interest Income			\$ 101	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV8	Account Write Off	\$ 1		
30 IV8	Medical Records	\$ 105		
Total Other Revenue		\$ 106	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Guilford	1068-C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	(750)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,913,667
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	24,748
5. Prepaid Expenses			\$	15,499
a. Prepaid Property Tax	15,499			
b. Prepaid Insurance				
c. Prepaid Other				
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	2,154,261
Due Affiliate (Debit Balance)	2,154,261			
A-9. Total Current Assets (Lines A1 thru 8)			\$	4,107,425
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,240,760</u>		\$	439,811
	Accum. Depreciation <u>800,948</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>88,443</u>		\$	27,817
	Accum. Depreciation <u>60,626</u>	Net		
6. Movable Equipment	*Historical Cost <u>420,281</u>		\$	117,076
	Accum. Depreciation <u>303,205</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
Fixed Asset Clearing Account				
Construction in Progress				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	584,705

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Apple Rehab Guilford	License No. 1068-C	Report for Year Ended 9/30/2017	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	4,692,130
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
3. Buildings		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Non-Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
5. Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
6. Motor Vehicles		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	
Loans Rec. - Officers/Owner				
Capitalized Refinance				
Leasehold Deposits				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	4,692,130

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Guilford	1068-C	9/30/2017	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	462,079
2. Notes Payable (<i>itemize</i>)			\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	23,031
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	10,224
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$	273,632
Accrued PTO	116,805	Accrued Prof Fees	5,818	
Accrued Pension	738	Payroll W/H	1,772	
Accrued Worker's Comp	24,641	Due Affiliate (Credit Bal		
Accrued Expense Other	123,858			
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	768,966

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Apple Rehab Guilford		License No. 1068-C	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				768,966	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 3,976,326	
Name and Address of Lender	Amount	Loan Date			
Brian J. Foley	3,976,326	Demand			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
Security Deposits					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 3,976,326	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 4,745,292	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Guilford	1068-C	9/30/2017	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	1,771,730
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,747,437)
6. Gain or Loss for Period			\$	(78,454)
	10/1/2016	thru	9/30/2017	
7. Total Net Worth			\$	(53,162)
C. Total Reserves and Net Worth			\$	(53,162)
D. Total Liabilities, Reserves, and Net Worth			\$	4,692,130

H. Changes in Total Net Worth

Name of Facility Apple Rehab Guilford	License No. 1068-C	Report for Year Ended 9/30/2017	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	30,406
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	8,001,050
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	8,079,504
D. Net Income or Deficit			\$	(78,454)
E. Balance			\$	(48,048)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	5,114
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
Brian Foley		President	5,114	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	5,114
H. Balance at End of Period			\$	(53,162)

I. Preparer's/Reviewer's Certification

Name of Facility Apple Rehab Guilford	License No. 1068-C	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Robert Gwizdak				
Address		Phone Number		
21 Waterville Road Avon, CT 06001		(860) 678-9755		

Error Check

Level	Item	Reported as	
-	Page 35 - Total Liabilities, Reserves and Net Worth	4,692,130	Total Assets 4,692,130

Apple Rehab Guilford
For Cost Year Ended September 30, 2017

	2016 10/1 - 12/31	2017 1/1 - 9/30	Adjustments		Total	Cost Report References	
			DR	CR		Report Page/Line #	Self Disallow Page/Line #
10111	Cash Corporate	\$0.00	\$0.00		0.00	31A1	
10116	Cash - Laurel Woods	0.00	0.00		0.00	31A1	
10117	Cash - Saybrook	0.00	0.00		0.00	31A1	
10201	Petty Cash	410.00	0.00		410.00	31A1	
10301	Cash - Patient Personal Need	0.00	0.00		0.00	31A1	
10401	Exchange	(193.22)	960.24		767.02	31A1	
10402	Exchange - Arlene Sheehan	0.00	(100.00)		(100.00)	31A1	
10403	Exchange - Donations	(333.11)	0.00		(333.11)	31A1	
10404	Exchange - Wellness	488.15	0.00		488.15	31A1	
10405	Exchange - A/R	0.00	(1,982.00)		(1,982.00)	31A1	
11001	A/R Private Patients	549,271.10	682,078.00		1,231,349.10	31A2	
11002	A/R Medicare Patients	116,323.30	(42,185.12)		74,138.18	31A2	
11003	A/R Medicaid Patients	591,183.08	360,245.89		951,428.97	31A2	
11004	A/R Veterans Admin	0.00	0.00		0.00	31A2	
11005	A/R Other	0.00	(10,437.64)		(10,437.64)	31A2	
11010	A/R State Retro	0.00	0.00		0.00	31A2	
11011	A/R Medicaid Pending	(158,056.00)	0.00		(158,056.00)	31A2	
11015	A/R Medicare Retro	0.00	0.00		0.00	31A2	
11020	A/R Clearing	0.00	0.00		0.00	31A2	
11050	Reserve for Doubtful Accounts	(174,755.78)	0.00		(174,755.78)	31A2	
11101	Loans Rec. - Officers/Owner	0.00	0.00		0.00	32D7	
12005	Dietary Supply Inventory	4,138.00	534.00		4,672.00	31A4	
12010	Housekeeping Supply Inventory	1,600.00	(1,064.00)		536.00	31A4	
12015	Medical & Nursing Supply Inventory	5,579.00	9,029.00		14,608.00	31A4	
12020	Maintenance Supply Inventory	4,778.00	(300.00)		4,478.00	31A4	
12025	Laundry Supply Inventory	748.00	(481.00)		267.00	31A4	
12030	Recreation Supply Inventory	0.00	0.00		0.00	31A4	
12035	Office/Misc. Supply Inventory	204.00	(17.00)		187.00	31A4	
13002	Prepaid Insurance	4,285.03	(4,285.03)		0.00	31A5b	
13006	Prepaid Property Tax	18.04	15,481.30		15,499.34	31A5b	
13010	Other Prepaid Expenses	0.00	0.00		0.00	31A5c	
15501	Non Moveable Equipment	85,011.53	4,096.00	9,573.00	(10,237.48)	88,443.05	31B5
15502	Moveable Equipment	384,197.97	8,216.55	28,166.96	(300.00)	420,281.48	31B6
16001	Auto & Trucks	0.00	0.00		0.00	31B7	
16501	Leasehold Improvements	1,300,236.81	23,577.79		(83,054.97)	1,240,759.63	31B4

16598	Fixed Asset Proceeds Clearing Account	0.00	0.00		0.00	31B9	
16599	Fixed Asset Clearing A/C	0.00	0.00		0.00	31B9	
16601	Capitalized Refinance Expense	0.00	0.00		0.00	31B9	
16750	Construction in Progress	0.00	0.00		0.00	31B9	
17001	Acc. Depreciation Non Moveable Equipmen	(61,606.37)	(2,876.82)	3,856.94	(60,626.25)	31B5	
17002	Acc. Depreciation Moveable Equipment	(260,220.53)	(19,399.06)		(23,585.49)	(303,205.08)	31B6
17003	Acc. Depreciation Auto & Truck	0.00	0.00		0.00	31B7	
17005	Acc. Amortization Leasehold Imp.	(879,427.33)	(34,596.46)	113,075.61	(800,948.18)	31B4	
19101	Leasehold Deposits	0.00	0.00		0.00	32D7	
19501	Goodwill	0.00	0.00		0.00	32D7	
20101	A/P Trade	(274,523.96)	(187,014.57)		(461,538.53)	33A1	
20104	A/P Patient Need Account	0.00	0.00		0.00	33A1	
20110	A/P Patient Exchange	0.00	(540.00)		(540.00)	33A12	
20115	A/P Other	(3,687,695.55)	(288,630.00)		(3,976,325.55)	34B3	
20200	Due Affiliate -Corporate	2,620,825.69	(443,288.23)	20,926.50	(44,203.29)	2,154,260.67	31A8
20250	Loan Payable Officer	0.00	0.00		0.00	34B4	
20256	Dostie Note S/T	0.00	0.00		0.00	34B4	
20501	Accrued Payroll	(88,172.28)	17,086.02	48,055.47	(23,030.79)	33A4	
20601	Accrued Vacation	(125,939.56)	0.00	125,939.56	(116,805.16)	(116,805.16)	33A12
21001	Federal Withholding	(7,218.40)	7,218.40		0.00	33A6	
21002	State Withholding	(2,213.00)	2,213.00		0.00	33A6	
21005	FICA - Employee	(5,732.63)	5,732.63		0.00	33A6	
21006	FICA - Employer	(12,167.97)	6,818.93		(5,349.04)	33A6	
21010	Federal Unemployment Comp.	(749.03)	588.91		(160.12)	33A6	
21011	State Unemployment Comp.	(4,568.01)	(147.29)		(4,715.30)	33A6	
21035	Other Employee Withhold	0.00	0.00		0.00	33A12	
21037	Employee Withholding (HCRA/DCRA)	(4,172.11)	0.00		(4,172.11)	33A12	
21040	Union Dues	0.00	0.00		0.00	33A12	
21045	Initiation Fees	0.00	0.00		0.00	33A12	
21050	Payroll Deductions - AFLAC	0.00	(319.81)		(319.81)	33A12	
21051	Payroll Deducted Life Insurance	(229.15)	3,141.07		2,911.92	33A12	
21060	401 (K) Salary Reduction	(2,066.92)	1,875.28		(191.64)	33A12	
22001	Accrued Professional Fees	(5,630.82)	(187.03)		(5,817.85)	33A12	
22010	Accrued Pension	(4,354.26)	3,615.97		(738.29)	33A12	
22015	Accrued Workers compensation	(25,732.64)	1,091.60		(24,641.04)	33A12	
22040	Accrued Group Insurance	0.01	0.00		0.01	33A12	
22050	Accrued Other Expenses	(175,109.41)	51,251.01		(123,858.40)	33A12	
22060	Accrued User Fee	0.00	0.00		0.00	33A12	
23002	State Income Tax	0.00	0.00		0.00	33A12	
25256	Dostie Note L/T	0.00	0.00		0.00	34B4	
25505	Security Deposits	0.00	0.00		0.00	34B4	

27500	Capital Stock	(1,000.00)	0.00			(1,000.00)	35B2
27800	Dividends Paid	0.00	0.00			0.00	35B2
27900	Capital Contributions	(1,771,729.75)	0.00			(1,771,729.75)	35B1
28000	Retained Earnings	2,210,733.04	0.00	60,976.49	(92,553.06)	2,179,156.47	35B5
31001	Room and Board - Private	(570,647.00)	(1,272,837.00)			(1,843,484.00)	30 I 1a4
31002	Room and Board - Medicare	(250,860.00)	(1,560,425.00)			(1,811,285.00)	30 I 1a3
31003	Room and Board - Medicaid	(969,762.17)	(2,765,870.49)			(3,735,632.66)	30 I 1a1
31004	Room and Board - Managed Care	0.00	0.00			0.00	30 I 1a4
31010	Room and Board - Rest Home	0.00	0.00			0.00	30 I 1a4
31015	Medicare Cont. Allowance - Room & Board	(72,473.61)	(383,212.70)			(455,686.31)	30 I 1a3
31032	Medicare Recoupment	6,635.10	23,238.25			29,873.35	30 I 1a3
31033	Medicaid Recoupment	(1,409.25)	0.00			(1,409.25)	30 I 1a1
35001	Physical Therapy	(91,736.09)	(358,656.29)			(450,392.38)	30 II 1b3
35002	Medical Supply	0.00	0.00			0.00	30 IIa6
35005	Vending Machines	0.00	0.00			0.00	30 IIa6
35006	Pharmacy Supplies	(37,672.96)	(185,966.47)			(223,639.43)	30 II 1b1
35007	Clinical Services	(2,352.87)	(11,526.52)			(13,879.39)	30 II 1b6
35008	Laboratory Services	0.00	0.00			0.00	30 II 1b6
35009	Diagnostic Services (EKG/Xray)	0.00	0.00			0.00	30 II 1b6
35010	Speech Therapy	(13,320.74)	(42,975.88)			(56,296.62)	30 II 1b4
35011	Occupational Therapy	(129,060.99)	(473,087.07)			(602,148.06)	30 II 1b5
35015	Oxygen - Private	0.00	0.00			0.00	30 II 1b7
35016	Oxygen - Medicare	0.00	0.00			0.00	30 II 1b7
35030	Medicare Contractual Allowance - Therapy	113,667.50	474,701.69			588,369.19	30 II 1b, 4b, 5b
35031	Medicare Contractual Allowance - Other	30,411.30	117,433.03			147,844.33	30 II 1d, 4d, 5d
35032	Medicare Contractual Allowance - Supplies	0.00	0.00			0.00	30 II 6
35033	Medicaid Contractual Allowance - Supplies	0.00	70.00			70.00	30 II 6
35035	Contractual Allowance - HMO/Insurance/M:	71,189.53	356,949.96			428,139.49	30 II 6
35054	Hairdresser & Barber	0.00	0.00			0.00	30 2.1
35098	Misc. Income - Other	(1,611.64)	(1,102.26)	1,321.42		(1,392.48)	See Attached
36001	Interest Income	(3.00)	(97.58)			(100.58)	30 IV 5
36500	Gain (Loss) on Sale of Assets	0.00	0.00			0.00	30 IV 8
41001	Salaries - Administrator	0.00	75,070.44	38,462.70		113,533.14	10 A2.3
41002	Salaries - Clerical	10,726.55	71,994.79	1,046.09	(4,253.08)	79,514.35	10 A4
41003	Salaries - Accounting	25,801.66	65,649.43	796.03	(7,703.72)	84,543.40	10 A11b
41004	Salaries - Social Services/Admissions	18,561.10	56,062.23	159.12	(6,077.20)	68,705.25	10 A12m
41005	Salaries - Management	400.00	0.00		(400.00)	0.00	10A2
41006	Salaries - Maintenance	24,433.56	60,089.96	4,637.84	(5,930.12)	83,231.24	10 A7b
41007	Salaries - Projects	0.00	643.91			643.91	10 A7b
41008	Salaries - Staff Development	3,345.13	11,066.60			14,411.73	10 A12b2
41009	Salaries - Beautician	0.00	0.00			0.00	10A9

41010	Employee Physicals	470.00	2,197.50		2,667.50	16 m13	
41011	Pre-employment Screen	4,177.46	13,948.93		18,126.39	16 m13	
41015	FICA - Employer	73,978.86	204,970.53		278,949.39	15 1a4	
41016	Unemployment - Federal	967.19	4,816.70		5,783.89	15 1a3	
41017	Unemployment - State	(1,016.11)	34,772.05		33,755.94	15 1a3	
41020	Insurance - Workmen's Comp	(67,943.40)	81,687.60		13,744.20	15 1a1	
41021	Insurance - Group Medical	75,752.35	204,364.87		280,117.22	15 1a5	
41023	Insurance - Group Life & Disability	4,276.61	15,929.27		20,205.88	15 1a6	
41022	Insurance - FMLA	0.00	0.00		0.00	15 1a5	
41024	Pension Expense	5,507.05	13,261.39		18,768.44	15 1a7	
41025	Other Employee Benefits	3,813.75	3,507.64	(250.00)	7,071.39	See Attached	
41026	Corporate Fee - Non-reimbursable Costs	18,769.19	38,578.22		57,347.41	16 m13	28 #23 1
41027	Corporate Management Fee	129,095.99	234,236.95	616.59	363,949.53	16 m12	
41028	Healthport Indirect	0.00	0.00	675.00	675.00	16 m13	
41029	Auto Repair & Maintenance.	0.00	0.00		0.00	16l.6	
41030	Travel - Motor Vehicle	3,944.71	7,285.02		11,229.73	16 1.4	
41031	Conventions & Meetings	0.00	27.29		27.29	16 1.5	
41032	Education & Seminars	264.00	2,784.64		3,048.64	16 1.5	
41033	Auditing Fees	1,838.40	5,944.68		7,783.08	15 1d	See Attached
41034	Point Click Care Fees	2,759.61	10,449.93		13,209.54	16 m13	
41035	Legal Services	0.00	0.00		0.00	15 1e	See Attached
41036	Legal Fees Collections - Probate Fees	95.00	223.00		318.00	13b6	
41037	Consulting Fees - Other	1,660.00	5,530.00		7,190.00	See Attached	
41038	Licenses & Fees	1,154.18	4,064.39		5,218.57	16 m13	
41039	Dues & Memberships	1,535.40	4,606.20		6,141.60	See Attached	See Attached
41040	Subscriptions	970.54	6,191.78	2.51	7,164.83	16 m9	
41041	Advertising - Public Relations	704.34	8,657.23		9,361.57	16 m3	28 #18
41042	Advertising - Help Wanted	0.00	0.00		0.00	16 m1	
41043	Supplies - Social Service	0.00	0.00		0.00	20 5j	
41044	Supplies - Beauty Shop	0.00	0.00		0.00	13m6	
41045	Supplies - Medical Records	0.00	0.00		0.00	16 m5	
41046	In Service Fees	0.00	341.00		341.00	16 1.5	
41047	Transportation - Patients	240.00	1,456.00		1,696.00	16 1.1	29 #28
41048	CNA Registration & Validation	0.00	0.00		0.00	16l.1	
41050	Office Supplies & Printing	2,502.11	7,411.48		9,913.59	15 1g	
41051	Postage	1,153.20	4,288.70		5,441.90	16 m7	
41052	Telephone	2,631.64	12,080.14		14,711.78	15 1h	
41053	Rent	240,000.00	450,000.00		690,000.00	22 9	
41054	Insurance - Package	23,064.57	66,088.56		89,153.13	27 14a	
41057	Equipment Lease	1,387.62	4,162.86		5,550.48	22 6a	
41060	Purchased Services & Repair	21,559.58	47,550.15	131.58	69,241.31	22 6a	

41061	Maintenance & Repair Supplies	13,590.17	31,375.49	17.60		44,983.26	22 6a	
41062	Fuel - Plant Operation	0.00	96.78			96.78	22 6b	
41063	Gas - Plant Operation	4,961.20	18,758.66			23,719.86	22 6b	
41064	Electric - Plant Operation	14,304.29	50,509.41			64,813.70	22 6c	
41065	Water & Sewerage	9,772.04	28,742.03		(1,071.42)	37,442.65	22 6d	
41066	Refuse Removal / Recyclables	20,391.23	11,466.24	141.82		31,999.29	22 6f	
41067	Corp Office Building Maintenance	0.00	0.00			0.00	Corp Only	
41070	Taxes - Real Estate	13,899.15	42,031.95			55,931.10	22 10b	
41071	Taxes - Personal Property	1,167.15	3,581.52			4,748.67	22 10c	
41075	Bad Debt	112,610.42	0.00			112,610.42	15 1c	28 #9
41080	Donations	0.00	0.00			0.00	16m10	
41086	Sales Tax	0.00	299.00		(299.00)	0.00	16m13	
41087	Bank Charges/Penalties/Fees	0.00	158.00	19,191.90		19,349.90	16 m13	28 #23 4
41090	Miscellaneous Expense	0.00	22,599.34		(19,191.90)	3,407.44	See Attached	See Attached
41091	Resident Reimbursements	0.00	0.00			0.00	16m13	
41095	C.O.N. Expense	0.00	0.00			0.00	16m13	
45001	Salaries - R.N. (CCNH)	167,849.15	411,460.25	12,732.78	(23,015.39)	569,026.79	10 A12b1	
45002	Salaries - L.P.N. (CCNH)	164,004.45	392,895.30	16,951.77	(32,168.18)	541,683.34	10 A12c	
45003	Salaries - Aides (CCNH)	289,833.35	807,347.42	34,182.49	(46,945.34)	1,084,417.92	10 A12d	
45004	Salaries - Assistant D.O.N.	22,158.62	50,791.38	1,384.14	(4,335.93)	69,998.21	10 A12a	
45005	Salaries - D.O.N.	24,509.32	73,283.28	5,636.45	(2,369.21)	101,059.84	10A12a	
45006	Inactive Salaries (see A/C 70046)	0.00	0.00			0.00	N/A	
45007	Salaries - R.N. (RHNS/HFA)	0.00	0.00			0.00	10 A12b1	
45008	Salaries - L.P.N. (RHNS/HFA)	0.00	0.00			0.00	10 A12c	
45009	Salaries - Aides (RHNS/HFA)	0.00	0.00			0.00	10 A12d	
45010	Salaries - Infection Control	11,292.08	32,555.59	4,685.28	(2,303.75)	46,229.20	10 A12b2	
45011	Salaries - Nursing Administration	0.00	0.00	3,104.00		3,104.00	10 A2.3	
45014	Salaries - R.N. / L.P.N. - Light Duty	0.00	0.00			0.00	10 A12b2	
45015	Salaries - C.N.A. - Light Duty	0.00	560.32			560.32	10 A12d	
45016	Salaries - Other Nursing - Light Duty	0.00	0.00			0.00	10 A12d	
45017	Salaries - MDS Coordinator	20,206.57	72,915.48	2,204.00	(1,073.97)	94,252.08	10 A12b2	
45022	Purchased Services - HPS (RN-CCNH)	346.00	329.00		(675.00)	0.00	13 B11a	
45023	Purchased Services - HPS (LPN-CCNH)	0.00	0.00			0.00	13 B11b	
45024	Purchased Services - HPS (CNA-CCNH)	0.00	0.00			0.00	13 B11c	
45025	Equipment Lease Nursing	0.00	973.90			973.90	20 5c	
45032	Purchased Services - HPS (RN-RHNS)	0.00	0.00			0.00	13 B11a	
45033	Purchased Services - HPS (LPN-RHNS)	0.00	0.00			0.00	13 B11b	
45034	Purchased Services - HPS (CNA-RHNS)	0.00	0.00			0.00	13 B11c	
45035 ...	Purchased Services - R.N. (CCNH)	0.00	0.00			0.00	13 B11a	
45036 ...	Purchased Services - L.P.N. (CCNH)	0.00	0.00			0.00	13 B11b	
45037 ...	Purchased Services - Aides (CCNH)	0.00	0.00			0.00	13 B11c	

45041	Purchased Services - Other	0.00	0.00			0.00	13 B12	
45045	Nursing Station Supplies	640.71	5,097.15	5.49		5,743.35	20 5j	
45046	Prescription Drugs - Medicare	50,244.07	119,159.56			169,403.63	20 5a	30 #27
45047	Prescription Drugs - Medicaid	13,925.70	11,273.63			25,199.33	20 5a	
45048	Prescription Drugs - Private	3,133.28	14,499.93			17,633.21	20 5a	30 #27
45049	Prescription Drugs Managed Care	18,221.21	95,502.64			113,723.85	20 5a	30 #27
45050	Medical Supplies	35,541.33	161,892.90	400.00		197,834.23	20 5c	
45051	Medicare Part B Billable	0.00	0.00			0.00	205c	
45052	Medical Equipment Purchases	168.01	30,949.22			31,117.23	20 5c	
45055	O.T.C. Medical Supply	1,024.53	1,990.02			3,014.55	20 5c	
45058	Rehab Service Supplies	0.00	0.00			0.00	205j	
45060	Oxygen - Private	4,695.78	10,242.99			14,938.77	20 5e2	29 #32
45061	Oxygen - Medicare	339.50	1,235.00			1,574.50	20 5e2	29 #32
45062	Oxygen - Medicaid	1,574.50	3,412.50			4,987.00	20 5e2	
45063	Oxygen - Managed Care	167.00	1,073.50			1,240.50	20 5e2	29 #32
45065	I.V. Therapy Services	0.00	0.00			0.00	20 5j	29 #34
45070	Laboratory Services	7,154.13	15,499.53			22,653.66	20 5h	29 # 30
45075	Diagnostic Services	1,197.25	10,521.69			11,718.94	20 5f	29 # 29
50001	Salaries - Dietitians	(122.10)	181.80	129.30	(7.20)	181.80	10 A5a	
50002	Salaries - Chefs, Cooks	27,314.11	73,803.27	4,814.19	(5,136.13)	100,795.44	10 A5c	
50003	Salaries - Helpers, Dishwashers	37,259.04	88,016.82	1,493.39	(10,690.21)	116,079.04	10 A5c	
50004	Salaries - Food Service Supervisor	13,143.35	40,368.29	702.42	(5,797.50)	48,416.56	10 A5b	
50005	Salaries - Dietary - Light Duty	0.00	20,926.50		(20,926.50)	0.00	10 A5c	
50030	Consultant Fee - Dietary	1,682.36	8,232.49		(9,914.85)	0.00	13B1	
50035	Purchased Services - Dietary	10,698.98	13,208.18			23,907.16	18 2b	
50036	Equipment Lease - Dietary	0.00	0.00			0.00	18 2a1	
50040	Supplies - Dietary	7,401.61	22,985.01	116.97		30,503.59	18 2a2	
50041	Other Expenses - Dietary	0.00	2,128.57			2,128.57	18 2a2	
50050	Food Supplies - HPC/Thurston	46,624.03	119,478.32			166,102.35	18 2a1	
50051	Food Supplies - Dairy	6,276.12	11,874.14			18,150.26	18 2a1	
50052	Food Supplements	1,610.23	5,652.78			7,263.01	18 2a1	
50053	Enteral Feeding Supplies	0.00	0.00			0.00	18 2a1	
50054	Food Supplies - Other	33.89	(568.12)			(534.23)	18 2a1	
50055	Foods Supplies - Rebates	0.00	0.00			0.00	18 2a1	
55001	Salaries - Laundry	0.00	0.00			0.00	10 A8b	
55002	Salaries - Laundry Supervisor	0.00	0.00			0.00	10 A8a	
55004	Salaries - Laundry - Light Duty	0.00	0.00			0.00	10 A8b	
55030	Purchased Service - Laundry	27,831.46	97,023.25	9,797.88		134,652.59	19 4b	
55031	Personal Laundry	0.00	0.00			0.00	19 3b	
55035	Linen & Bedding Supplies	0.00	0.00			0.00	19 3a4	
55036	Equipment Lease Laundry	0.00	0.00			0.00	19 3d	

55040	Laundry Supplies	0.00	481.00			481.00	19 3a1	
60001	Salaries - Housekeeping	31,106.35	89,978.11	2,168.92	(4,244.93)	119,008.45	10 A6b	
60002	Salaries - Housekeeping Supervisor	11,004.77	25,787.85	471.63	(2,005.25)	35,259.00	10A6a	
60003	Salaries - Housekeeping - Light Duty	0.00	0.00			0.00	10 A6b	
60030	Purchased Services - Housekeeping	0.00	1,027.26			1,027.26	20 4b	
60035	Supplies - Housekeeping	12,953.55	35,277.59			48,231.14	20 4a	
65001	Salaries - Recreation	11,068.32	41,925.10	3,175.80	(1,830.00)	54,339.22	10 A12h	
65030	Supplies - Recreation	0.00	485.33			485.33	20 5i	
65035	Other Expenses - Recreation	7,429.29	28,696.55			36,125.84	20 5i	
70010	Medical Director	6,300.00	20,600.00			26,900.00	13 B8a	
70011	Medical Staff/URC Meeting	0.00	0.00			0.00	13 B8b	
70012	Other Physician Fees	350.39	0.00			350.39	13 B8e	
70015	Pharmacist Fees	3,377.16	10,337.22			13,714.38	13 B3	
70025	Prescription Drugs Only	0.00	0.00			0.00	N/A	
70030	Personal Laundry	0.00	0.00			0.00	N/A	
70035	Dental Service	5,888.56	9,612.00			15,500.56	13 B2	
70036	Podiatrist Fees	0.00	0.00			0.00	13 B4	
70040	Hairdresser/Barber	0.00	0.00			0.00	16m6	
70047	Purchased Services - Physical Therapist	11,273.58	29,914.70			41,188.28	13 5a	
70048	Purchased Services - Speech Therapist	0.00	0.00			0.00	13 B9a	
70049	Purchased Services - Occupational Therapist	0.00	0.00			0.00	13 B10a	28 #6
70050	Inactive	0.00	0.00			0.00	N/A	
70052	Rehab. Services Supplies	3,207.82	11,361.99			14,569.81	20 5j	29 # 34
70060	Salaries - Rehab Director	20,698.27	60,867.36	5,119.65	(1,106.49)	85,578.79	10 A12e	
70062	Salaries - Therapy Technicians	7,103.04	11,096.88	4,706.15	(4,934.06)	17,972.01	10 A12e	
70065	Salaries - Physical Therapy Assistant	1,804.96	27,156.95	2,167.63		31,129.54	10 A12e	
70066	Salaries - Per Diem PT Assistant	601.07	10,706.50			11,307.57	10 A12e	
70067	Salaries - Physical Therapist	17,298.50	61,175.41	2,497.64	(1,248.68)	79,722.87	10 A12e	
70068	Salaries - Per Diem Physical Therapist	6,825.68	18,884.75			25,710.43	10 A12e	
70070	Salaries - Certified Occupational Therapist	12,692.34	40,928.34	845.00	(810.24)	53,655.44	10 A12g	28 #3
70071	Salaries - Per Diem Certified OT	2,183.53	16,402.08			18,585.61	10 A12g	28 #3
70072	Salaries - Occupational Therapist	26,883.32	51,637.81		(1,938.43)	76,582.70	10 A12g	28 #3
70073	Salaries - Per Diem Occupational Therapist	135.00	4,103.08			4,238.08	10 A12g	28 #3
70075	Salaries - Speech Therapist	9,898.47	24,673.49	4,097.45	(1,174.02)	37,495.39	10 A12f	
70076	Salaries - Per Diem Speech Therapist	662.50	1,470.00			2,132.50	10 A12f	
71050	User Fee	127,675.00	342,121.00			469,796.00	15 1k3	
76000	Interest	150.99	1,355.15			1,506.14	27 12D	29 #49
78010	Salaries - Owner	5,114.00	0.00			5,114.00	36 G1	
79010	Depreciation of Non Moveable Equipment	912.19	2,876.82		(157.62)	3,631.39	22 7c	
79011	Depreciation of Moveable Equipment	5,999.92	20,193.06		(636.38)	25,556.60	22 7d	
79015	Depreciation of Auto & Truck	0.00	0.00			0.00	31B7	

79025	Amortization of Leasehold Improvements.	11,551.11	34,596.46	46,147.57	22 8a
82010	CT State Income Tax	0.00	250.00	250.00	15 j1
82050	Provider Specific Tax	0.00	0.00	0.00	15j1

\$601,361.15 (601,361.15)
Variance (must be \$0.00) 0.00

Total Assets 2,537,868.88
Total Liabilities (2,591,031.03)
Total Revenue (8,001,049.80)
Total Expenses 8,084,618.09

Analysis Accounts

Cost Report References

		Report Page/Line #	Self Disallow Page/Line #
35098 Misc. Income - Other	1,392.48		
Meal Revenue	1,286.25	30 IV 1	28 #24
Account Write Off	0.88	30 IV 8	28 #23
Medical Supply refund			
Rebates			
Medical Records	105.35	30 IV 8	
State of CT Provider Tax Refund			
Total Misc. Income - Other	1,392.48		
41001 Salaries - Administrator	113,533.14		
Administrator	113,533.14	10 A2	
Asst Administrator/AIT	0.00	10 A3	
Total Administrator	113,533.14		
41025 Employee Benefits	7,071.39		
Holiday Parties	2,701.05	16 12	
Employee gifts/ recognition	4,370.34	16 13	28 #23
Total Employee Benefits	7,071.39		
41037 Consulting Fees - Other	7,190.00		
Data Integrity Auditor	3,300.00	13 B12	
Purchasing Consultant	2,053.00	13 B12	
Admission & Discharge Consultant	1,837.00	13 B12	

	Total Consulting Fees - Other	7,190.00		
45041	Purchase Service - Other	0.00		
	Pharmacy Consult		16 m13	28 #23 5
	Wound Consultant		16 m13	28 #23 6
	Total Consulting Fees - Other	0.00		
41090	Misc. Expense	3,407.44		
	Resident Expenses	1,846.50	16 m 13	28 #23
	Prior Period Adj/Account W/O	0.00		28 #23 6
	Settlement	0.00		
	State Penalty	0.00		
	User Fee Audit Expense	1,560.94	16 m 13	28 #23
	SUTA Tax	0.00		
	Total Misc. Expense	3,407.44		
70012	Physician Fees	350.39		
	Psychiatrist	350.39	13 B8e	
	Eye Doctor	0.00	13 B8de	
	Total Physician Fees	350.39		
41041	Advertising - Public Relations	9,361.57		
	Public Relations	9,361.57	16 m3	28 #18
	Directory Advertising	0.00		
	Total Advertising - Public Relations	9,361.57		
41052	Telephone	14,711.78		
	Telephone & Beepers	14,711.78	15 1h1	
	Cell Phones	0.00	15 1h2	
	Total Telephone	14,711.78		
	<i>(check G/L account 41052 for possible cell or beeper reclass J/E)</i>			
41039	Dues & Membership	6,141.60		
	Dues & Membership	6,141.60	16 m8	
	Chamber of Commerce	0.00	16 m8a	28 #23
	Total Dues & Membership	6,141.60		
	<i>(most homes should have, may need to check other accounts)</i>			

**Apple Rehab Guilford
Cost Year 2017**

J/E #	DB	AMOUNT	ACCOUNT TITLE	CR	AMOUNT	Reverse CY 2017
1	35098	220.00	Misc. Income - Other			
	35098	30.00	Misc. Income - Other			
			Other Employee Benefits	41025	220.00	
			Other Employee Benefits	41025	30.00	
			Reclass Guest Admission Funds for Christmas Party			
2	35098	1,071.42	Misc. Income - Other			
			Water & Sewerage	41065	1,071.42	
			Reclass Refund for Water Expenses			
3	45011	3,104.00	Salaries - Nursing Administration			
			Salaries - Clerical	41002	3,104.00	
			Reclass Nursing Admin Salary Expense			
4	45050	400.00	Medical Supplies			
			Salaries - Management	41005	400.00	
			Reclass Medical Supplies Invoice			
5	20200	20,926.50	Due Affiliate -Corporate			
			Salaries - Dietary - Light Duty	50005	20,926.50	
			Reclass Dietary-Light Duty Salary to Laurel Woods			
6	41001	38,462.70	Salaries Administrator			
			Due Affiliate - Corporate	20200	38,462.70	
			Administrator Salary			
7	41087	19,191.90	Bank Charges/Penalties/Fees			
			Miscellaneous Expense	41090	19,191.90	
			Reclass Centers for Medicare and Medicaid Svcs Inv			
8	41040	2.51	Subscriptions			
	41060	131.58	Purchased Services & Repair			
	41061	17.60	Maintenance & Repair Supplies			
	41066	141.82	Refuse Removal / Recyclables			
	45045	5.49	Nursing Station Supplies			
			Sales Tax	41086	299.00	
			Allocate Sales Tax			
9	41027	616.59	Corporate Management Fee			
			Due Affiliate - Corporate	20200	616.59	
			Allocate Interest Income			
10	41002	1,046.09	Salaries - Clerical			
	41003	796.03	Salaries - Accounting			
	41004	159.12	Salaries - Social Services/Admissions			
	41006	4,637.84	Salaries - Maintenance			
	45001	12,732.78	Salaries - R.N. (CCNH)			
	45002	16,951.77	Salaries - L.P.N. (CCNH)			
	45003	34,182.49	Salaries - Aides (CCNH)			
	45004	1,384.14	Salaries - Assistant D.O.N.			
	45005	5,636.45	Salaries - D.O.N.			

	45010	4,685.28	Salaries - Infection Control			
	45017	2,204.00	Salaries - MDS Coordinator			
	50001	129.30	Salaries - Dietitians			
	50002	4,814.19	Salaries - Chefs, Cooks			
	50003	1,493.39	Salaries - Helpers, Dishwashers			
	50004	702.42	Salaries - Food Service Supervisor			
	60001	2,168.92	Salaries - Housekeeping			
	60002	471.63	Salaries - Housekeeping Supervisor			
	65001	3,175.80	Salaries - Recreation			
	70060	5,119.65	Salaries - Rehab Director			
	70062	4,706.15	Salaries - Therapy Technicians			
	70065	2,167.63	Salaries - Physical Therapy Assistant			
	70067	2,497.64	Salaries - Physical Therapist			
	70070	845.00	Salaries - Certified Occupational Therapist			
	70075	4,097.45	Salaries - Speech Therapist			
			Accrued PTO	20601	116,805.16	
			Accrue 9/30/17 PTO			
11	20601	125,939.56	Accrued PTO			
			Salaries - Clerical	41002	358.61	
			Salaries - Accounting	41003	7,049.61	
			Salaries - Social Services/Admissions	41004	5,316.57	
			Salaries - Maintenance	41006	4,518.06	
			Salaries - R.N. (CCNH)	45001	15,662.55	
			Salaries - L.P.N. (CCNH)	45002	22,555.07	
			Salaries - Aides (CCNH)	45003	29,857.42	
			Salaries - Assistant D.O.N.	45004	3,681.44	
			Salaries - D.O.N.	45005	1,869.21	
			Salaries - Infection Control	45010	1,710.63	
			Salaries - MDS Coordinator	45017	163.35	
			Salaries - Chefs, Cooks	50002	3,254.35	
			Salaries - Helpers, Dishwashers	50003	8,817.68	
			Salaries - Food Service Supervisor	50004	5,175.90	
			Salaries - Housekeeping	60001	2,205.78	
			Salaries - Housekeeping Supervisor	60002	1,322.30	
			Salaries - Recreation	65001	1,727.92	
			Salaries - Rehab Director	70060	1,106.49	
			Salaries - Therapy Technicians	70062	4,415.25	
			Salaries - Physical Therapist	70067	1,248.68	
			Salaries - Certified Occupational Therapist	70070	810.24	
			Salaries - Occupational Therapist	70072	1,938.43	
			Salaries - Speech Therapist	70075	1,174.02	
			Reverse 12/16 PTO Accrual			
12	20501	48,055.47	Accrued Payroll			
			Salaries - Clerical	41002	790.47	
			Salaries - Accounting	41003	654.11	
			Salaries - Social Services/Admissions	41004	760.63	
			Salaries - Maintenance	41006	1,412.06	
			Salaries - R.N. (CCNH)	45001	7,352.84	
			Salaries - L.P.N. (CCNH)	45002	9,613.11	
			Salaries - Aides (CCNH)	45003	17,087.92	
			Salaries - Assistant D.O.N.	45004	654.49	
			Salaries - D.O.N.	45005	500.00	
			Salaries - Infection Control	45010	593.12	
			Salaries - MDS Coordinator	45017	910.62	

			Salaries - Dietitians	50001	7.20
			Salaries - Chefs, Cooks	50002	1,881.78
			Salaries - Helpers, Dishwashers	50003	1,872.53
			Salaries - Food Service Supervisor	50004	621.60
			Salaries - Housekeeping	60001	2,039.15
			Salaries - Housekeeping Supervisor	60002	682.95
			Salaries - Recreation	65001	102.08
			Salaries - Therapy Technicians	70062	518.81
			Reverse 09/30/16 Wage Enhancement Accrual		
13	55030	9,797.88	Purchased Service - Laundry		
			Consultant Fee - Dietary	50030	9,797.88
			Reclass Unitex Textile Rental Svcs Invoices		
14	50040	116.97	Supplies - Dietary		
			Consultant Fee - Dietary	50030	116.97
			Reclass Dietary Supply Invoice		
15	41028	675.00	Healthport Indirect		
			Purchased Services - HPS (RN-CCNH)	45022	675.00
			Reclass Healthport Indirect		
16	15501	9,573.00	Non Moveable Equipment		
			Non Moveable Equipment	15501	8,661.31
			Non Moveable Equipment	15501	1,576.17
	15502	11,880.97	Moveable Equipment		
	15502	621.00	Moveable Equipment		
	15502	8,661.31	Moveable Equipment		
	15502	5,124.00	Moveable Equipment		
			Moveable Equipment	15502	300.00
	15502	303.51	Moveable Equipment		
	15502	1,576.17	Moveable Equipment		
			Leasehold Improvements	16501	9,573.00
			Leasehold Improvements	16501	11,880.97
			Leasehold Improvements	16501	61,601.00
			Due Affiliate - Corporate	20200	5,124.00
	28000	60,976.49	Retained Earnings		
			Reclass Prior Year Fixed Assets		
17	17001	3,856.94	Acc. Depreciation Non Moveable Equipment		
			Depreciation of Non Moveable Equipment	79010	157.62
			Acc. Depreciation Moveable Equipment	17002	23,585.49
			Depreciation of Moveable Equipment	79011	636.38
	17005	113,075.61	Acc. Amortization Leasehold Imp.		
			Retained Earnings	28000	92,553.06
			Adjust Depreciation to Actual		
		601,361.15	TOTALS		601,361.15

Facility: Apple Rehab Guilford
 Cost Year 9/30/2017
 Reconciliation of Revenue, Expenses, Balance Sheet

	<u>Expenses</u>	<u>Revenue</u>	<u>Assets</u>	<u>Liabilities</u>
Per Trial Balance	8,084,618	8,001,050	2,537,869	2,591,031
Per Cost Report	8,079,504	8,001,050	4,692,130	4,745,292
Difference	5,114	0	2,154,261	2,154,261
21035-21060 - Payroll W/H				
10401-10403 Exchange				
35098- Meal Revenue				
20110- A/P-Patient Exchange				
20200 - Due Affiliate			2,154,261	2,154,261
78010 - Owners Salary	5,114			
13002 - Prepaid Ins				
Difference	5,114	0	2,154,261	2,154,261
	(0)	0	0	0

AR Guilford
Fixed Asset Schedule
9/30/2017

Asset Class ID	Asset ID	Asset Description	Place in Service Date	Cost Basis	LTD Depreciation Amount	Net Book Value	YTD Depreciation Amount	
							10/1/16 - 12/31/16	1/1/17 - 9/30/17
Non Moveable Equipment								
NME-10	0609001	J&J CULLINARY (BAR)	11/1/1987	696.60	696.60	-	-	-
NME-10	0609002	ARJO HOSPITAL EQUIP. (SPECIALTY BATHING	7/1/1988	6,778.84	6,778.84	-	-	-
NME-10	0609004	UNITED REST (ICE MACHINE)	8/1/1991	2,438.10	2,438.10	-	-	-
NME-10	0609005	CORDONE & TONUCCI (CONNECT ICE MACH)	8/1/1991	693.20	693.20	-	-	-
NME-10	0609006	SHORE LINE (SWITCH FOR ICE M)	8/1/1991	100.70	100.70	-	-	-
NME-10	0609007	Squires(Range) EXHUST FAN*	7/1/1994	4,379.92	4,379.92	-	-	-
NME-10	0609008	United (Range)	10/1/1994	8,678.22	8,678.22	-	-	-
NME-10	0609009	Cordone(Range)	11/1/1994	536.25	536.25	-	-	-
NME-10	0609010	Pasquariel(Range)	11/1/1994	104.13	104.13	-	-	-
NME-10	0609011	Pasquariel(Range)	11/1/1994	596.89	596.89	-	-	-
NME-10	0609012	KITCHEN EXHUST{ ELECTRICAL} (Pasquariell	1/1/1995	829.76	829.76	-	-	-
NME-10	0609013	KITCHEN EXHUST{ ELECTRICAL} (Pasquariell	1/1/1995	1,022.87	1,022.87	-	-	-
NME-10	0609014	RANGE INSTALLATION (CARDONE & TONUCCI)	1/1/1995	359.00	359.00	-	-	-
NME-10	0609015	KITCHEN EXHUST SYSTEM (SQUIRES)*	3/1/1995	6,569.88	6,569.88	-	-	-
NME-10	0609016	KITCHEN EXHUST{ SUPPLIES} (EMERSON)	9/1/1996	315.69	315.69	-	-	-
NME-20	0609023	DISHTABLE/SINK (UNITED EAST)	11/1/1996	4,808.06	4,808.06	-	-	-
NME-10	0609017	VEGETABLE FREEZER (UNITED EAST)	12/1/1996	2,729.50	2,729.50	-	-	-
NME-10	0609018	FREEZER COND UNIT (NERO)	6/1/1997	2,239.83	2,239.83	-	-	-
NME-10	0609019	REFRIDGE COND UNIT (NERO)	7/1/1997	1,465.98	1,465.98	-	-	-
NME-10	0609020	REFRIDGE S/S REACH-IN (UNITED)	8/1/1997	2,226.00	2,226.00	-	-	-
NME-15	0609021	compressor for walk-in (R&B Refrigeratio	3/1/2004	1,476.38	1,304.15	172.23	24.63	73.80
NME-15	0609022	floor in walk-in cooler (R&B Refrigerati	6/1/2004	1,020.78	901.67	119.11	17.02	51.03
NME-10	0609372	Eyewash Station	5/17/2011	1,408.89	880.55	528.34	35.23	105.66
NME-10	0609396	Ice Machine Repairs	10/1/2011	1,576.17	985.08	591.09	39.45	118.17
NME-10	0613019	Installation of New Telephone System	10/8/2013	29,053.89	12,347.94	16,705.95	726.31	2,179.08
NME-10	0616052	Install of Walk-in Cooler Condenser	6/23/2016	2,906.00	363.28	2,542.72	69.55	217.98
NME-10	0617055	Walk-In Freezer Outdoor Condensing Unit	4/21/2017	2,048.00	65.55	1,982.45		65.55
NME-10	0617055A	Walk-In Freezer Outdoor Condensing Unit	4/21/2017	2,048.00	65.55	1,982.45		65.55
Non Moveable Equipment as of 09/30/17				89,107.53	64,483.19	24,624.34	912.19	2,876.82

Total Depreciation 10/1/16 - 09/30/17

3,789.01

Cost Report Adjustments

	Sewer Pump to NME	\$9,573.00	\$0.00
	Freezer to ME	(\$8,661.31)	\$0.00
0609396	Ice Machine Repairs	(\$1,576.17)	(157.62)
	Adjusted Balance 9/30/17	88,443.05	3,631.39
	Prior Period	84,347.05	3,500.29
	Retired (See Attached)	\$0.00	\$0.00
	Current Period	4,096.00	131.10

Moveable Equipment

ME-10	0609060	KENTCO (OFFICE FURNISHINGS)	9/1/1988	4,119.40	4,119.40	-	-
ME-10	0609061	HUDSON MED. (2350.25)	9/1/1988	2,350.25	2,350.25	-	-
ME-10	0609063	KENTCO (RECEPTION/LOBBY/LIBRARY)	9/1/1988	7,934.57	7,934.57	-	-
ME-10	0609064	KENTCO (LOUNGE FURNISH.)	9/1/1988	2,619.78	2,619.78	-	-
ME-20	0609141	INDUSTRIAL SAFETY (WALL PLAQUES)	10/1/1988	417.63	417.63	-	-
ME-15	0609125	FIRE DEFENSE (FIRE EXTINGUISHERS EXIT SI	10/1/1988	62.07	62.07	-	-
ME-10	0609069	KENTCO (ARTWORK)	10/1/1988	1,132.94	1,132.94	-	-
ME-20	0609142	BARKER (PIANO)	9/1/1990	1,325.00	1,325.00	-	-
ME-10	0609070	FRAME KING (ARTWORK)	1/1/1991	1,050.00	1,050.00	-	-
ME-10	0609071	FRAME KING (ARTWORK)	1/1/1991	310.00	310.00	-	-
ME-15	0609127	FOSTER MEDICAL(SCALE RAMP)	4/1/1991	1,765.00	1,765.00	-	-
ME-15	0609129	KESSLER (THERAPY TABLE)	5/1/1992	1,569.05	1,569.05	-	-
ME-15	0609130	KESSLER (THERAPY TABLE)	8/1/1992	784.33	784.33	-	-
ME-10	0609075	United Res(Food Carts)	12/1/1992	5,936.00	5,936.00	-	-
ME-10	0609076	Artomick(Med-Carts)	1/1/1993	1,755.40	1,755.40	-	-
ME-10	0609077	Kessler(Ultrasonud)	1/1/1993	1,054.70	1,054.70	-	-
ME-10	0609078	Artomick(Med-Carts)	2/1/1993	3,587.72	3,587.72	-	-
ME-10	0609079	Artomick(Med-Carts)	2/1/1993	231.17	231.17	-	-
ME-10	0609080	Artomick(Med-Carts)	3/1/1993	82.69	82.69	-	-
ME-10	0609081	Artomick(Med-Carts)	3/1/1993	89.92	89.92	-	-
ME-10	0609082	030611(Sales Tax)	3/1/1993	319.96	319.96	-	-
ME-10	0609083	Ladd Cont(Chair)	5/1/1993	2,531.28	2,531.28	-	-
ME-10	0609084	Ladd(Dining Table)	5/1/1993	537.42	537.42	-	-
ME-10	0609085	MGM Transp(Furniture)	5/1/1993	100.83	100.83	-	-
ME-10	0609086	Village(Compressor)	8/1/1993	910.54	910.54	-	-
ME-10	0609087	Kessler(Hydrocollator)	9/1/1993	1,176.30	1,176.30	-	-
ME-12	0609123	SWIVEL CHAIRS (DISCOUNT DESK)	3/1/1995	683.70	683.70	-	-
ME-10	0609089	CONFERENCE TABLE/CHAIRS(DISCOUNT DESK)	10/1/1995	1,022.90	1,022.90	-	-
ME-10	0609090	PEDISTAL DESK (DISCOUNT DESK)	10/1/1996	583.00	553.85	29.15	-
ME-10	0609091	8 - 5 DRAWER FILE CABINETS (DISCOUNT DES	10/1/1996	876.62	876.62	-	-
ME-3	0609024	CUBICLE CURTAINS (MEDLINE)	12/1/1997	1,018.38	1,018.38	-	-
ME-10	0609093	4 TASK CHAIRS (HARRISON)	3/1/1998	682.64	682.64	-	-
ME-10	0609094	FOOD PROCESSOR (UNITED EAST)	10/1/1998	1,240.20	1,240.20	-	-
ME-15	0609131	HI-LO MAX BED (SIMMONS)	6/1/1999	896.00	896.00	-	-
ME-10	0609095	Hoyer lift (Red Line Medical Supply, Inc	6/1/2000	1,431.37	1,431.37	-	-
ME-10	0609096	wheelchair scale (Red Line Medical Suppl	7/1/2000	1,669.50	1,669.50	-	-
ME-10	0609097	accumax mattress (Red Line Medical Suppl	11/1/2000	1,054.70	1,054.70	-	-
ME-15	0609132	residents' furniture & freight (Triple A	12/1/2000	3,958.70	3,958.70	-	-
ME-10	0609098	conveyor toaster (TriMark United East)	2/1/2001	1,246.27	1,246.27	-	-
ME-10	0609099	one gallon blender (TriMark United East)	4/1/2001	1,079.79	1,079.79	-	-
ME-10	0609100	12" slicer (TriMark United East)	4/1/2001	977.32	977.32	-	-
ME-10	0609103	public area furniture (CIT Group)	5/1/2001	975.00	975.00	-	-
ME-10	0609101	ice machine (TriMark United East)	6/1/2001	2,788.86	2,788.86	-	-
ME-10	0609102	accumax mattress (Red Line Medical Suppl	6/1/2001	1,249.74	1,249.74	-	-
ME-10	0609104	41 mattresses (Red Line Medical Supply,	7/1/2001	7,704.62	7,704.62	-	-

ME-5	0609031	repair kitchen steamer (Elite Kitchen Se	8/1/2001	1,114.80	1,114.80	-	-	-
ME-10	0609105	20qt counter model mixer (TriMark United	11/1/2001	2,098.80	2,098.80	-	-	-
ME-5	0609032	Kyocera Mita copier (Advanced Copy)	2/1/2002	8,837.22	8,837.22	-	-	-
ME-10	0609106	install hand scanner (Precision Electric	7/1/2002	699.60	699.60	-	-	-
ME-5	0609033	big screen tv (Mr. TV, Inc.)	8/1/2002	2,625.55	2,625.55	-	-	-
ME-10	0609107	53 prints (Architectural Woodworking)	9/1/2003	5,001.08	5,001.08	-	-	-
ME-15	0609133	residents furniture (j/e 129128)	12/1/2004	5,400.00	4,770.00	630.00	90.00	270.00
ME-5	0609034	cisco router (JKS Systems, LLC)	9/1/2006	3,029.06	3,029.06	-	-	-
ME-10	0609108	Maxi lift w/scale (ARJO, Inc.)	9/1/2006	5,931.14	5,931.14	-	-	-
ME-5	0609035	network cable drops (A&R Communications,	11/1/2006	445.20	445.20	-	-	-
ME-5	0609036	install router (JKS Systems, LLC)	12/1/2006	757.50	757.50	-	-	-
ME-5	0609037	data jacks, faceplates and trip charge (1/1/2007	375.33	375.33	-	-	-
ME-10	0609109	hoyer lift (Arjo)	9/1/2007	4,069.86	4,069.86	-	101.71	203.46
ME-10	0609110	hoyer lift (Arjo)	11/1/2007	857.73	857.73	-	21.42	42.91
ME-10	0609111	hoyer lift (Arjo)	11/1/2007	857.73	857.73	-	21.42	42.91
ME-10	0609112	hoyer lift (Arjo)	12/1/2007	857.75	857.75	-	21.43	42.85
ME-15	0609134	electric bed w/ assist rails (Clafin)	1/1/2008	894.61	551.67	342.94	14.91	44.73
ME-5	0609038	6 televisions (Walmart)	2/1/2008	2,803.48	2,803.48	-	-	-
ME-15	0609135	16 victorian arm chairs (Kwalu)	2/1/2008	6,534.20	4,029.39	2,504.81	108.91	326.70
ME-10	0609113	mesh sling clip (Arjo)	2/1/2008	1,185.93	1,096.94	88.99	29.67	88.92
ME-10	0609114	sara lift (Arjo)	2/1/2008	244.19	225.84	18.35	6.15	18.27
ME-10	0609115	sling med clips (Arjo)	4/1/2008	1,775.25	1,642.11	133.14	44.42	133.11
ME-5	0609039	quilt (Medline)	5/1/2008	969.86	969.86	-	-	-
ME-5	0609040	wireless pocket adapter (Tech Depot)	5/1/2008	70.38	70.38	-	-	-
ME-15	0609136	electric beds, cabinets dressers and d	5/1/2008	14,398.18	8,878.89	5,519.29	239.97	719.91
ME-15	0609137	recliner chairs (Clafin)	5/1/2008	5,627.68	3,470.37	2,157.31	93.84	281.34
ME-10	0609116	patient lifts downpmt (Arjo)	9/1/2008	1,977.98	1,829.62	148.36	49.48	148.32
ME-10	0609117	2 steam tables Dwnpmt (HPC Foodservice)	11/1/2008	2,188.92	2,024.73	164.19	54.73	164.16
ME-15	0609138	hardware for bed (Medline)	12/1/2008	96.23	59.33	36.90	1.65	4.77
ME-15	0609139	electric bed (Medline)	12/1/2008	914.79	564.13	350.66	15.27	45.72
ME-10	0609118	patient lifts 2nd pmt. (Arjo, Inc.)	12/1/2008	7,386.84	6,832.83	554.01	184.64	554.04
ME-5	0609041	television sets (Walmart)	1/1/2009	782.28	782.28	-	-	-
ME-12	0609124	electric beds (Aaron Posnik)	1/1/2009	8,395.20	5,771.70	2,623.50	174.90	524.70
ME-10	0609119	2 steamtables final pmt. (HPC Food Servi	1/1/2009	2,188.92	1,805.84	383.08	54.73	164.16
ME-10	0609120	electric mat (Sammons Preston)	2/1/2009	3,848.03	3,174.63	673.40	96.17	288.63
ME-15	0609140	hand controls for electric beds (Product	3/1/2009	1,800.00	990.00	810.00	30.00	90.00
ME-10	0609121	food processor (Direct Supply)	3/1/2009	1,335.65	1,101.94	233.71	33.40	100.17
ME-10	0609122	refrigerator (Sid Miller's Appliance)	12/1/2009	444.60	366.84	77.76	11.07	33.39
ME-12	0609347	Electric bed	2/18/2010	1,510.88	912.82	598.06	31.50	94.41
ME-10	0609326	Electric Countertop Steamer	3/5/2010	4,117.04	2,984.84	1,132.20	102.91	308.79
ME-15	0609341	Dining Room Tables	3/17/2010	2,451.12	1,184.74	1,266.38	40.83	122.58
ME-5	0609344	Floor Scrubbing Machine	3/23/2010	4,231.52	4,231.52	-	-	-
ME-5	0609340	Photocopier	4/12/2010	6,678.00	6,678.00	-	-	-
ME-5	0609342	LCD TVs	4/16/2010	4,005.84	4,005.84	-	-	-
ME-5	0609349	Air Mattresses	8/16/2010	3,442.50	3,442.50	-	-	-
ME-5	0609353	Computer and Monitor	10/18/2010	344.17	344.17	-	-	-
ME-10	0609350	Countertop Mixer	10/21/2010	2,500.53	1,812.89	687.64	62.49	187.56

ME-10	0609351	Patient Medical Sling	10/26/2010	2,447.12	1,774.13	672.99	61.20	183.51
ME-10	0609352	AED Machine	11/10/2010	1,471.90	1,067.17	404.73	36.76	110.43
ME-5	0609354	LCD TVs	11/17/2010	6,347.15	6,347.15	-	-	-
ME-10	0609365	Steam Tables	1/31/2011	5,309.01	3,318.11	1,990.90	132.74	398.16
ME-10	0609366	Patient Lift	2/24/2011	3,905.43	2,440.92	1,464.51	97.59	292.95
ME-10	0609378	Vectra Genisys Unit for Rehab Gym	3/22/2011	4,176.14	2,610.06	1,566.08	104.41	313.20
ME-15	0609370	50% Dwnpmt Arm Chairs For ST Rehab Wing,	4/30/2011	10,150.00	4,229.19	5,920.81	169.16	507.51
ME-15	0609377	4 High-Low Tables and Table Bases	5/19/2011	2,090.72	871.17	1,219.55	34.80	104.58
ME-15	0609371	Final Pmt Arm Chairs for ST Rehab Wing,	6/22/2011	10,149.77	4,229.09	5,920.68	169.14	507.51
ME-5	0609379	Notebook Computer (CDW Government)	9/14/2011	260.64	260.64	-	-	-
ME-5	0609380	Floor Scrubber (Triple A Supplies)	9/27/2011	6,108.51	6,108.51	-	-	-
ME-5	0609381	Photo ID Printing Kit	9/27/2011	1,453.81	1,453.81	-	-	-
ME-5	0609389	Air Mattresses	10/1/2011	1,571.56	1,571.56	-	-	-
ME-5	0609390	Air Mattresses	10/1/2011	1,659.02	1,659.02	-	-	-
ME-5	0609391	Privacy Screens	10/1/2011	1,388.42	1,388.42	-	-	-
ME-5	0609397	Patient Lift Battery	10/1/2011	880.86	880.86	-	-	-
ME-10	0609393	Patient Lift Sling Clip	10/1/2011	2,333.59	1,458.53	875.06	58.31	175.05
ME-10	0609384	Patient Lift	10/18/2011	7,839.50	4,899.70	2,939.80	195.98	587.97
ME-10	0609392	Patient Lift Sling Clip	11/2/2011	3,538.96	2,211.86	1,327.10	88.49	265.41
ME-5	0609387	Air Mattresses	11/8/2011	1,057.17	1,057.17	-	-	-
ME-10	0609395	Lamp, pictures, table top bases	11/16/2011	1,008.30	630.17	378.13	25.23	75.60
ME-5	0609388	Air Mattress	12/13/2011	952.42	952.42	-	-	-
ME-10	0609386	Commercial Blender, Mixer	12/21/2011	1,475.88	922.44	553.44	36.89	110.70
ME-5	0612003	Airr Mattress	1/24/2012	1,140.42	1,140.42	-	56.99	114.06
ME-5	0612001	Air Mattress	1/26/2012	1,240.03	1,240.03	-	61.98	123.99
ME-12	0612006	Electric Bed	3/2/2012	1,622.85	710.01	912.84	33.81	101.43
ME-7	0612007	ECG MACHINE	7/3/2012	2,349.27	1,761.98	587.29	83.88	251.73
ME-10	0613010	Food Processor(Direct Supply)	2/7/2013	1,925.95	818.55	1,107.40	48.15	144.45
ME-10	0613015	stackable/arm chairs	5/31/2013	2,367.65	1,006.26	1,361.39	59.20	177.57
ME-7	0613014	ultrasound machine	6/6/2013	9,660.03	5,865.00	3,795.03	345.00	1,035.00
ME-10	0613018	Patient Lift	10/30/2013	3,377.41	1,435.44	1,941.97	84.39	253.35
ME-5	0614023	2-PEDAL WHEEL CHAIRS (BOSTON ORTHOTIC)	2/7/2014	2,000.00	1,299.97	700.03	100.03	299.97
ME-10	0614024	TRAPEZE TRACTION UNIT (DIRECT)	7/25/2014	1,079.44	350.85	728.59	26.94	81.00
ME-15	0614026	STEAM TABLE PORTABLE (TRIPLE A)	8/12/2014	4,687.78	1,015.66	3,672.12	78.16	234.36
ME-5	0614025	BADGE PRINTER (HIGGINS)	9/4/2014	1,505.92	978.85	527.07	75.28	225.90
ME-10	0614027	BATH LIFT-ACCESSIBLE FREESTANDING(ARJO)	12/19/2014	9,482.47	3,081.80	6,400.67	237.07	711.18
ME-5	0615031	MOBIL VITAL SIGNS MONITOR (1ST CHOICE)	1/16/2015	2,726.64	1,226.95	1,499.69	136.37	408.96
ME-5	0615030	MOBIL VITAL SIGN MONITOR (1ST CHOICE)	1/19/2015	2,074.17	933.38	1,140.79	103.70	311.13
ME-5	0615042	Patient Lift Repairs	2/1/2015	4,105.79	1,847.61	2,258.18	205.29	615.87
ME-5	0615040	INFRASTRUCTURE CONTROLLERS (JKS)	2/20/2015	353.50	159.06	194.44	17.69	53.01
ME-5	0615041	INFRASTRUCTURE CONTROLLERS (JKS)	2/20/2015	1,182.67	532.19	650.48	59.14	177.39
ME-12	0615039	ELECTRIC BED (FIRST CHOICE)	2/27/2015	4,269.95	800.59	3,469.36	88.98	266.85
ME-10	0615044	Payroll System Upgrade-Time Clocks	3/19/2015	1,233.02	277.47	955.55	30.78	92.52
ME-10	0615044A	Payroll System Upgrade-Time Clocks	3/19/2015	1,196.44	269.19	927.25	29.91	89.73
ME-10	0615043A	Ice Maker Machine(HD Supply)	4/2/2015	983.68	221.35	762.33	24.57	73.80
ME-10	0615043	Ice Maker Machine(HD Supply)	5/19/2015	3,358.22	755.64	2,602.58	83.91	251.91
ME-5	0615046	Install Wireless Network Controllers	9/6/2015	978.42	440.31	538.11	48.89	146.79

ME-5	0616048	17 Kiosks for POC Implementation	3/28/2016	25,220.90	6,305.24	18,915.66	828.82	3,783.15
ME-5	0616049	Wiring Equipment for POC Implementation	3/28/2016	342.77	85.67	257.10	11.30	51.39
ME-5	0616049A	Wiring Equipment for POC Implementation	3/28/2016	668.33	167.09	501.24	21.97	100.26
ME-5	0616049B	Wiring Equipment for POC Implementation	3/28/2016	34.43	8.57	25.86	1.11	5.13
ME-5	0616050	Install Wireless Network Controllers	4/22/2016	976.29	244.06	732.23	35.30	146.43
ME-10	0616051	Kitchen Slicer-12" Medium Duty(Hubert)	6/9/2016	1,481.24	185.12	1,296.12	32.99	111.06
ME-5	0617054	Floor Scrubbing Machine-K&S Distributors	4/26/2017	3,988.13	252.29	3,735.84		252.29
ME-10	0617058	Food Processor(Hubert)	9/1/2017	1,851.50	23.14	1,828.36		23.14
ME-5	0617057	5 Cloud Wireless AP Units	9/29/2017	2,376.92	5.17	2,371.75		5.17

Moveable Equipment as of 09/30/17

392,414.52	279,619.59	112,794.93	5,999.92	19,399.06
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Total Depreciation 10/1/16 - 09/30/17

25,398.98

Cost Report Adjustments

		Carpeting		\$11,880.97		\$0.00
		From LHI		\$621.00		\$0.00
		Freezer to ME		\$8,661.31		\$0.00
		Payroll Equipment		\$5,124.00		\$0.00
		Sale of Mixer 9/02		(\$300.00)		\$0.00
		Electric Countertop Steamer (0609326)		\$303.51		\$0.00
NME-10	0609396	Ice Machine Repairs	10/1/2011	\$1,576.17		157.62
		Adjusted Balance 9/30/17		420,281.48		\$25,556.60
		Prior Period		412,064.93		25,276.00
		Retired (See Attached)		\$0.00		\$0.00
		Current Period		8,216.55		280.60

Leasehold Improvements

LHI-20	0609143	KENTCO (Lighting)	3/1/1985	3,637.00	3,637.00	-	-
LHI-20	0609144	POST RD WD PROD(Lighting)	6/1/1985	890.46	890.46	-	-
LHI-20	0609145	MADISON GLASS (WINDOWS)	7/1/1985	630.00	630.00	-	-
LHI-20	0609146	CREED CO.(BTHRM FIXTURES)	8/1/1985	773.81	773.81	-	-
LHI-20	0609147	CREED CO.(BTHRM FIXTURES)	8/1/1985	477.40	477.40	-	-
LHI-20	0609148	GLENKO DIST. (BATH UNIT)	12/1/1985	7,594.88	7,594.88	-	-
LHI-20	0609149	HOROWITZ BRO windowshades	2/1/1986	1,030.30	1,030.30	-	-
LHI-20	0609150	POST ROAD WOOD PROD tub	2/1/1986	1,065.78	1,065.78	-	-
LHI-20	0609151	POST ROAD WOOD PROD(door)	5/1/1986	460.60	460.60	-	-
LHI-20	0609152	MACHNIK CONSTR. (sewer & pump)	12/1/1986	10,150.00	10,150.00	-	-
LHI-20	0609153	GRINNELL (sprinklers)	12/1/1986	535.00	535.00	-	-
LHI-15	0609155	POST ROAD WOOD PROD.(EX. FAN)	8/1/1987	2,748.03	2,748.03	-	-
LHI-10	0609156	INDUSTRIAL TIME & SYSTEMS (NURSE CALL SY	6/1/1988	9,298.75	9,298.75	-	-
LHI-10	0609157	INDUSTRIAL TIME & SYSTEMS (PAGING)	6/1/1988	1,196.48	1,196.48	-	-
LHI-15	0609158	INDUSTRIAL TIME & SYSTEMS (FIRE DETECTIO	7/1/1988	10,212.50	10,212.50	-	-
LHI-5	0609159	KENTCO (CARPETING)	9/1/1988	11,880.97	11,880.97	-	-
LHI-20	0609324	EQUIP. PURCHASED DURING RENOVATION 3/88-	12/1/1988	114,465.20	114,465.20	-	-
LHI-10	0609160	POST ROAD PAINT/WALLPAPER	12/1/1988	3,625.00	3,625.00	-	-
LHI-20	0609161	RHODES (SEWER PUMP)	4/1/1989	9,573.00	9,573.00	-	-

LHI-20	0609162	RENYON & CUTLER	6/1/1989	400.00	400.00	-	-	-
LHI-20	0609163	RENYON & CUTLER	6/1/1989	1,017.50	1,017.50	-	-	-
LHI-20	0609164	ANDERSON ASSOC.	6/1/1989	520.00	520.00	-	-	-
LHI-20	0609165	HC REIT (INSPECT)	6/1/1989	2,494.58	2,494.58	-	-	-
LHI-20	0609166	HC REIT (INSPECT)	6/1/1989	8,851.28	8,851.28	-	-	-
LHI-20	0609167	MONTAGNO	6/1/1989	10,920.00	10,920.00	-	-	-
LHI-20	0609168	INDUSTRIAL SAFETY	6/1/1989	148.44	148.44	-	-	-
LHI-20	0609169	INSURANCE	6/1/1989	21.00	21.00	-	-	-
LHI-20	0609170	LOAN INTEREST	6/1/1989	17,755.44	17,755.44	-	-	-
LHI-20	0609171	INSURANCE (CONST. LOAN)	7/1/1989	3,482.50	3,482.50	-	-	-
LHI-20	0609172	CANESTN	9/1/1990	7,144.80	7,144.80	-	-	-
LHI-10	0609173	SECURE CARE (Pat. Wandering Sys)	11/1/1990	6,721.73	6,721.73	-	-	-
LHI-20	0609174	CORDONE & TON. (2 BOILERS)	1/1/1991	9,640.00	9,640.00	-	-	-
LHI-10	0609175	TOTAL COMMUNICATIONS (PHONE SYS.)	4/1/1991	6,731.56	6,731.56	-	-	-
LHI-20	0609177	CORDONE & TONNUCCI (H/W MIXING VLVE SYS.	9/1/1991	1,520.00	1,520.00	-	-	-
LHI-10	0609176	EMPIRE PAVING (PAVING)	9/1/1991	8,630.00	8,630.00	-	-	-
LHI-15	0609178	A & W CO.(SEPTIC SYSTEM)	11/1/1991	6,115.00	6,115.00	-	-	-
LHI-15	0609179	A & W SANITA (SEPTIC SYSTEM)	11/1/1991	841.65	841.65	-	-	-
LHI-15	0609180	JACOBSON (ENGINEER-SEPTIC SYS)	11/1/1991	678.55	678.55	-	-	-
LHI-25	0609183	RICCIO, CL (GUTTER SYS.)	12/1/1991	1,086.50	1,086.50	-	-	-
LHI-15	0609181	DELTA ENG(ENGINEERING-SEPTIC)	12/1/1991	1,199.38	1,199.38	-	-	-
LHI-15	0609182	DELTA ENG(ENGINEERING-SEPTIC)	12/1/1991	716.37	716.37	-	-	-
LHI-25	0609185	GRINNEL F(SPRINKLER ALTER.)	1/1/1992	1,987.50	1,987.50	-	19.83	39.75
LHI-15	0609184	DELTA ENVIRONMENTAL (ENGINEERING SVS)	1/1/1992	834.50	834.50	-	-	-
LHI-25	0609188	CORDONE & (SPRINKLER RENOVATION)	2/1/1992	354.60	354.60	-	3.56	7.12
LHI-25	0609189	CORDONE & (SPRINKLER RENOVATION)	2/1/1992	445.20	445.20	-	4.49	8.89
LHI-25	0609190	CORDONE & (SPRINKLER RENOVATION)	2/1/1992	445.20	445.20	-	4.49	8.89
LHI-25	0609191	SHORELINE (SPRINKLER SYS REPAIRS)	2/1/1992	1,489.00	1,489.00	-	14.92	29.78
LHI-25	0609192	A & W SANITATION (SEWAGE WORK)	2/1/1992	7,872.28	7,872.28	-	78.73	157.45
LHI-10	0609186	RHODES (SEWAGE PUMP)	2/1/1992	1,290.00	1,290.00	-	-	-
LHI-10	0609187	DELTA ENVIR. (PUMP STATION REPAIR)	2/1/1992	220.65	220.65	-	-	-
LHI-25	0609194	A & W SANITATION (SEWAGE WORK)	5/1/1992	2,103.04	2,103.04	-	21.03	42.07
LHI-10	0609193	RICCIO, CLEM (ROOF REPAIR)	5/1/1992	2,725.00	2,725.00	-	-	-
LHI-10	0609195	EMPIRE (PAVING)	9/1/1992	7,500.00	7,500.00	-	-	-
LHI-15	0609196	A&W Santia(Septic System)	11/1/1992	6,187.00	6,187.00	-	-	-
LHI-20	0609197	DL Electric(New Circuit Panel)	5/1/1993	1,675.00	1,675.00	-	-	-
LHI-10	0609198	Allied(Roofing) Net	6/1/1993	6,077.76	6,077.76	-	-	-
LHI-15	0609200	Cordone(Air Conditioner System)	10/1/1993	5,984.00	5,984.00	-	-	-
LHI-10	0609199	Automactic(Sliding Door)	10/1/1993	4,770.00	4,770.00	-	-	-
LHI-20	0609202	Pasquariel(Pole Lighting)	11/1/1993	958.56	958.56	-	-	-
LHI-20	0609203	Pasquariel(Exit Lighting)	11/1/1993	2,190.00	2,190.00	-	-	-
LHI-15	0609201	Institutional(Hand Rails)	11/1/1993	1,118.00	1,118.00	-	-	-
LHI-15	0609204	Michaud(A/C)	4/1/1994	6,500.00	6,500.00	-	-	-
LHI-15	0609205	Michaud(A/C)	5/1/1994	10,000.00	10,000.00	-	-	-
LHI-15	0609206	Michaud(A/C)	5/1/1994	10,000.00	10,000.00	-	-	-
LHI-5	0609207	Harbor(Sign)	6/1/1994	870.26	870.26	-	-	-
LHI-5	0609208	Brewsters(Wallpaper)	6/1/1994	1,937.82	1,937.82	-	-	-

LHI-10	0609209	Storage Shed	6/1/1994	4,197.86	4,197.86	-	-	-
LHI-5	0609210	Harbor(Sign)	7/1/1994	870.26	870.26	-	-	-
LHI-15	0609211	FIRE DOORS (AUTOMATIC DOOR)	2/1/1995	1,240.20	1,240.20	-	-	-
LHI-5	0609212	WALLCOVERING (BREWSTER)	4/1/1995	1,103.56	1,103.56	-	-	-
LHI-15	0609213	FIRE DOOR (AUTOMATIC DOOR)	4/1/1995	620.10	620.10	-	-	-
LHI-5	0609214	WINDOW TREATMENTS (VICTOR ROME)	6/1/1995	1,340.90	1,340.90	-	-	-
LHI-15	0609215	FIRE DOOR (AUTOMATIC DOOR)	6/1/1995	620.10	620.10	-	-	-
LHI-5	0609216	WINDOW TREATMENT (VICTOR ROME)	7/1/1995	670.45	670.45	-	-	-
LHI-15	0609217	FIRE DOOR (AUTOMATIC DOOR)	7/1/1995	620.10	620.10	-	-	-
LHI-15	0609218	A/C COMPRESSOR (NERO AIR CONDITIONING)	7/1/1995	1,200.00	1,200.00	-	-	-
LHI-15	0609219	FIRE DOOR (AUTOMATIC DOOR)	7/1/1995	620.10	620.10	-	-	-
LHI-15	0609220	ELECTRICAL WIRING (PASQUARIELLO)	7/1/1995	2,118.21	2,118.21	-	-	-
LHI-15	0609221	VENTILATION SYSTEM BOILER ROOM (MACRI)	7/1/1995	3,858.40	3,858.40	-	-	-
LHI-5	0609222	WINDOW TREATMENTS (VICTOR ROME)	8/1/1995	670.34	670.34	-	-	-
LHI-15	0609223	MAGNETIC DOOR HOLDERS	8/1/1997	1,686.46	1,686.46	-	-	-
LHI-15	0609224	NURSING STATION (CARSTENS)	12/1/1997	3,966.89	3,966.89	-	-	-
LHI-15	0609225	INTERIOR DESIGN (DESIGN RESOURCE)	1/1/1998	780.00	780.00	-	-	-
LHI-15	0609226	NURSING STATION (PRECISION)	2/1/1998	795.00	795.00	-	-	-
LHI-15	0609227	NURSING STATION (PRECISION)	2/1/1998	718.68	718.68	-	-	-
LHI-15	0609228	COUNTERS\CABINETS (MODERN)	2/1/1998	8,364.28	8,364.28	-	-	-
LHI-15	0609229	water heater (Mr. Rooter)	4/1/2000	2,650.00	2,650.00	-	-	-
LHI-10	0609230	windows (Landon Lumber Co.)	12/1/2000	2,748.37	2,748.37	-	-	-
LHI-20	0609231	kitchen flooring (Commercial Flooring Co	1/1/2001	4,181.70	3,397.64	784.06	52.31	156.78
LHI-5	0609264	3 ton condensing unit (Nero Air Conditio	8/1/2001	1,689.00	1,689.00	-	-	-
LHI-15	0609269	magnetic locks by maintenance shop (Prec	9/1/2001	1,590.00	1,590.00	-	-	-
LHI-10	0609288	non-covered insurance expense for lightn	10/1/2001	2,390.45	2,390.45	-	-	-
LHI-17	0609299	circulator capacitor, boiler gas valve (11/1/2001	2,628.22	2,512.23	115.99	38.68	115.92
LHI-17	0609300	water feed valve (HiPoint Heating and Co	11/1/2001	2,114.06	2,020.79	93.27	31.12	93.24
LHI-15	0609248	magnetic door locks (Precision Electrica	4/1/2002	1,590.00	1,590.00	-	26.53	53.00
LHI-10	0609258	rebuild duplex pump (Fred Koch & Sons)	6/1/2002	1,500.00	1,500.00	-	-	-
LHI-15	0609265	Trane a/c (R&B Refrigeration, Inc.)	8/1/2002	1,670.56	1,670.56	-	27.85	55.69
LHI-15	0609271	front door magnetic lock (Precision Elec	9/1/2002	901.00	901.00	-	14.98	30.01
LHI-10	0609270	recirculator pump (HiPoint Heating & Co	9/1/2002	944.83	944.83	-	-	-
LHI-10	0609253	sewage pumps/septic system repair (Fred	5/1/2003	3,600.00	3,600.00	-	-	-
LHI-15	0609277	install magnetic door lock (Precision El	9/1/2003	795.00	755.28	39.72	13.22	39.78
LHI-10	0609272	base board/t-stat (Precision Electrical)	9/1/2003	673.10	673.10	-	-	-
LHI-10	0609273	generator wiring (Precision Electrical)	9/1/2003	622.50	622.50	-	-	-
LHI-10	0609274	wire heaters in hallway (Precision Elect	9/1/2003	636.00	636.00	-	-	-
LHI-10	0609275	materials for heaters (Precision Electri	9/1/2003	392.20	392.20	-	-	-
LHI-10	0609276	install new pump to sink (FSC Plumbing L	9/1/2003	1,214.54	1,214.54	-	-	-
LHI-5	0609310	reconnect 225 amp panel-temp fix (Precis	12/1/2003	1,314.40	1,314.40	-	-	-
LHI-20	0609237	rewire computer lines (Precision Electri	2/1/2004	932.80	618.01	314.79	11.63	35.01
LHI-20	0609238	move computer lines (Precision Electrica	2/1/2004	1,457.50	965.60	491.90	18.25	54.63
LHI-17	0609236	expansion tank-HVAC system (HiPoint Heat	2/1/2004	820.44	639.44	181.00	12.08	36.18
LHI-15	0609235	pull station service (Fire Protection Al	2/1/2004	1,064.06	939.93	124.13	17.75	53.19
LHI-15	0609244	fire alarm pull station replace (Fire Pr	3/1/2004	825.21	728.87	96.34	13.79	41.22
LHI-15	0609245	sewage pump (Koch & Son)	3/1/2004	875.00	772.88	102.12	14.59	43.74

LHI-15	0609249	electrical inspection (Precision Electri	4/1/2004	848.00	749.03	98.97	14.14	42.39
LHI-20	0609278	grinder pumps,pipe,float (Water & Waste	9/1/2004	5,066.80	3,356.74	1,710.06	63.35	189.99
LHI-20	0609311	roof valleys (Allerton Development, Inc.	12/1/2004	18,952.80	12,556.23	6,396.57	236.91	710.73
LHI-20	0609232	roof valleys (Allerton Development, Inc.	1/1/2005	16,960.00	10,388.03	6,571.97	211.97	636.03
LHI-15	0609259	5 ton condenser (R&B Refrigeration, Inc.	6/1/2005	3,076.42	2,512.37	564.05	51.28	153.81
LHI-5	0609289	hot water pump motor (HiPoint Heating an	10/1/2005	1,321.72	1,321.72	-	-	-
LHI-10	0609290	600 sq ft roof (Allerton Development, In	10/1/2005	2,336.00	2,336.00	-	-	-
LHI-10	0609312	2100 sq ft roof (Allerton Development, I	12/1/2005	5,927.68	5,927.68	-	-	-
LHI-15	0609254	design consulting (Design Resource Group	5/1/2006	1,800.00	1,350.00	450.00	30.00	90.00
LHI-10	0609279	gas range (Triple A Supplies, Inc.)	9/1/2006	7,069.65	7,069.65	-	-	-
LHI-15	0609301	handrails (Medline)	11/1/2006	13,041.59	9,781.17	3,260.42	217.39	652.05
LHI-5	0609239	renov to 3 wing of facility borders - pa	2/1/2007	1,163.35	1,163.35	-	-	-
LHI-5	0609246	new carpet and vinyl flooring (Commercia	3/1/2007	14,094.40	14,094.40	-	-	-
LHI-5	0609250	wall covering (D.L. Couch)	4/1/2007	2,539.73	2,539.73	-	-	-
LHI-10	0609255	flooring (Landon Lumber)	5/1/2007	1,831.58	1,831.58	-	45.82	91.56
LHI-5	0609266	ac unit (Perfect Temp)	8/1/2007	10,850.00	10,850.00	-	-	-
LHI-5	0609291	floor vet (Home Depot)	10/1/2007	160.85	160.85	-	-	-
LHI-20	0609298	repairs to boiler (Perfectemp)	10/1/2007	1,335.63	684.54	651.09	16.65	50.13
LHI-15	0609294	cabinets (Home Depot)	10/1/2007	1,555.69	1,063.01	492.68	25.95	77.76
LHI-15	0609295	closets (Home Depot)	10/1/2007	779.78	532.86	246.92	13.02	38.97
LHI-15	0609296	shelves (Home Depot)	10/1/2007	981.80	670.83	310.97	16.40	49.05
LHI-15	0609297	grab rail (Home Depot)	10/1/2007	110.66	75.59	35.07	1.89	5.49
LHI-10	0609292	doors (Home Depot)	10/1/2007	2,290.45	2,290.45	-	57.24	114.49
LHI-10	0609293	faucet and sink (Home Depot)	10/1/2007	402.76	402.76	-	10.04	20.11
LHI-10	0609302	flourescent lamps (Retrofit)	11/1/2007	704.05	704.05	-	17.58	35.17
LHI-5	0609313	painting and wall paper	12/1/2007	52,712.61	52,712.61	-	-	-
LHI-5	0609314	painting and wall paper	12/1/2007	23,074.23	23,074.23	-	-	-
LHI-20	0609315	floor tiles (Commercial Flooring)	12/1/2007	23,915.61	12,256.76	11,658.85	298.93	896.85
LHI-20	0609240	electrical upgrade (CL&P)	2/1/2008	6,410.25	2,964.73	3,445.52	80.12	240.39
LHI-10	0609251	bathroom fixtures (Home Depot)	4/1/2008	915.96	847.26	68.70	22.93	68.67
LHI-10	0609256	satellite tv (Allied Satellite and Anten	5/1/2008	10,070.00	9,314.78	755.22	251.72	755.28
LHI-15	0609260	septic pump (A & W Sanitation Co., Inc.)	6/1/2008	7,190.25	4,434.03	2,756.22	119.80	359.55
LHI-25	0609285	sprinklers in 39 closets (SimplexGrinnel	9/1/2008	36,676.00	13,570.09	23,105.91	366.79	1,100.25
LHI-20	0609281	roof (Allerton Development)	9/1/2008	39,962.00	18,482.44	21,479.56	499.51	1,498.59
LHI-20	0609282	labor on renovation	9/1/2008	12,086.41	5,589.96	6,496.45	151.08	453.24
LHI-20	0609283	labor on renovation	9/1/2008	854.38	395.16	459.22	10.68	32.04
LHI-20	0609284	labor on renovation	9/1/2008	5,436.36	2,514.32	2,922.04	67.97	203.85
LHI-10	0609280	electrical inspection (Consolidated Elec	9/1/2008	1,400.00	1,295.03	104.97	34.97	105.03
LHI-20	0609306	electrical wiring (Perfectemp)	11/1/2008	1,131.87	523.50	608.37	14.11	42.48
LHI-20	0609307	pumps for boiler (Perfectemp)	11/1/2008	3,550.09	1,641.87	1,908.22	44.39	133.11
LHI-15	0609305	septic pump (A& W Sanitation)	11/1/2008	3,221.20	1,986.47	1,234.73	53.65	161.10
LHI-10	0609303	satellite tv (Allied Satellite and Anten	11/1/2008	839.17	776.23	62.94	21.01	62.91
LHI-10	0609304	satellite tv (Allied Satellite and Anten	11/1/2008	839.17	776.23	62.94	21.01	62.91
LHI-5	0609316	valances - renovation (Medline)	12/1/2008	573.29	573.29	-	-	-
LHI-20	0609318	electrical upgrade (Precision Electrical	12/1/2008	228,464.80	105,665.00	122,799.80	2,855.78	8,567.46
LHI-10	0609317	satellite tv (Allied Satellite and Anten	12/1/2008	839.17	776.23	62.94	21.01	62.91
LHI-5	0609233	cubicle curtains (Medline)	1/1/2009	1,663.89	1,663.89	-	-	-

LHI-10	0609234	satellite tv (Allied Satellite and Anten	1/1/2009	839.17	692.31	146.86	21.01	62.91
LHI-15	0609242	boiler repairs (Perfectemp)	2/1/2009	1,379.93	759.03	620.90	22.97	69.03
LHI-15	0609243	septic pump (A&W Sanitation)	2/1/2009	4,536.00	2,494.80	2,041.20	75.60	226.80
LHI-10	0609241	satellite tv (Allied Satellite and Anten	2/1/2009	839.17	692.31	146.86	21.01	62.91
LHI-10	0609247	satellite tv (Allied Satellite and Anten	3/1/2009	839.17	692.31	146.86	21.01	62.91
LHI-10	0609252	satellite tv (Allied Satellite and Anten	4/1/2009	839.17	692.31	146.86	21.01	62.91
LHI-10	0609257	satellite tv (Allied Satellite and Anten	5/1/2009	839.17	692.31	146.86	21.01	62.91
LHI-10	0609261	satellite tv (Allied Satellite and Anten	6/1/2009	839.17	692.31	146.86	21.01	62.91
LHI-15	0609263	condenser (Perfectemp)	7/1/2009	3,138.00	1,725.87	1,412.13	52.33	156.87
LHI-10	0609262	satellite tv (Allied Satellite and Anten	7/1/2009	839.17	692.31	146.86	21.01	62.91
LHI-20	0609268	sewer system review (Osprey Environmenta	8/1/2009	1,200.00	495.00	705.00	15.00	45.00
LHI-10	0609267	satellite tv (Allied Satellite and Anten	8/1/2009	839.17	692.31	146.86	21.01	62.91
LHI-15	0609329	Hardwood Flooring	8/19/2009	3,599.10	1,978.22	1,620.88	59.94	180.00
LHI-8	0609286	asphalt paving lot (Brasile and Daughter	9/1/2009	2,750.00	2,750.00	-	85.90	171.87
LHI-10	0609287	satellite tv (Allied Satellite and Anten	9/1/2009	839.17	692.31	146.86	21.01	62.91
LHI-20	0609325	Repair Pipe Line	10/31/2009	1,538.62	634.67	903.95	19.24	57.69
LHI-20	0609309	pneumatic soil fracturing (Geomatrix)	11/1/2009	8,904.00	3,672.90	5,231.10	111.30	333.90
LHI-10	0609308	135 windows (Valley Building Supply dba	11/1/2009	19,904.66	16,421.35	3,483.31	497.64	1,492.83
LHI-20	0609322	sewer system - survey, research and site	12/1/2009	3,500.00	1,443.72	2,056.28	43.78	131.22
LHI-20	0609323	capitalized labor	12/1/2009	1,982.94	817.96	1,164.98	24.81	74.34
LHI-10	0609319	install windows (Barnat Construction)	12/1/2009	4,160.00	3,432.03	727.97	103.97	312.03
LHI-10	0609320	signs dwnpmt (Connecticut SignCraft)	12/1/2009	2,097.60	1,730.52	367.08	52.44	157.32
LHI-10	0609321	signs final pmt (Connecticut SignCraft)	12/1/2009	2,100.00	1,732.50	367.50	52.50	157.50
LHI-15	0609327	Window Trim and Siding (1st Install)	12/24/2009	2,895.47	1,592.54	1,302.93	48.22	144.81
LHI-15	0609328	Windows and Sidings (2nd Install)	12/30/2009	2,598.54	1,429.26	1,169.28	43.28	129.96
LHI-20	0609375	PVC Drain and Piping	2/25/2010	1,590.00	576.42	1,013.58	19.83	59.67
LHI-10	0609343	Kitchen Sewer Pump	4/19/2010	2,650.00	1,921.22	728.78	66.28	198.72
LHI-15	0609345	Windows and Sidings	4/26/2010	4,059.80	1,962.18	2,097.62	67.70	202.95
LHI-15	0609346	Septic System Design Reports	6/11/2010	3,000.00	1,450.03	1,549.97	49.97	150.03
LHI-15	0609348	Construction Drawings	9/8/2010	1,000.00	362.53	637.47	12.47	37.53
LHI-15	0609355	Door Hinge	11/17/2010	127.92	61.83	66.09	2.14	6.39
LHI-15	0609356	Arrow Rod	11/17/2010	286.20	138.33	147.87	4.77	14.31
LHI-15	0609357	Arrow Rod	11/17/2010	286.20	138.33	147.87	4.77	14.31
LHI-15	0609358	Arrow Rod, Door Closer	11/17/2010	860.72	415.99	444.73	14.36	43.02
LHI-15	0609359	Steel Doors	11/20/2010	1,712.31	827.57	884.74	28.56	85.59
LHI-10	0609364	Hot water pump	11/29/2010	1,154.94	837.27	317.67	28.91	86.58
LHI-20	0609361	Renovation materials	12/1/2010	102.18	37.08	65.10	1.24	3.87
LHI-20	0609362	Renovation materials	12/1/2010	321.73	116.64	205.09	4.03	12.06
LHI-20	0609363	Construction Labor	12/1/2010	1,416.00	513.30	902.70	17.70	53.10
LHI-15	0609360	Design Consulting Services	12/21/2010	417.15	201.65	215.50	6.93	20.88
LHI-20	0609368	Tiles	3/14/2011	8,040.18	2,512.55	5,527.63	100.51	301.50
LHI-10	0609367	Install Vinyl Tile	3/15/2011	2,067.00	1,291.92	775.08	51.63	155.07
LHI-10	0609383	Accent Flooring	4/20/2011	168.82	105.53	63.29	4.19	12.69
LHI-15	0609382	Design Consulting	4/29/2011	1,446.66	602.78	843.88	24.08	72.36
LHI-10	0609376	Wanderguard System	5/26/2011	2,642.05	1,651.33	990.72	66.03	198.18
LHI-20	0609373	Septic System Pump	6/20/2011	2,650.00	828.11	1,821.89	33.14	99.36
LHI-20	0609374	Septic Project - Bidding preparation &	7/25/2011	2,250.00	703.17	1,546.83	28.08	84.42

LHI-10	0609385	Century Tub	10/26/2011	8,206.65	5,129.19	3,077.46	205.16	615.51
LHI-15	0609394	Design Consulting Services	12/31/2011	592.00	246.69	345.31	9.86	29.61
LHI-20	0612005	Tile Flooring	3/14/2012	4,879.81	1,280.93	3,598.88	61.02	182.97
LHI-20	0612004	Tile flooring	3/27/2012	815.70	214.15	601.55	10.19	30.60
LHI-10	0612002	Vinyl Flooring - Library & Admin. Office	3/29/2012	4,450.75	2,336.67	2,114.08	111.27	333.81
LHI-10	0612008	install 2 sewer pumps (rhodes pump serv)	8/9/2012	6,806.40	3,573.36	3,233.04	170.16	510.48
LHI-10	0612009	replace a/c short term rehab (perfectemp	8/13/2012	5,656.00	2,969.37	2,686.63	141.43	424.17
LHI-10	0613011	New Circulator w/ Piping for Boiler	3/14/2013	1,102.32	468.52	633.80	27.52	82.71
LHI-20	0613012	Fire Doors(Kamco)	4/4/2013	2,896.97	615.60	2,281.37	36.22	108.63
LHI-10	0613016	Phone System Down Payment - TCI	5/23/2013	11,416.07	4,851.80	6,564.27	285.44	856.17
LHI-10	0613013	Wanderguard System(Emerald Resources)	5/29/2013	1,690.34	718.42	971.92	42.22	126.81
LHI-8	0613017	replace condenser	9/12/2013	3,591.69	1,908.05	1,683.64	112.27	336.69
LHI-5	0613020	Carpet Front Step & Landing	11/15/2013	1,488.90	1,265.61	223.29	74.40	223.38
LHI-15	0614021	WROUGHT IRON RAIL REPAIR (ALADDIN)	2/11/2014	1,000.00	216.71	783.29	16.63	50.04
LHI-15	0614022	IRON RAILING WELD&REPAIR (ALADDIN)	2/11/2014	1,871.45	405.50	1,465.95	31.16	93.60
LHI-20	0614029	BOILER DEPOSIT (PERFECTEMP)	11/25/2014	37,279.50	6,057.92	31,221.58	466.01	1,397.97
LHI-20	0614028	BOILER RENTAL (HE MILISKI)	11/28/2014	4,254.00	691.32	3,562.68	53.13	159.57
LHI-20	0615034	BOILER PROJECT (PERFECTEMP)	12/17/2014	3,219.21	523.09	2,696.12	40.27	120.69
LHI-20	0615033	BOILER PROJECT (PERFECTEMP)	12/18/2014	909.29	147.76	761.53	11.35	34.11
LHI-10	0615045	Install Fire Damper in HVAC Ductwork	1/1/2015	760.00	170.97	589.03	19.03	56.97
LHI-10	0615045A	Install Fire Damper in HVAC Ductwork	1/1/2015	570.00	128.25	441.75	14.25	42.75
LHI-20	0615032	BOILER PROJECT (PERFECTEMP)	1/5/2015	1,621.84	182.48	1,439.36	20.25	60.84
LHI-20	0615035	BOILER PROJECT (PERFECTEMP)	1/6/2015	505.16	56.79	448.37	6.36	18.90
LHI-20	0615037	BOILER PROJECT RENTAL (HE MILISKI)	1/7/2015	2,658.75	299.13	2,359.62	33.22	99.72
LHI-20	0615036	BOILER PROJECT FINAL BILLING (PERFETEMP)	1/26/2015	37,279.50	4,193.94	33,085.56	466.01	1,397.97
LHI-20	0615038	BOILER PROJECT (HE MILISKI)	1/30/2015	2,658.75	299.13	2,359.62	33.22	99.72
LHI-5	0615047	Exterior Painting-Porch Area-Deposit	10/21/2015	3,100.00	1,395.03	1,704.97	154.97	465.03
LHI-5	0615047A	Exterior Painting-Porch Area-Rem Balance	10/21/2015	3,100.00	1,395.03	1,704.97	154.97	465.03
LHI-5	0615047B	Exterior Painting-Shutters,Door, & Bench	10/21/2015	700.00	315.03	384.97	34.97	105.03
LHI-10	0616053	Install of 2 Sewage Pumps-Septic System	7/28/2016	5,740.77	717.60	5,023.17	167.90	430.56
LHI-8	0617056	Asphalt Repairs-Parking Area & Sidewalks	8/7/2017	7,880.53	185.11	7,695.42		185.11
LHI-8	0617056A	Asphalt Repairs-Parking Area & Sidewalks	8/7/2017	7,880.54	185.11	7,695.43		185.11
LHI-10	0617059	Roof Installation-Architectural Shingles	9/8/2017	3,908.36	39.78	3,868.58		39.78
LHI-10	0617059A	Roof Installation-Architectural Shingles	9/8/2017	3,908.36	39.78	3,868.58		39.78
Leasehold Improvements as of 09/30/17				1,323,814.60	914,023.79	409,790.81	11,551.11	34,596.46

Total Depreciation 10/1/16 - 09/30/17

46,147.57

Cost Report Adjustments

Sewer Pump to NME	(\$9,573.00)	\$0.00
Carpeting to ME	(\$11,880.97)	\$0.00
Building	(\$61,601.00)	\$0.00
Adjusted Balance 9/30/17	1,240,759.63	\$46,147.57
Prior Period	1,217,181.84	45,697.79
Retired (See Attached)	\$0.00	\$0.00
Current Period	23,577.79	449.78