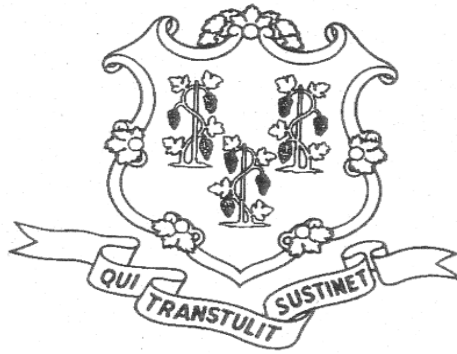


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Marlborough Health Care Center, Inc.	
Address (No. & Street, City, State, Zip Code) 85 Stage Harbor Rd., Marlborough, CT 06447	
Type of Facility <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)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 200RH	RHNS	(Specify)	Medicare Provider 07-5384
------------------	---------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 75064	RHNS	ICF-IID
----------------------------	---------------	------	---------

For Department Use Only

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

Table of Contents

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

General Information

Name of Facility (as licensed) Marlborough Health Care Center, Inc.	License No. 200RH	Report for Year Ended 9/30/2017	Page 1	of 37
--	----------------------	------------------------------------	-----------	----------

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 Marlborough Health Care Center, Inc. [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) Thomas Harris			Printed Name (Owner) Marvin J. Ostreicher		
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 Marlborough Health Care Center, Inc.	Period Covered:	From 10/1/2016	To 9/30/2017	
Address of Facility 85 Stage Harbor Rd., Marlborough, CT 06447				
Report Prepared By Blum Shapiro & Co.	Phone Number 203-944-2100	Date 2/1/2018		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (860) 295-9531		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Marlborough Health Care Center, Inc.		Address (No. & Street, City, State, Zip) 85 Stage Harbor Rd., Marlborough, CT 06447		
License Numbers:	CCNH 200RH	RHNS (Specify)	Medicare Provider No. 07-5384	
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 Thomas Harris		Nursing Home Administrator's License No.:	000723	
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 Marlborough Health Care Center, Inc.	License No. 200RH	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		
Marlborough Health Care Center, Inc.	85 Stage Harbor Rd., Marlborough, CT 06447	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Agnes Zitter	9 Dogwood Lane Lawrence, NY 11559	President	50	
Marvin Ostreicher	181 Wildacre Ave Lawrence, NY 11559	Secretary	50	
Names of Stockholders Owning at Least 10% of Shares				
Agnes Zitter	9 Dogwood Lane Lawrence, NY 11559	President	50	
Marvin Ostreicher	181 Wildacre Ave Lawrence, NY 11559	Secretary	50	

General Information and Questionnaire Related Parties*

Name of Facility Marlborough Health Care Center, Inc.	License No. 200RH	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? 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	%**				
See attachment		<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.
 ** Provide the percentage amount of revenue received from non-related parties.

**General Information and Questionnaire
Related Parties***

Name of Facility Marlborough Health Care Center, Inc.		License No. 200RH		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?						If "Yes," provide the Name/Address and complete the information on Page 11 of the report.			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
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?						If "Yes," provide the following information:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
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		Cost Reported	Actual Cost to the Related Party
		Yes	No	%**		Page # / Line #			
Preferred Therapy Solutions	850 Silas Deane Highway Wethersfield CT 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	37%	PT,OT,ST Services/Consulting	13	5a,9a,10a,12	524,539	518,067
National Health Care Associates - Aetna	850 Silas Deane Highway Wethersfield CT 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Health Insurance Trust***	15	1a5	583,348	583,348
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	82%	Radiology	20	5f	18,889	17,452
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16	12/13	499,295	499,295
850 Silas Deane Realty	850 Silas Deane Highway, Wethersfield, CT 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16	12	1,740	1,740
20Sunrise	20 Sunrise Highway, Valley Stream NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16	12	9,565	9,565
VK Newbury Port, LLC	180 Low St, Newburyport MA 01950	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16	12	238	238
Cambridge Manor of Fairfield, LLC	2428 Easton Turnpike, Fairfield, CT 06824	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Bank Fees	16	M13	2,706	2,706
Harbor Hill Care Center, Inc.	11 Church Street, Middletown, CT 06457	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Consulting fees - Fiscal Operations	16	M13	6,020	6,020
Millborough Realty	85 Stage Harbor Road, Marlborough, CT 06447	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent	22	9	150,000	150,000
Procure LTC Pharmacy of CT	1492 Highland Ave., Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	92%	Drugs/OTC's/Supplies/Consult/Fees	20/13	5a2,b,j/b3,12	289,965	259,360
Procure LTC Pharmacy of MA	155 Northboro Rd STE 4 Southborough MA 01772	<input checked="" type="checkbox"/>	<input type="checkbox"/>	92%	Drugs/OTC's/Supplies/Consult/Fees	20/13	5a2,b,j/b3,12	14,433	12,910

* Use additional sheets if necessary.

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

*** Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

**General Information and Questionnaire
Related Parties***

Name of Facility Marlborough Health Care Center, Inc.	License No. 200RH	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? 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		Cost Reported	Actual Cost to the Related Party
		Yes	No	%**		Page # / Line #			
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	74,140	74,140
The Reservoir Center for Health and Rehabilitation	400 Bolton St, Marlborough, MA 01752	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	1,905	1,905
National Health Care Associates - Aetna	850 Silas Deane Highway Wethersfield CT 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Accounts payable	33	A1	1,150,892	1,150,892
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related (Debt)	33	A12	106,468	106,468
Preferred Therapy Solutions	850 Silas Deane Highway Wethersfield CT 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	37%	Due to Related	33	A12	248,917	248,917
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	82%	Due to Related	33	A12	9,067	9,067
Cambridge Manor of Fairfield, LLC	2428 Easton Turnpike, Fairfield, CT 06824	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33	A12	3,091	3,091
Harbor Hill Care Center, Inc.	11 Church Street, Middletown, CT 06457	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33	A12	3,010	3,010
Riverside Health Care Center, Inc.	745 Main St., East Hartford, CT 06108	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33	A12	149,813	149,813
Cold Spring Hills Center for Nursing & Rehabilitation	378 Syosset-Woodbury Rd, Woodbury, NY 11797	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33	A12	15,351	15,351
Procare LTC Pharmacy of CT	1492 Highland Ave., Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	92%	Due to Related	33	A12	292,458	292,458
Procare LTC Pharmacy of MA	155 Northboro Rd STE 4 Southborough MA 01772	<input checked="" type="checkbox"/>	<input type="checkbox"/>	92%	Due to Related	33	A12	12,477	12,477
Millborough Realty	85 Stage Harbor Road, Marlborough, CT 06447	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Realty	33	A12	102,380	102,380

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.
 *** Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Marlborough Health Care Center, Inc.	License No. 200RH	Report for Year Ended 9/30/2017	Page 5	of 37
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 (See listing page 13)		
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? <input checked="" type="radio"/> Yes <input type="radio"/> 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. Shared expenses, allocated by bed size or geographic territory. See page 17 attachment.				
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.)				
<input type="radio"/> Yes <input checked="" type="radio"/> 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 Marlborough Health Care Center, Inc.		License No. 200RH	Report for Year Ended 9/30/2017			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Reliable Health Systems, Nostrand Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	10/01/08	60 months	2,930	2,930
Wescom Solutions, PO Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>	Software	Ongoing	Ongoing	20,053	20,053
De Lage Landen PO Box 41602, Philadelphia, PA 19101-1602-47498105	<input type="radio"/>	<input checked="" type="radio"/>	Copier	01/01/15	39 months	1,533	1,533
De Lage Landen PO Box 41602, Philadelphia, PA 19101-1602- 47497579	<input type="radio"/>	<input checked="" type="radio"/>	Copier	11/01/14	39 months	709	709
Leaf, PO Box 742647, Cincinnati, OH 45274	<input type="radio"/>	<input checked="" type="radio"/>	Copier	03/01/16	39 months	2,497	2,497
Lexus Financial, P.O. Box 17187, Baltimore, MD	<input type="radio"/>	<input checked="" type="radio"/>	Car	03/13/15	26 months	6,072	4,554
Jaguar Land Rover 1568 W Chester Pike West Chester. P.A 19382	<input type="radio"/>	<input checked="" type="radio"/>	Car	06/01/17	36 months	9,204	3,068
	<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 type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***						35,344	

* 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.

CLOSED-END MOTOR VEHICLE LEASE AGREEMENT
Consumer Paper

Monthly Payment Lease Single Payment Lease

1. PARTIES:

Lease Date: **06/15/2017**

Lessor - Dealer Name JAGUAR LAND ROVER OF WEST CHESTER DL: 51128 Stk: J17200X	Address 1568 W CHESTER PIKE WEST CHESTER, PA 19382
Lessee - Name MARLBOROUGH HEALTH & REHABILITATION CENTER	Address 85 STAGE HARBOR RD MARLBOROUGH, CT 06445
Lessee - Name MARVIN J OSTREICHER	Address 184 WILDACRE AVE LAWRENCE, NY 11559

Each Lessee signing this Lease ("you" or "your") agrees to lease from the Lessor named above the vehicle described in Section 2 (the "Vehicle") on the terms and conditions in this Lease Agreement ("Lease"). Lessor intends to assign its rights and interest under this Lease to JPMorgan Chase Bank, N.A. ("Chase"). As used in this Lease; the terms "us," "our" and "we" refer to the Lessor and, after assignment, to Chase or its successors and assigns.

2. DESCRIPTION OF LEASED VEHICLE:

MODEL YEAR	MAKE	MODEL	BODY STYLE	COLOR	VEHICLE ID NO.	ODOMETER
2017	JAGUAR	F-PACE	SW	GREEN	SADCK2BV8HA492847	30

If checked, the primary use of the Vehicle is business or commercial; otherwise, it is personal, family or household use.

3. LEASE TERM. The Lease Term is 36 months, beginning on the Lease Date (above) and ending on 06/15/2020 (the "Maturity Date").

4. DESCRIPTION OF TRADE-IN (if applicable)

MODEL YEAR	MAKE	MODEL	GROSS ALLOWANCE	AMOUNT OWED	NET TRADE-IN
N.A.	N.A.	N.A.	\$ 0.00	\$ 0.00	\$ 0.00

An "e" in this Lease indicates an estimate.

Federal Consumer Leasing Act Disclosures

5. Amount Due at Lease Signing or Delivery: (Itemized below)* \$ <u>1946.86</u>	6. Lease Payments: (a) Monthly Payment Lease: Your first Monthly Payment of \$ <u>767.00</u> is due on <u>06/15/2017</u> followed by <u>35</u> payments of \$ <u>767.00</u> due each following month. The total of your Monthly Payments is \$ <u>27612.00</u> (b) Single Payment Lease: Your Advance Single Payment of \$ <u>N.A.</u> is due on <u>N.A.</u>	7. Other Charges (not part of your Monthly Payment): Turn-In Fee (if you do not purchase the Vehicle from us): \$ <u>300.00</u> Total: \$ <u>300.00</u>	8. Total of Payments (The amount you will have paid by the end of the Lease): \$ <u>29091.86</u>
--	---	---	---

9. Amount Due at Lease Signing or Delivery:

(a) Capitalized Cost Reduction	\$ <u>594.58</u>
(b) First Monthly Payment	+ \$ <u>767.00</u>
(c) Advance Single Payment	+ \$ <u>N.A.</u>
(d) Refundable security deposit	+ \$ <u>N.A.</u>
(e) Initial title fees	+ \$ <u>40.00</u>
(f) Initial registration fees	+ \$ <u>218.20</u>
(g) Sales or use tax	+ \$ <u>46.08</u>
(h) Acquisition Fee	+ \$ <u>N.A.</u>
(i) Dealer document processing fee	+ \$ <u>138.00</u>
(j) Prior credit or lease balance	+ \$ <u>N.A.</u>
(k) <u>N.A.</u>	+ \$ <u>N.A.</u>
(l) ONLINE DEALER FEE	+ \$ <u>110.00</u>
(m) <u>N.A.</u>	+ \$ <u>N.A.</u>
(n) <u>N.A.</u>	+ \$ <u>N.A.</u>
(o) PLATE FEE	+ \$ <u>28.00</u>
(p) PA TIRE TAX	+ \$ <u>5.00</u>
(q) <u>N.A.</u>	+ \$ <u>N.A.</u>
(r) <u>N.A.</u>	+ \$ <u>N.A.</u>
(s) <u>N.A.</u>	+ \$ <u>N.A.</u>
(t) <u>N.A.</u>	+ \$ <u>N.A.</u>
(u) <u>N.A.</u>	+ \$ <u>N.A.</u>
(v) Total	= \$ <u>1946.86</u>

10. How the Amount Due at Lease Signing or Delivery will be paid:

(a) Net trade-in allowance	\$ <u>N.A.</u>
(b) Amount to be paid in cash	+ \$ <u>1946.86</u>
(c) Rebates and noncash credits:	
(1) Manufacturer Rebate(s)	+ \$ <u>N.A.</u>
(2) <u>N.A.</u>	+ \$ <u>N.A.</u>
(3) <u>N.A.</u>	+ \$ <u>N.A.</u>
(4) <u>N.A.</u>	+ \$ <u>N.A.</u>
(d) Total	= \$ <u>1946.86</u>

11. Your Lease payment is determined as shown below.

(a) Gross capitalized cost. The agreed upon value of the Vehicle (\$ <u>59638.59</u>) and any items you pay for over the Lease Term (such as taxes, fees, service contracts, insurance, and any outstanding prior credit or lease balance) (See Section 16 below for an itemization of this amount)	\$ <u>60433.59</u>
(b) Capitalized cost reduction. The amount of any rebate, net trade-in allowance, noncash credit or cash you pay that reduces the gross capitalized cost	- \$ <u>594.58</u>
(c) Adjusted capitalized cost. The amount used in calculating your base Monthly Payment	= \$ <u>59839.01</u>
(d) Residual value. The value of the Vehicle at the end of the Lease used in calculating your base Monthly Payment	- \$ <u>34314.30</u>
(e) Depreciation and any amortized amounts. The amount charged for the Vehicle's decline in value through normal use and for other items paid over the Lease Term	= \$ <u>25524.71</u>
	<u>101.17</u>

(g) Total of base Monthly Payments. The depreciation and any amortized amounts plus the rent charge.	= \$	20025.88
(h) Lease Payments. The number of payments in your Lease.	÷	36
(i) Base Lease Payment (Monthly or Advance Single, as applicable).	= \$	711.83
(j) Sales/use tax.	+ \$	55.17
(k) Other: N.A.	+ \$	N.A.
(l) Total Lease Payment (Monthly or Advance Single, as applicable).	= \$	767.00

Lease terms are negotiable with the Lessor. The Lessor intends to assign this Lease Agreement and may retain a portion of the Total Lease Payments.

12. Early Termination. You may have to pay a substantial charge if you end this Lease early. The charge may be up to several thousand dollars. The actual charge will depend on when the Lease is terminated. The earlier you end the Lease, the greater this charge is likely to be.

13. Excessive Wear and Use. You may be charged for excessive wear based on our standards for normal use, and for mileage in excess of 7,500 miles per year during the scheduled Lease Term at the rate of 30 cents per mille.

14. Purchase Option at End of Lease Term. You have an option to purchase the Vehicle at the end of the Lease Term for \$ 34314.30 and a purchase option fee of \$ 50.00, for a total of \$ 34364.30. The purchase option fee does not include fees for tags, taxes or registration.

15. Other Important Terms. See the front and back of this Lease for additional information on early termination, purchase options and maintenance responsibilities, warranties, late and default charges, insurance, excess wear standards and any security interest, if applicable.

16. ITEMIZATION OF GROSS CAPITALIZED COST.

(a) Agreed upon value of the Vehicle	\$	59638.59
(b) Sales/use tax	+ \$	N.A.
(c) Initial title, license and registration fees	+ \$	N.A.
(d) Acquisition Fee	+ \$	795.00
(e) Prior credit or lease balance	+ \$	N.A.
(f) Dealer document processing fee	+ \$	N.A.
(g) N.A.	+ \$	N.A.
(h) N.A.	+ \$	N.A.
(i) N.A.	+ \$	N.A.
(j) N.A.	+ \$	N.A.
(k) N.A.	+ \$	N.A.
(l) N.A.	+ \$	N.A.
(m) N.A.	+ \$	N.A.
(n) N.A.	+ \$	N.A.
(o) N.A.	+ \$	N.A.
(p) N.A.	+ \$	N.A.
(q) N.A.	+ \$	N.A.
(r) Gross Capitalized Cost	= \$	60433.59

17. OFFICIAL FEES AND TAXES. The total amount you will pay for official and license fees, registration, title, and taxes over the term of your Lease, whether included with your Monthly Payments (or Advance Single Payment, as applicable) or assessed otherwise is:

\$ 2759.83

This amount is an estimate. The actual total of fees and taxes may be higher or lower depending on the tax rates in effect or the value of the Vehicle when a fee or tax is assessed.

18. WARRANTIES. The Vehicle is subject to the manufacturer's standard new car warranty. The Vehicle is also subject to any other express warranties or guarantees disclosed here:

N.A.

There are no warranties, guarantees or other rights provided to you by us or the Vehicle's manufacturer other than those disclosed in this Lease.

WE DISCLAIM ALL IMPLIED WARRANTIES, INCLUDING THE WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, EXCEPT WHERE PROHIBITED BY LAW.

19. INSURANCE VERIFICATION. The insurance required by Section 28 of this Lease is in force on the Lease Date as follows:

Insurance Co.: ALLSTATE
 Policy No.: 648736840
 Agent's Name: ANDREW MURPHY
 Agent's Address: 17, W 45TH ST 2ND FL NEW YORK
 Phone Number: 2126878787

♦ Arkansas: A SERVICE AND HANDLING FEE IS NOT AN OFFICIAL FEE. A SERVICE AND HANDLING FEE IS NOT REQUIRED BY LAW BUT MAY BE CHARGED TO THE CUSTOMER FOR PERFORMING SERVICES AND HANDLING DOCUMENTS RELATING TO THE CLOSING OF A SALE OR LEASE. THE SERVICE AND HANDLING FEE MAY RESULT IN PROFIT TO THE DEALER. THE SERVICE AND HANDLING FEE DOES NOT INCLUDE PAYMENT FOR THE PREPARATION OF LEGAL DOCUMENTS. THIS NOTICE IS REQUIRED BY LAW.

20. OPTIONAL INSURANCE AND OTHER PRODUCTS.

You are not required to buy any of the optional insurance products or other products listed below. You should carefully review the contracts that describe the details of any optional insurance products or other products you choose to buy. By signing this Lease, you have elected to purchase from the Lessor the following optional insurance products and other products:

Type	Provider Name	Coverage Term/Coverage Amount	Premium/Charge*
<input type="checkbox"/> Service Contract	N.A.	N.A. miles/ N.A. months	\$ N.A.
<input type="checkbox"/> Prepaid Maintenance Plan	N.A.	N.A. miles/ N.A. months	\$ N.A.
<input checked="" type="checkbox"/> Tire & Wheel Protection	N.A.	N.A. miles/ N.A. months	\$ N.A.
N.A.	N.A.	N.A.	\$ N.A.
N.A.	N.A.	N.A.	\$ N.A.
N.A.	N.A.	N.A.	\$ N.A.

You have purchased the optional products listed above for a total charge of: \$ _____

* The Dealer may retain a portion of the premiums or other charges for the optional insurance products and other products listed above.

21. HOW THIS LEASE MAY BE CHANGED. This Lease contains the entire agreement for the Lease of the Vehicle. We may, in our sole discretion, agree orally to requests for extensions, deferrals, or due date changes, and confirm them electronically or in writing. We may, at our option, change any provision in this Lease by giving you at least 10 days' advance written notice of the proposed change, provided that the change is at least as favorable to you as the existing provision. No other changes to this Lease are effective unless they are in a writing signed by you and us.

Lesseé's Signature: _____ Lessee's Signature: _____

LESSEE(S) NOTICES AND SIGNATURES

BY SIGNING THIS LEASE, YOU ACKNOWLEDGE THAT THIS LEASE CONTAINS AN "ARBITRATION PROVISION" ON THE REVERSE SIDE, THAT YOU HAVE READ THE AGREEMENT TO ARBITRATE DISPUTES AND AGREE TO ITS TERMS.

Total Loss Early Termination Payoff Balance Notice: If there is a total loss, destruction or theft of the Vehicle, the early termination payoff balance (Adjusted Lease Balance) of the Vehicle as determined under Section 30 of this Lease may be different than the actual cash value of the Vehicle as determined by your insurer of the Vehicle. Section 31 provides that you will not be obligated to pay us this amount, unless, as of the date of such total loss, you do not have in effect a physical damage insurance policy as required by Section 28. By signing this Lease, you acknowledge that you have read this notice and understand its content. Michigan: Lessee must initially indicate you have read this notice and understand its content.

Lesseé's Initial: _____ Lessee's Initial: _____

NOTICE TO LESSEE(S): BY SIGNING THIS LEASE BELOW YOU ACKNOWLEDGE THAT: (1) EACH LESSEE ACCEPTS AND IS SEPARATELY LIABLE UNDER THE TERMS AND CONDITIONS OF THIS LEASE; AND (2) YOU HAVE READ BOTH SIDES OF THIS LEASE, UNDERSTAND ALL OF ITS TERMS AND CONDITIONS AND RECEIVED A COMPLETELY FILLED IN COPY BEFORE SIGNING BELOW.

General Information and Questionnaire
Accounting Basis

Name of Facility Marlborough Health Care Center, Inc	License No. 200RH	Report for Year Ended 9/30/2017	Page 7	of 37
---	----------------------	------------------------------------	-----------	----------

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 1 Blum Shapiro 2 3 4	Address (No. & Street, City, State, Zip Code) 2 Enterprise Dr, Shelton, CT 06484
--	---

Services Provided by This Firm (*describe fully*)

1 Review, preparation of Medicare and Medicaid cost reports, and year end tax services	\$ 26,640
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 26,640

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Goldman Gruder & Wood 2 Rogin Nassau, LLC 3 The Waldis Law Firm 4 Jackson Lewis 5 Marlborough Probate Court	Telephone Number (203) 899-8900 (860) 278-7480 315-445-1700 914-872-8069
---	--

Address (<i>No. & Street, City, State, Zip Code</i>) 1 200 Connecticut Avenue Norwalk CT 06854 2 185 Asylum Street -22nd Floor Hartford CT 06103-3460 3 6312 Fly Road, East Syracuse, NY 13057 4 44 South Broadway, White Plains, NY 10601 5

Services Provided by This Firm (*describe fully*)

1 Collections - Disallow	\$ 25,771
2 Reorganization/Refinance - Disallow	\$ 486
3 Labor (\$23,872 - allow) Reorganization/Refinance (\$1,500 - disallow)	\$ 25,372
4 Labor	\$ 16,200
5 Non-Reimbursable - Disallow	\$ 225
	Charge for Services Provided
	\$ 68,054

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

Schedule of Resident Statistics

Name of Facility Marlborough Health Care Center, Inc.		License No. 200RH			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	120	120			120	120			120	120		
B. On last day of THIS report period	120	120			120	120			120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	100	100			100	100			93	93		
B. As of midnight of THIS report period	96	96			93	93			96	96		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,082	4,082			3,070	3,070			1,012	1,012		
B. Medicaid (Conn.)	26,865	26,865			20,166	20,166			6,699	6,699		
C. Medicaid (other states)												
D. Private Pay	3,188	3,188			2,464	2,464			724	724		
E. State SSI for RCH												
F. Other (Specify) Managed Care	472	472			450	450			22	22		
G. Total Care Days During Period (3A thru F)	34,607	34,607			26,150	26,150			8,457	8,457		
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	17	17			17	17						
5. Total Resident Days (3G + 4A + 4B)	34,624	34,624			26,167	26,167			8,457	8,457		

Schedule of Resident Statistics (Cont'd)

Name of Facility Marlborough Health Care Center, Inc.			License No. 200RH			Report for Year Ended 9/30/2017			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	13		68			15							
Per Diem Rate													
a. One bed rm.	PPS		218.84			480.00							
b. Two bed rms.	PPS		218.84			420/445							
c. Three or more bed rms.	PPS					395.00							
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									2,107	2,107			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									168	168			
C. Other									9,553	9,553			
D. Total Physical Therapy Treatments									11,828	11,828			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									381	381			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									31	31			
C. Other									993	993			
D. Total Speech Therapy Treatments									1,405	1,405			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,458	2,458			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									161	161			
C. Other									9,658	9,658			
D. Total Occupational Therapy Treatments									12,277	12,277			

Report of Expenditures - Salaries & Wages

Name of Facility Marlborough Health Care Center, Inc.	License No. 200RH	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)	25,713	60				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	126,344	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	186,540	8,780				
5. Dietary Service						
a. Head Dietitian	24,558	705				
b. Food Service Supervisor	58,049	2,088				
c. Dietary Workers	315,633	20,199				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	235,456	16,200				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	63,028	2,088				
b. Other Maintenance Workers	39,091	2,392				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	25,954	1,352				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	193,015	4,160				
b. RN						
1. Direct Care	586,781	15,937				
2. Administrative**	85,980	2,883				
c. LPN						
1. Direct Care	877,630	30,105				
2. Administrative**						
d. Aides and Attendants	1,411,220	88,540				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	95,868	4,790				
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	220,969	6,936				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	110	Disallowed				
<i>A-13. Total Salary Expenditures</i>	4,571,939	209,295				

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

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

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

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

Name of Facility				License No.	Report for Year Ended				Page	of
Marlborough Health Care Center, Inc.				200RH	9/30/2017				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Marvin J. Ostreicher, 184 Wildacre Ave, Lawrence, NY 11559	25,713			same as employees	Supervises operations, deals with DNS & financial management	60	A1	See attached		
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.

MARVIN J. OSTREICHER - OWNER
 TIME STUDY
 YEAR END SEPTEMBER 30, 2017

Name	Beds	Total w/ Bnft
Augusta	72	53.82
Belair	102	52.61
Bethel	161	76.49
Bloomfield	120	55.03
Brattleboro	80	58.96
Brentwood	78	36.58
Brewer	111	67.73
Bristol	132	64.40
Cambridge	160	45.65
Catskill	136	51.40
Cold Spring Hills	-	-
Colony	92	44.44
Country	111	43.24
Dover	112	61.98
Eastside	69	48.07
Eliot	114	68.33
Glen Falls	120	48.68
Hudson	-	-
Huntington	320	54.42
Kennebunk	78	55.63
Hebrew Home	257	60.77
Ludlowe	144	65.00
Maple View	120	59.26
Marlborough	120	60.47
Maywood	120	47.47
Milford	120	52.00
Newton Wellseley	110	54.42
Norway	70	53.51
Poughkeepsie	200	63.19
Regency	130	48.68
Reservoir	144	53.51
Riverside	345	50.19
Ross	135	-
Rutland	125	55.93
Sachem	111	59.56
Sands Point	180	67.42
Utica	117	54.42
Village Crest	95	48.38
Water's Edge	150	57.75
Westgate	104	52.00
Winship	72	51.10
Total	5,137	2,102.50
Vacation		
Sick		
Personal		
Holiday		
Total Hours		

**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	
Marlborough Health Care Center, Inc.				200RH	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***										
Thomas Harris	126,344			same as employees	Supervises operations, deals with DNS & financial management	2,080	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.

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Marlborough Health Care Center, Inc.	200RH	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	2,993	86				
2. Dentist	6,495	Disallowed				
3. Pharmacist	10,279	Disallowed				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	229,388	4,131				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	77,550	298				
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)						
9. Speech Therapist						
a. Resident Care	53,076	763				
b. Other						
10. Occupational Therapist						
a. Resident Care	237,023	4,366				
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	8,134	Disallowed				
B-13 Total Fees Paid in Lieu of Salaries	624,938	9,644				

* 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 Marlborough Health Care Center, Inc.		License No. 200RH		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			
Jane Querido, 177 Lexington Rd Glastonbury CT 06033	Dietician	<input type="radio"/>	<input checked="" type="radio"/>			
Gerident Solutions, PO Box 290539, Wethersfield, CT 06129	Dentist	<input type="radio"/>	<input checked="" type="radio"/>			
Procare LTC of CT, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist, Consulting Fees - Nursing, Therapy and Ancillary	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Preferred Therapy Solutions, 850 Silas Deane Highway, Wethersfield, CT, 06109	PT/OT/ST/Consulting Fees- Therapy and Ancillary	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
CT Multispecialty, 100 Retreat Ave, Hartford, CT 06106	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Thomas Larson, 78 East Wharf Rd, Madison, CT 06443	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Middlesex Cardiology, 420 Saybrook Rd, Middletown, CT 06457-4700	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Starling Physicians-2110 Sillas Deane Highway, Rocky Hill, CT 06067	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Swallowing Diagnostics, P.O. Box 484, Avon, CT 06001	ST	<input type="radio"/>	<input checked="" type="radio"/>			
MassTex Imaging LLC - 3 Electronics Avenue Suite # 201 Danvers, MA 01923-1099	ST	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

* 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
Marlborough Health Care Center, Inc.	200RH	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 211,453	211,453		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 65,509	65,509		
4. Social Security (F.I.C.A.)	\$ 339,620	339,620		
5. Health Insurance	\$ 582,767	582,767		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 9,120	9,120		
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*	\$			
d. Accounting and Auditing	\$ 26,640	26,640		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 68,054	68,054		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 21,011	21,011		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 48,471	48,471		
2. Cellular Phones	\$ 2,893	2,893		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
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	\$ 641,992	641,992		
Subtotal	\$ 2,017,530	2,017,530		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Marlborough Health Care Center, Inc.	200RH	9/30/2017	16	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		2,017,530	2,017,530		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	4,339	4,339		
3. Gifts to Staff and Residents	\$	8,124	8,124		
4. Employee Travel	\$	5,268	5,268		
5. Education Expenses Related to Seminars and Conventions	\$	4,827	4,827		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	1,883	1,883		
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>)*** See Attached Schedule	\$	28,033	28,033		
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	3,175	3,175		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	8,529	8,529		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	95	95		
9. Subscriptions	\$	5,891	5,891		
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**	\$	503,724	503,724		
13. Other (<i>Specify</i>) See Attached Schedule	\$	89,018	89,018		
C-14 Total Administrative & General Expenditures	\$	2,680,436	2,680,436		

* 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 Promotional Administration - Disallowed	\$ 9,301		
Advertising Promotional Marketing - Disallowed	\$ 18,732		
Total Other Advertising	\$ 28,033	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 8,189		
ACHCA	\$ 340		
Total Dues	\$ 8,529	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Consulting Fees- Fiscal Operations	\$ 7,248		
Consulting Fees- Administration - Disallowed via Management Fee	\$ 7,114		
Purchased Services- Fiscal Operations	\$ 18,199		
Licenses and Permits- Administration	\$ 1,006		
Penalties- Administration- Disallowed	\$ 368		
Bank Charges- Administration-Disallowed	\$ 12,984		
Background Checks - Administration	\$ 2,848		
Crime Insurance- Administration- Disallowed	\$ 819		
Miscellaneous Expenses- Administration-Disallowed	\$ 9,688		
IT Services- Administration	\$ 28,744		
Total Other Administrative and General	\$ 89,018	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Marlborough Health Care Center, Inc.	License No. 200RH	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 #
National Healthcare Associates, Inc.	503,724	See Attached	page 16, line M12

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

National Health Care
Profit and Loss Allocated by GL Account

Start Date: 10/1/2016
End Date: 9/30/2017

	0101	0102	0103	0104	0105	0106	0107	0108	0109	0110	0112	0113	0114
	Bloomfield	Bristol	Cambridge	Ludlowe	Maple View Manor	Marlborough	Milford	New Milford	Regency	Riverside	Water's Edge	Bethel Health and Rehabilitation Center	HEBREW HOME
300001-0000-00-000-0	TROY Shared Cost	(3,082.11)	(3,390.21)	(4,109.29)	(3,698.60)	(3,082.11)	(3,082.11)	(2,439.75)	(3,338.75)	(8,861.25)	(3,852.66)	(9,214.41)	(4,920.43)
391500-0000-00-000-0	Misc. Other Income-Nat. Mgmt. - - -	(230.77)	(253.85)	(307.69)	(276.93)	(230.77)	(230.77)	(182.66)	(249.96)	(663.47)	(288.48)	(493.21)	(494.21)
400000-0000-00-000-0	Salary-National Healthcare Management - - -	315,626.39	347,189.87	416,571.18	378,754.68	315,626.39	315,626.39	251,580.28	344,284.39	907,444.85	394,532.95	539,945.39	510,738.73
401000-0000-04-000-0	FICA-National Healthcare Management-Fiscal Op - -	20,604.17	22,664.72	27,084.42	24,725.44	20,604.17	20,604.17	16,511.41	22,595.70	59,238.55	25,755.42	35,585.87	35,056.66
401100-0000-04-000-0	FUI-National Healthcare Management-Fiscal Op - -	91.21	100.31	120.44	109.45	91.21	91.21	72.19	98.81	262.25	114.01	156.06	184.12
401200-0000-04-000-0	SUI-National Healthcare Management-Fiscal Op - -	1,334.59	1,468.09	1,754.79	1,601.56	1,334.59	1,334.59	1,055.97	1,445.10	3,837.06	1,668.31	2,274.74	2,740.85
401201-0000-00-000-0	SUI - NY-National Healthcare Management - - -	(102.24)	(112.46)	(136.33)	(122.72)	(102.24)	(102.24)	(80.96)	(110.78)	(293.99)	(127.83)	(172.98)	(109.49)
401250-0000-00-000-0	NY MTA Tax-Nat. Mgmt. - - -	596.40	656.05	779.98	715.79	596.40	596.40	596.40	480.35	657.42	1,714.83	745.53	1,039.96
401300-0000-04-000-0	Health Insurance-National Healthcare-Fiscal Op - -	33,107.00	36,417.24	44,141.92	39,730.92	33,107.00	33,107.00	26,207.09	35,864.31	95,186.98	41,386.05	56,027.91	57,068.30
401400-0000-04-000-0	Workers Compensation-National Health-Fiscal Op - -	2,355.62	2,591.29	3,140.82	2,826.94	2,355.62	2,355.62	1,864.50	2,551.68	6,772.78	2,944.77	3,985.43	5,044.92
401500-0000-04-000-0	Medical Benefits-National Healthcare-Fiscal Op - -	(7.67)	(8.44)	(10.33)	(9.20)	(7.67)	(7.67)	(6.07)	(8.31)	(22.05)	(9.59)	(12.98)	(16.43)
401600-0000-04-000-0	Disability Expense-National Healthca-Fiscal Op - -	(91.06)	(100.12)	(121.39)	(109.29)	(91.06)	(91.06)	(72.05)	(98.64)	(261.82)	(113.84)	(154.04)	(133.07)
401700-0000-04-000-0	Pension-National Healthcare Managem-Fiscal Op - -	6,418.84	7,060.44	8,558.00	7,702.73	6,418.84	6,418.84	5,081.06	6,953.32	18,454.51	8,023.53	10,859.59	10,007.07
401800-0000-04-000-0	Employee Benefits - Other-National H-Fiscal Op - -	708.47	779.27	944.60	850.19	708.47	708.47	560.82	767.42	2,036.84	885.57	1,198.07	1,118.67
402000-0000-04-000-0	Holiday Expense-National Healthcare - Fiscal Op - -	106.86	117.55	142.46	128.21	106.86	106.86	84.59	115.76	307.20	133.55	180.77	74.55
410000-0000-04-000-0	Supplies-National Healthcare Managem-Fiscal Op - -	2,856.68	3,142.36	3,808.96	3,428.12	2,856.68	2,856.68	2,261.43	3,094.65	8,213.37	3,570.94	4,791.09	5,014.89
410000-0000-08-000-0	Supplies-National Healthcare Managem-Maintenan- -	10.69	11.75	14.25	12.82	10.69	10.69	8.47	11.60	30.73	13.69	18.09	0.70
410000-0000-09-000-0	Supplies-National Healthcare Managem-Housekeep- -	22.52	24.76	30.00	27.01	22.52	22.52	17.84	24.36	64.72	28.15	40.42	42.47
411000-0000-04-000-0	Food-National Healthcare Management-Fiscal Op - -	27.76	30.52	37.01	33.33	27.76	27.76	21.96	30.08	79.83	30.08	46.97	35.88
431000-0000-03-000-0	Consulting Fees-National Healthcare -Adminstr- - -	18.03	19.84	24.04	21.64	18.03	18.03	14.27	19.53	51.84	22.54	30.51	38.62
431000-0000-04-000-0	Consulting Fees-National Healthcare -Fiscal Op - -	8,620.19	9,481.77	11,493.28	10,344.69	8,620.19	8,620.19	6,823.93	9,338.21	24,783.91	10,775.60	14,401.14	12,800.60
432000-0000-03-000-0	Accounting Fees-National Healthcare -Adminstr- - -	541.16	595.30	721.49	649.41	541.16	541.16	428.36	586.30	1,555.96	676.47	915.53	749.23
433000-0000-03-000-0	Legal Fees-National Healthcare Managem-Adminstr- -	8,472.34	9,219.49	11,296.21	10,167.38	8,472.34	8,472.34	6,706.49	9,177.86	24,359.05	10,690.96	14,331.19	14,974.30
440000-0000-03-000-0	Purch Services-National Healthcare M-Adminstr- - -	11,050.58	12,155.52	14,733.60	13,261.53	11,050.58	11,050.58	8,747.49	11,970.89	31,771.33	13,813.66	18,696.03	18,753.34
440000-0000-08-000-0	Purch Services-National Healthcare M-Maintenan- -	4,060.58	4,466.78	5,414.06	4,872.98	4,060.58	4,060.58	3,214.16	4,398.65	11,674.64	5,076.06	6,869.97	7,979.89
440000-0000-09-000-0	Purch Services-National Healthcare M-Housekeep- -	1,489.60	1,638.50	1,986.19	1,787.73	1,489.60	1,489.60	1,179.29	1,613.64	4,282.32	1,862.18	2,520.33	2,368.28
440000-0000-12-000-0	Purch Services-National Healthcare Ma-Security - -	3.49	3.83	4.65	4.18	3.49	3.49	2.76	3.78	10.03	4.36	5.90	7.47
440001-0000-08-000-0	Ground Services-Nat. Mgmt.-Maintenance- - -	18.25	20.07	24.33	21.89	18.25	18.25	14.42	19.77	52.43	22.81	30.84	27.68
441000-0000-03-000-0	Computer Expense-National Healthcare-Adminstr- -	12,976.69	14,274.04	17,301.36	15,572.95	12,976.69	12,976.69	10,272.48	14,057.75	37,308.86	16,221.30	21,685.61	18,439.19
442000-0000-08-000-0	Pest Control-Nat. Mgmt.-Maintenance- - -	8.17	8.98	10.89	9.80	8.17	8.17	6.47	8.85	23.49	10.21	13.82	
452000-0000-25-000-0	Equipment Rental-National Healthcare-Fiscal Op - -	2,879.22	3,166.92	3,838.70	3,455.18	2,879.22	2,879.22	2,279.21	3,119.01	8,277.99	3,599.21	4,871.10	4,882.71
461000-0000-03-000-0	Telephone-National Healthcare Managem-Adminstr- -	3,831.96	4,215.02	5,109.25	4,598.59	3,831.96	3,831.96	3,033.57	4,151.25	11,017.47	4,790.27	6,483.10	5,691.40
461100-0000-03-000-0	Telephone - Cell-National Healthcare-Adminstr- - -	1,779.85	1,957.75	2,373.00	2,135.85	1,779.85	1,779.85	1,408.86	1,928.03	5,117.10	2,224.80	3,004.55	2,866.05
462000-0000-25-000-0	Electric-National Healthcare Managem-Property - -	2,842.62	3,126.81	3,790.05	3,411.30	2,842.62	2,842.62	2,250.29	3,079.44	8,172.84	3,553.35	4,809.26	4,075.05
463000-0000-25-000-0	Gas-National Healthcare Managem-Property - - -	286.27	314.91	381.68	343.56	286.27	286.27	226.63	310.10	823.08	357.94	484.34	512.52
464000-0000-25-000-0	Water-National Healthcare Management-Property - -	125.39	137.94	167.19	150.50	125.39	125.39	99.25	135.83	360.51	156.75	212.16	197.85
471000-0000-25-000-0	Rent-National Healthcare Management-Property - -	11,904.14	13,093.27	15,871.29	14,285.51	11,904.14	11,904.14	9,424.58	12,896.53	34,225.14	14,880.11	20,139.49	12,476.79
472000-0000-25-000-0	Personal Property Taxes-National Hsa-Fiscal Op - -	1,061.56	1,167.79	1,415.52	1,273.89	1,061.56	1,061.56	840.35	1,150.01	3,052.09	1,326.90	1,795.85	2,207.16
473000-0000-25-000-0	Real Estate Taxes-National Healthcare-Fiscal Op - -	3,443.49	3,788.25	4,591.57	4,132.72	3,443.49	3,443.49	2,725.32	3,729.98	9,900.97	4,305.09	5,826.20	9,261.26
484000-0000-04-000-0	Amort Exp - LHI-National Healthcare -Fiscal Op - -	2,516.86	2,768.45	3,355.70	3,020.36	2,516.86	2,516.86	1,992.36	2,726.52	7,236.24	3,146.16	4,258.13	3,941.29
486000-0000-04-000-0	Dep Exp - Moveable Equip-National He-Fiscal Op - -	11,227.34	12,349.82	14,969.42	13,473.47	11,227.34	11,227.34	8,887.35	12,162.26	32,279.85	14,034.76	18,994.98	19,585.47
491000-0000-03-000-0	Dues and Subscriptions-National Heal-Adminstr- -	923.05	1,015.35	1,230.71	1,107.72	923.05	923.05	730.65	999.93	2,653.89	1,153.87	1,561.71	1,636.89
500000-0000-03-000-0	Licenses and Permits-National Health-Adminstr- -	581.40	639.59	775.21	697.74	581.40	581.40	460.26	629.82	1,671.67	726.81	983.64	1,079.59
501000-0000-03-000-0	Advertising Employment-National Heal-Adminstr- -	5,904.90	6,494.59	7,872.45	7,085.66	5,904.90	5,904.90	4,674.72	6,396.87	16,976.31	7,380.55	9,989.70	5,795.97
501100-0000-03-000-0	Advertising Promotional-National Heal-Adminstr- -	6,751.42	7,426.73	9,002.04	8,102.13	6,751.42	6,751.42	5,344.56	7,313.87	19,411.29	8,439.87	11,380.63	10,816.81
502000-0000-03-000-0	Interest-National Healthcare Managem-Adminstr- -	2,273.15	2,500.56	3,030.81	2,728.05	2,273.15	2,273.15	1,799.44	2,462.54	6,535.70	2,841.61	3,846.98	3,787.91
503000-0000-03-000-0	Penalties-National Healthcare Managem-Adminstr- -												
503600-0000-03-000-0	Bank Charges-Nat. Mgmt.-Administration- - -	1,390.29	1,529.34	1,853.49	1,668.44	1,390.29	1,390.29	1,100.51	1,506.09	3,997.26	1,737.92	2,352.16	2,304.72
504000-0000-03-000-0	Postage-National Healthcare Managem-Adminstr- -	1,028.24	1,131.09	1,370.92	1,233.97	1,028.24	1,028.24	813.92	1,113.82	2,956.35	1,285.36	1,739.60	1,917.74
509000-0000-03-000-0	Seminars-National Healthcare Managem-Adminstr- -	580.46	638.51	773.95	696.66	580.46	580.46	459.55	628.81	1,668.93	725.66	981.20	904.13
510000-0000-03-000-0	Liability Insurance-National Healthca-Adminstr- -	2,222.62	2,444.82	2,963.43	2,667.30	2,222.62	2,222.62	1,759.39	2,407.73	6,390.26	2,778.40	3,760.36	3,648.18
511000-0000-03-000-0	Auto Insurance-National Healthcare M-Adminstr- -	1,464.24	1,610.68	1,952.30	1,757.20	1,464.24	1,464.24	1,159.11	1,586.22	4,209.98	1,830.43	2,477.33	2,517.47
512000-0000-03-000-0	Umbrella Insurance-National Healthca-Adminstr- -	1,199.48	1,319.43	1,599.27	1,439.48	1,199.48	1,199.48	949.48	1,299.36	3,448.64	1,499.41	2,029.36	2,047.90
513000-0000-03-000-0	Crime Insurance-National Healthcare -Adminstr- -	67.24	73.99	89.66	80.71	67.24	67.24	53.23	72.86	193.35	84.07	113.74	125.48
517000-0000-03-000-0	Workmans Comp Insurance-National	1,245.82	1,370.25	1,660.94	1,494.91	1,245.82	1,245.82	986.23	1,349.58	3,581.65	1,557.19	2,107.67	1,318.23
520000-0000-03-000-0	Auto Expense-National Healthcare Man-Adminstr- -	1,940.32	2,134.10	2,586.87	2,328.27	1,940.32	1,940.32	1,536.21	2,102.07	5,578.30	2,425.16	3,282.49	1,300.95
520100-0000-03-000-0	Auto Lease Expense-National Healthca-Adminstr- -	3,326.39	3,658.73	4,434.78	3,991.57	3,326.39	3,326.39	2,633.34	3,603.08	9,563.31	4,157.82	5,641.63	4,606.91
521000-0000-00-000-0	Travel Expense-Nat. Mgmt. - - -	11.04	12.14	14.72	13.24	11.04	11.04	8.74	11.95	31.74	13.79	18.67	23.63

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

Name of Facility Marlborough Health Care Center, Inc.		License No. 200RH	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	\$	254,166	254,166		
2. Non-Food Supplies	\$	30,295	30,295		
3. Other (Specify) _____	\$	994	994		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
c. Management Services**					
d. Other (Specify) _____					
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 285,455	285,455		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*					
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 Marlborough Health Care Center, Inc.		License No. 200RH	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. \$	1,353	1,353		
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 (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)		\$	138,129	138,129		
c. Management Services**		\$				
d. Other (<i>Specify</i>) Supplies \$555; Diapers \$40,411		\$	40,966	40,966		
3E. Total Laundry Expenditures (3a + b + c + d)		\$	180,448	180,448		
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
Marlborough Health Care Center, Inc.		200RH	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. \$	26,258	26,258		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	26,258	26,258		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$	268,096	268,096		
b.	Medicine Cabinet Drugs	\$	18,519	18,519		
c.	Medical and Therapeutic Supplies	\$	99,356	99,356		
d.	Ambulance/Limousine***	\$	3,483	3,483		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	30,429	30,429		
f.	X-rays and Related Radiological Procedures***	\$	20,336	20,336		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	23,587	23,587		
i.	Recreation	\$	27,325	27,325		
j.	Other (Specify)**** See Attached Schedule	\$	32,630	32,630		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	523,761	523,761		

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

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

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

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

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

Name of Facility Marlborough Health Care Center, Inc.			License No. 200RH		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
Aqua Compliance	290 Bickley Road, Salem CT 06420	<input type="radio"/>	<input checked="" type="radio"/>		Cesspool Maintenance	31,938			22	6a
MJ Daly LLC	110 Mattatuck Heights, Waterbury, CT 06705	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	29,210			22	6a
Junga Electric LLC	19 Candlewood RD Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>		Electrical Maintenance	15,964			22	6a
Med-Apparel Services Inc.	Pkwy, Mt. Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	26,938			19	3b
Unitex Textile Rental	Pkwy, Mt. Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	111,191			19	3b
All Waste, Inc.	143 Murphy Rd, Hartford, CT 06114	<input type="radio"/>	<input checked="" type="radio"/>		Garbage Pickup	29,813			22	6f
ADP	P.O. Box 842875, Boston, MA	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	12,668			16	m13
Integrated Health Systems	PO Box 23072 Overland Park, KS 66283	<input type="radio"/>	<input checked="" type="radio"/>		Computer Maintenance Systems	13,284			16	m13
		<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
Marlborough Health Care Center, Inc.	200RH	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 123,737	123,737				
b. Heat	\$ 58,276	58,276				
c. Light & Power	\$ 144,516	144,516				
d. Water	\$					
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 35,344	35,344				
f. Other (<i>itemize</i>)	\$ 120,948	120,948				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 482,821	482,821				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 31,123	31,123				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 31,123	31,123				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 104,292	104,292				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 104,292	104,292				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 150,000	150,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 96,255	96,255				
c. Personal property taxes	\$ 10,234	10,234				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 391,904	391,904				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Purchased Services- Security	\$ 3,214		
Ground Services- Maintenance	\$ 15,353		
Septic Services- Maintenance	\$ 1,250		
Pest Control- Maintenance	\$ 3,030		
Carting- Maintenance	\$ 31,343		
Sewer Use Fees	\$ 65,520		
ST Lease - Pitney Bowes	\$ 638		
IT Rental	\$ 600		
Total Other Repairs and Maintenance	\$ 120,948	\$ -	\$ -

Depreciation Schedule

Name of Facility Marlborough Health Care Center, Inc.			License No. 200RH			Report for Year Ended 9/30/2017			Page 23	of 37			
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
C. Non-Movable Equipment													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						1,003,940		1,003,940	878,787	SL	Various	21,061	
b. Disposals (attach schedule)						(14,173)			(14,173)	SL	Various		
c. Acquired during this report period (attach schedule)						125,201		125,201		SL	Various	10,062	
D-3. Subtotal													31,123
E. Total Depreciation													31,123

Marlborough Health Care Center, Inc.
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:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/2016	Carpet Extractor	\$ 2,207	5	\$ 441
10/31/2016	Roll-A-Weigh Scale	\$ 1,462	5	\$ 292
3/31/2017	80" Electric Bed	\$ 1,786	12	\$ 87
4/30/2017	Hydrocollator Heat unit	\$ 1,245	10	\$ 62
5/31/2017	Integrated Health System - Chromebooks, Servers, Software	\$ 106,468	5	\$ 8,872
6/30/2017	Food Processor	\$ 1,543	10	\$ 51
7/31/2017	Thermo Blood Pressure Kit	\$ 2,046	6	\$ 85
7/31/2017	3 TV's	\$ 1,082	5	\$ 54
8/31/2017	Kangaroo E Pump - External Feeding Pump	\$ 1,121	10	\$ 19
9/30/2017	Kangaroo E Pump - External Feeding Pump	\$ 509	10	\$ 4
9/30/2017	17 14" HP Chromebooks	\$ 5,732	5	\$ 95
Total additions for Movable Equipment		\$ 125,201		\$ 10,062 *
Deletions:				
9/30/2017	NHCA	\$ 1,200		\$ -
9/30/2017	NHCA	\$ 10,512		\$ -
9/30/2017	NHCA	\$ 903		\$ -
9/30/2017	NHCA	\$ 1,091		\$ -
9/30/2017	NHCA	\$ 467		\$ -
Total deletions for Movable Equipment		\$ 14,173		\$ - **

*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:				
9/30/2017	Mixing Valve	\$ 4,517	5	\$ 75
9/30/2017	120 Gallon water storage tank	\$ 3,842	20	\$ 16
9/30/2017	2 Pumps	\$ 1,733	5	\$ 29
9/30/2017	HVAC	\$ 13,809	15	\$ 76
9/30/2017	Storage tanks	\$ 12,641	20	\$ 53
9/30/2017	Drain Pan	\$ 4,233	5	\$ 71
9/30/2017	HVAC	\$ 13,812	15	\$ 75
Total additions for Leasehold Improvement		\$ 54,587		\$ 395 *
Deletions:				
9/30/2017	NHCA	\$ 2,267		\$ -
9/30/2017	NHCA	\$ 3,307		\$ -
9/30/2017	NHCA	\$ 57		\$ -
9/30/2017	NHCA	\$ 183		\$ -
9/30/2017	NHCA	\$ 383		\$ -
Total deletions for Leasehold Improvement		\$ 6,197		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Marlborough Health Care Center, Inc.			200RH		9/30/2017			24	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			Various	2,413,187	1,611,826	SL		103,897	
2. Disposals (attach schedule)			Various	(6,197)	(6,197)				
3. Acquired during this report period (attach schedule)			Various	54,587		SL		395	
C-4. Subtotal									104,292
D. Total Amortization									104,292

* 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 Marlborough Health Care Center, Inc.	License No. 200RH	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 checked="" type="radio"/> Yes	<input 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		120		
6. Square Footage		42,799		
7. Acquisition Cost				
a. Land		186,373		
b. Building		1,480,167		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained		08/17/12		
c. Interest Rate for the Cost Year		3.182% + LIBOR		
d. Term of Mortgage (number of years)		18.5		
e. Amount of Principal Borrowed		3,314,802		
f. Principal balance outstanding as of 9/30/17		2,474,924		
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Marlborough Health Care Center, Inc.		200RH	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		License No.		Report for Year Ended		Page	of
Marlborough Health Care Center, In		200RH		9/30/2017		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (<i>Specify</i>)				\$			
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 (<i>Specify</i>)				\$	4,165	4,165	
Property Interest \$222, Interest-Admin \$3,943							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	4,165	4,165	
14. Insurance							
a. Insurance on Property (buildings only)				\$	43,320	43,320	
b. Insurance on Automobiles				\$	8,889	8,889	
c. Insurance other than Property (as specified above)							
1. Umbrella (<i>Blanket Coverage</i>)				\$	10,832	10,832	
2. Fire and Extended Coverage				\$			
3. Other (<i>Specify</i>)				\$	40,551	40,551	
General Liability Insurance							
14d. Total Insurance Expenditures (14a + b + c)				\$	103,592	103,592	
15. Total All Expenditures (A-13 thru C-14)				\$	9,875,717	9,875,717	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Marlborough Health Care Center, Inc.				200RH	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.	10	12M	Salaries not related to Resident Care	\$ 30,461	30,461		
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 110	110		
Page 13 - Professional Fees							
5.	13	8c	Resident Care Physicians **	\$			
6.	13	10a	Occupational Therapy	\$ 237,023	237,023		
7.			Other - See attached Schedule	\$ 53,300	53,300		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$			
10.	15	1c	Accounting & Legal	\$ 27,982	27,982		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,813	1,813		
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.	16	L6	Automobile Expense (e.g. personal use)	\$ 1,883	1,883		
18.	16	m3	Unallowable Advertising *	\$ 28,033	28,033		
19.	15	1j	Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.	16 / 1	m12 /	Unallowable Management Fees	\$ 271,905	271,905		
22.		s	Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 40,130	40,130		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 692,639	692,639		

* 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	A12o	Director of Respiratory Therapy	\$ 110		
Total Other Salaries Adjustment			\$ 110	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b2	Dentist	\$ 6,495		
13	b12	Consulting Fees - Rehab Therapy and Ancillary	\$ 8,134		
13	B8a	Medical Director (over the limit)	\$ 28,392		
13	b3	Pharmacist	\$ 10,279		
Total Other Fees Adjustments			\$ 53,300	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	L3	Gifts to Staff	\$ 8,124		
16	m13	Bank Charges	\$ 12,984		
16	m13	Miscellaneous Expenses	\$ 9,688		
16	m13	Penalties	\$ 368		
16	m13	Crime Insurance	\$ 819		
16	M8	Dues - unallowable	\$ 95		
15	1a43,4,5,7	Benefits on Salaries not Related to Resident Care	\$ 8,052		
Total Other A&G Adjustments			\$ 40,130	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Marlborough Health Care Center, Inc.				200RH	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 692,639	692,639		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 268,096	268,096		
28.	20	5d	Ambulance/Limousine	\$ 3,483	3,483		
29.	20	5f	X-rays, etc	\$ 20,336	20,336		
30.	20	5h	Laboratory	\$ 23,587	23,587		
31.	20	5c	Medical Supplies	\$ 4,298	4,298		
32.	20	5e2	Oxygen (non emergency)	\$ 30,429	30,429		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 55,514	55,514		
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	\$ 19,351	19,351		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 6,243	6,243		
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)			\$ 1,123,976	1,123,976		

*** 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.

Marlborough Health Care Center, Inc.
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Equipment Rental - Rehabilitation Therapy and Ancilliary	\$ 13,967		
20	5j	Equipment Rental - Nursing	\$ 15,656		
20	5j	Purchased Services- Nursing			
20	20 / 5a2/b/c	Procure LTC Pharmacy of CT (Disallowance of markups)	\$ 1,139		
20	5c	IV Therapy Supplies	\$ 14,623		
20	5i	Cable TV Expense - Resident Rooms	\$ 10,129		
Total Other Ancillary Costs			\$ 55,514	\$ -	\$ -

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)
27	14b	Auto Insurance	\$ 8,889		
22	6e	Auto Leases	\$ 7,622		
23	D2c	Depreciation on Mattresses	\$ 2,840		
Total Other Property Adjustments			\$ 19,351	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30a	Other Rev	Miscellaneous Other Income	\$ 1,827		
30	IV5	Interest Income	\$ 251		
27	12D	Interest	\$ 4,165		
Total Other Adjustments			\$ 6,243	\$ -	\$ -

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
Marlborough Health Care Center, Inc.	200RH	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>)	\$ 10,556,453	10,556,453				
b. Medicaid Room and Board Contractual Allowance **	\$ (5,128,021)	(5,128,021)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,774,610	1,774,610				
b. Medicare Room and Board Contractual Allowance **	\$ 396,884	396,884				
4. a. Private-Pay Residents and Other	\$ 2,272,090	2,272,090				
b. Private-Pay Room and Board Contractual Allowance **	\$ (435,926)	(435,926)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 167,385	167,385				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (167,385)	(167,385)				
c. Prescription Drugs - Non-Medicare	\$ 86,414	86,414				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (83,234)	(83,234)				
2. a. Medical Supplies - Medicare	\$ 3,191	3,191				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (3,191)	(3,191)				
c. Medical Supplies - Non-Medicare	\$ 3,357	3,357				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (3,357)	(3,357)				
3. a. Physical Therapy - Medicare	\$ 411,715	411,715				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (342,134)	(342,134)				
c. Physical Therapy - Non-Medicare	\$ 22,953	22,953				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (20,869)	(20,869)				
4. a. Speech Therapy - Medicare	\$ 113,921	113,921				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (83,464)	(83,464)				
c. Speech Therapy - Non-Medicare	\$ 5,959	5,959				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (5,214)	(5,214)				
5. a. Occupational Therapy - Medicare	\$ 445,327	445,327				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (370,551)	(370,551)				
c. Occupational Therapy - Non-Medicare	\$ 31,613	31,613				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (22,838)	(22,838)				
6. a. Other (<i>Specify</i>) - Medicare	\$ 716	716				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 4,945	4,945				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 9,631,349	9,631,349				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 251	251				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 8,241	8,241				
V. Total Other Revenue (1 thru 8)	\$ 8,492	8,492				
VI. Total All Revenue (III +V)	\$ 9,639,841	9,639,841				

* 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)
30, Line II6a	Medicare Pt A Lab	\$ 24,441		
30, Line II6a	Medicare Pt A X-Ray	\$ 14,410		
30, Line II6a	Medicare Pt A IV Therapy	\$ 1,133		
30, Line II6a	Medicare Pt A Contra Other	\$ (40,266)		
30, Line II6a	Medicare Pt A Settlement	\$ 2,679		
30, Line II6a	Mgd Medicare Contra Other	\$ (14,314)		
30, Line II6a	Mgd Medicare IV Therapy	\$ 4,523		
30, Line II6a	Mgd Medicare Lab	\$ 5,824		
30, Line II6a	Mgd Medicare X-Ray	\$ 3,886		
30, Line II6a	Mgd Medicare Speciality Bed	\$ 81		
30, Line II6a	Medicare Pt B Prior Period	\$ (1,963)		
30, Line II6a	Medicare Pt A Specialty Beds	\$ 282		
Total Other Resident Revenue - Medicare		\$ 716	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30, Line II6b	Medicaid Contra Other	\$ (5,400)		
30, Line II6b	Medicaid Lab	\$ 257		
30, Line II6b	Medicaid IV Therapy	\$ 3,332		
30, Line II6b	Medicaid Specialty Beds	\$ 1,811		
30, Line II6b	Comm Ins Contra Other	\$ (5,319)		
30, Line II6b	Comm Ins Lab	\$ 3,772		
30, Line II6b	Comm Ins IV Therapy	\$ 4,933		
30, Line II6b	Comm Ins Speciality Bed	\$ 58		
30, Line II6b	Comm Ins X-Ray	\$ 1,501		
Total Other Resident Revenue		\$ 4,945	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30, Line IV5	Interest Income		\$ 251		
Total Interest Income			\$ 251	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30, Line IV8	Miscellaneous Other Income (UHC \$8,460, Constellation \$5,221, Medical Records \$132, Other \$1,695)	\$ 15,508		
30, Line IV8	Prior Period other	\$ (7,267)		
Total Other Revenue		\$ 8,241	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Marlborough Health Care Center, Inc.	200RH	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	401,847
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,607,526
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	19,741
5. Prepaid Expenses			\$	172,497
a. Insurance	33,107			
b. Taxes (personal property, real estate, corp)	80,929			
c. Management fees	51,498			
d. Other	6,963			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	117,392
Patient Funds	41,347			
Due from Related	76,045			
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,319,003
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>2,461,577</u>		\$	751,656
	Accum. Depreciation <u>1,709,921</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>1,114,968</u>		\$	219,231
	Accum. Depreciation <u>895,737</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	970,887

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Marlborough Health Care Center, Inc.	200RH	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	3,289,890
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>)			\$	11,500
Security Deposits		11,500		

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	11,500
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	3,301,390

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

Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility Marlborough Health Care Center, Inc.		License No. 200RH	Report for Year Ended 9/30/2017	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,786,482
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>)				\$	268,263
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	1,292,533
Accrued Expenses		98,590	Pension Accrual	9,120	
Accounting Accrual		26,640	Workers Compensation A	17,310	
Patient Personal Funds		41,347	Due to Related	840,652	
Revenue Assessment		156,494	Due to Realty	102,380	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	3,347,278

* 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 Marlborough Health Care Center, Inc.	License No. 200RH	Report for Year Ended 9/30/2017	Page 34	of 37
Account			Amount	
Total Brought Forward:			3,347,278	
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>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$

B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,347,278

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

Name of Facility	License No.	Report for Year Ended	Page	of
Marlborough Health Care Center, Inc.	200RH	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			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	188,988
6. Gain or Loss for Period			\$	(235,876)
	10/1/2016	thru 9/30/2017		
7. Total Net Worth			\$	(45,888)
C. Total Reserves and Net Worth			\$	(45,888)
D. Total Liabilities, Reserves, and Net Worth			\$	3,301,390

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Marlborough Health Care Center, Inc.	200RH	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	185,767
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	9,639,841
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	9,875,717
D. Net Income or Deficit			\$	(235,876)
E. Balance			\$	(50,109)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
State of Connecticut Tax Refund				20,221
F-3. Total Additions			\$	20,221
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>			Title	Amount
2. Other Withdrawings <i>(Specify)</i>			\$	17,000
Purpose				Amount
Tax Payments				17,000
3. Total Deductions			\$	17,000
H. Balance at End of Period			\$	(46,888)
				09/30/17

I. Preparer's/Reviewer's Certification

Name of Facility Marlborough Health Care Center, Inc.	License No. 200RH	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				
Blum Shapiro & Co				
Address			Phone Number	
2 Enterprise Dr, Shelton, CT 06484			203-944-2100	