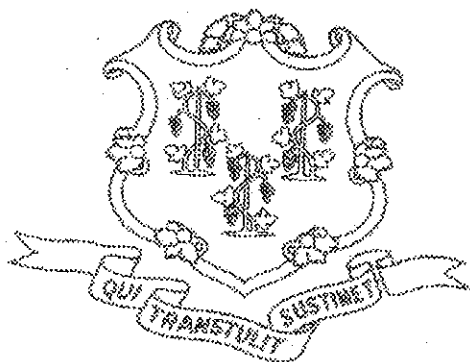


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Trinity Hill Care Center, LLC	
Address (No. & Street, City, State, Zip Code) 151 Hillside Avenue, Hartford, CT 06016	
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 checked="" type="checkbox"/> Other	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2222-C	RHNS	Other AIDS	Medicare Provider 07-5268
------------------	----------------	------	---------------	------------------------------

Medicaid Provider Numbers:	CCNH 9555	RHNS	ICF-IID 49553
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For Department Use Only

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

General Information

Name of Facility (as licensed) Trinity Hill Care Center, LLC	License No. 2222-C	Report for Year Ended 9/30/2018	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Trinity Hill Care Center, LLC [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, 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
George Kingston			<i>Chris Wright</i>		2/13/19
Printed Name (Administrator)			Printed Name (Owner)		
George Kingston			Chris Wright		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
<i>Brenda Walsh</i>	<i>CT</i>	<i>2/13/19</i>	<i>Brenda Walsh</i>	BRENDAL WALSH Notary Public - Connecticut My Commission Expires February 29, 2020	
Address of Notary Public					
<i>341 Bidwell St., Manchester, CT 06040</i>					

(Notary Seal)

General Information

Name of Facility (as licensed) Trinity Hill Care Center, LLC	License No. 2222-C	Report for Year Ended 9/30/2018	Page 1	of 37
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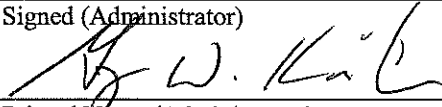
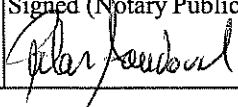
Administrator's/Owner's Certification

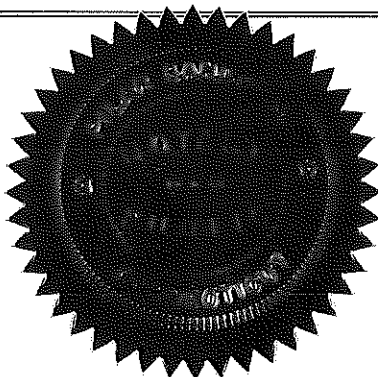
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I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility 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 2-04-19	Signed (Owner)		Date
Printed Name (Administrator) George Kingston			Printed Name (Owner) Chris Wright		
Subscribed and Sworn to before me: GEORGE KINGSTON	State of CONNECTICUT	Date 2-04-19	Signed (Notary Public) 		Comm. Expires 8 31 2019
Address of Notary Public 29 HUBER ST. NB. CT 06053					



PILAR SANDOVAL
 NOTARY PUBLIC
 MY COMMISSION EXPIRES AUG. 31, 20 19

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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 Trinity Hill Care Center, LLC		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 151 Hillside Avenue, Hartford, CT 06016				
Report Prepared By iCare Management, LLC		Phone Number 860-570-2140	Date 2/15/2019	
Item	Total	CCNH	RHNS	Other
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 860-951-1060		Report for Year Ended 9/30/2018		Page 2	of 37
Name of Facility (as shown on license) Trinity Hill Care Center, LLC			Address (No. & Street, City, State, Zip) 151 Hillside Avenue, Hartford, CT 06016		
License Numbers:		CCNH 2222-C	RHNS	Other AIDS	Medicare Provider No. 07-5268
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 checked="" type="checkbox"/> Other	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input 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 George Kingston			Nursing Home Administrator's License No.:	1327	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

General Information and Questionnaire
Partners/Members

Name of Facility Trinity Hill Care Center, LLC		License No. 2222-C	Report for Year Ended 9/30/2018	Page 3	of 37
Legal Name of Partnership/LLC Trinity Hill Care Center, LLC		Business Address 151 Hillside Avenue, Hartford, CT 06016		State(s) and/or Town(s) in Which Registered CT	
Name of Partners/Members	Business Address	Title		% Owned	
V. Robert Salazar	2500 18th Street, Suite 200, Denver, CO 80211	Member		31.3	
David Sebbag	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		21.4	
Ari Krausz	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		21.3	
Solomon Melamed	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		1	
Christopher Wright	341 Bidwell Street, Manchester, Ct 06040	Member		5	
Premier First Investors	245 S. Benton Street, Lakewood, CO 80226	Member		10	
Global World Investors	245 S. Benton Street, Lakewood, CO 80226	Member		10	

Related Parties*

Name of Facility Trinity Care Center, LLC	Business Address	License No. 2222-C			Report for Year Ended 9/30/2018	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party	Page 4	of 37
		Also Provides Goods/Services to Non- Related Parties	Yes	No						
Bidwell Care Center, LLC	333 Bidwell St. Manchester, CT 06040				Shared Employees	(13,460)	13,460			
Chelsea Place Care Center, LLC	25 Lorraine St. Hartford, CT 06105				Shared Employees	(14,147)	14,147			
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088				Laundry Services		-			
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088				Shared Employees	(35,403)	35,403			
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032				Bank Fees		-			
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032				Shared Employees	(13,771)	13,771			
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088				Laundry Services		-			
Kettle Brook Care Center, LLC	96 P Prospect Hill Rd. East Windsor, CT 06088				Shared Employees	(3,085)	3,085			
Meriden Care Center, LLC (Silver Springs)	33 Roy St. Meriden, CT 06450				Shared Employees	941	(941)			
Trinity Hill Care Center, LLC	151 Hillside Ave. Hartford, CT 06106				Shared Employees		-			
Westside Care Center, LLC	349 Bidwell St. Manchester, CT 06040				Shared Employees	(5,247)	5,247			
Wintonbury Care Center, LLC	140 Park Ave. Bloomfield, CT 06002				Shared Employees	(8,145)	8,145			
Secure Care Center LLC	60 West Street, Rocky Hill, CT 06067				Shared Employees	11,175	(11,175)			
Touchpoints at Homecare LLC	1838 Silas Deane Hwy, Rocky Hill, CT 06067				Shared Employees		-			
Touchpoints therapy	171 Main St. East Windsor, CT 06088				OT/PT/ST	226,524	(226,524)			
Bidwell Realty, LLC	341 Bidwell St. Manchester, CT 06040				Building Lease & Rent		-			
iCare Management, LLC	341 Bidwell St. Manchester, CT 06040				Postage & Legal	7,509	(7,509)			
iCare Health Management, LLC	341 Bidwell St. Manchester, CT 06040				Shared EEs not part of mgmt agmt Management Services, Direct	163,452	(163,452)			
					Management Services, Indirect	162,152	(162,152)			
					Management Services, Administrative	22,228	(22,228)			
						414,771	(414,771)			
							-			
							-			
							-			
							-			
							-			
All 9 Care Centers, mgmt co, realty cos					Share Common 401k, Pension and Insurance plans, courier, legal and various other services					

* Use additional sheets if necessary.

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility Trinity Hill Care Center, LLC	License No. 2222-C	Report for Year Ended 9/30/2018	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 <i>(See listing page 13)</i>			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <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.				
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 checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire
Accounting Basis

Name of Facility Trinity Hill Care Center, LLC	License No. 2222-C	Report for Year Ended 9/30/2018	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period?				
		<input checked="" type="radio"/> Yes If "No," explain. <input type="radio"/> No		
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 O'Connor, Davies LLP		100 Great Meadow Road, Ste 401, Wethersfield, CT 06109		
2				
3				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1 Taxes, financial statements, accounting support				\$ 9,749
2				\$
3				\$
4				\$
				Charge for Services Provided
				\$ 9,749
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15D				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 iCare Health Management, LLC			860-570-2140	
2 Starble and Harris			860-678-7775	
3 Durant Nichols / Robinson & Cole, LLP			860-275-8200	
4 Various others (American Arbitration , Various Arbitration, Murtha Cullina, Jackson Lewis))				
5 Starble and Harris, iCare Health Management LLC			860-678-7775 & 860-570-2140	
Address (<i>No. & Street, City, State, Zip Code</i>)				
1 341 Bidwell Street, Manchester CT				
2 32 Main Street, Avon, CT				
3 280 Trumbull St, Hartford, CT				
4				
5 32 Main Street, Avon, CT & 341 Bidwell Street, Manchester CT				
Services Provided by This Firm (<i>describe fully</i>)				
1 Lease and contract issues, general legal advice, Labor Law				\$ 6,694
2 Lease and contract issues, general legal advice, union funds advice				\$ 188
3 Employment law, arbitrations, contract negotiations				\$ 92
4 Employment Arbitrations, healthcare law				\$ 2,802
5 Conservatorships & Collections				\$
				Charge for Services Provided
				\$ 9,777
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15E				

Schedule of Resident Statistics

Name of Facility Trinity Hill Care Center, LLC	License No. 2222-C	Report for Year Ended 9/30/2018				Report for Year Ended 9/30/2018				Page	of			
		Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Total	CCNH	RHNS	Other	8	37			
1. Certified Bed Capacity														
A. On last day of PREVIOUS report period		144	114	30		144	114	30		144	114	30		
B. On last day of THIS report period		144	114	30		144	114	30		144	114	30		
2. Number of Residents														
A. As of midnight of PREVIOUS report period		140	113	27		140	113	27		143	113	30		
B. As of midnight of THIS report period		138	110	28		143	113	30		138	110	28		
3. Total Number of Days Care Provided During Period														
A. Medicare		1,512	1,512			1,093	1,093			419	419			
B. Medicaid (Conn.)		49,408	38,891	10,517		36,968	29,117	7,851		12,440	9,774	2,666		
C. Medicaid (other states)														
D. Private Pay		61	61			61	61							
E. State SSI for RCH														
F. Other (Specify) Insurance		39	39			18	18			21	21			
G. Total Care Days During Period (3A thru F)		51,020	40,503	10,517		38,140	30,289	7,851		12,880	10,214	2,666		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds														
A. Medicaid Bed Reserve Days														
B. Other Bed Reserve Days														
5. Total Resident Days (3G + 4A + 4B)		51,020	40,503	10,517		38,140	30,289	7,851		12,880	10,214	2,666		

Schedule of Resident Statistics (Cont'd)

Name of Facility Trinity Hill Care Center, LLC	License No. 2222-C	Report for Year Ended 9/30/2018	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Other	Lost			Gained			CCNH	RHNS	Other	
	(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	Other
1st change			
2nd change			
3rd change			
4th change			

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	Other	R.C.H.	ICF-MR
No. of Residents	2	108				28		
Per Diem Rate								
a. One bed rm.	469.00	281.00				286.00		
b. Two bed rms.								
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Other
A. Medicare - Part B	637	506		131
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,373	730		643
2. Restorative Treatments	1,747	1,747		
C. Other	3,387	2,329		1,058
D. Total Physical Therapy Treatments	7,144	5,312		1,833

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	Other
A. Medicare - Part B	147	117		30
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	46	20		26
2. Restorative Treatments	81	81		
C. Other	228	164		64
D. Total Speech Therapy Treatments	502	382		120

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	Other
A. Medicare - Part B	282	224		58
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,125	617		509
2. Restorative Treatments	1,342	1,342		
C. Other	2,700	1,867		833
D. Total Occupational Therapy Treatments	5,449	4,050		1,400

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Trinity Hill Care Center, LLC	2222-C	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	135,681	1,390			35,231	695
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	158,186	7,776			79,093	3,888
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	70,501	1,651			18,306	435
c. Dietary Workers	418,939	21,255			108,782	5,593
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	212,773	12,717			106,386	6,358
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	34,762	1,342			17,381	671
b. Other Maintenance Workers	23,226	1,560			11,613	780
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	78,185	4,588			39,092	2,294
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	116,092	2,060			58,046	1,030
b. RN						
1. Direct Care	381,504	8,063			228,905	5,763
2. Administrative**	190,990	4,752			95,495	2,376
c. LPN						
1. Direct Care	1,057,750	35,745			247,672	9,413
2. Administrative**						
d. Aides and Attendants	1,533,100	90,655			413,650	24,856
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	76,437	5,317			65,700	1,823
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	74,612	3,353			79,276	2,968
n. Marketing						
o. Other (Specify)						
See Attached Schedule	84,455	4,745			21,929	1,656
<i>A-13. Total Salary Expenditures</i>	<i>4,647,193</i>	<i>206,967</i>			<i>1,626,559</i>	<i>70,599</i>

* 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.

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

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

Name of Facility		License No.		Report for Year Ended		Page	of		
Trinity Hill Care Center, LLC		2222-C		9/30/2018		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							
Section I - Operators/Owners									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

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

Name of Facility (as licensed) Trinity Hill Care Center, LLC		License No. 2222-C		Report for Year Ended 9/30/2018		Page 12	of 37			
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
Section III - Administrators***										
George Kingston	135,681		35,231	same as employees less union funds	Administrator	2,086	A2			
				same as employees less union funds	Administrator		A2			
				same as employees less union funds	Administrator		A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Trinity Hill Care Center, LLC	2222-C	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	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	45				22	
2. Dentist						
3. Pharmacist	16,363	271			4,249	70
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	51,479	695				312
b. Other						
6. Social Worker	15,888	267			4,126	70
7. Recreation Worker	3,919	35+Cable			1,960	35+Cable
8. Physicians						
a. Medical Director (entire facility)	39,296	959			75,196	252
b. Utilization Review (Title 18 and 19 only) monthly meeting		4				1
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) Physician Care Contract Services	18,618	78			4,834	21
9. Speech Therapist						
a. Resident Care	16,650	214				61
b. Other						
10. Occupational Therapist						
a. Resident Care	37,440	501				240
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	8,123	1				
2. Administrative***	(40,158)	(658)				(173)
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	(6,134)	(160)				
d. Other						
12. Other (Specify) See Attached Schedule	184,583	3,296			65,637	1,037
B-13 Total Fees Paid in Lieu of Salaries	346,113	5,467			156,023	1,891

* 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.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Trinity Hill Care Center, LLC	2222-C	9/30/2018	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 28,278	22,449		5,829
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 548,767	435,647		113,120
5. Health Insurance	\$ 1,076,421	854,533		221,888
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 375,701	298,256		77,445
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 46,392	36,829		9,563
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ (113,855)	(113,855)		
d. Accounting and Auditing	\$ 9,749	7,740		2,010
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 9,777	7,761		2,015
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 18,961	12,641		6,320
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 13,424	10,657		2,767
2. Cellular Phones	\$ 1,667	1,324		344
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	\$ 1,072,440	851,373		221,067
Subtotal	\$ 3,087,724	2,425,355		662,369

* 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	
Trinity Hill Care Center, LLC	2222-C	9/30/2018	16	37	
Item		Total	CCNH	RHNS	Other
Subtotals Brought Forward:		3,087,724	2,425,355		662,369
I. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	47	37		10
3. Gifts to Staff and Residents	\$	127	101		26
4. Employee Travel	\$	6,333	5,028		1,305
5. Education Expenses Related to Seminars and Conventions	\$	2,604	2,067		537
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	4,289	3,405		884
7. Other (<i>Specify</i>) See Attached Schedule	\$	840	667		173
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	5,510	4,374		1,136
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	13,960	11,083		2,878
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	\$	821	652		169
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	10,127	8,039		2,088
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$	1,529	1,214		315
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	132,489	88,326		44,163
12. Administrative Management Services**	\$	414,771	329,272		85,499
13. Other (<i>Specify</i>) See Attached Schedule	\$	16,459	13,067		3,393
C-14 Total Administrative & General Expenditures		\$ 3,697,631	2,892,687		804,944

* 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	Other
MEALS	\$ 667		\$ 173
Total Other Travel and Entertainment	\$ 667	\$ -	\$ 173

Schedule of Other Advertising

Description	CCNH	RHNS	Other
COMMUNICATIONS SPECIAL EVENTS	\$ 11,083		\$ 2,878
Total Other Advertising	\$ 11,083	\$ -	\$ 2,878

Schedule of Dues

Description	CCNH	RHNS	Other
ALTCFM			
CAHCF Dues	\$ 7,912		\$ 2,055
OTHER DUES	\$ 127		\$ 33
Total Dues	\$ 8,039	\$ -	\$ 2,088

Schedule of Contributions

Description	CCNH	RHNS	Other
CONTRIBUTIONS	\$ 1,214		\$ 315
Total Contributions	\$ 1,214	\$ -	\$ 315

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
SOCIAL SERVICE SUPPLIES	\$ -		\$ -
SOC SVC MINOR EQUIPMENT	\$ -		\$ -
ADMINISTRATIVE MINOR EQUIPMENT	\$ 1,389		\$ 361
EMPLOYEE RELATIONS	\$ 1,630		\$ 423
EMPLOYEE RELATIONS-OTHER	\$ 37		\$ 10
PERMITS & LICENSES	\$ 1,437		\$ 373
VOLUNTEER EXPENSE	\$ -		\$ -
BANK FEES	\$ 6,307		\$ 1,638
CMS REVISIT USER FEES	\$ -		\$ -
PENALTIES	\$ -		\$ -
LATE FEES	\$ 382		\$ 99
INTERNET EXPENSES	\$ 1,883		\$ 489
Rounding	\$ 1		\$ -
	\$ 0		
Total Other Administrative and General	\$ 13,067	\$ -	\$ 3,393

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Trinity Hill Care Center, LLC	2222-C	9/30/2018	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 #
iCare Management, LLC/iCare Health Management, LLC	414,771	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	162,152	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	22,228	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Trinity Hill Care Center, LLC		2222-C	9/30/2018		18	37
Item		Total	CCNH	RHNS	Other	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 291,751	231,611		60,140	
2.	Non-Food Supplies	\$ 38,701	30,723		7,978	
3.	Other (<i>Specify</i>) _____ DIETARY SUPPLEMENTS	\$ 16,018	12,716		3,302	
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$ 67	53		14	
c. Other (<i>Specify</i>) _____ DIETARY MINOR EQUIPMENT		\$ 5,748	4,563		1,185	
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 352,285	279,666		72,618	
2F. Dietary Questionnaire		Total	CCNH	RHNS	Other	
G.	Resident Meals: Total no. of meals served per day:*	419	419			
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.

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

Name of Facility		License No.	Report for Year Ended	Page	of
Trinity Hill Care Center, LLC		2222-C	9/30/2018	19	37
Item		Total	CCNH	RHNS	Other
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. \$	275	183		92
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	53,121	35,414		17,707
c. Other (Specify)	\$	448	298		149
LAUNDRY MINOR EQUIPMENT					
3D. Total Laundry Expenditures (3a + b + c)	\$	53,843	35,896		17,948
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.

*** 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
Trinity Hill Care Center, LLC		2222-C	9/30/2018		20	37
Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$ 27,802	18,535		9,267
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.	\$ 40,113	26,742		13,371
C. Other (<i>Specify</i>)			\$			
HOUSEKEEPING MINOR EQUIPMENT						
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 67,916	45,277		22,639
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy		\$			
2.	Purchased from OMNICARE PHARMACY		\$ 89,099	89,099		
b.	Medicine Cabinet Drugs		\$ 4,839	3,842		997
c.	Medical and Therapeutic Supplies		\$ 88,216	70,032		18,184
d.	Ambulance/Limousine***		\$			
e.	Oxygen					
1.	For Emergency Use		\$ 1,121	1,121		
2.	Other***		\$			
f.	X-rays and Related Radiological Procedures***		\$ 1,259	1,259		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 5,397	5,397		
i.	Recreation		\$			
j.	Direct Management Services*		\$			
k.	Indirect Management Services*		\$			
l.	Other (Specify)**** See Attached Schedule		\$ 315,050	238,497		76,553
5M.	Total Resident Care Expenditures (5a - 5j)		\$ 504,981	409,245		95,735

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	Other
NURSING ADMIN SUPPLIES	\$ 223		\$ 58
NURSING MINOR EQUIP	\$ 5,837		\$ 1,516
MEDICAL RECORDS SUPPLIES	\$ (1,174)		\$ (305)
MEDICAL RECORDS MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATIONS - DIRECT	\$ 128,727		\$ 33,425
NON-COVERED PPS DR. VISITS	\$ 456		\$ 118
RESIDENT CARE SUPPLIES	\$ -		\$ -
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 11,048		\$ 2,869
PERSONAL CARE SUPPLIES	\$ 1,940		\$ 504
INCONTINENCY SUPPLIES	\$ 5,120		\$ 1,329
VACCINE RESIDENTS	\$ 1,214		\$ -
PATIENT SPECIAL NEEDS	\$ 138		\$ -
PHYSICAL THERAPY SUPPLIES	\$ -		\$ -
PHYSICAL THERAPY EQUIPMENT RENT	\$ -		\$ -
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -		\$ -
OCCUPATIONAL THERAPY SUPPLIES	\$ -		\$ -
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -		\$ -
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -		\$ -
SPEECH THERAPY SUPPLIES	\$ -		\$ -
SPEECH THERAPY EQUIPMENT RENT	\$ -		\$ -
SPEECH THERAPY MINOR EQUIPMENT	\$ -		\$ -
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 20,627		\$ 10,314
EQUIPMENT RENTAL AIDS UNIT	\$ -		\$ -
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 2,263		\$ -
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ 144		\$ -
HI LOW BED RENTAL & MATTRESSES	\$ -		\$ -
IV THERAPY SUPPLIES	\$ 26,198		\$ 13,099
IV THERAPY CONTRACT SERVICE	\$ -		\$ -
MEDICAL WASTE CONTRACT SERVICE	\$ 1,291		\$ 645
ACTIVITIES SUPPLIES	\$ 4,960		\$ 2,480
ACTIVITIES MINOR EQUIPMENT	\$ 4,235		\$ 2,118
MANAGEMENT ALLOCATION - INDIRECT	\$ 17,646		\$ 4,582
ADMISSIONS SUPPLIES	\$ -		\$ -
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ 7,604		\$ 3,802
STRIKE COSTS NON REIMBURSABLE	\$ -		\$ -
Total Other Resident Care	\$ 238,497	\$ -	\$ 76,553

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

Name of Facility		License No.	Report for Year Ended	Page of			
Trinity Hill Care Center, LLC		2222-C	9/30/2018	21 37			
Name of Individual or Company	Address	Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***			
				CCNH	RHNS	Other	Pg Line
Related ** to Owners, Operators, Officers		Yes	No				
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	VENDOR	Housekeeping Services	40,113			20 4b
Health Services Group/Unitex Textile Rental Services	3220 Tillman Drive, Bensalem, PA 19020	VENDOR	Laundry Services	53,121			19 3b
Eagle Elevator		VENDOR	Elevator Contract	6,126			22 6F
Bioserve, Inc.		VENDOR	Medical Waste	1,936			22 6F
Brightview Landscapes LLC/Stevan Infante		VENDOR	Snow Removal/Landscaping	13,590			22 6F
All Waste Inc		VENDOR	Trash removal	36,404			22 6F
American HealthTech		VENDOR	Software Maintenance Contract	11,335			16 M11
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	VENDOR	Payroll Services	48,945			16 M11
National Datacare Corp		VENDOR	Resident Trust Software	3,100			16 M11
Prime Care Technology services		VENDOR	Computer Consulting Services	30,519			16 M11
Priority Express		VENDOR	Courier Services	3,235			16 M11
Point Right Inc		VENDOR	Nursing Software	4,680			16 M11
Aron Security Inc		VENDOR	Security Contract Services	85,696			22 6F

* 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
Trinity Hill Care Center, LLC	2222-C	9/30/2018			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 37,536	25,024			12,512	
b. Heat	\$ 50,480	33,654			16,827	
c. Light & Power	\$ 80,339	53,560			26,780	
d. Water	\$ 60,126	40,084			20,042	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 29,271	23,237			6,034	
f. Other (<i>itemize</i>)	\$ 188,352	125,568			62,784	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 446,104	301,126			144,978	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 23,564	18,707			4,857	
c. Non-Movable Equipment	\$ 459	364			95	
d. Movable Equipment	\$ 52,459	41,645			10,814	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 76,481	60,716			15,765	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 40,424	32,091			8,333	
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 40,424	32,091			8,333	
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,329,175	1,055,186			273,989	
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 278,887	185,925			92,962	
c. Personal property taxes	\$ 31,014	20,676			10,338	
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,755,981	1,354,593			401,388	

* 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	Other
PLANT SUPPLIES	\$ 3,729		\$ 1,865
PLANT CONTRACT SERVICE LABOR	\$ 6,496		\$ 3,248
ELEVATOR CONTRACT SERVICE	\$ 4,084		\$ 2,042
FIRE/SPRINKLER CONTRACT SERVICE	\$ 5,169		\$ 2,585
LANDSCAPING CONTRACT SERVICE	\$ 4,438		\$ 2,219
SNOW REMOVAL CONTRACT SERVICE	\$ 4,610		\$ 2,305
TRASH REMOVAL CONTRACT SERVICE	\$ 24,269		\$ 12,135
HVAC CONTRACT SERVICE	\$ -		\$ -
SECURITY CONTRACT SERVICE	\$ 57,130		\$ 28,565
PLANT CONTRACT SERVICE OTHER	\$ 6,838		\$ 3,419
PLANT MINOR EQUIPMENT	\$ 6,350		\$ 3,175
RENT AUTO	\$ -		\$ -
RENT EQUIPMENT	\$ 2,453		\$ 1,226
RENT OTHER	\$ -		\$ -
Total Other Repairs and Maintenance	\$ 125,568	\$ -	\$ 62,784

Amortization Schedule*

Name of Facility Trinity Hill Care Center, LLC	License No. 2222-C	Report for Year Ended 9/30/2018		Page 24	of 37
		Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**		
Item	Date of Acquisition Month Year	Length of Amortization	Cost to Be Amortized		Totals
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			696,856	446,204	34,812
2. Disposals (attach schedule)					
3. Acquired during this report period (attach schedule)			119,776		5,612
C-4. Subtotal					
D. Total Amortization					40,424
					40,424

* 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 Trinity Hill Care Center, LLC	License No. 2222-C	Report for Year Ended 9/30/2018	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased	04/01/99				
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase	04/01/99				
4. Date of Initial Licensure	04/01/99				
5. Total Licensed Bed Capacity	144				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
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	
Summit Trinity Hill SNF, LLC	151 Hillside Ave, Hartford, CT	08/09/17	15 year with 2	\$1,368,000 yr 1	

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
Trinity Hill Care Center, LLC		2222-C	9/30/2018		26	37
Item			Total	CCNH	RHNS	Other
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		
Trinity Hill Care Center, LLC	2222-C	9/30/2018	27	37		
Item			Total	CCNH	RHNS	Other
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment			\$			
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)			\$			
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)			\$			
12. D. Other Interest Expense (Specify)			\$	4,670	3,707	963
INTEREST						
13. Total All Interest Expense (12B7 + 12C3 + 12D)			\$	4,670	3,707	963
14. Insurance						
a. Insurance on Property (buildings only)			\$	6,838	5,428	1,410
b. Insurance on Automobiles			\$	4,220	3,350	870
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)			\$	48,456	32,304	16,152
2. Fire and Extended Coverage			\$			
3. Other (Specify)			\$	3,973	3,154	819
Other insurance, crime						
14d. Total Insurance Expenditures (14a + b + c)			\$	63,487	44,236	19,250
15. Total All Expenditures (A-13 thru C-14)			\$	13,722,784	10,359,740	3,363,045

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Trinity Hill Care Center, LLC			2222-C	9/30/2018	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ (113,855)	(113,855)		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 13,960	11,083		2,878
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 33,253	26,399		6,855
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)				\$ (66,641)	(76,373)		9,732

* 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.

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Trinity Hill Care Center, LLC			2222-C	9/30/2018	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ (66,641)	(76,373)		9,732
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$ 1,259	1,259		
30.			Laboratory	\$ 5,397	5,397		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 575	456		118
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ (59,410)	(69,261)		9,851

*** 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.

Trinity Hill Care Center, LLC
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Other
20	5J		456.27		118.48
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)	-		
13	B9A	ST- Resident Care (for outpatient therapy - see schedule)	-		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	-		
Total Other Ancillary Costs			\$ 456	\$ -	\$ 118

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	Other
20	4A1	Houskeeping Supplies (for Outpatient Therapy - see schedule)	\$ -		
20	4B	Housekeeping purchased services (for Outpatient Therapy see schedule)	\$ -		
22	6B	Heat (for outpatient Therapy see schedule)	\$ -		
22	6C	Light and Power (for outpatient therapy see schedule)	\$ -		
22	6D	water (for outpatient therapy see schedule)	\$ -		
22	6A	Repair&Maint (for outpatient therapy see schedule)	\$ -		
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Trinity Hill Care Center, LLC	2222-C	9/30/2018			30	37
Item	Total	CCNH	RHNS	Other		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 14,133,925	10,990,493		3,143,432		
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 732,558	579,942		152,616		
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ (19,883)	(19,883)				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 58,985	58,985				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (58,985)	(58,985)				
c. Prescription Drugs - Non-Medicare	\$ 20,638	18,305		2,333		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (20,638)	(18,305)		(2,333)		
2. a. Medical Supplies - Medicare	\$ 1,708	1,708				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (1,708)	(1,708)				
c. Medical Supplies - Non-Medicare	\$ 13,815	10,404		3,411		
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (13,815)	(10,404)		(3,411)		
3. a. Physical Therapy - Medicare	\$ 91,565	91,565				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (69,991)	(69,991)				
c. Physical Therapy - Non-Medicare	\$ 120,650	100,784		19,866		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (120,650)	(100,784)		(19,866)		
4. a. Speech Therapy - Medicare	\$ 31,560	31,560				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (18,482)	(18,482)				
c. Speech Therapy - Non-Medicare	\$ 13,223	11,784		1,439		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (13,223)	(11,784)		(1,439)		
5. a. Occupational Therapy - Medicare	\$ 74,152	74,152				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (64,384)	(64,384)				
c. Occupational Therapy - Non-Medicare	\$ 100,925	86,401		14,524		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (101,911)	(87,387)		(14,524)		
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 8,517	8,517				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,898,552	11,602,503		3,296,049		
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>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 601	601				
V. Total Other Revenue (1 thru 8)	\$ 601	601				
VI. Total All Revenue (III + V)	\$ 14,899,153	11,603,104		3,296,049		

* 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	Other
	Lab Medicare	\$ -		
	Lab Medicare CA	\$ -		
	Oxygen Medicare	\$ 48		
	Oxygen Medicare CA	\$ (48)		
	Equipment rental	\$ -		
	Equipment rental CA	\$ -		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds Medicare	\$ -		
	Therapy Beds Medicare CA	\$ -		
	Radiology Medicare	\$ 1,317		
	Radiology Medicare CA	\$ (1,317)		
	IV Therapy	\$ 20,101		
	IV Therapy CA	\$ (20,101)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose testing	\$ -		
	Glucose testing CA	\$ -		
	Outpatient therapy Medicare	\$ -		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Other
	Lab			
	Lab CA			
	Oxygen	\$ 270		\$ 12
	Oxygen CA	\$ (270)		\$ (12)
	Equipment rental	\$ -		
	Equipment rental CA	\$ -		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds	\$ -		
	Therapy Beds CA	\$ -		
	Radiology	\$ -		
	Radiology CA	\$ -		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose Testing	\$ -		
	Glucose Testing CA	\$ -		
	IV therapy	\$ 40,867		\$ 5,037
	IV therapy CA	\$ (40,867)		\$ (5,037)
	Flu shot revenue	\$ -		
	Outpatient therapy	\$ -		
	prior period revenue	\$ 8,675		
	rounding	\$ (158)		
Total Other Resident Revenue		\$ 8,517	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Other
	INTEREST INCOME		\$ -		
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
	MEALS	\$ -		
	TELEVISION INCOME	\$ -		
	CONCESSIONS / VENDING INCOME	\$ -		
	RESIDENT LATE FEE REVENUE	\$ -		
	RESIDENT ATTORNEY FEE REVENUE	\$ -		
	TELEPHONE INCOME	\$ -		
	OTHER INCOME	\$ 601		
	OPTUM DIVIDENDS REVENUE	\$ -		
Total Other Revenue		\$ 601	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Trinity Hill Care Center, LLC	2222-C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (on hand and in banks)			\$	197,541
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,679,841
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	32,187
5. Prepaid Expenses			\$	618,072
a. Prepaid Insurance	539,324			
b. Prepaid Property Taxes	77,257			
c. Prepaid Expenses Other	1,492			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (itemize)			\$	(224,841)
Due From (to) Related Parties	278,944			
Other Owners reserves	(503,785)			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,302,801
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	394,955	\$	309,766
	Accum. Depreciation	85,190 Net		
4. Leasehold Improvements	*Historical Cost	816,632	\$	330,004
	Accum. Depreciation	486,628 Net		
5. Non-Movable Equipment	*Historical Cost	7,990	\$	2,141
	Accum. Depreciation	5,849 Net		
6. Movable Equipment	*Historical Cost	579,444	\$	207,995
	Accum. Depreciation	371,449 Net		
7. Motor Vehicles	*Historical Cost	13,085	\$	4,305
	Accum. Depreciation	8,780 Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (itemize)			\$	20,092
Construction in Progress	20,092			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	874,303

* 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
Trinity Hill Care Center, LLC	2222-C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	4,177,103
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			\$	538,592
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	35,571
Patient Trust Funds		33,016		
Long Term Deposit - primicare		2,555		
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	574,163
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	4,751,266

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

G. Balance Sheet (cont'd)

Name of Facility Trinity Hill Care Center, LLC		License No. 2222-C	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,194,018	
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>)					\$
Patient Trust Funds		33,016			33,016
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 33,016
C. Total All Liabilities (Lines A-13 + B-5)					\$ 2,227,035

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

Name of Facility	License No.	Report for Year Ended	Page	of
Trinity Hill Care Center, LLC	2222-C	9/30/2018	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	1,000
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,346,864
6. Gain or Loss for Period			\$	1,176,369
	10/1/2017	thru	9/30/2018	
7. Total Net Worth			\$	2,524,233
C. Total Reserves and Net Worth			\$	2,524,233
D. Total Liabilities, Reserves, and Net Worth			\$	4,751,268

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of	
Trinity Hill Care Center, LLC	2222-C	9/30/2018	36	37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$		
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$ 14,899,153		
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$ 13,722,784		
D. Net Income or Deficit			\$ 1,176,369		
E. Balance			\$ 1,176,369		
F. Additions					
1. Additional Capital Contributed <i>(itemize)</i>					
2. Other <i>(itemize)</i>					
F-3. Total Additions			\$		
G. Deductions					
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>					
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$		
Purpose		Amount			
3. Total Deductions			\$		
H. <i>Balance at End of Period</i>			\$ 1,176,369		
			09/30/18		

I. Preparer's/Reviewer's Certification

Name of Facility Trinity Hill Care Center, LLC	License No. 2222-C	Report for Year Ended 9/30/2018	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 checked="" type="checkbox"/> Other		
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				
iCare Management, LLC				
Address Address			Phone Number	
341 Bidwell Street, Manchester, CT 06040			860-570-2140	
Annual Report Contact			Phone Number	
Annual Report Contact Email Address				