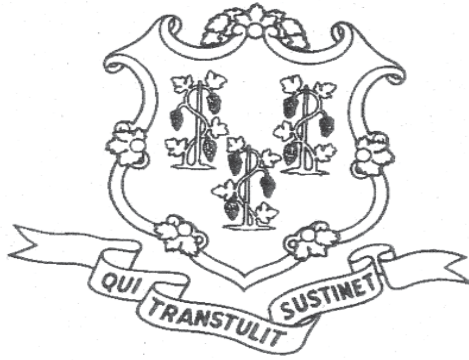


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Whitney Center, Inc.	
Address (No. & Street, City, State, Zip Code) 200 Leeder Hill Dr., Hamden, CT 06517	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input checked="" type="checkbox"/> Other (CCNH) (RHNS)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 985-C	RHNS	Other	Medicare Provider 209852
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Medicaid Provider Numbers:	CCNH 1238356	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) Whitney Center, Inc.	License No. 985-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 Whitney Center, Inc. [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
Printed Name (Administrator) Margaret C. Joyce			Printed Name (Owner) Michael Rambarose		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

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 Whitney Center, Inc.	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 200 Leeder Hill Dr., Hamden, CT 06517				
Report Prepared By Anne Matist	Phone Number (203)848-2661	Date		
Item	Total	CCNH	RHNS	Other
1. Dietary wages paid	\$ 557,587	557,587		
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$ 95,289	95,289		
4. Nursing wages paid	\$ 1,520,095	1,520,095		
5. All other wages paid	\$ 479,876	479,876		
6. Total Wages Paid	\$ 2,652,847	2,652,847		
7. Total salaries paid	\$ 953,636	953,636		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 3,606,483	3,606,483		

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 (230)848-2661		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Whitney Center, Inc.		Address (No. & Street, City, State, Zip) 200 Leeder Hill Dr., Hamden, CT 06517		
License Numbers:	CCNH 985-C	RHNS	Other	Medicare Provider No. 209852
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="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input checked="" type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Margaret C. Joyce		Nursing Home Administrator's License No.:	000980	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
Related Parties***

Name of Facility Whitney Center, Inc.	License No. 985-C	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* 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 Whitney Center, Inc.	License No. 985-C	Report for Year Ended 9/30/2018	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

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 Whitney Center, Inc.		License No. 985-C		Report for Year Ended 9/30/2018			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						
Honda Financial Services PO Box 7003, Holyoke, MA 01041	<input type="radio"/>	<input checked="" type="radio"/>	2015 Honda Odyssey	10/16/15	36 months	5,638	417	
TCF Equipment Finance 11100 Wayzata Blvd., Suite 801, Minneapolis, MN 55305	<input type="radio"/>	<input checked="" type="radio"/>	2014 Goshen Coach Bus	03/17/14	60 Months	10,164	752	
TCF Equipment Finance 11100 Wayzata Blvd., Suite 801, Minneapolis, MN 55305	<input type="radio"/>	<input checked="" type="radio"/>	2015 Goshen Coach Bus	05/27/14	60 Months	10,764	797	
US Bank Equipment Finance PO Box 790448, St. Louis, MO 63179	<input type="radio"/>	<input checked="" type="radio"/>	Copiers	11/29/17	60 months	73,132	25,172	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input checked="" type="radio"/> Yes	<input type="radio"/> No
Total ***							27,138	

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire
Accounting Basis

Name of Facility Whitney Center, Inc.	License No. 985-C	Report for Year Ended 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Marcum, LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Warf Dr., 12th Floor, New Haven, CT 06511
---	---

Services Provided by This Firm (*describe fully*)

1 Annual audit of corporation and retirement plan, preparation of 990, and general consulting services	\$ 66,590
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 66,590

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Littler Mendelson , PC 2 Wiggin & Dana, LLP 3 4 5	Telephone Number (230)974-8700 (203)498-4400
---	--

Address (*No. & Street, City, State, Zip Code*)
 1 265 Church St., Suite 300, New Haven, CT 06510
 2 PO Box 1832, New Haven, CT 06508
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Employment Law Consultant	\$ 6,460
2 General Counsel	\$ 14,679
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 21,139

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

Schedule of Resident Statistics

Name of Facility Whitney Center, Inc.		License No. 985-C			Report for Year Ended 9/30/2018				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	59	59			59	59			59	59			
B. On last day of THIS report period	59	59			59	59			59	59			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	48	48			48	48			45	45			
B. As of midnight of THIS report period	39	39			45	45			39	39			
3. Total Number of Days Care Provided During Period													
A. Medicare	2,024	2,024			1,380	1,380			644	644			
B. Medicaid (Conn.)	3,024	3,024			2,366	2,366			658	658			
C. Medicaid (other states)													
D. Private Pay	11,360	11,360			8,777	8,777			2,583	2,583			
E. State SSI for RCH													
F. Other (Specify) Managed Care	3	3							3	3			
G. Total Care Days During Period (3A thru F)	16,411	16,411			12,523	12,523			3,888	3,888			
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)	16,411	16,411			12,523	12,523			3,888	3,888			

Schedule of Resident Statistics (Cont'd)

Name of Facility Whitney Center, Inc.			License No. 985-C			Report for Year Ended 9/30/2018			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	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	RHNS	CCNH	RHNS	CCNH	RHNS	Other	R.C.H.	ICF-MR				
No. of Residents	6		6		27								
Per Diem Rate													
a. One bed rm.	445.00		227.49		484.00								
b. Two bed rms.	445.00		227.49		445.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Other	
A. Medicare - Part B									14,148	14,148			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									4,279	4,279			
2. Restorative Treatments													
C. Other									873	873			
D. Total Physical Therapy Treatments									19,300	19,300			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									385	385			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									239	239			
2. Restorative Treatments													
C. Other									47	47			
D. Total Speech Therapy Treatments									671	671			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									4,633	4,633			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									3,752	3,752			
2. Restorative Treatments													
C. Other									944	944			
D. Total Occupational Therapy Treatments									9,329	9,329			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility Whitney Center, Inc.	License No. 985-C	Report for Year Ended 9/30/2018	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	Other	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	105,557	718				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	138,363	1,993				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	369,482	17,626				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	92,299	3,606				
c. Dietary Workers	507,429	32,234				
6. Housekeeping Service						
a. Head Housekeeper	11,714	515				
b. Other Housekeeping Workers	83,575	4,506				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	11,820	137				
b. Other Maintenance Workers	18,866	866				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services	15,649	754				
10. Protective Services	25,136	1,582				
11. Accounting Services						
a. Head Accountant	57,954	718				
b. Other Accountants	108,037	2,354				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	176,353	3,571				
b. RN						
1. Direct Care	426,211	11,692				
2. Administrative**	388,311	8,678				
c. LPN						
1. Direct Care	145,957	5,434				
2. Administrative**						
d. Aides and Attendants	696,816	57,039				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	78,406	3,048				
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	57,546	1,828				
n. Marketing						
o. Other (Specify) See Attached Schedule	91,003	2,811				
<i>A-13. Total Salary Expenditures</i>	3,606,483	161,710				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
Bus Driver	\$ 9,101	515				
VP of Enrichment Services	\$ 5,201	83				
Spiritual Care Coordinator	\$ 4,592	130				
Resident Liason	\$ 39,182	986				
Exercise Physiologist	\$ 8,869	260				
Wellness Coordinator	\$ 5,549	262				
Director of Counseling	\$ 3,710	106				
Director of Resident Services	\$ 7,764	212				
Assistant Director of Resident Services	\$ 7,035	260				
Total	\$ 91,003	2,811	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

**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
Whitney Center, Inc.				985-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	Other							
Section I - Operators/Owners										
Michael Rambarose	105,570			15,046	CEO	718	10 A1	Whitney Center Independent Living Portion	1,368	201,103
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Whitney Center, Inc.				985-C	9/30/2018			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	Other							
Section III - Administrators***										
Margaret Joyce	138,363				Administrator	1,993	10 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		
Whitney Center, Inc.	985-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	13,500					
2. Dentist						
3. Pharmacist	6,639					
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	480,162					
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	75,219					
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	15,072					
b. Other						
10. Occupational Therapist						
a. Resident Care	181,411					
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	3,988					
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***	67,125					
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	843,115					

* 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 Whitney Center, Inc.		License No. 985-C	Report for Year Ended 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Varsha Trehan, RD 15 S. Branford Rd., Wallingford, CT 06492	Registered Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Trinity Rehabilitation 72640 Fairpoint New Athens Rd., St. Clairsville,	Physical, speech, and occupational therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Northeast Medical Group 847 Howard Ave., New Haven, CT 06519	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Nurse Network 405 Park Ave., New York, NY 10022	Contract Nurses	<input type="radio"/>	<input checked="" type="radio"/>		
Key Personnel PO Box 404, North Haven, CT 06473	Contract Nurses	<input type="radio"/>	<input checked="" type="radio"/>		
Ready Nurse PO Box 301076, Dallas, TX 75303	Contract Nurses	<input type="radio"/>	<input checked="" type="radio"/>		
Omnicare, Inc. PO Box 78000, Detroit, MI 48278	Pharmacy Services	<input type="radio"/>	<input checked="" type="radio"/>		
Michelle Galameau 20 Wentworth Dr., South Windsor, CT 06074	Medical Record Review	<input type="radio"/>	<input checked="" type="radio"/>		
Michael D. Bergman, MD 215 Sherman Ave., Hamden, CT 06518	Medical Consulting	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" 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
Whitney Center, Inc.	985-C	9/30/2018	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 49,519	49,519		
2. Disability Insurance	\$ 24,364	24,364		
3. Unemployment Insurance	\$ 34,443	34,443		
4. Social Security (F.I.C.A.)	\$ 244,216	244,216		
5. Health Insurance	\$ 250,434	250,434		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 6,739	6,739		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 57,539	57,539		
8. Uniform Allowance	\$ 2,956	2,956		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 39,698	39,698		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* Michael Rambarose 457b, 457f	\$ 15,046	15,046		
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 41,951	41,951		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 92,063	92,063		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 18,614	18,614		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 1,223	1,223		
2. Cellular Phones	\$ 5,987	5,987		
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	\$			
Subtotal	\$ 884,792	884,792		

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Other
Accrued PTO	\$ 14,812		
Flexible Spending Account Administration	\$ 324		
EAP	\$ 4,749		
Tuition Assistance	\$ 1,255		
Pre-Employment Expenses	\$ 5,328		
Employee Relations Expenses	\$ 13,231		
Total	\$ 39,698	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	Other
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Whitney Center, Inc.	985-C	9/30/2018		16	37
Item	Total	CCNH	RHNS	Other	
Subtotals Brought Forward:		884,792	884,792		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 25,052	25,052			
2. Holiday Parties for Staff	\$ 10,617	10,617			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 17,570	17,570			
5. Education Expenses Related to Seminars and Conventions	\$ 52,064	52,064			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$				
4. Fund-Raising***	\$				
5. Medical Records	\$ 319	319			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 923	923			
7. Postage	\$ 2,169	2,169			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 15,567	15,567			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 2,871	2,871			
9. Subscriptions	\$				
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>)	\$ 67,442	67,442			
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 102,500	102,500			
C-14 Total Administrative & General Expenditures	\$ 1,181,886	1,181,886			

* 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
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Other
Total Other Advertising	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Other
CARF	\$ 11,964		
Professional Associations	\$ 192		
Leading Age	\$ 3,411		
Total Dues	\$ 15,567	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	Other
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
Business Licenses and Fees	\$ 12,145		
Software Licenses and Support	\$ 64,266		
Misc. Expenses	\$ 1,636		
Bank Fees	\$ 24,452		
Total Other Administrative and General	\$ 102,500	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Whitney Center, Inc.	License No. 985-C	Report for Year Ended 9/30/2018	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 #

*** 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 Whitney Center, Inc.		License No. 985-C	Report for Year Ended 9/30/2018	Page 18	of 37
Item		Total	CCNH	RHNS	Other
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$	373,192	373,192		
2. Non-Food Supplies	\$	48,968	48,968		
3. Other (<i>Specify</i>) _____	\$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$			
c. Other (<i>Specify</i>) _____		\$			
2D. Total Dietary Expenditures (2a + b + c + d)		\$	422,160	422,160	
2F. Dietary Questionnaire		Total	CCNH	RHNS	Other
G. Resident Meals:	Total no. of meals served per day:*	3	3		
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 Whitney Center, Inc.		License No. 985-C	Report for Year Ended 9/30/2018		Page 19	of 37
Item		Total	CCNH	RHNS	Other	
3.	Laundry					
	a. In-House Processing*	Lbs.	181,980	181,980		
	1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	23,338	23,338		
	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. \$	1,600	1,600		
	b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$				
	c. Other (<i>Specify</i>)	\$				
3D.	Total Laundry Expenditures (3a + b + c)	\$	24,938	24,938		
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
Whitney Center, Inc.		985-C	9/30/2018		20	37
Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced by Personnel	31,334	31,334		
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	27,527	27,527		
	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	31,334	31,334		
		Amt. \$	23,358	23,358		
	C. Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	50,884	50,884		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Omnicare	\$	87,042	87,042		
	b. Medicine Cabinet Drugs	\$	4,083	4,083		
	c. Medical and Therapeutic Supplies	\$	130,504	130,504		
	d. Ambulance/Limousine***	\$				
	e. Oxygen					
	1. For Emergency Use	\$	13,560	13,560		
	2. Other***	\$	4,777	4,777		
	f. X-rays and Related Radiological Procedures***	\$	3,666	3,666		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	7,522	7,522		
	i. Recreation	\$	31,848	31,848		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$				
5M.	Total Resident Care Expenditures (5a - 5j)	\$	283,002	283,002		

* 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 Whitney Center, Inc.		License No. 985-C		Report for Year Ended 9/30/2018			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	Other	Pg	Line
AR Solutions	PO Box 592 Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>		Healthcare Billing	12,810			15	1d
CT Computer Service	Box 35 Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		IT Consultants and Service	17,303			16	1m11
Trilogy Consulting	1657 Venus Dr. Sanibel, FL 33957	<input type="radio"/>	<input checked="" type="radio"/>			19,433			16	1m11
CT Computer Service	Box 35 Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		Software Licensing and Support	10,710			16	1m13
Matrixcare	Minneapolis, MN 55480-1414	<input type="radio"/>	<input checked="" type="radio"/>		Software Training	19,503			16	115
Matrixcare	Minneapolis, MN 55480-1414	<input type="radio"/>	<input checked="" type="radio"/>		Software Licensing and Support	36,749			16	1m13
Northeast Medical Group	PO Box 415126 Boston, MA 02241-5126	<input type="radio"/>	<input checked="" type="radio"/>		Medical Director	74,719			13	B8a
Nurse Network	405 Park Ave. New York, NY 10022	<input type="radio"/>	<input checked="" type="radio"/>		Contract Nursing Labor	61,323			13	B11b
Senior TV	975 E Tallmadge Ave. Akron, OH 44310	<input type="radio"/>	<input checked="" type="radio"/>		Satellite Television Service	15,153			16	111
Varsha Trehan	15 S Branford Rd. Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>		Licensed Dietician	13,500			13	B1
Trinity Rehabilitation Services	510 Washington Ave. Glendale, WV 26038	<input type="radio"/>	<input checked="" type="radio"/>		Therapy Services	676,565			13	multi
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" 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
Whitney Center, Inc.	985-C	9/30/2018			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 87,596	87,596				
b. Heat	\$ 10,479	10,479				
c. Light & Power	\$ 39,921	39,921				
d. Water	\$ 12,220	12,220				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 94,415	94,415				
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 244,632	244,632				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 558	558				
b. Building & Building Improvements	\$ 108,526	108,526				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 41,589	41,589				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 150,674	150,674				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$ 13,004	13,004				
*8e. Total Amortization Costs (8a + b + c + d)	\$ 13,004	13,004				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 102,935	102,935				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 4,154	4,154				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 270,768	270,768				

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

Depreciation Schedule

Name of Facility Whitney Center, Inc.		License No. 985-C		Report for Year Ended 9/30/2018			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		242,841		261,241	176,491	SL	Various	10,362					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		62,682		44,282		SL	Various	3,194					
A-4. Subtotal									13,556				
B. Building and Building Improvements													
1. Acquired prior to this report period		117,843,155		117,843,155	38,921,608	SL	Various	3,795,497					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		2,245,556		2,245,556		SL	Various	149,094					
B-4. Subtotal									3,944,591				
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. 2014 Ford F550			x	10	2017	44,833	4,483	40,350		SL	96	4,623	
b. 2017 Ford F350			x	10	2017	52,543	5,254	47,288		SL	96	5,418	
c. 2000 Lincoln Town Car		x		4	2004	20,503	2,249	18,254	18,254	SL			
d. 2016 Isuzu NPR			x			42,099	4,210	37,889	3,789	SL	120	3,789	
2. Movable Equipment													
a. Acquired prior to this report period						4,784,419		4,784,419	3,136,213	SL	Various	237,787	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						260,054						26,489	
D-3. Subtotal													278,107
E. Total Depreciation													4,236,254

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
6/30/2018	Irrigation system upgrade	\$ 4,955	240	\$ 62
8/23/2018	Concrete Repair	\$ 39,327	600	\$ 66
11/30/2017	Parking Lot and Garage Floor Sealant	\$ 18,400	60	\$ 3,067
Total additions for Land Improvement		\$ 62,682		\$ 3,194 *
Deletions:				
Total deletions for Land Improvement		\$ -		\$ - **

*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:				
11/1/2017	Loading Dock Improvement	\$ 4,870	120	\$ 446
1/18/2018	WIFI Expansion	\$ 18,336	120	\$ 1,222
1/29/2018	Data Switch	\$ 1,086	120	\$ 72
5/31/2018	Reconditioning Pool and Whirlpool	\$ 11,366	120	\$ 379
5/1/2018	Rail System	\$ 9,490	120	\$ 395
8/1/2018	Add Electric to Shed	\$ 3,790	240	\$ 32
6/30/2018	Restructure Business Office	\$ 15,285	120	\$ 382
6/30/2019	Access Control System	\$ 36,384	120	\$ 910
12/8/2017	Health Center Dining and Corridor Reconditioning	\$ 49,450	120	\$ 4,121
9/1/2018	Health Center automatic doors	\$ 120,499	240	\$ 502
10/26/2017	Unit #501 Renovation	\$ 69,329	90	\$ 8,474
10/17/2017	Unit #2704 Renovation	\$ 6,450	177	\$ 401
11/15/2017	Unit #207 Renovation	\$ 34,847	66	\$ 5,808
11/27/2017	Unit #217 Renovation	\$ 74,333	41	\$ 18,130
12/5/2017	Unit #221 Renovation	\$ 83,026	97	\$ 8,559
11/1/2017	Unit #426 Renovation	\$ 62,695	162	\$ 4,257
12/31/2017	Unit #432 Renovation	\$ 65,292	126	\$ 4,664
12/4/2017	Unit #436 Renovation	\$ 12,301	48	\$ 2,563
1/30/2018	Unit #318 Renovation	\$ 86,232	41	\$ 16,826
4/29/2018	Unit #220 Countertops	\$ 1,070	120	\$ 45
2/28/2018	Unit #418 Renovation	\$ 83,393	182	\$ 3,207
2/1/2018	Unit #634 Renovation	\$ 4,263	126	\$ 271
12/12/2017	Unit #202 Renovation	\$ 83,916	52	\$ 16,138
3/19/2018	Unit #102 Renovation	\$ 46,411	136	\$ 2,048
3/5/2018	Unit #210 Renovation	\$ 75,630	48	\$ 11,029
3/23/2018	Unit #401 Renovation	\$ 87,644	152	\$ 3,460
2/26/2018	Unit #2601 Renovation	\$ 69,116	172	\$ 2,813
5/1/2018	Unit #540 Renovation	\$ 85,093	104	\$ 4,091
5/5/2018	Unit #607 Renovation	\$ 85,604	136	\$ 3,147
3/31/2018	Unit #2411 Electrical	\$ 1,073	120	\$ 54
2/14/2018	Unit #2509 Renovation	\$ 17,171	203	\$ 677
6/1/2018	Unit #245A Renovation	\$ 150,349	84	\$ 7,159
6/21/2018	Unit #535-539 Renovation	\$ 328,302	192	\$ 5,130
6/18/2018	Unit #2609 Renovation	\$ 26,905	97	\$ 832
7/3/2018	Unit #335 Renovation	\$ 4,529	170	\$ 80
9/19/2018	Unit #424 Laundry Area	\$ 1,350	60	\$ -
8/16/2018	Unit #308 Renovation	\$ 82,868	144	\$ 575
8/28/2018	Unit #630 Renovation	\$ 32,459	35	\$ 927
6/30/2018	Unit #639 Carpet	\$ 1,887	60	\$ 94
4/6/2018	Unit #641 Renovation	\$ 5,105	104	\$ 295

Deletions:				
Total deletions for Leasehold Improvemen		\$ -		\$ -

Attachment Pages 23 24

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility Whitney Center, Inc.			License No. 985-C		Report for Year Ended 9/30/2018			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Whitney Center, Inc.	License No. 985-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 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		07/01/77		
2. Date Structure Completed		07/01/79		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure		07/01/79		
5. Total Licensed Bed Capacity		59		
6. Square Footage		459,658		
7. Acquisition Cost				
a. Land		633,000		
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing		fixed bonds		
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained		12/02/09		
c. Interest Rate for the Cost Year		7.40%		
d. Term of Mortgage (number of years)		27		
e. Amount of Principal Borrowed		89,895,000		
f. Principal balance outstanding as of <u>9/30/18</u>		48,290,000		
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
Whitney Center, Inc.	985-C	9/30/2018	26	37
Item	Total	CCNH	RHNS	Other
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$ 196007.13	196,007		
Name of Lender	Rate			
US Bank, Trustee				
Address of Lender				
225 Asylum St., 23rd Floor, Hartford, CT 06103				
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)	\$ 196,007	196,007		

(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
Whitney Center, Inc.		985-C		9/30/2018			27	37
Item				Total	CCNH	RHNS	Other	
Subtotals Brought Forward:				196,007	196,007			
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$	7,598	7,598		
A. Item		Rate	Amount					
Computer Equipment		5.20%	577,283					
Lender								
Hewlett Packard								
Address of Lender								
PO Box 402582, Atlanta, GA 30384								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$	7,598	7,598		
12. D. Other Interest Expense (Specify)				\$	43,266	43,266		
Bond Financing Early Call Interest Amortization								
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	246,871	246,871		
14. Insurance								
a. Insurance on Property (buildings only)				\$	16,636	16,636		
b. Insurance on Automobiles				\$	1,656	1,656		
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$	7,951	7,951		
2. Fire and Extended Coverage				\$	21,413	21,413		
3. Other (Specify)				\$	6,307	6,307		
D&O and Fiduciary								
14d. Total Insurance Expenditures (14a + b + c)				\$	53,963	53,963		
15. Total All Expenditures (A-13 thru C-14)				\$	7,228,701	7,228,701		

D. Adjustments to Statement of Expenditures

Name of Facility Whitney Center, Inc.				License No. 985-C	Report for Year Ended 9/30/2018	Page 28	of 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	\$			
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 *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$			
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)				\$			

* 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	Other
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Other A&G Adjustments			\$ -	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Whitney Center, Inc.			985-C	9/30/2018	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$			
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
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)				\$			

*** 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.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Other Ancillary Costs			\$ -	\$ -	\$ -

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
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
Whitney Center, Inc.	985-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>)	\$			
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>)	\$			
b. Medicare Room and Board Contractual Allowance **	\$			
4. a. Private-Pay Residents and Other	\$			
b. Private-Pay Room and Board Contractual Allowance **	\$			
II. Other Resident Revenue				
1. a. Prescription Drugs - Medicare	\$			
b. Prescription Drugs - Medicare Contractual Allowance **	\$			
c. Prescription Drugs - Non-Medicare	\$			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$			
2. a. Medical Supplies - Medicare	\$			
b. Medical Supplies - Medicare Contractual Allowance **	\$			
c. Medical Supplies - Non-Medicare	\$			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$			
3. a. Physical Therapy - Medicare	\$			
b. Physical Therapy - Medicare Contractual Allowance **	\$			
c. Physical Therapy - Non-Medicare	\$			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$			
4. a. Speech Therapy - Medicare	\$			
b. Speech Therapy - Medicare Contractual Allowance **	\$			
c. Speech Therapy - Non-Medicare	\$			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$			
5. a. Occupational Therapy - Medicare	\$			
b. Occupational Therapy - Medicare Contractual Allowance **	\$			
c. Occupational Therapy - Non-Medicare	\$			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$			
6. a. Other (<i>Specify</i>) - Medicare	\$			
b. Other (<i>Specify</i>) - Non-Medicare	\$			
III. Total Resident Revenue (Section I. thru Section II.)	\$			
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>)	\$			
V. Total Other Revenue (1 thru 8)	\$			
VI. Total All Revenue (III +V)	\$			

* 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
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

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

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
Total Other Revenue		\$ -	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Whitney Center, Inc.	985-C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	678,041
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	970,338
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	685,225
4. Inventories			\$	137,000
5. Prepaid Expenses			\$	884,966
a. Insurance	62,383			
b. Software	71,395			
c. Employee Benefits	120,517			
d. See Schedule	630,671			
6. Interest Receivable			\$	1,381
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	841,202
Donor Restricted Funds	81,723			
Board Restricted Funds	759,479			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	4,198,153
B. Fixed Assets				
1. Land			\$	496,222
2. Land Improvements	*Historical Cost	305,523	\$	115,476
	Accum. Depreciation	190,047		
		Net		
3. Buildings	*Historical Cost	120,088,711	\$	77,222,512
	Accum. Depreciation	42,866,199		
		Net		
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			
		Net		
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation			
		Net		
6. Movable Equipment	*Historical Cost	5,044,473	\$	1,643,984
	Accum. Depreciation	3,400,489		
		Net		
7. Motor Vehicles	*Historical Cost	159,978	\$	124,105
	Accum. Depreciation	35,873		
		Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	2,073,954
See Schedule		2,073,954		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	81,676,253

* 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
Whitney Center, Inc.	985-C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	85,874,406
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			\$	545,652
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	294,423
	Memorial and Remembrance Fund	294,423		
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	13,850,311
	General Investment Fund	3,359,160		
	Bond Trustee Held Funds	7,304,697		
	See Schedule	3,186,454		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	14,690,386
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	100,564,792

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
		Maintenance Contracts	\$ 604,406
		Capital Lease Final Payment	\$ 26,265
		Total Prepaid Expenses	\$ 630,671

Schedule of Other Current Assets (itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
		Total Other Current Assets (Itemize)	\$ -

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
		Software	\$ 620,544
		Partnership Interest	\$ 87,500
		Construction in Progress	\$ 1,960,683
		Software Depreciation	-594,773
		Total Other Other Fixed Assets (Itemize)	\$ 2,073,954

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Deferred Financing Costs & Accumulated Amortization	\$ 1,720,411
		Operating Lease Deposit	\$ 24,073
		Deferred Marketing Costs	\$ 1,104,630
		Deferred Development Costs	\$ 337,340
		Total Other Assets	\$ 3,186,454

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
		Total Notes Payable	\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
		Sales Tax payable	\$ (1,213)
		Employee w/h benefit payments	\$ 5,968
		Whitney Center Chorale Funds Payable	\$ 1,931
		HC TV Remote Deposits	520
		Employee w/h 401k Contributions	13805
		Total Other Current Liabilities (Itemize)	\$ 21,011

Schedule of Other Long-Term Liabilities (Itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
		Wait List Deposits	\$ 115,500
		Community Assisted Living Deposits	\$ 48,881
		Total Other Current Liabilities (Itemize)	\$ 164,381

Annual Report of Long-Term Care Facility

G. Balance Sheet (cont'd)

Name of Facility Whitney Center, Inc.		License No. 985-C	Report for Year Ended 9/30/2018	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,250,315
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
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>)				\$	790,954
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	110,075
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>)				\$	948,280
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	1,696,123
Current Portion Bond Principal		630,000	Accrued trade payables	27,400	
Pension & 401k Match		177,071	Entry Fee Deposits	326,664	
Property Tax		468,835	Current portion Cap Lease	19,992	
Audit Fee		25,150	See Schedule	21,011	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	4,795,747

* 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 Whitney Center, Inc.		License No. 985-C	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				4,795,747	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$ 47,400,482	
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>)				\$ 54,093,096	
Long-term portion Cap Lease		208,554			
Deferred Entry Fee Income		40,012,861			
Refundable Entry Fees		13,707,300			
See Schedule		164,381			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 101,493,578	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 106,289,325	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Whitney Center, Inc.	985-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			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(5,487,668)
6. Gain or Loss for Period	10/1/2017	thru 9/30/2018	\$	(236,865)
7. Total Net Worth			\$	(5,724,533)
C. Total Reserves and Net Worth			\$	(5,724,533)
D. Total Liabilities, Reserves, and Net Worth			\$	100,564,792

H. Changes in Total Net Worth

Name of Facility Whitney Center, Inc.	License No. 985-C	Report for Year Ended 9/30/2018	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	(5,487,668)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	29,538,806
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	29,775,671
D. Net Income or Deficit			\$	(236,865)
E. Balance			\$	(5,724,533)
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. Balance at End of Period			\$	(5,724,533)

I. Preparer's/Reviewer's Certification

Name of Facility Whitney Center, Inc.	License No. 985-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				
Anne Matist				
Address Address			Phone Number	
200 Leeder Hill Dr.			(203)848-2661	