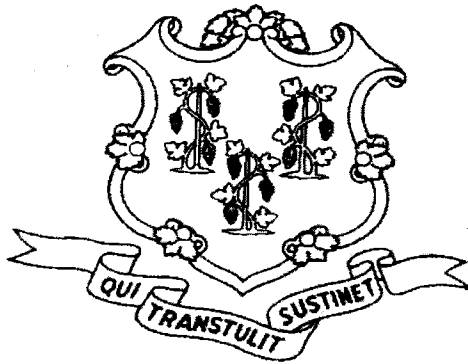


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Sheltering Arms	
Address (No. & Street, City, State, Zip Code) 5 McKinley Avenue, Norwich, CT 06360	
Type of Facility <input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH	RHNS	Residential Care Home 1268	Medicare Provider N/A
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Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID N/A
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Sheltering Arms	License No. 1268	Report for Year Ended 9/30/2016	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 Sheltering Arms [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable 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. {a}

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

{a} Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Janis Davis			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Sheltering Arms		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 5 McKinley Avenue, Norwich, CT 06360				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 12/22/2016	
Item	Total	CCNH	RHNS	Residential Care Home
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 860-889-2375	Report for Year Ended 9/30/2016	Page 2	of 37
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Name of Facility (as shown on license) Sheltering Arms	Address (No. & Street, City, State, Zip) 5 McKinley Avenue, Norwich, CT 06360
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License Numbers:	CCNH	RHNS	Residential Care Home 1268	Medicare Provider No. N/A
------------------	------	------	-------------------------------	------------------------------

Type of Facility (Check appropriate box(es))		
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home

Type of Ownership (Check appropriate box)						
<input type="radio"/> Proprietorship	<input type="radio"/> LLC	<input type="radio"/> Partnership	<input type="radio"/> Profit Corp.	<input checked="" 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.
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Administrator

Name of Administrator Janis Davis	Nursing Home Administrator's License No.:	000708
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Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name N/A	License No.:	
-------------	--------------	--

**UNITED COMMUNITY & FAMILY SERVICES, INC.
BOARD OF DIRECTORS**

OFFICERS:

Chair:

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Treasurer:

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Dr. Mark Tramontozzi
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Email: MTANKMD@aol.com
Cell: 860-823-7205

General Information and Questionnaire Individual Proprietorship

Name of Facility Sheltering Arms	License No. 1268	Report for Year Ended 9/30/2016	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire Related Parties*

Name of Facility Sheltering Arms	License No. 1268	Report for Year Ended 9/30/2016	Page 4	of 37			
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> No							
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.							
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No							
If "Yes," provide the following information:							
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No				
United Community & Family Services, Inc.	34 East Town Road, Norwich, CT 06360	<input type="radio"/>	<input checked="" type="radio"/>	Management / Administration	16/m12	144,472	144,472
United Community & Family Services, Inc.	34 East Town Road, Norwich, CT 06360	<input type="radio"/>	<input checked="" type="radio"/>	Health Insurance	15/1a5	51,106	51,106
United Community & Family Services, Inc.	34 East Town Road, Norwich, CT 06360	<input type="radio"/>	<input checked="" type="radio"/>	Pensions	15/1a7	38,845	38,845
United Community & Family Services, Inc.	34 East Town Road, Norwich, CT 06360	<input type="radio"/>	<input checked="" type="radio"/>	Disability Insurance	15/1a2	1,567	1,567
United Community & Family Services, Inc.	34 East Town Road, Norwich, CT 06360	<input type="radio"/>	<input checked="" type="radio"/>	Telephone	15/1h1	7,767	7,767
United Community & Family Services, Inc.	34 East Town Road, Norwich, CT 06360	<input type="radio"/>	<input checked="" type="radio"/>	Unemployment Insurance	16/m12		Included in Mgmt Fee
United Community & Family Services, Inc.	34 East Town Road, Norwich, CT 06360	<input type="radio"/>	<input checked="" type="radio"/>	Worker's Compensation	16/m12		Included in Mgmt Fee
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Sheltering Arms	License No. 1268	Report for Year Ended 9/30/2016	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 (See listing page 13)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

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

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

N/A - Only one level of care.

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

Medical, Dental & FICA are charged directly to employees. All other expenses are allocated to the appropriate departments in accordance with OPA standards.

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 Sheltering Arms		License No. 1268	Report for Year Ended 9/30/2016		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No				
US Bank, 1310 Madrid Street, Marshall, MN 56258	<input type="radio"/>	<input checked="" type="radio"/>	07/01/14	36 Months	1,401	1,401
CBS Blooms Business Systems, 50 Rockwell Road, Newington, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>	06/01/14	36 Months	106	106
Crystal Rock Bottled Water, 1050 Buckingham St., Watertown, CT 06795	<input type="radio"/>	<input checked="" type="radio"/>	01/01/16	Month-to-Month	47	47
Comcast, PO Box 1577, Newark, NJ 07101-1577	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Month-to-Month		
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
Is a Mileage Log Book Maintained for All Leased Vehicles ?					<input type="radio"/> Yes	<input type="radio"/> No
Total ***					1,554	

* 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 Sheltering Arms	License No. 1268	Report for Year Ended 9/30/2016	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 Wharf Drive, New Haven, CT 06511
--	--

Services Provided by This Firm (*describe fully*)

1 Medicaid cost report, correspondence with auditors re: cost report, Medicaid audit representation	\$ 4,481
2	\$
3	\$
4	\$
	Charge for Services Provided \$ 4,481

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

- Yes No Page 15, Line 1d

Legal Services Information

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

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

1
2
3
4
5

Services Provided by This Firm (*describe fully*)

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

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

- Yes No Page 15, Line 1e

Schedule of Resident Statistics

Name of Facility Sheltering Arms	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Report for Year Ended 9/30/2016						Page 8	of 37
					Period 10/1 Thru 6/30			Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Total	CCNH	RHNS		
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	30			30				30				30
B. On last day of THIS report period	30			30				30				30
2. Number of Residents												
A. As of midnight of PREVIOUS report period	26			26				26				28
B. As of midnight of THIS report period	28			28				28				28
3. Total Number of Days Care Provided During Period												
A. Medicare												
B. Medicaid (Conn.)	8,423			8,423				6,297				2,126
C. Medicaid (other states)												
D. Private Pay	1,209			1,209				869				340
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	9,632			9,632				7,166				2,466
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	257			257				115				142
B. Other Bed Reserve Days	12			12				12				12
5. Total Resident Days (3G + 4A + 4B)	9,901			9,901				7,293				2,608

Schedule of Resident Statistics (Cont'd)

Name of Facility Sheltering Arms	License No. 1268	Report for Year Ended 9/30/2016	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 (1)	RHNS (2)	Residential Care Home (3)	Lost			Gained			CCNH	RHNS	Residential Care Home	
				(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	Residential Care Home
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	Residential Care Home	R.C.H.	ICF-MR
No. of Residents						4	24	
Per Diem Rate								
a. One bed rm.						138.08	117.22	
b. Two bed rms.								
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Physical Therapy Treatments				

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Speech Therapy Treatments				

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Occupational Therapy Treatments				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Sheltering Arms	1268	9/30/2016	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	Residential Care Home	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)					66,569	1,890
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)					2,239	105
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers					167,366	12,987
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers					24,045	2,000
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses						
b. RN						
1. Direct Care						
2. Administrative**						
c. LPN						
1. Direct Care					70,831	2,150
2. Administrative**						
d. Aides and Attendants					236,743	13,900
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers					36,424	1,883
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						
n. Marketing						
o. Other (Specify) See Attached Schedule						
A-13. Total Salary Expenditures					604,217	34,915

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

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

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

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

Name of Facility		License No.		Report for Year Ended		Page	of		
Sheltering Arms		1268		9/30/2016		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)		License No.		Report for Year Ended		Page	of		
Shelting Arms		1268		9/30/2016		12	37		
Name	Salary Paid			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	Residential Care Home						
Section III - Administrators***									
Janis Davis, 28 Carter Ave., Norwich, CT 06360			66,569	Non Discriminatory	Executive Director	1,890	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		
Sheltering Arms	1268	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)						
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						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries						

* 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 Sheltering Arms	License No. 1268	Report for Year Ended 9/30/2016	Page 15	of 37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$			
2. Disability Insurance	\$ 1,567			1,567
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 43,286			43,286
5. Health Insurance	\$ 51,106			51,106
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 562			562
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 38,845			38,845
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 2,480			2,480
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 4,481			4,481
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 3,797			3,797
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 7,767			7,767
2. Cellular Phones	\$ 240			240
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	\$ 154,131			154,131

* 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**

Sheltering Arms
9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
			-
Physicals & Background Checks			\$ 2,480
Total	\$ -	\$ -	\$ 2,480

Schedule of Other Taxes

Description	CCNH	RHNS	Residential Care Home
			-
Total	\$ -	\$ -	\$ -

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

Name of Facility Sheltering Arms	License No. 1268	Report for Year Ended 9/30/2016	Page 16	of 37
Item	Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:	154,131			154,131
i. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 1,223			1,223
5. Education Expenses Related to Seminars and Conventions	\$ 305			305
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 1,124			1,124
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 2,389			2,389
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 6,145			6,145
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	\$ 285			285
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 948			948
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
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>)	\$			
12. Administrative Management Services**	\$ 144,472			144,472
13. Other (<i>Specify</i>) See Attached Schedule	\$ 22,911			22,911
C-14 Total Administrative & General Expenditures	\$ 333,933			333,933

* 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	Residential Care Home
			-
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
			-
Advertising - Marketing			\$ 6,145
Total Other Advertising	\$ -	\$ -	\$ 6,145

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
			-
CARCH			\$ 650
Uncas Health District			\$ 248
CATRD			\$ 50
Total Dues	\$ -	\$ -	\$ 948

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
			-
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
			-
License Fees			\$ 968
Non-Allow GA Allocation			\$ 21,943
Total Other Administrative and General	\$ -	\$ -	\$ 22,911

Schedule C-1 - Management Services*

Name of Facility Sheltering Arms	License No. 1268	Report for Year Ended 9/30/2016	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
United Community & Family Services, Inc., 34 East Town Street, Norwich, CT 06360	144,472	Management and general services. Note: Includes unemployment insurance and worker's compensation.	Page 16 Line M12

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

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

Name of Facility Sheltering Arms	License No. 1268	Report for Year Ended 9/30/2016	Page 18	of 37
Item	Total	CCNH	RHNS	Residential Care Home
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 71,351			71,351
2. Non-Food Supplies	\$ 9,289			9,289
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ _____			
c. Management Services**	\$ _____			
d. Other (Specify) _____	\$ _____			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 80,640			80,640
2F. Dietary Questionnaire	Total	CCNH	RHNS	Residential Care Home
G. Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost.				
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. \$309				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Page 30, Line IV 1
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Sheltering Arms		License No. 1268	Report for Year Ended 9/30/2016	Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home
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. \$				
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)	\$				
c. Management Services**	\$				
d. Other (Specify) Laundry Supplies	\$	965			965
3E. Total Laundry Expenditures (3a + b + c + d)	\$	965			965
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3E.

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Sheltering Arms		1268	9/30/2016		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$				
	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. \$	31,509			31,509
	c. Management Services*	\$				
	d. Other (<i>Specify</i>) Other Housekeeping Supplies	\$	138			138
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	31,647			31,647
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$				
	b. Medicine Cabinet Drugs	\$	484			484
	c. Medical and Therapeutic Supplies	\$				
	d. Ambulance/Limousine***	\$				
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$				
	f. X-rays and Related Radiological Procedures***	\$				
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$				
	i. Recreation	\$	4,939			4,939
	j. Other (<i>Specify</i>)**** See Attached Schedule	\$				
5K.	Total Resident Care Expenditures (5a - 5j)	\$	5,423			5,423

* 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.

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

Name of Facility	License No.	Report for Year Ended			Page	of
Sheltering Arms	1268	9/30/2016			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 5,111				5,111	
b. Heat	\$ 13,091				13,091	
c. Light & Power	\$ 35,005				35,005	
d. Water	\$ 10,991				10,991	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 1,554				1,554	
f. Other (<i>itemize</i>)	\$ 38,580				38,580	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 104,332				104,332	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 301				301	
b. Building & Building Improvements	\$ 64,571				64,571	
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 8,759				8,759	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 73,631				73,631	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
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	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 73,631				73,631	

* 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	Residential Care Home
			-
Various contracted repairs and maintenance (no one contract over \$10K)			\$ 30,096
Small Equipment			\$ 8,484
Total Other Repairs and Maintenance	\$ -	\$ -	\$ 38,580

Depreciation Schedule

Name of Facility Sheltering Arms		License No. 1268		Report for Year Ended 9/30/2016				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		46,461		45,611	45,128	S/L	Various	301	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
A-4. Subtotal									301
B. Building and Building Improvements									
1. Acquired prior to this report period		2,461,363		2,332,163	1,598,118	S/L	Various	63,048	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)		15,226		15,226		S/L	10 Yrs	1,523	
B-4. Subtotal									64,571
C. Non-Movable Equipment									
1. Acquired prior to this report period		55,192		55,192	55,192	S/L	Various		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Movable Equipment									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a.									
b.									
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period									
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)									
D-3. Subtotal									
E. Total Depreciation									8,759
									73,631

Sheltering Arms
9/30/2016

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/20/2016	Installation of New Hot Water Heater	\$ 8,076	10	\$ 808
3/22/2016	Installed new Trap in Laundry Room	\$ 3,500	10	\$ 350
6/25/2016	Glass Hip Roof Replacement	\$ 3,650	10	\$ 365
Total additions for Building Improvements		\$ 15,226		\$ 1,523 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

United Community & Family Services db/a
Sheltering Arms
Depreciation Schedule
09/30/16

Property	Acquisition Year	Historical Costs	SA Portion	RD Portion	Cost to Be Depreciated	Life	Method	2015 Accum	2016 Deprc.	2016 Accum	NBV
Movable Equipment											
Acquired prior 2000											
Acquisition 2001:											
Storage Bins	2001	1,739			1,739	N/A	S/L	1,739	-	1,739	-
Muscarella Adapter/Filters/Tubing	2001	1,266			1,266	N/A	S/L	1,266	-	1,266	-
Rinse Unit/Faucet	2001	250			250	N/A	S/L	250	-	250	-
Dishwasher Lift Gate	2001	5,857			5,857	5	S/L	5,857	-	5,857	-
Rollaway Table	2001	1,844			1,844	N/A	S/L	1,844	-	1,844	-
2 Dishwasher Tables	2001	1,402			1,402	N/A	S/L	1,402	-	1,402	-
Acquisition 2002:											
Computer drops for RD	2002	1,085			1,085	N/A	S/L	1,085	-	1,085	-
Desk	2002	1,892			1,892	N/A	S/L	1,892	-	1,892	-
Floor Cleaning machine	2002	1,804			1,804	N/A	S/L	1,804	-	1,804	-
Furniture for SA	2002	13,821			13,821	5	S/L	13,821	-	13,821	-
Installation of Dishwasher	2002	405			405	N/A	S/L	405	-	405	-
Medication Cart	2002	1,227			1,227	N/A	S/L	1,227	-	1,227	-
Slicer	2002	725			725	N/A	S/L	725	-	725	-
Storage cabinet	2002	222			222	N/A	S/L	222	-	222	-
Toaster Conveyor	2002	520			520	N/A	S/L	520	-	520	-
Acquisition 2005											
Chairs	2005	2,668			2,668	10	S/L	2,668	-	2,668	-
Acquisition 2006											
Side chairs	2006	3,455			3,455	10	S/L	3,455	-	3,455	-
Recliners/chairs etc.	2006	5,200			5,200	10	S/L	5,200	-	5,200	-
Acquisition 2008											
Furniture	2008	4,525			4,525	10	S/L	3,620	452	4,072	452
Acquisition 2009											
2 dressers, 6 twin beds & frames	2009	1,222			1,222	7	S/L	1,222	-	1,222	-
Window Shades	2009	280			280	5	S/L	280	-	280	-
Acquisition 2010											
7 recliners 100% SA	2010	4,644			4,644	5	S/L	4,644	-	4,644	-
10 Hospital Mattresses	2010	1,711			1,711	5	S/L	1,711	-	1,711	-
LCD TV & mounting bracket	2010	1,100			1,100	3	S/L	1,100	-	1,100	-
Viatal signs monitor & stand	2010	1,052			1,052	5	S/L	1,052	-	1,052	-
Acquisition 2011											
SA Renovations	2011	120			120	5	S/L	120	-	120	-
Furniture - chairs & Loveseat	2011	1,689			1,689	5	S/L	1,689	-	1,689	-
Furniture - chairs & Loveseat	2011	3,506			3,506	5	S/L	3,506	-	3,506	-
Satellite System	2011	6,575			6,575	3	S/L	6,575	-	6,575	-
Furniture - chairs & Loveseat	2011	1,689			1,689	5	S/L	1,689	-	1,689	-
Furniture - chairs & Loveseat**	2011	3,506			3,506	5	S/L	3,506	-	3,506	-
Satellite System**	2011	6,575			6,575	3	S/L	6,575	-	6,575	-

United Community & Family Services d/b/a
Sheltering Arms
Depreciation Schedule
09/30/16

Property	Acquisition Year	Historical Costs	SA Portion	RD Portion	Cost to Be Depreciated	Life	Method Life	2015 Accum	2016 Deprc.	2016 Accum	NBV
Acquisition 2012											
Fiber Data Link Service	2012	4,063	3,372	691	3,372	5	S/L	2,698	674	3,372	691
Sofa and Chairs	2012	5,222			5,222	5	S/L	4,178	1,044	5,222	-
Acquisition 2014											
Toro Snow Blower	2014	1,153	1,153	-	1,153	2.5	S/L	923	231	1,153	-
Lawn Tractor/Mower	2014	3,695	3,695	-	3,695	5	S/L	739	739	1,478	2,217
Controller based Antenna	2014	1,557	1,137	265	1,137	5	S/L	455	227	682	875
Fabric to Refurbish 30 Arm Chairs	2014	2,464	2,464	-	2,464	10	S/L	493	246	739	1,725
Refurbish 30 Arm Chairs	2014	10,464	10,464	-	10,464	10	S/L	2,093	1,046	3,139	7,325
Under-Counter Ice Machine	2014	1,877	1,558	319	1,558	7	S/L	445	223	668	1,209
Acquisition 2015											
Install 4 Cat - Wireless WAPS	2015	1,514	1,256	257	1,256	7	S/L	179	179	359	1,155
Returned fabric to re-do chairs	2015	(2,464)	(2,464)	-	(2,464)		S/L	(493)	(493)	(986)	(1,478)
Locking beverage storage cart	2015	2,022	2,022	-	2,022	7	S/L	289	289	578	1,445
Stacking arm chairs	2015	763	763	-	763	10	S/L	76	76	153	610
Furniture - 2 lounge chairs/2 loveseats	2015	4,869	4,869	-	4,869	10	S/L	487	487	974	3,896
Gas range stove	2015	4,795	4,795	-	4,795	7	S/L	685	685	1,370	3,425
Acquisition 2016											
CT Elevator Contractor's License	2016	4,844	4,844	-	4,844	3	S/L	-	1,615	1,615	3,229
Total		195,688	39,928	1,532	194,000			160,154	8,759	168,914	26,775

United Community & Family Services d/b/a
Sheltering Arms
Depreciation Schedule
09/30/16

Property	Acquisition Year	Historical Costs	SA Portion	RD Portion	Cost to Be Depreciated	Life	Method Life	2015 Accum	2016 Deprec.	2016 Accum	NBV
Building and Building Improvements											
Acquired prior 2000											
Acquired during 2000	2000	7,886			7,886	10	S/L	7,886	-	7,886	-
Acquired prior 2000		1,019,154			1,024,978	10	S/L	971,751	-	971,751	47,403
Painting of Exterior	2001	26,350			26,350	10	S/L	26,350	-	26,350	-
Current year Acquisition 2002:											
Dining Room Remodel (Painting/Blinds)	2002	10,687			10,687	5	S/L	10,687	0	10,687	-
Work on SA electrical Panel	2002	4,250			4,250	5	S/L	4,250	-	4,250	-
Renovate Bathrooms 2003	2003	50,619			50,619	15	S/L	43,873	3,375	47,248	3,371
Metal Door	2004	2,558			2,558	10	S/L	2,558	0	2,558	-
Shed (Shared Item with Ross)	2004	3,550			3,550	10	S/L	3,550	-	3,550	-
Entrance	2005	9,000			9,000	10	S/L	9,000	-	9,000	-
Skylights	2005	5,500			5,500	20	S/L	3,025	275	3,300	2,200
Plumbing (SHARED WITH ROSS)	2005	4,118			4,118	5	S/L	4,118	-	4,118	-
Gold Room Carpet	2005	2,970			2,970	5	S/L	2,970	-	2,970	-
Acquisition 2006											
Stairwell patch and paint	2006	9,000			9,000	5	S/L	9,000	-	9,000	-
Painting & Courtyard Renovations	2006	8,536			8,536	5	S/L	8,536	-	8,536	-
Acquisition 2007											
Window sashes	2007	2,531			2,531	5	S/L	2,531	-	2,531	-
Men's room alterations	2007	36,100			36,100	15	S/L	21,660	2,407	24,067	12,033
Carpet for Atrium 2nd Floor	2007	3,111			3,111	5	S/L	3,111	-	3,111	-
Gas water heater	2007	7,950			7,950	10	S/L	7,950	795	7,950	-
Drain Piping replacement	2007	3,300			3,300	10	S/L	2,970	330	3,300	-
2nd floor corridor carpet	2007	4,117			4,117	5	S/L	4,117	-	4,117	-
Acquisition 2008											
Roof work proposal 3538	2008	7,616			7,616	30	S/L	2,031	254	2,285	5,331
2 new Pole Lights	2008	1,300			1,300	15	S/L	693	87	780	520
Ladies Room	2008	20,078			20,078	15	S/L	10,708	1,339	12,047	8,031
CL Wood Invoices	2008	3,044			3,044	15	S/L	1,624	203	1,827	1,218
Kitchen renovations	2008	2,200			2,200	15	S/L	1,173	147	1,320	880
HVAC system*	2008	826,060			826,060	20	S/L	330,424	41,303	371,727	454,333
Acquisition 2009											
Valcor Communications - Outdoor cable/wiring u	2009	6,024			6,024	20	S/L	2,108	301	2,410	3,615
Outdoor Signage for SA	2009	825			825	7	S/L	825	-	825	-
Lighting for Sheltering Arms	2009	7,900			7,900	7	S/L	7,900	-	7,900	-
Acquisition 2010											
Chimney repair 83% SA	2010	3,000	2,490	510	2,490	5	S/L	2,988	-	2,988	-
Chimney repair 83% SA	2010	4,110	3,411	699	3,411	5	S/L	4,094	16	4,110	-
New membrane in lieu of pavers 83% SA	2010	1,995	1,656	339	1,656	5	S/L	1,987	8	1,995	-
1st floor bathroom remodel 100% SA	2010	11,484	11,484	-	11,484	5	S/L	11,484	-	11,484	-
Wiring for alarm system 83% SA	2010	450	374	77	374	5	S/L	448	2	450	-
Emergency unlocking device 100% SA	2010	3,000	3,000	-	3,000	5	S/L	3,000	-	3,000	-
*Adjustment to previously purchased asset 2008		(1,500)	(1,245)	(255)	(1,245)	3	S/L	(1,245)	-	(1,245)	-

United Community & Family Services db/a
Sheltering Arms
Depreciation Schedule
09/30/16

Property	Acquisition Year	Historical Costs	SA Portion	RD Portion	Cost to Be Depreciated	Life	Method Life	2015 Accum	2016 Deprc.	2016 Accum	NBV
Acquisition 2011											
Lumber for Attic	2011	1,091			1,091	15	S/L	364		436	654
Gutters Work	2011	6,551			6,551	3	S/L	6,551		6,551	-
Repoint Boiler Chimney	2011	12,800			12,800	5	S/L	12,800		12,800	-
Dishwasher Installation	2011	2,304			2,304	5	S/L	2,304		2,304	-
Chimney Work	2011	681			681	5	S/L	681		681	-
Chimney Work	2011	3,292			3,292	5	S/L	3,292		3,292	-
Grease Trap Installation	2011	4,500			4,500	15	S/L	1,500		1,800	2,700
Drainage	2011	120			120	10	S/L	60		72	48
New Carpet in Front Lobby	2011	2,010			2,010	5	S/L	2,010		2,010	-
Kitchen Cabinets	2011	16,566			16,566	5	S/L	16,566		16,566	-
Gutters, windows, painting - Final payment	2011	26,203	21,748	4,455	21,748	10	S/L	10,874	2,175	13,049	8,899
Acquisition 2012											
Shower Stall Replacement	2012	5,390			5,390	15	S/L	1,437		1,797	3,593
2 New Toilets	2012	1,512			1,512	15	S/L	403		504	1,008
Windows	2012	47,000	39,010	7,990	39,010	20	S/L	7,802	2,350	10,152	28,858
Acquisition 2013											
Upgrade Voice Cable for VOIP	2013	8,516	7,068	1,448	7,068	20	S/L	1,060		1,486	5,582
Flooring in Lower Dining Room	2013	1,300		1,300		7	S/L				
New Circulator for Boiler**	2013	1,151	956	196	956	5	S/L	573		804	152
New Flooring in SA Dining Room	2013	6,032	6,032		6,032	10	S/L	1,810		2,413	3,619
2nd Floor Roof Replacement	2013	3,950	3,279	672	3,279	20	S/L	492		689	2,589
Upgrade Voice Cable for VOIP	2013	5,794	4,809	985	4,809	20	S/L	721		1,011	3,798
Repair Front of Building	2013	3,100	2,573	527	2,573	20	S/L	386		541	2,032
Acquisition 2014											
Garage-Flat roof replacement	2014	4,985	4,985		4,985	20	S/L	499		748	4,237
Concrete repair on Handicap ramp	2014	5,325	2,663	2,663	2,663	10	S/L	533		1,065	1,598
Install circulating pump and piping	2014	1,256	1,256		1,256	20	S/L	126		188	1,068
Deposit on new roof	2014	16,950	14,069	2,882	14,069		S/L				14,069
Acquisition 2015											
Sprinkler	2015	15,000	12,450	2,550	12,450	20	S/L	623		1,373	11,078
Remining work on new roof	2015	16,950	14,069	2,882	14,069	20	S/L	703		1,551	12,518
Generator**	2015	15,000				10	S/L				
Generator**	2015	68,375				10	S/L				
Generator**	2015	17,853	1,019	3,035	1,019	10	S/L	102		204	815
Generator**	2015	26,779	22,227	4,552	22,227	10	S/L	2,223		4,445	17,781
Generator - Gas piping	2015	2,041	1,694	347	1,694	10	S/L	169		339	1,365
Acquisition 2016											
Installation of New Hot Water Heater	2016	8,076	8,076		8,076	10	S/L			808	7,268
Installed new Trap in Laundry Room	2016	3,500	3,500		3,500	10	S/L			350	3,150
Glass Hip Roof Replacement	2016	3,650	3,650		3,650	10	S/L			365	3,285
Total		2,476,590	196,301	37,851	2,347,389			1,598,118	64,571	1,662,689	680,490

Note**: The Facility received a \$100,000 grant from OPM to add the generator. Therefore, for reimbursement purposes, only the costs in excess of the \$100,000 will be depreciated.

United Community & Family Services d/b/a
Sheltering Arms
Depreciation Schedule
09/30/16

Property	Acquisition Year	Historical Costs	SA Portion	RD Portion	Cost to Be Depreciated	Life	Method Life	2015 Accum	2016 Deprc.	2016 Accum	NBV
Non-Movable Equipment	Var	55,192			55,192	Var	S/L	55,192	-	55,192	-
Total		55,192			55,192			55,192	-	55,192	-
Land Improvement	Var	25,793			25,793	Var	S/L	25,793	-	25,793	-
Acquired prior 2000	2001	4,216			4,216	5	S/L	4,216	-	4,216	-
Tree Services	various	7,227			7,227	Var	S/L	6,153	41	6,194	1,033
Acquisition 2006	2006	3,025			3,025	5	S/L	3,025	-	3,025	-
Tree Services											
Acquisition 2010	2010	5,000	4,150	850	4,150	5	S/L	4,980	20	5,000	-
Parking lot renovations											
Acquisition 2011	2011	1,200			1,200	5	S/L	960	240	1,200	-
Parking lot pavement and extension											
Total		46,461			45,611			45,127	301	45,428	1,033
Total Depreciation For Period								1,858,592	73,631	1,932,223	708,298
Total Historical Cost		2,773,931			2,642,193						

Depreciation Per Trial Balance 154,589
Pg. 16, Line F1 - CR vs FS Diff. \$ 80,958

Amortization Schedule*

Name of Facility Sheltering Arms	Date of Acquisition		Length of Amortization	License No. 1268	Report for Year Ended 9/30/2016		Page 24	of 37
	Item	Month	Year	Cost to Be Amortized	Rate %	Amortization for This Year	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								
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 Sheltering Arms	License No. 1268	Report for Year Ended 9/30/2016	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	01/01/16			
2. Date Structure Completed	01/01/26			
3. If NOT Original Owner, Date of Purchase	N/A			
4. Date of Initial Licensure	N/A			
5. Total Licensed Bed Capacity	30			
6. Square Footage	N/A			
7. Acquisition Cost				
a. Land	16,205			
b. Building	144,430			
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

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 Sheltering Arms		License No. 1268	Report for Year Ended 9/30/2016		Page 26	of 37
Item			Total	CCNH	RHNS	Residential Care Home
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 Sheltering Arms		License No. 1268		Report for Year Ended 9/30/2016		Page of 27 37	
Item				Total	CCNH	RHNS	Residential Care Home
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) Interest Expense - Capital				\$	27,981		27,981
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	27,981		27,981
14. Insurance							
a. Insurance on Property (buildings only)				\$			
b. Insurance on Automobiles				\$	413		413
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	413		413
15. Total All Expenditures (A-13 thru C-14)				\$	1,263,182		1,263,182

D. Adjustments to Statement of Expenditures

Name of Facility Sheltering Arms				License No. 1268	Report for Year Ended 9/30/2016	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 32,512			32,512
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 & 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.	16	m3	Unallowable Advertising *	\$ 6,145			6,145
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 24,145			24,145
Page 18 - Dietary Expenditures							
24.	30	IV 1	Meals to employees, guests and others who are not residents	\$ 309			309
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)				\$ 63,111			63,111

* 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	Residential Care Home
10	12C1	Non-allowable LPN salaries (see attached calculation)			\$ 32,512
Total Other Salaries Adjustment			\$ -	\$ -	\$ 32,512

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	M13	Non Allowable GA Allocation			\$ 21,943
16	M12	Over-Stated GA Allocation (see attached calculation)			\$ 2,202
Total Other A&G Adjustments			\$ -	\$ -	\$ 24,145

United Community & Family Services d/b/a
Sheltering Arms
LPN Salary Disallowance
09/30/16

28a

The purpose of this calculation is to allow LPN salaries to the extent of the aides average wage rate.

	Salary	Hours*	Wage per Hour
LPN	70,831	2,150	32.94
Aides	236,743	13,283	17.82
Total Salary Expenditures			

	Wage per Hour
LPN	32.94
Aides	17.82
Variance	<u>15.12</u>

Variance	15.12
LPN Hours	<u>2,150</u>
Disallowance	<u>32,512</u> ✓

* Per client questionnaire.

**GA Allocation Disallowance
Sheltering Arms
September 30, 2016**

Audit Reserve per TB	15,000
Disallowed %	<u>14.68%</u>
Disallowed Amount	2,202
GA Allocation per TB	144,472
Disallowed Amount	<u>(2,202) ✓</u>
Allowable GA Allocation	142,270

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Sheltering Arms			1268	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 63,111			63,111
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	\$ 202			202
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.	30	IV4	Radio and Television Revenue	\$ 7,750			7,750
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 5			5
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 71,068			71,068

*** 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.

Sheltering Arms
9/30/2016

Schedule of Other Ancillary Costs

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

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7b	Unallowable depreciation (see attached schedule)			\$ 202
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ 202

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
30	IV5	Interest Income			\$ 5
Total Other Adjustments			\$ -	\$ -	\$ 5

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Unallowable Building Interest			\$ -	\$ -	\$ -

United Community & Family Services d/b/a
 Sheltering Arms
 Shared Depreciation Expense/Auto Disallowance
 09/30/16

29a

Description	2016 Depreciation	Shared Portion	Life
Valcor Communications - Outdoor cable/wiring upgrade	301	17%*	20
2008 Roof Work	254	10%	30
2008 Two new pole lights for front steps	87	10%	15
2007 Water Heater	795	10%	10
2007 Drain Piping	330	10%	10
Various Land Improvements	41	10%	10
Total	<u>1,808</u> ✓		
<u>Total 10% Shared Depreciation</u>	1,507		
(Less) None 10% Items	-		
Revised Amount	<u>1,507</u>		
Percent Shared	<u>10%</u>		
Depreciation/Amt Disallowed (1)	<u>151</u>		
<u>Total 17% Shared Depreciation</u>	301		
(Less) None 17% Items	-		
Revised Amount	<u>301</u>		
Percent Shared	<u>17%</u>		
Depreciation/Amt Disallowed (2)	<u>51</u>		
<u>Total 35% Shared Depreciation</u>	-		
(Less) None 35% Items	-		
Revised Amount	-		
Percent Shared	<u>35%</u>		
Depreciation/Amt Disallowed (3)	<u>-</u>		
Total Disallowance (1, 2, &3)	<u>202</u>		

* Effective for assets additions after 9/30/2008 the percentage of shared assets allocated to Ross Adult Day Care changed from 10% to 17%.

**35% due to amount of loan outstanding.

F. Statement of Revenue

Name of Facility Sheltering Arms	License No. 1268	Report for Year Ended 9/30/2016	Page 30	of 37
Item	Total	CCNH	RHNS	Residential Care Home
I. Resident Room, Board & Routine Care Revenue				
1. a. Medicaid Residents (<i>CT only</i>)	\$ 997,417			997,417
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	\$ 166,643			166,643
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.)	\$ 1,164,060			1,164,060
IV. Other Revenue*				
1. Meals sold to guests, employees & others	\$ 309			309
2. Rental of rooms to non-residents	\$			
3. Telephone	\$			
4. Rental of Television and Cable Services	\$ 7,750			7,750
5. Interest Income (<i>Specify</i>)	\$ 5			5
6. Private Duty Nurses' Fees	\$			
7. Barber, Coffee, Beauty and Gift shops	\$			
8. Other (<i>Specify</i>)	\$ 63,854			63,854
V. Total Other Revenue (1 thru 8)	\$ 71,918			71,918
VI. Total All Revenue (III +V)	\$ 1,235,978			1,235,978

* 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.

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Sheltering Arms	1268	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	
a. _____				
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements			\$	
*Historical Cost _____				
Accum. Depreciation _____				
Net _____				
3. Buildings			\$	
*Historical Cost _____				
Accum. Depreciation _____				
Net _____				
4. Leasehold Improvements			\$	
*Historical Cost _____				
Accum. Depreciation _____				
Net _____				
5. Non-Movable Equipment			\$	
*Historical Cost _____				
Accum. Depreciation _____				
Net _____				
6. Movable Equipment			\$	
*Historical Cost _____				
Accum. Depreciation _____				
Net _____				
7. Motor Vehicles			\$	
*Historical Cost _____				
Accum. Depreciation _____				
Net _____				
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	

* 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
Sheltering Arms	1268	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
_____		_____	_____	
7. Other Assets (<i>itemize</i>)			\$	

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

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

Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility Sheltering Arms		License No. 1268	Report for Year Ended 9/30/2016	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	
2. Notes Payable (<i>itemize</i>)				\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	

A-13. Total Current Liabilities (Lines A1 thru 12)				\$	

* 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 Sheltering Arms		License No. 1268	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:					
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	

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

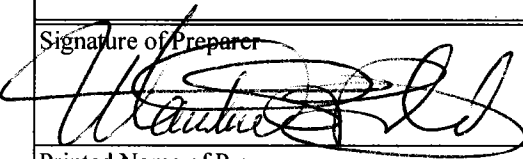
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Sheltering Arms	1268	9/30/2016	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			\$	(1,833,992)
6. Gain or Loss for Period	10/1/2015	thru 9/30/2016	\$	(108,162)
7. Total Net Worth			\$	(1,942,154)
C. Total Reserves and Net Worth			\$	(1,942,154)
D. Total Liabilities, Reserves, and Net Worth			\$	(1,942,154)

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Sheltering Arms	1268	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(1,833,992)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	1,235,978
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	1,344,140
D. Net Income or Deficit			\$	(108,162)
E. Balance			\$	(1,942,154)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Expenses Per Page 27			\$1,263,182	
F/S vs C/R Depreciation			80,958	
Total Expenses Per F/S			\$1,344,140	
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			\$	(1,942,154)
				09/30/16

I. Preparer's/Reviewer's Certification

Name of Facility Sheltering Arms	License No. 1268	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
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 PRINCIPAL	Date Signed 1/26/17		
Printed Name of Preparer Matthew S. Bivolack				
Address Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600		

Subject to the attached accountants' consulting report

ACCOUNTANTS' CONSULTING REPORT

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

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

This report is intended solely for the information and use of the management of Sheltering Arms and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT
January 25, 2017

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

Facility Name Sheltering Arms

Complete the following check list. **Provide an explanation for any "No" answers.** Attach additional sheets to explain further, if necessary.

Yes No

1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

Explanation: _____

Yes No

2. Are the methods of allocating costs consistent with cost year 2015? If not, explain the reporting change.

Explanation: _____

Yes No

3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.

Explanation: _____

Yes No

4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Explanation: _____

Yes No

5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?

Explanation:

Yes No

6. During cost year 2016, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?

Explanation:

Yes No

7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?

Explanation:

Yes No

8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.

Explanation:

Yes No

9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation:

Yes No

10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation:

Yes No

11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?

Explanation: _____

Yes **No**

12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?

Explanation: _____

Yes **No**

13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from cost year 2015?

Explanation: _____

Yes **No**

14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?

Explanation: _____

Yes **No**

15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation: _____

Yes **No**

16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation: _____

Yes **No**

17. Have all contractual allowances been properly reported on Page 30?

Explanation:

Yes No

18. If the automated cost report was used, were all discrepancies on the Error Page addressed? If not addressed, explain why.

Explanation:

Yes No

19. Have Pages 1 and 37 been signed? *Cost reports without a signed Page 1 and 37 will not be accepted.*

Explanation:

Yes No

20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? *If detail is not provided, appropriate disallowances will be made.*

Explanation:

Yes No

21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?

Explanation:

Yes No

22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Explanation:

Client: **Sheltering Arms**
 Engagement: **Medicaid - Sheltering Arms 2016 Cost Report**
 Period Ending: **9/30/2016**
 Trial Balance: **A.01 - TB-other**

Account	Description	UNADJ 9/30/2016	JE Ref #	RJE	FINAL 9/30/2016
1100	Petty Cash	350.00			350.00
1290	Cash Savings -Sheltering Arms	19,683.00			19,683.00
1320	Cash C.D. - Richardson	10,210.00			10,210.00
1510	Accts. Rec. - Eldercare	31,616.00			31,616.00
1540	Accts. Rec. - Other	65.00			65.00
1750	Prepaid Insurance	78.00			78.00
1780	Prepaid Other Expense	1,008.00			1,008.00
1805	Land Improvements	6,127.00			6,127.00
1806	Accum Dep Land Improv	(2,564.00)			(2,564.00)
1820	Buildings	3,157,953.00			3,157,953.00
1825	Accum Dep Building	(1,861,754.00)			(1,861,754.00)
1840	Furniture & Equip.	288,211.00			288,211.00
1845	Accum Dep Furniture & Equip	(137,525.00)			(137,525.00)
2090	A/P - State of CT	29,674.00			29,674.00
2110	AP - Sheltering Arms	19,683.00			19,683.00
2280	Audit Reserve	48,716.00			48,716.00
2450	Deferred Rev - Other	2,110.00			2,110.00
3000	Net Assets	(2,094,022.00)			(2,094,022.00)
4000	Contributions U/R	(63,360.00)			(63,360.00)
5165	Foundation Revenue	(500.00)			(500.00)
5210	Fees - Title 19	(976,578.00)			(976,578.00)
5250	Fees - Private Pay	(166,643.00)			(166,643.00)
5400	Non-Operating Income	(35,839.00)			(35,839.00)
6100	Meal Revenue	(309.00)			(309.00)
6105	Cable Revenue	(7,750.00)			(7,750.00)
6120	Other Income	6.00			6.00
6130	Audit Reserve	15,000.00			15,000.00
6270	Int. Income - Richardson	(5.00)			(5.00)
7000	Salaries - Administrative	66,569.00			66,569.00
7005	Salaries - Director/Super	57,461.00			57,461.00
7030	Salaries - Nurses	13,370.00			13,370.00
7033	Salaries - Coordinator	36,424.00			36,424.00
7040	Salaries - Aides	236,743.00			236,743.00
7050	Salaries - Clerical	2,239.00			2,239.00
7065	Salaries - Dietary	167,366.00			167,366.00
7075	Salaries - Maintenance	24,045.00			24,045.00
7200	Long Term Dis. Ins.	1,567.00			1,567.00
7210	Medical Insurance	51,106.00			51,106.00
7225	Life Insurance	562.00			562.00
7400	Pension Plan	38,845.00			38,845.00
7500	F.I.C.A. Exp.	43,286.00			43,286.00
8000	Contract Services	21,272.00		10,237.00	31,509.00
8035	Physicals & Background	2,480.00			2,480.00
8040	Software Maintenance	1,004.00			1,004.00
8050	Accounting	23,201.00		(18,720.00)	4,481.00
8100	Small Equip.	8,484.00			8,484.00
8110	Medical/Dental Supplies	484.00			484.00
8120	Office Supplies	1,739.00			1,739.00
8125	Program Supplies	846.00			846.00
8160	Laundry Supplies	965.00			965.00
8165	Housekeeping Supplies	138.00			138.00
8170	Dietary Supplies	4,697.00			4,697.00
8180	Food Supplies	71,351.00			71,351.00
8190	Paper Goods	4,592.00			4,592.00
8195	Recreation Supplies	1,508.00		3,431.00	4,939.00
8200	Telephone Exp.	7,767.00			7,767.00
8210	Cell Phone Exp.	240.00			240.00
8220	Postage	285.00			285.00
8226	Interest Expense-Capital	27,981.00			27,981.00
8235	License Fees	968.00			968.00
8310	Electricity	35,005.00			35,005.00

Account	Description	UNADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
8320	Water & Sewer	10,991.00			10,991.00
8330	Gas	13,091.00			13,091.00
8350	Maint. Materials	5,111.00			5,111.00
8355	Contracted Repairs/M	62,047.00		(31,951.00)	30,096.00
8400	Leased Equipment	1,554.00			1,554.00
8500	Printing	208.00			208.00
8520	Advertising - Employment	2,389.00			2,389.00
8530	Advertising - Marketing	6,145.00			6,145.00
8600	Co. Vehicle - Gas	288.00			288.00
8605	Co. Vehicle - Maintenance	836.00			836.00
8610	Co. Vehicle - Insurance	413.00			413.00
8700	Employee Transportation	1,223.00			1,223.00
8760	Staff Education/Training	305.00			305.00
9000	Membership Dues	948.00			948.00
9100	Depreciation Exp.	136,537.00			136,537.00
9105	Alloc Depreciation Exp.	18,052.00			18,052.00
9800	GA Allocation	144,472.00			144,472.00
9805	Non-Allow GA Allocation	21,943.00			21,943.00
Marcum 101	CIP	0.00		37,003.00	37,003.00
Total				0.00	
Net (Income) Loss		0.00		0.00	0.00

Client: **Sheltering Arms**
 Engagement: **Medicaid - Sheltering Arms 2016 Cost Report**
 Period Ending: **9/30/2016**
 Trial Balance: **A.01 - TB-other**
 Workpaper: **A.03 - Grouped TB**

Account	Description	FINAL 9/30/2016	1st PP-FINAL 9/30/2015
Group : [10-A] Salaries and Wages			
Subgroup : [2] Administrators			
7000	Salaries - Administrative	66,569.00	62,337.27
Subtotal [2] Administrators		66,569.00	62,337.27
Subgroup : [4] Other Administrative Salaries			
7050	Salaries - Clerical	2,239.00	2,160.10
Subtotal [4] Other Administrative Salaries		2,239.00	2,160.10
Subgroup : [5C] Dietary Workers			
7065	Dietary	167,366.00	166,520.89
Subtotal [5C] Dietary Workers		167,366.00	166,520.89
Subgroup : [7B] Other Maintenance Workers			
7075	Salaries - Maintenance	24,045.00	29,911.32
Subtotal [7B] Other Maintenance Workers		24,045.00	29,911.32
Subgroup : [12C1] LPNs - Direct Care			
7005	Salaries - Director/Super	57,461.00	55,747.24
7030	Salaries - Nurses	13,370.00	12,941.49
Subtotal [12C1] LPNs - Direct Care		70,831.00	68,688.73
Subgroup : [12D] Aides and Attendants			
7040	Salaries - Aides	236,743.00	228,469.55
Subtotal [12D] Aides and Attendants		236,743.00	228,469.55
Subgroup : [12H] Recreation Workers			
7033	Salaries - Coordinator	36,424.00	35,609.10
Subtotal [12H] Recreation Workers		36,424.00	35,609.10
Total [10-A] Salaries and Wages		604,217.00	593,696.96
Group : [15] Expenditures Other than Salaries			
Subgroup : [1A2] Disability Insurance			
7200	Long Term Dis. Ins.	1,567.00	1,824.07
Subtotal [1A2] Disability Insurance		1,567.00	1,824.07
Subgroup : [1A4] Social Security (FICA)			
7500	F.I.C.A. Exp.	43,286.00	42,950.88
Subtotal [1A4] Social Security (FICA)		43,286.00	42,950.88
Subgroup : [1A5] Health Insurance			
7210	Medical Insurance	51,106.00	50,572.30
Subtotal [1A5] Health Insurance		51,106.00	50,572.30
Subgroup : [1A6] Life Insurance			
7225	Life Insurance	562.00	554.84
Subtotal [1A6] Life Insurance		562.00	554.84
Subgroup : [1A7] Pensions			
7400	Pension Plan	38,845.00	42,095.07
Subtotal [1A7] Pensions		38,845.00	42,095.07
Subgroup : [1A9] Other			
8035	Physicals & Background	2,480.00	2,030.00
Subtotal [1A9] Other		2,480.00	2,030.00
Subgroup : [1D] Accounting and Auditing			
8050	Accounting	4,481.00	12,429.15
Subtotal [1D] Accounting and Auditing		4,481.00	12,429.15
Subgroup : [1E] Legal			
8045	Legal	0.00	6,244.65
Subtotal [1E] Legal		0.00	6,244.65
Subgroup : [1G] Office Supplies			
8040	Software Maintenance	1,004.00	2,090.09
8120	Office Supplies	1,739.00	1,094.57

Client: **Sheltering Arms**
 Engagement: **Medicaid - Sheltering Arms 2016 Cost Report**
 Period Ending: **9/30/2016**
 Trial Balance: **A.01 - TB-other**
 Workpaper: **A.03 - Grouped TB**

Account	Description	FINAL 9/30/2016	1st PP-FINAL 9/30/2015
8125	Program Supplies	846.00	222.32
8500	Printing	208.00	0.00
Subtotal [1G] Office Supplies		3,797.00	3,406.98
Subgroup : [1H1] Telephone and Telegraph			
8200	Telephone Exp.	7,767.00	8,987.61
Subtotal [1H1] Telephone and Telegraph		7,767.00	8,987.61
Subgroup : [1H2] Cellular Phones and Beepers			
8210	Cell Phone Exp.	240.00	(944.81)
Subtotal [1H2] Cellular Phones and Beepers		240.00	(944.81)
Total [15] Expenditures Other than Salaries		154,131.00	170,150.74
Group : [16] Expenditures Other than Salaries (cont'd) - Admin. and General			
Subgroup : [4] Employee Travel			
8700	Employee Transportation	1,223.00	713.57
Subtotal [4] Employee Travel		1,223.00	713.57
Subgroup : [5] Education Expense			
8760	Staff Education/Training	305.00	(1,948.97)
8780	Conf. & Meetings - Internal	0.00	190.61
Subtotal [5] Education Expense		305.00	(1,758.36)
Subgroup : [6] Automobile Expense			
8600	Co. Vehicle - Gas	288.00	466.17
8605	Co. Vehicle - Maintenance	836.00	409.45
Subtotal [6] Automobile Expense		1,124.00	875.62
Subgroup : [M1] Advertising Help Wanted			
8520	Advertising - Employment	2,389.00	1,505.81
Subtotal [M1] Advertising Help Wanted		2,389.00	1,505.81
Subgroup : [M2] Advertising Telephone Directory			
8205	Directory Adv.	0.00	284.64
Subtotal [M2] Advertising Telephone Directory		0.00	284.64
Subgroup : [M3] Advertising Other			
8530	Advertising - Marketing	6,145.00	4,749.28
Subtotal [M3] Advertising Other		6,145.00	4,749.28
Subgroup : [M7] Postage			
8220	Postage	285.00	239.34
Subtotal [M7] Postage		285.00	239.34
Subgroup : [M8] Dues and Membership Fees			
9000	Membership Dues	948.00	1,152.70
Subtotal [M8] Dues and Membership Fees		948.00	1,152.70
Subgroup : [M9] Subscriptions			
8505	Subscriptions	0.00	16.14
Subtotal [M9] Subscriptions		0.00	16.14
Subgroup : [M12] Administrative Management Services			
9800	GA Allocation	144,472.00	139,934.66
Subtotal [M12] Administrative Management Services		144,472.00	139,934.66
Subgroup : [M13] Other			
8235	License Fees	968.00	652.48
9805	Non-Allow GA Allocation	21,943.00	12,616.79
Subtotal [M13] Other		22,911.00	13,269.27
Total [16] Expenditures Other than Salaries (cont'd) - Admin. and General		179,802.00	160,982.67
Group : [18] Dietary Basis for Allocation of Costs			
Subgroup : [2A1] Raw Food			
8180	Food Supplies	71,351.00	68,275.17
Subtotal [2A1] Raw Food		71,351.00	68,275.17
Subgroup : [2A2] Non-Food Supplies			

Client: **Shelting Arms**
 Engagement: **Medicaid - Shelting Arms 2016 Cost Report**
 Period Ending: **9/30/2016**
 Trial Balance: **A.01 - TB-other**
 Workpaper: **A.03 - Grouped TB**

Account	Description	FINAL	1st PP-FINAL
		9/30/2016	9/30/2015
8170	Dietary Supplies	4,697.00	5,367.22
8190	Paper Goods	4,592.00	4,843.70
Subtotal [2A2] Non-Food Supplies		9,289.00	10,210.92
Total [18] Dietary Basis for Allocation of Costs		80,640.00	78,486.09
Group : [19] Laundry-Basis for Allocation of Costs			
Subgroup : [3D] Other			
8160	Laundry Supplies	965.00	1,201.84
Subtotal [3D] Other		965.00	1,201.84
Total [19] Laundry-Basis for Allocation of Costs		965.00	1,201.84
Group : [20] Housekeeping and Resident Care Basis for Allocation of Costs			
Subgroup : [4B] Purchased Services			
8000	Contract Services	31,509.00	30,994.07
Subtotal [4B] Purchased Services		31,509.00	30,994.07
Subgroup : [4D] Other			
8165	Housekeeping Supplies	138.00	182.07
Subtotal [4D] Other		138.00	182.07
Subgroup : [5B] Medicine Cabinet Drugs			
8110	Medical/Dental Supplies	484.00	344.24
Subtotal [5B] Medicine Cabinet Drugs		484.00	344.24
Subgroup : [5I] Recreation			
8195	Recreation Supplies	4,939.00	4,216.36
Subtotal [5I] Recreation		4,939.00	4,216.36
Total [20] Housekeeping and Resident Care Basis for Allocation of Costs		37,070.00	35,736.74
Group : [22] Maintenance and Property			
Subgroup : [6A] Repairs and Maintenance			
8350	Maint. Materials	5,111.00	5,427.80
Subtotal [6A] Repairs and Maintenance		5,111.00	5,427.80
Subgroup : [6B] Heat			
8330	Gas	13,091.00	14,239.14
Subtotal [6B] Heat		13,091.00	14,239.14
Subgroup : [6C] Light & Power			
8310	Electricity	35,005.00	31,328.02
Subtotal [6C] Light & Power		35,005.00	31,328.02
Subgroup : [6D] Water			
8320	Water & Sewer	10,991.00	9,015.76
Subtotal [6D] Water		10,991.00	9,015.76
Subgroup : [6E] Equipment Lease			
8400	Leased Equipment	1,554.00	1,333.20
Subtotal [6E] Equipment Lease		1,554.00	1,333.20
Subgroup : [6F] Other			
8100	Small Equip.	8,484.00	4,306.08
8355	Contracted Repairs/M	30,096.00	17,592.84
Subtotal [6F] Other		38,580.00	21,898.92
Subgroup : [8D] Other			
9100	Depreciation Exp.	136,537.00	132,646.02
9105	Alloc Depreciation Exp.	18,052.00	15,529.09
Subtotal [8D] Other		154,589.00	148,175.11
Total [22] Maintenance and Property		258,921.00	231,417.95
Group : [27] Interest and Insurance			
Subgroup : [12D] Other Interest Expense			
8226	Interest Expense-Capital	27,981.00	26,638.18
Subtotal [12D] Other Interest Expense		27,981.00	26,638.18
Subgroup : [14B] Insurance of Automobiles			

Client: **Sheltering Arms**
 Engagement: **Medicaid - Sheltering Arms 2016 Cost Report**
 Period Ending: **9/30/2016**
 Trial Balance: **A.01 - TB-other**
 Workpaper: **A.03 - Grouped TB**

Account	Description	FINAL	1st PP-FINAL
		9/30/2016	9/30/2015
8610	Co. Vehicle - Insurance	413.00	374.91
Subtotal [14B] Insurance of Automobiles		413.00	374.91
Total [27] Interest and Insurance		28,394.00	27,013.09
Group : [30] Statement of Revenue			
Subgroup : [1A] Medicaid Residents (CT only)			
5210	Fees - Title 19	(976,578.00)	(815,182.03)
5400	Non-Operating Income	(35,839.00)	(32,975.90)
6130	Audit Reserve	15,000.00	15,000.00
Subtotal [1A] Medicaid Residents (CT only)		(997,417.00)	(833,157.93)
Subgroup : [4A] Private-pay residents and other			
5250	Fees - Private Pay	(166,643.00)	(258,750.13)
Subtotal [4A] Private-pay residents and other		(166,643.00)	(258,750.13)
Subgroup : [11] Meals sold to guests, employees, and others			
6100	Meal Revenue	(309.00)	(585.50)
Subtotal [11] Meals sold to guests, employees, and others		(309.00)	(585.50)
Subgroup : [14] Rental of Televisions and Cable Services			
6105	Cable Revenue	(7,750.00)	(6,525.00)
Subtotal [14] Rental of Televisions and Cable Services		(7,750.00)	(6,525.00)
Subgroup : [15] Interest Income			
6270	Int. Income - Richardson	(5.00)	(5.10)
Subtotal [15] Interest Income		(5.00)	(5.10)
Subgroup : [18] Other Revenue			
4000	Contributions U/R	(63,360.00)	(59,667.63)
5135	Grant Revenue Equipment	0.00	(100,000.00)
5165	Foundation Revenue	(500.00)	0.00
6120	Other Income	6.00	(15.00)
Subtotal [18] Other Revenue		(63,854.00)	(159,682.63)
Total [30] Statement of Revenue		(1,235,978.00)	(1,258,706.29)
Group : [31-32] Assets			
Subgroup : None			
1100	Petty Cash	350.00	350.00
1290	Cash Savings -Sheltering Arms	19,683.00	16,082.85
1320	Cash C.D. - Richardson	10,210.00	10,204.59
1510	Accts. Rec. - Eldercare	31,616.00	28,970.87
1540	Accts. Rec. - Other	65.00	65.00
1750	Prepaid Insurance	78.00	61.96
1780	Prepaid Other Expense	1,008.00	1,639.53
1805	Land Improvements	6,127.00	7,326.65
1806	Accum Dep Land Improv	(2,564.00)	(2,599.17)
1820	Buildings	3,157,953.00	3,176,072.86
1825	Accum Dep Building	(1,861,754.00)	(1,757,758.42)
1840	Furniture & Equip.	288,211.00	299,531.36
1845	Accum Dep Furniture & Equip	(137,525.00)	(129,530.62)
Marcum 101	CIP	37,003.00	0.00
Subtotal : None		1,550,461.00	1,650,417.46
Total [31-32] Assets		1,550,461.00	1,650,417.46
Group : [33-34] Liabilities			
Subgroup : None			
2090	A/P - State of CT	29,674.00	74,194.13
2110	AP - Sheltering Arms	19,683.00	16,082.85
2280	Audit Reserve	48,716.00	33,715.87
2450	Deferred Rev - Other	2,110.00	636.48
Subtotal : None		100,183.00	124,629.33
Total [33-34] Liabilities		100,183.00	124,629.33
Group : [35] Equity			
Subgroup : None			
3000	Net Assets	(2,094,022.00)	(1,932,376.44)
Subtotal : None		(2,094,022.00)	(1,932,376.44)

Client: **Sheltering Arms**
Engagement: **Medicaid - Sheltering Arms 2016 Cost Report**
Period Ending: **9/30/2016**
Trial Balance: **A.01 - TB-other**
Workpaper: **A.03 - Grouped TB**

Account	Description	FINAL	1st PP-FINAL
		<u>9/30/2016</u>	<u>9/30/2015</u>
Total [35] Equity		<u>(2,094,022.00)</u>	<u>(1,932,376.44)</u>
	Sum of Account Groups	(2,094,022.00)	(1,932,376.44)
	Net (Income) Loss	0.00	0.00

Client: **Sheltering Arms**
 Engagement: **Medicaid - Sheltering Arms 2016 Cost Report**
 Period Ending: **9/30/2016**
 Trial Balance: **A.01 - TB-other**
 Workpaper: **Reclassifying Journal Entries Report**

Account	Description	W/P Ref	Debit	Credit
Reclassifying Journal Entries JE # 1		D.03		
To reclass housekeeping purchased service from other R&M.				
8000	Contract Services		31,551.00	
8355	Contracted Repairs/M			31,551.00
Total			31,551.00	31,551.00
Reclassifying Journal Entries JE # 2		D.03		
To reclassify television services as recreation				
8195	Recreation Supplies		3,431.00	
8000	Contract Services			3,031.00
8355	Contracted Repairs/M			400.00
Total			3,431.00	3,431.00
Reclassifying Journal Entries JE # 3		A.02a & D.03		
To reclass CON costs to CIP				
Marcum 101	CIP		37,003.00	
8000	Contract Services			18,283.00
8050	Accounting			18,720.00
Total			37,003.00	37,003.00



Provider Name: Sheltering Arms
 Provider Number: 1268
 Period Ended: 9/30/16

Name of Workpaper: VHCL CKLST

VEHICLE COMPLIANCE CHECKLIST

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

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

Conclusion: