

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Ledgecrest Health Care Center	
Address (No. & Street, City, State, Zip Code) 154 Kensington Rd. Kensington, CT 06037	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2046-C	RHNS	(Specify)	Medicare Provider 07-5230
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Medicaid Provider Numbers:	CCNH 220468	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Ledgecrest Health Care Center	License No. 2046-C	Report for Year Ended 9/30/2015	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 Ledgecrest Health Care Center [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

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

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Ledgecrest Health Care Center		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 154 Kensington Rd. Kensington, CT 06037				
Report Prepared By Apple Health Care, Inc.		Phone Number (860) 678-9755	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-828-0583		Report for Year Ended 9/30/2015		Page 2	of 37
Name of Facility (as shown on license) Ledgecrest Health Care Center			Address (No. & Street, City, State, Zip) 154 Kensington Rd. Kensington, CT 06037		
License Numbers:		CCNH 2046-C	RHNS	(Specify)	Medicare Provider No. 07-5230
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator David Desell			Nursing Home Administrator's License No.:	1861	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Ledgecrest Health Care Center	License No. 2046-C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation Ledgecrest Health Care Center	Business Address 154 Kensington Rd. Kensington, CT 06037	State(s) in Which Incorporated Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	
Ryan Vess	21 Waterville Road Avon, CT 06001	Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Brian J. Foley	21 Waterville Rd. Avon, CT 06001	President	100	

**General Information and Questionnaire
 Related Parties***

Name of Facility Ledgecrest Health Care Center	License No. 2046-C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Brian J. Foley	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Rental	Pg. 22 Line 9	348,000	348,000
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	308,254	308,254
Healthport Services	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10/13 Schedule	19,405	19,405
Allstar	21 Waterville Road Avon, CT	<input checked="" type="radio"/>	<input type="radio"/>	15%	Therapy Services	Pg. 13 B5/B9/B10	202,114	185,339
Corporate Employee	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	8,153	8,153
Employees @ various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	99,910	99,910
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	11,902	11,902
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	181,728	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	19,093	

* Use additional sheets if necessary.

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

Annual Report of Long-Term Care Facility

**General Information and Questionnaire
Related Parties***

Name of Facility Ledgecrest Health Care Center		License No. 2046-C	Report for Year Ended 9/30/2015		Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?					Yes x 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?					x Yes No	If "Yes," provide the following information:		
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Unum Life Insurance	PO Box 406946 Atlanta, GA	X			Group Life & Disability	Pg. 15 1a6	7,689	
Marsh	PO Box 19636 Newark, NJ	X			Property, Liability, & Umbrella Insurance	Pg. 27 14a	50,794	
Medstat	41 Northwest Dr. Plainville, CT	X		9%	Pharmacy	Pg. 13B3/Pg. 20 5a1	37,926	36,409
AIG	PO Box 10472 Newark, NJ	X			Worker's Compensation	Pg. 15 1a1	76,237	
Swallowing Diagnostics	21 Waterville Rd. Avon, CT	X		83%	Diagnostic Services	Pg. 20 5f	720	547
Bendan Foley	21 Waterville Rd. Avon, CT	X				##		
Ryan Vess	21 Waterville Rd. Avon, CT		X			##		

* Use additional sheets if necessary.

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

Related expense has been disallowed on Pg. 28 Line 23

**Ledgecrest
Shared Employees
Provider 1068-C
Cost Report 2015**

41001- Salaries Administrator

Source	Facility	Employee	Amount	Hours
Optimum	Corporate	Desell	35,978.46	960.00
Smartlinks	Corporate	Desell	41,981.23	1,120.00
			77,959.69	2,080.00

41002- Salaries Clerical

Source	Facility	Employee	Amount	Hours
2/28/2015	Plainville	Rivera	(224.81)	(16.50)
			(224.81)	(16.50)

41003- Salaries Accounting

Source	Facility	Employee	Amount	Hours
Payroll	corporate		1,519.00	49.00
Billing	corporate		6,634.00	305.00
12/31/2014	Liberty Hall	Coney	681.75	27.00
12/31/2014	High View	Rickert	420.00	16.00
1/31/2015	Liberty Hall	Coney	795.38	31.50
1/31/2015	High View	Rickert	315.00	12.00
1/31/2015	Plainville	Fontanez	137.92	8.00
2/28/2015	Liberty Hall	Coney	808.00	32.00
3/31/2015	Liberty Hall	Coney	101.00	4.00
			3,259.05	130.50

Corporate Employee: Page 4

8,153.00

41006- Salaries Maintenance

Source	Facility	Employee	Amount	Hours
1/31/2015	High View	Kane	99.25	5.00
			99.25	5.00

45001 - Salaries RN

Source	Facility	Employee	Amount	Hours
10/31/2014	Coccoma	Holcombe	(913.50)	(32.50)
11/30/2014	Coccoma	Holcombe	576.00	16.00
12/31/2014	Plainville	Holcombe	790.50	23.50
1/31/2015	Coccoma	Holcombe	280.00	8.00
2/28/2015	Coccoma	Holcombe	434.75	9.25

5/31/2015	Healthport	Matthews	9.75	0.50
7/31/2015	Healthport	Matthews	16.50	8.25
			1,194.00	33.00

45002 - Salaries - LPN

Source	Facility	Employee	Amount	Hours
4/30/2015	Healthport	Parker	288.75	9.25
			288.75	9.25

45003 - Salaries - CNA

Source	Facility	Employee	Amount	Hours
10/31/2014	Ridgeview	Ricketts	716.40	54.50
10/31/2014	Brightview	Forrester	195.75	14.50
10/31/2014	Coccoma	Torres	(374.95)	(25.00)
11/30/2014	Plainville	Clarke	(282.00)	(24.00)
12/31/2014	Plainville	Clarke	(94.00)	(8.00)
1/31/2015	Plainville	Rivera	30.00	2.00
1/31/2015	Coccoma	Torres	(123.17)	(8.25)
2/28/2015	Plainville	Rivera	(4.13)	(0.25)
3/31/2015	Coccoma	Torres	(337.60)	(8.00)
3/31/2015	Coccoma	Guardiola	(219.36)	(16.75)
3/31/2015	High View	Ricketts	103.13	8.25
			(389.93)	(11.00)

45017- Salaries MDS Coordinator

Source	Facility	Employee	Amount	Hours
10/31/2014	Westfield	Latronica	(1,162.30)	(41.50)
11/30/2014	Westfield	Latronica	(940.00)	(33.00)
12/31/2014	Westfield	Latronica	(679.00)	(24.25)
1/31/2015	Westfield	Latronica	(938.00)	(33.50)
2/28/2015	Westfield	Latronica	(812.00)	(28.75)
3/31/2015	Westfield	Latronica	(259.00)	(9.25)
			(4,790.30)	(170.25)

50001- Salaries Dietician

Source	Facility	Employee	Amount	Hours
10/31/2014	Plainville	Bighinatti	780.00	26.00
11/30/2014	High View	Carlson	120.00	4.00
11/30/2014	Plainville	Bighinatti	495.00	16.50
12/31/2014	Plainville	Bighinatti	570.00	19.00
1/31/2015	Plainville	Bighinatti	660.00	22.00

2/28/2015	Plainville	Bighinatti	510.00	17.00
3/31/2015	Plainville	Bighinatti	240.00	8.00
			3,375.00	112.50

50002- Salaries Chefs, Cooks

Source	Facility	Employee	Amount	Hours
10/31/2014	Elm Hill	Sadik	1,001.00	71.50
10/31/2014	High View	Cassarino	125.00	10.00
11/30/2014	Elm Hill	Sadik	675.50	48.25
12/31/2014	Ridgeview	Gentile	131.63	12.50
12/31/2014	Elm Hill	Sadik	327.25	20.75
1/31/2015	Elm Hill	Sadik	395.50	23.50
2/28/2015	Elm Hill	Sadik	297.50	21.25
			2,953.38	207.75

50003- Salaries Dietary Aids

Source	Facility	Employee	Amount	Hours
12/31/2014	Elm Hill	Koni	(256.00)	(24.00)
12/31/2014	High View	Vitale	52.50	5.00
1/31/2015	High View	Bell	60.38	5.75
2/28/2015	Elm Hill	Sadik	210.00	15.00
			66.88	1.75

Total Shared Employee 83,790.96 2,382.00

Ledgecrest

45022- Purch Service RN - ESP

Source	Facility	Employee	Amount	Hours
10/31/2014	Healthport	Matthews	331.50	8.50
11/30/2014	Healthport	Matthews	331.50	8.50
12/31/2014	Healthport	Matthews	365.25	8.75
2/28/2015	Healthport	Plantamuro	393.00	10.25
10/31/2014	healthport	INDIRECT ALLOCATION	111.47	
11/30/2014	healthport	INDIRECT ALLOCATION	196.74	
12/31/2014	healthport	INDIRECT ALLOCATION	0.00	
2/28/2015	healthport	INDIRECT ALLOCATION	146.00	
4/30/2015	healthport	INDIRECT ALLOCATION	158.00	
9/30/2015	healthport	INDIRECT ALLOCATION	478.00	
			2,511.46	36.00

45023- Purch Service LPN - ESP

Source	Facility	Employee	Amount	Hours
10/31/2014	Healthport	Varrone	561.00	17.00
10/31/2014	Healthport	Indirect		
10/31/2014	healthport	INDIRECT ALLOCATION	188.65	
11/30/2014	healthport	INDIRECT ALLOCATION	-	
12/31/2014	healthport	INDIRECT ALLOCATION	-	
2/28/2015	healthport	INDIRECT ALLOCATION	-	
			749.65	17.00

oct - dec
jan - sept

1336.46
<u>539</u>
<u><u>1875.46</u></u>

-636

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jan - sept

749.65
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**Ledgecrest
 Shared Employee - Smartlinks
 Cost Year End 9/30/15**

21970154 PERAULT	GREGORY	21 Ledgecrest	17 Middletown	917-41006
21970195 LATRONICA	LORIE	21 Ledgecrest	18 Westfield	918-45017
21970195 LATRONICA	LORIE	21 Ledgecrest	18 Westfield	918-45017
21970195 LATRONICA	LORIE	21 Ledgecrest	18 Westfield	918-45017
21970195 LATRONICA	LORIE	21 Ledgecrest	18 Westfield	918-45017
19970349 HOLCOMBE	CHANTAL	19 Cocco	21 Ledgecrest	921-45001
29970720 Gaitsgor	Stanislav	29 Healthport Svcs	21 Ledgecrest	921-45001
29970210 Matthews	Alexis	29 Healthport Svcs	21 Ledgecrest	921-45001
29970210 Matthews	Alexis	29 Healthport Svcs	21 Ledgecrest	921-45001
29970210 Matthews	Alexis	29 Healthport Svcs	21 Ledgecrest	921-45001
19970349 HOLCOMBE	CHANTAL	19 Cocco	21 Ledgecrest	921-45001
29970210 Matthews	Alexis	29 Healthport Svcs	21 Ledgecrest	921-45001
29970816 Lord	Tarah	29 Healthport Svcs	21 Ledgecrest	921-45001
29970210 Matthews	Alexis	29 Healthport Svcs	21 Ledgecrest	921-45001
29970816 Lord	Tarah	29 Healthport Svcs	21 Ledgecrest	921-45001
29970210 Matthews	Alexis	29 Healthport Svcs	21 Ledgecrest	921-45001
29970816 Lord	Tarah	29 Healthport Svcs	21 Ledgecrest	921-45001
29970210 Matthews	Alexis	29 Healthport Svcs	21 Ledgecrest	921-45001
29970816 Lord	Tarah	29 Healthport Svcs	21 Ledgecrest	921-45001
29970210 Matthews	Alexis	29 Healthport Svcs	21 Ledgecrest	921-45001
29970816 Lord	Tarah	29 Healthport Svcs	21 Ledgecrest	921-45001
29970210 Matthews	Alexis	29 Healthport Svcs	21 Ledgecrest	921-45001
29970816 Lord	Tarah	29 Healthport Svcs	21 Ledgecrest	921-45001
29970210 Matthews	Alexis	29 Healthport Svcs	21 Ledgecrest	921-45001
29970826 Feola	Christen	29 Healthport Svcs	21 Ledgecrest	921-45001
29970816 Lord	Tarah	29 Healthport Svcs	21 Ledgecrest	921-45001
29970210 Matthews	Alexis	29 Healthport Svcs	21 Ledgecrest	921-45001
19970349 HOLCOMBE	CHANTAL	19 Cocco	21 Ledgecrest	921-45001
29970210 Matthews	Alexis	29 Healthport Svcs	21 Ledgecrest	921-45001
29970271 Arshad	Mohamed	29 Healthport Svcs	21 Ledgecrest	921-45002
29970204 Bagley	Barbara	29 Healthport Svcs	21 Ledgecrest	921-45002
29000058 Chapman	Maura	29 Healthport Svcs	21 Ledgecrest	921-45002
29970276 Gayle-Smith	Laverne	29 Healthport Svcs	21 Ledgecrest	921-45002
29970702 Jones	Paula	29 Healthport Svcs	21 Ledgecrest	921-45002
29970702 Jones	Paula	29 Healthport Svcs	21 Ledgecrest	921-45002
29970969 LaCoss	Gail	29 Healthport Svcs	21 Ledgecrest	921-45002
29970268 Parker	Charmayne	29 Healthport Svcs	21 Ledgecrest	921-45002
29970268 Parker	Charmayne	29 Healthport Svcs	21 Ledgecrest	921-45002
29970268 Parker	Charmayne	29 Healthport Svcs	21 Ledgecrest	921-45002

29970268 Parker	Charmayne	29 Healthport Svcs	21 Ledgecrest	921-45002
29970278 Pinnock-Bennett	Delrose	29 Healthport Svcs	21 Ledgecrest	921-45002
29970278 Pinnock-Bennett	Delrose	29 Healthport Svcs	21 Ledgecrest	921-45002
29970307 Sadoski	Aurora	29 Healthport Svcs	21 Ledgecrest	921-45002
29970308 Sewell	KerryAnn	29 Healthport Svcs	21 Ledgecrest	921-45002
29970308 Sewell	KerryAnn	29 Healthport Svcs	21 Ledgecrest	921-45002
29970174 Varrone	Christine	29 Healthport Svcs	21 Ledgecrest	921-45002

19971808 MCDONALD	KEISHA	19 Cocomo	21 Ledgecrest	921-45003
22970508 RICKETTS	YOLANDA	22 Cromwell	21 Ledgecrest	921-45003
22970508 RICKETTS	YOLANDA	22 Cromwell	21 Ledgecrest	921-45003
22970508 RICKETTS	YOLANDA	22 Cromwell	21 Ledgecrest	921-45003
22970372 THOMPSON-BROWN	SUZETTE	22 Cromwell	21 Ledgecrest	921-45003
22970372 THOMPSON-BROWN	SUZETTE	22 Cromwell	21 Ledgecrest	921-45003
22970372 THOMPSON-BROWN	SUZETTE	22 Cromwell	21 Ledgecrest	921-45003
22970372 THOMPSON-BROWN	SUZETTE	22 Cromwell	21 Ledgecrest	921-45003
21970314 RIVERA	HEATHER	21 Ledgecrest	22 Cromwell	922-45003
21970314 RIVERA	HEATHER	21 Ledgecrest	22 Cromwell	922-45003
21970314 RIVERA	HEATHER	21 Ledgecrest	22 Cromwell	922-45003
21970314 RIVERA	HEATHER	21 Ledgecrest	22 Cromwell	922-45003
21970314 RIVERA	HEATHER	21 Ledgecrest	22 Cromwell	922-45003
21970314 RIVERA	HEATHER	21 Ledgecrest	22 Cromwell	922-45003
21970314 RIVERA	HEATHER	21 Ledgecrest	20 Farmington	920-45003
21970314 RIVERA	HEATHER	21 Ledgecrest	20 Farmington	920-45003

Salaries - Maintenance - JobTitle = MAINTENANCE	9/17/2015	(10.00)	(120.00)
Total		(10.00)	(120.00)
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	5/7/2015	(9.50)	(266.00)
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	5/14/2015	(8.75)	(245.00)
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	5/21/2015	(8.75)	(245.00)
Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	5/28/2015	(9.50)	(266.00)
Total		(36.50)	(1,022.00)
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/30/2015	2.00	32.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/21/2015	18.00	342.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/21/2015	49.50	701.25
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/28/2015	24.50	345.75
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/11/2015	24.00	336.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/18/2015	44.00	604.16
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/16/2015	8.00	24.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/23/2015	32.50	520.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/23/2015	58.00	735.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/30/2015	17.00	272.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/30/2015	41.25	684.75
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/6/2015	33.50	536.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/6/2015	58.50	1,035.07
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/13/2015	49.50	792.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/13/2015	65.50	1,021.25
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/20/2015	17.50	280.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/20/2015	16.00	320.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/27/2015	51.00	765.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/27/2015	32.50	520.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/27/2015	41.00	675.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/3/2015	17.75	283.81
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/17/2015	24.50	498.38
Total		726.00	11,323.92
Salaries LPN - JobTitle = LPN SNF	8/27/2015	21.25	329.16
Salaries LPN - JobTitle = LPN SNF	5/21/2015	20.50	338.25
Salaries LPN - JobTitle = LPN SNF	9/10/2015	8.50	263.50
Salaries LPN - JobTitle = LPN SNF	7/16/2015	17.00	255.00
Salaries LPN - JobTitle = LPN SNF	6/25/2015	16.50	264.00
Salaries LPN - JobTitle = LPN SNF	9/24/2015	16.50	264.00
Salaries LPN - JobTitle = LPN SNF	4/2/2015	17.00	272.00
Salaries LPN - JobTitle = LPN SNF	4/9/2015	18.00	297.00
Salaries LPN - JobTitle = LPN SNF	4/30/2015	54.00	891.00
Salaries LPN - JobTitle = LPN SNF	5/14/2015	17.00	280.50

Salaries LPN - JobTitle = LPN SNF	5/21/2015	16.00	264.00
Salaries LPN - JobTitle = LPN SNF	8/27/2015	17.00	280.50
Salaries LPN - JobTitle = LPN SNF	9/10/2015	28.50	470.25
Salaries LPN - JobTitle = LPN SNF	6/4/2015	16.50	247.50
Salaries LPN - JobTitle = LPN SNF	5/14/2015	16.50	239.25
Salaries LPN - JobTitle = LPN SNF	5/28/2015	16.50	239.25
Salaries LPN - JobTitle = LPN SNF	6/4/2015	33.00	544.50
Total		350.25	5,739.66

Salaries - Aides - JobTitle = CNA SNF	9/24/2015	16.00	104.00
Salaries - Aides - JobTitle = CNA SNF	4/30/2015	40.00	116.00
Salaries - Aides - JobTitle = CNA SNF	9/3/2015	88.25	412.14
Salaries - Aides - JobTitle = CNA SNF	9/24/2015	38.25	194.51
Salaries - Aides - JobTitle = CNA SNF	8/13/2015	24.75	111.39
Salaries - Aides - JobTitle = CNA SNF	8/20/2015	16.00	104.00
Salaries - Aides - JobTitle = CNA SNF	8/27/2015	39.00	205.50
Salaries - Aides - JobTitle = CNA SNF	9/3/2015	40.50	215.26
Salaries - Aides - JobTitle = CNA SNF	3/19/2015	(16.50)	(109.32)
Salaries - Aides - JobTitle = CNA SNF	4/16/2015	(32.50)	(245.39)
Salaries - Aides - JobTitle = CNA SNF	4/23/2015	(16.00)	(106.00)
Salaries - Aides - JobTitle = CNA SNF	4/30/2015	(16.50)	(109.32)
Salaries - Aides - JobTitle = CNA SNF	5/7/2015	(16.50)	(109.32)
Salaries - Aides - JobTitle = CNA SNF	6/4/2015	(39.00)	(371.19)
Salaries - Aides - JobTitle = CNA SNF	5/14/2015	(16.25)	(109.13)
Salaries - Aides - JobTitle = CNA SNF	5/21/2015	(16.00)	(106.00)
Total		133.50	197.13

Total 1,163.25 16,118.71

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Ledgecrest Health Care Center	License No. 2046-C	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.
-
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.
 The costs incurred by Apple Health Care, inc. (a related party), to provide Accounting and Managerial services to each facility owned by Brian J. Foley, are allocated on a per bed basis.
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)
- Yes No If "No," explain fully why such allocation was not made.
- N/A

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Ledgecrest Health Care Center			License No. 2046-C		Report for Year Ended 9/30/2015		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input checked="" type="radio"/> Yes <input type="radio"/> No	Total ***

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire Accounting Basis

Name of Facility Ledgecrest Health Care Center	License No. 2046-C	Report for Year Ended 9/30/2015	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 Saslow, Lufkin, & Buggy, LLP 2 Huban & Brazee 3 4	Address (No. & Street, City, State, Zip Code) 10 Tower Lane Avon, CT 06001 35 Wendell Avenue Pittsfield, MA 10202
---	---

Services Provided by This Firm (<i>describe fully</i>)	
1 Preparation of audited financials (dissallow Pg. 28)	\$ 2,905
2 Preparation of tax returns	\$ 2,025
3	\$
4	\$
Charge for Services Provided	\$ 4,930

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Law Offices of Jason G. DeGenaro, LLC 2 State Marshall Mr. Peter Smulski 3 Treasurer, State of CT 4 5	Telephone Number 203-453-4101
---	----------------------------------

Address (<i>No. & Street, City, State, Zip Code</i>) 1 23 Water St. Guilford, CT 06437 2 3 4 5	
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Services Provided by This Firm (<i>describe fully</i>)	
1 Collections	\$ 2,391
2	\$
3	\$
4	\$
5	\$
Charge for Services Provided	\$ 2,391

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

Schedule of Resident Statistics

Name of Facility Ledgecrest Health Care Center			License No. 2046-C		Report for Year Ended 9/30/2015				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	60	60			60	60			60	60			
B. On last day of THIS report period	60	60			60	60			60	60			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	50	50			50	50			52	52			
B. As of midnight of THIS report period	52	52			52	52			52	52			
3. Total Number of Days Care Provided During Period													
A. Medicare	763	763			685	685			78	78			
B. Medicaid (Conn.)	16,323	16,323			12,182	12,182			4,141	4,141			
C. Medicaid (other states)													
D. Private Pay	1,877	1,877			1,329	1,329			548	548			
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	18,963	18,963			14,196	14,196			4,767	4,767			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	18,963	18,963			14,196	14,196			4,767	4,767			

Schedule of Resident Statistics (Cont'd)

Name of Facility Ledgecrest Health Care Center			License No. 2046-C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	1		46		5								
Per Diem Rate													
a. One bed rm.					427.00								
b. Two bed rms.	Various		201.47		407.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								1,632	1,632				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								2,349	2,349				
D. Total Physical Therapy Treatments								3,981	3,981				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								543	543				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								519	519				
D. Total Speech Therapy Treatments								1,062	1,062				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,494	1,494				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								2,139	2,139				
D. Total Occupational Therapy Treatments								3,633	3,633				

Report of Expenditures - Salaries & Wages

Name of Facility Ledgecrest Health Care Center	License No. 2046-C	Report for Year Ended 9/30/2015	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	77,314	2,066				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	42,445	2,199				
5. Dietary Service						
a. Head Dietitian	3,375	113				
b. Food Service Supervisor	41,462	2,066				
c. Dietary Workers	185,234	13,657				
6. Housekeeping Service						
a. Head Housekeeper	32,948	1,308				
b. Other Housekeeping Workers	72,410	5,433				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	79,561	4,595				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	26,901	1,136				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	60,232	2,993				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	150,200	4,007				
b. RN						
1. Direct Care	389,462	12,069				
2. Administrative**	78,377	2,634				
c. LPN						
1. Direct Care	168,591	7,711				
2. Administrative**						
d. Aides and Attendants	682,974	47,167				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	48,376	3,074				
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	40,157	2,100				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	2,180,019	114,327				

* 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
Ledgecrest Health Care Center				2046-C	9/30/2015				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
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	
Ledgecrest Health Care Center				2046-C	9/30/2015			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
David DeSell	77,314				Administrator 10/1/2014-9/30/2015	2,066	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		
Ledgecrest Health Care Center	2046-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian	4,306	55				
2. Dentist	5,880	59				
3. Pharmacist	2,680	26				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	78,247	995				
b. Other						
6. Social Worker	250	3				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	24,600	156				
b. Utilization Review (Title 18 and 19 only) monthly meeting	3,000	31				
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	53,840	266				
b. Other						
10. Occupational Therapist						
a. Resident Care	70,027	908				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	2,511	36				
2. Administrative***						
b. LPN						
1. Direct Care	750	17				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	246,092	2,552				

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

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

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

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

Name of Facility Ledgestrest Health Care Center		License No. 2046-C	Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Allstar Therapy 21 Waterville Rd. Avon, CT	Therapy Services	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Healthport Services 21 Waterville Rd. Avon, CT	Employee Staffing	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Medstat 41 Northwest Dr. Plainville, CT	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Grove Hill Medical Center 300 Kensington Ave. New Britian, CT 06051	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Health Drive Dental 888 Worcester St. Wellesley, MA 02482	Dental	<input type="radio"/>	<input checked="" type="radio"/>		
Rosemary Spinelli-Reyes 55 Jodi Drive Wallingford, CT	Social Worker	<input type="radio"/>	<input checked="" type="radio"/>		
Unitex 161 South Macquesten Pkwy Mt. Vernon NY 06114	Laundry	<input type="radio"/>	<input checked="" type="radio"/>		
R.J. Mase, Inc. PO Box 2032 Norwalk, CT 06852	Dietary	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
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		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Ledgecrest Health Care Center	2046-C	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 76,237	76,237		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 42,466	42,466		
4. Social Security (F.I.C.A.)	\$ 152,193	152,193		
5. Health Insurance	\$ 200,820	200,820		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 7,689	7,689		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 11,902	11,902		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 355,809	355,809		
d. Accounting and Auditing	\$ 4,930	4,930		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 2,391	2,391		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 11,331	11,331		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 34,583	34,583		
2. Cellular Phones	\$			
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	\$ 381,933	381,933		
Subtotal	\$ 1,282,284	1,282,284		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Ledgecrest Health Care Center	2046-C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		1,282,284	1,282,284		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 3,467	3,467			
3. Gifts to Staff and Residents	\$ 5,536	5,536			
4. Employee Travel	\$ 2,440	2,440			
5. Education Expenses Related to Seminars and Conventions	\$ 983	983			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 7,180	7,180			
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	\$ 1,473	1,473			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 4,139	4,139			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 2,241	2,241			
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**	\$ 308,254	308,254			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 49,751	49,751			
C-14 Total Administrative & General Expenditures	\$ 1,667,749	1,667,749			

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising - Public Relations	\$ 7,180		
Total Other Advertising	\$ 7,180	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 4,094		
Jennifer Gilbert (Sam's Club)	45		
Total Dues	\$ 4,139	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Corporate Fees - Non Reimbursable	\$ 24,070		
Licenses & Fees	\$ 5,238		
Pre Employment Screening	\$ 4,867		
Point Click Care Fees	\$ 6,031		
Bank Charges	\$ 4,521		
Resident Expenses	\$ 1,211		
Account Write Off	\$ -		
Pointright	\$ 1,925		
Mr. Trophy	\$ 1,589		
User Fee Audit	\$ 299		
Total Other Administrative and General	\$ 49,751	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Ledgecrest Health Care Center	License No. 2046-C	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Apple Health Care, Inc.	308,254	Accounting & Managerial Services	Pg. 16 m12

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

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

Name of Facility Ledgecrest Health Care Center		License No. 2046-C	Report for Year Ended 9/30/2015	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 142,285	142,285		
2.	Non-Food Supplies	\$ 13,610	13,610		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 1,341	1,341		
c. Management Services**		\$			
d. Other (Specify) _____		\$			
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 157,236	157,236		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*		156	156		
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility Ledgecrest Health Care Center		License No. 2046-C	Report for Year Ended 9/30/2015	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	2,103	2,103	
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. \$	10,377	10,377	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	36,874	36,874	
c. Management Services**		\$			
d. Other (Specify)		\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$	49,355	49,355	
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
Ledgecrest Health Care Center		2046-C	9/30/2015		20	37
Item		Total	CCNH	RHNS	(Specify)	
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	5,085	5,085		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	5,085	5,085		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Medstat	\$	35,246	35,246		
b.	Medicine Cabinet Drugs	\$				
c.	Medical and Therapeutic Supplies	\$	87,236	87,236		
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other****	\$	2,029	2,029		
f.	X-rays and Related Radiological Procedures***	\$	4,011	4,011		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory****	\$	498	498		
i.	Recreation	\$	24,143	24,143		
j.	Other (Specify)***** See Attached Schedule	\$	5,500	5,500		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	158,663	158,663		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Nursing Station Supplies	\$ 2,248		
Rehab Service Supplies	\$ 3,092		
IV Therapy Supplies	\$ 160		
Social Service Supplies			
Total Other Resident Care	\$ 5,500	\$ -	\$ -

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

Name of Facility Ledgecrest Health Care Center			License No. 2046-C		Report for Year Ended 9/30/2015				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Matthew Gilbert	838 Beckley Road Berlin, CT 06037	<input type="radio"/>	<input checked="" type="radio"/>		Lawn Care	14,111			22	6a
CWPM	415 Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Refuse Removal	18,358			22	6f
Unitex	Pkwy. Mt. Vernon, NY 06114	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	36,191			19	3b
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Ledgecrest Health Care Center	2046-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 131,407	131,407				
b. Heat	\$ 39,878	39,878				
c. Light & Power	\$ 34,129	34,129				
d. Water	\$ 17,082	17,082				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 18,358	18,358				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 240,854	240,854				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 1,431	1,431				
d. Movable Equipment	\$ 4,132	4,132				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 5,562	5,562				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 12,155	12,155				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 12,155	12,155				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 348,000	348,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 35,636	35,636				
c. Personal property taxes	\$ 2,610	2,610				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 403,963	403,963				

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

Ledgecrest Health Care Center
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
	See Attached	\$ (1,034)		
Total deletions for Non-Movable Equipment		\$ (1,034)		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
2/18/2015	Infrastructure Controller	\$ 1,183	5	\$ 84
2/20/2015	Infrastructure Configure	\$ 44	5	\$ 3
3/5/2015	Infrastructure Remote	\$ 177	5	\$ 12
3/19/2015	Payroll System Upgrade-Time Clock	\$ 1,233	10	\$ 42
3/19/2015	Payroll System Upgrade-Time Clock	\$ 1,196	10	\$ 41
Total additions for Movable Equipment		\$ 3,833		\$ 182
Deletions:				
	See Attached	\$ (20,262)		
Total deletions for Movable Equipment		\$ (20,262)		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Leasehold Improvement		\$ -		\$ -
Deletions:				
	See Attached	\$ (3,051)		
Total deletions for Leasehold Improvement		\$ (3,051)		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Asset Class ID	Asset ID	Asset Description	Place in Service Date
NME-10	2109004	Warehouse(Garbage Disposal)	6/1/1994

Asset Class ID	Asset ID	Asset Description	Place in Service Date
NME-5	2109001	NORTHEAST(COPY MACHINE)	1/1/1990
ME-10	2109053	install hand scanner (Precision Electric	7/1/2002
ME-5	2109009	SOUND (TELEVISION)	2/1/1990
ME-5	2109010	DASH MANUF (CUBICLE CURTAINS)	9/1/1991
ME-5	2109011	DASH MANUF (CUBICLE CURTAINS)	9/1/1991
ME-5	2109012	North Copy(Copier)	11/1/1992
ME-5	2109013	Center Hardware(Snow Blower)	11/1/1993
ME-5	2109017	Mita copier/toner (Advanced Copy Technol	7/1/2001
ME-5	2109025	photocopier (Advanced Copy)	5/1/2009
ME-5	2112001	Photocopier for Nursing Station	3/8/2012

Asset Class ID	Asset ID	Asset Description	Place in Service Date
LHI-5	2109077	KLM (WALLPAPER & PAINT)	8/1/1991
LHI-5	2109078	CARLTONS (WALLPAPER)	8/1/1991
LHI-5	2109079	FORESTVILLE (LATTICE)	8/1/1991
LHI-5	2109080	CAPEN (WALLPAPER)	8/1/1991
LHI-5	2109081	CAPEN (WALLPAPER)	8/1/1991
LHI-5	2109086	BENSON (CARPET)	9/1/1992
LHI-5	2109087	PETTY CASH (WALLPAPER DEPOSIT)	9/1/1992
LHI-5	2109088	NORTHEAST (WALLPAPER)	9/1/1992
LHI-5	2109089	CARLTON'S (WALLPAPER)	9/1/1992

Total

Cost Basis

\$1,033.50

\$1,033.50

Cost Basis

\$1,471.45

\$699.60

\$518.27

\$1,889.09

\$1,889.09

\$5,194.00

\$1,748.95

\$2,294.90

\$3,286.00

\$1,270.88

\$20,262.23

Cost Basis

\$97.98

\$245.90

\$176.33

\$315.00

\$279.00

\$1,220.06

\$100.00

\$321.88

\$295.32

\$3,051.47

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility Ledgecrest Health Care Center			License No. 2046-C		Report for Year Ended 9/30/2015			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				493,093	438,626	A		12,155	
2. Disposals (attach schedule)				(3,051)	(3,051)				
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									12,155
D. Total Amortization									12,155

* 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 Ledgecrest Health Care Center	License No. 2046-C	Report for Year Ended 9/30/2015	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		60		
6. Square Footage		26,917		
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed	See Attached			
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.

CT Medicaid Cost Report Attachment Page 25

	Original Mortgage	6 Month extension
A. Type of Financing (e.g. fixed, variable)	Fixed	
B. Date of Mortgage Obtained	4/11/2008	extension to 10/13/15
C. Interest Rate For the Cost Year	6.44%	2.08%
D. Term of Mortgage (number of years)	7 Yrs.	6 month
E. Amount of Principal Borrowed	119,500,000	
F. Principal Balance Outstanding as of 9/30/	100,562,320	

Note: The following facilities are collateralized by this mortgage.

Connecticut Facilities

Brightview Nursing & Retirement Center, Ltd.

Rose Haven, Ltd.

Mary Elizabeth Nursing Center, Inc.

Fowler Nursing Center, Inc.

Waterbury Extended Care Facility, Inc.

Harbor View Nursing Center, Inc.

Liberty Hall Nursing Center

Orchard Grove Specialty Care

Wolcott Hall Nursing Center, Inc.

Hewitt Health and Rehabilitation Center, Inc.

Watrous Nursing Center

Elm Hill Nursing Center, Inc.

Gardner Heights Health Care Center, Inc.

Shelton lakes Health Care Center, Inc.

Highview Health Care Center, Inc.

Westfield Manor Health Care Center, Inc.

TA Coccomo Memorial

Plainville Health Care Center, Inc.

Ledgecrest Health Care Center, Inc.

Ridgeview Health Care Center, Inc.

The Kent, Ltd.

Chesterfields, Ltd.

Out of State Facilities

Watch Hill Manor, Ltd.

The Clipper Home, Inc.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Ledgecrest Health Care Center	2046-C	9/30/2015	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$			

(Carry Subtotals forward to next page)

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

Name of Facility Ledgecrest Health Care Center		License No. 2046-C		Report for Year Ended 9/30/2015		Page 27	of 37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) Interest on Term Note/Town of Berlin Tax Interest				\$ 2,587	2,587		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 2,587	2,587		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 50,794	50,794		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 50,794	50,794		
15. Total All Expenditures (A-13 thru C-14)				\$ 5,162,396	5,162,396		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Ledgecrest Health Care Center				2046-C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 70,027	70,027		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 355,809	355,809		
10.	15	1d/e	Accounting & Legal	\$ 5,296	5,296		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 7,180	7,180		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 37,367	37,367		
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 475,680	475,680		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12m	Social Service/Marketing			
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B8	Medical Director (if no hours to support expense)			
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Corporate Fee - Non Reimburable	\$ 24,070		
16	1.3	Employee Recognition/Gifts/Parties	\$ 5,536		
16	8a	Chamber of Commerce	\$ -		
16	m13	Bank Charges	\$ 4,521		
16	m13	Resident Expenses	\$ 1,352		
16	m13	Mr. Trophy	\$ 1,589		
16	m13	User Fee Audit	\$ 299		
16	m13	Account Write Off	\$ -		
Total Other A&G Adjustments			\$ 37,367	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Ledgecrest Health Care Center			2046-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 475,680	475,680		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 35,246	35,246		
28.	16	L1	Ambulance/Limousine	\$			
29.	20	h	X-rays, etc	\$ 4,011	4,011		
30.	20	f	Laboratory	\$ 498	498		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 1,204	1,204		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 3,252	3,252		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.	30	IV5	Interest Income on Accounts Rec	\$ 2	2		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 2,587	2,587		
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)			\$ 522,480	522,480		

*** 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.

Ledgecrest Health Care Center
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ 160		
20	5j	Rehab Service Supplies	\$ 3,092		
Total Other Ancillary Costs			\$ 3,252	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12D	Interest on Term Note	\$ 1,401		
27	12D	Interest on Property Taxes	\$ 1,186		
Total Other Adjustments			\$ 2,587	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Ledgecrest Health Care Center	2046-C	9/30/2015			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 3,262,754	3,262,754				
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>)	\$ 298,669	298,669				
b. Medicare Room and Board Contractual Allowance **	\$ 99,189	99,189				
4. a. Private-Pay Residents and Other	\$ 755,046	755,046				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 26,337	26,337				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (26,337)	(26,337)				
c. Prescription Drugs - Non-Medicare	\$ 18,676	18,676				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (18,676)	(18,676)				
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	\$ 118,791	118,791				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (62,683)	(62,683)				
c. Physical Therapy - Non-Medicare	\$ 20,545	20,545				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (20,545)	(20,545)				
4. a. Speech Therapy - Medicare	\$ 44,371	44,371				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (20,368)	(20,368)				
c. Speech Therapy - Non-Medicare	\$ 3,420	3,420				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (3,420)	(3,420)				
5. a. Occupational Therapy - Medicare	\$ 139,681	139,681				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (73,643)	(73,643)				
c. Occupational Therapy - Non-Medicare	\$ 23,805	23,805				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (23,805)	(23,805)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 4,561,808	4,561,808				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 2	2				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 12,680	12,680				
V. Total Other Revenue (1 thru 8)	\$ 12,682	12,682				
VI. Total All Revenue (III +V)	\$ 4,574,490	4,574,490				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV5	Interest Income	568,112	\$ 2		
Total Interest Income			\$ 2	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV8	User Fee	\$ 1		
30 IV8	W/O AP Balances	\$ 189		
30 IV8	Account W/O	\$ 443		
30 IV8	UHC/Optum Dividends	\$ 12,555		
30 IV8	Gain (Loss) on Sale of Assets	\$ (508)		
Total Other Revenue		\$ 12,680	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Ledgecrest Health Care Center	2046-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	300
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	568,112
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	7,667
5. Prepaid Expenses			\$	33,821
a. Prepaid Insurance	2,377			
b. Prepaid Property Tax	29,644			
c. Prepaid Other	1,800			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	599,119
Due Affiliate (Debit Balance)	599,119			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,209,019
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>490,041</u>		\$	42,312
	Accum. Depreciation <u>447,729</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>40,320</u>		\$	7,155
	Accum. Depreciation <u>33,165</u>	Net		
6. Movable Equipment	*Historical Cost <u>125,946</u>		\$	9,020
	Accum. Depreciation <u>116,926</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
Construction in Progress				
Fixed Asset Clearing Account				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	58,487

* 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 Ledgecrest Health Care Center	License No. 2046-C	Report for Year Ended 9/30/2015	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	1,267,506
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>)			\$	1,600
Capitalized Finance Fees			1,600	

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,600
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	1,269,106

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Ledgecrest Health Care Center	2046-C	9/30/2015	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	139,639
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>)			\$	65,489
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	14,920
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>)			\$	332,320
Accrued PTO	89,936	Accrued Worker's Comp	85,350	
Accrued Pension	3,294	Accrued Professional Fee	3,466	
Accrued Expense Other	136,207	Exchange -Arlene Sheeha	464	
Payroll W/H	13,604			
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	552,368

* 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 Ledgest Health Care Center	License No. 2046-C	Report for Year Ended 9/30/2015		Page 34	of 37
Account				Amount	
Total Brought Forward:				552,368	
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>)					
				\$ 512,899	
Name and Address of Lender	Amount	Loan Date			
Brian J. Foley	512,899	Demand			
4. Other Long-Term Liabilities (<i>itemize</i>)					
Security Deposit				\$	

B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 512,899	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,065,267	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Ledgecrest Health Care Center	2046-C	9/30/2015	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			\$	3,678,186
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,887,441)
6. Gain or Loss for Period			\$	(587,906)
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	203,839
C. Total Reserves and Net Worth			\$	203,839
D. Total Liabilities, Reserves, and Net Worth			\$	1,269,106

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Ledgecrest Health Care Center	2046-C	9/30/2015	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	451,745		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	4,574,490		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	5,162,396		
D. Net Income or Deficit			\$	(587,906)		
E. Balance			\$	(136,161)		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
Brian J. Foley	340,000					
2. Other (<i>itemize</i>)						
F-3. Total Additions					\$	340,000
G. Deductions						
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	3,132		
Name and Address (<i>No., City, State, Zip</i>)	Title	Amount				
Brian J. Foley	President	3,132				
2. Other Withdrawings (<i>Specify</i>)			\$			
Purpose	Amount					
3. Total Deductions			\$			
H. Balance at End of Period			\$	203,839		
09/30/15						

I. Preparer's/Reviewer's Certification

Name of Facility Ledgecrest Health Care Center	License No. 2046-C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Robert Gwizdak				
Address Address			Phone Number	
21 Waterville Road Avon, CT 06001			(860) 470-7535	

Item	Quantity	Unit	Rate	Amount
1.0000	1.0000	1.0000	1.0000	1.0000
2.0000	2.0000	2.0000	2.0000	4.0000
3.0000	3.0000	3.0000	3.0000	9.0000
4.0000	4.0000	4.0000	4.0000	16.0000
5.0000	5.0000	5.0000	5.0000	25.0000
6.0000	6.0000	6.0000	6.0000	36.0000
7.0000	7.0000	7.0000	7.0000	49.0000
8.0000	8.0000	8.0000	8.0000	64.0000
9.0000	9.0000	9.0000	9.0000	81.0000
10.0000	10.0000	10.0000	10.0000	100.0000
11.0000	11.0000	11.0000	11.0000	121.0000
12.0000	12.0000	12.0000	12.0000	144.0000
13.0000	13.0000	13.0000	13.0000	169.0000
14.0000	14.0000	14.0000	14.0000	196.0000
15.0000	15.0000	15.0000	15.0000	225.0000
16.0000	16.0000	16.0000	16.0000	256.0000
17.0000	17.0000	17.0000	17.0000	289.0000
18.0000	18.0000	18.0000	18.0000	324.0000
19.0000	19.0000	19.0000	19.0000	361.0000
20.0000	20.0000	20.0000	20.0000	400.0000
21.0000	21.0000	21.0000	21.0000	441.0000
22.0000	22.0000	22.0000	22.0000	484.0000
23.0000	23.0000	23.0000	23.0000	529.0000
24.0000	24.0000	24.0000	24.0000	576.0000
25.0000	25.0000	25.0000	25.0000	625.0000
26.0000	26.0000	26.0000	26.0000	676.0000
27.0000	27.0000	27.0000	27.0000	729.0000
28.0000	28.0000	28.0000	28.0000	784.0000
29.0000	29.0000	29.0000	29.0000	841.0000
30.0000	30.0000	30.0000	30.0000	900.0000
31.0000	31.0000	31.0000	31.0000	961.0000
32.0000	32.0000	32.0000	32.0000	1024.0000
33.0000	33.0000	33.0000	33.0000	1089.0000
34.0000	34.0000	34.0000	34.0000	1156.0000
35.0000	35.0000	35.0000	35.0000	1225.0000
36.0000	36.0000	36.0000	36.0000	1296.0000
37.0000	37.0000	37.0000	37.0000	1369.0000
38.0000	38.0000	38.0000	38.0000	1444.0000
39.0000	39.0000	39.0000	39.0000	1521.0000
40.0000	40.0000	40.0000	40.0000	1600.0000
41.0000	41.0000	41.0000	41.0000	1681.0000
42.0000	42.0000	42.0000	42.0000	1764.0000
43.0000	43.0000	43.0000	43.0000	1849.0000
44.0000	44.0000	44.0000	44.0000	1936.0000
45.0000	45.0000	45.0000	45.0000	2025.0000
46.0000	46.0000	46.0000	46.0000	2116.0000
47.0000	47.0000	47.0000	47.0000	2209.0000
48.0000	48.0000	48.0000	48.0000	2304.0000
49.0000	49.0000	49.0000	49.0000	2401.0000
50.0000	50.0000	50.0000	50.0000	2500.0000
51.0000	51.0000	51.0000	51.0000	2601.0000
52.0000	52.0000	52.0000	52.0000	2704.0000
53.0000	53.0000	53.0000	53.0000	2809.0000
54.0000	54.0000	54.0000	54.0000	2916.0000
55.0000	55.0000	55.0000	55.0000	3025.0000
56.0000	56.0000	56.0000	56.0000	3136.0000
57.0000	57.0000	57.0000	57.0000	3249.0000
58.0000	58.0000	58.0000	58.0000	3364.0000
59.0000	59.0000	59.0000	59.0000	3481.0000
60.0000	60.0000	60.0000	60.0000	3600.0000
61.0000	61.0000	61.0000	61.0000	3721.0000
62.0000	62.0000	62.0000	62.0000	3844.0000
63.0000	63.0000	63.0000	63.0000	3969.0000
64.0000	64.0000	64.0000	64.0000	4096.0000
65.0000	65.0000	65.0000	65.0000	4225.0000
66.0000	66.0000	66.0000	66.0000	4356.0000
67.0000	67.0000	67.0000	67.0000	4489.0000
68.0000	68.0000	68.0000	68.0000	4624.0000
69.0000	69.0000	69.0000	69.0000	4761.0000
70.0000	70.0000	70.0000	70.0000	4900.0000
71.0000	71.0000	71.0000	71.0000	5041.0000
72.0000	72.0000	72.0000	72.0000	5184.0000
73.0000	73.0000	73.0000	73.0000	5329.0000
74.0000	74.0000	74.0000	74.0000	5476.0000
75.0000	75.0000	75.0000	75.0000	5625.0000
76.0000	76.0000	76.0000	76.0000	5776.0000
77.0000	77.0000	77.0000	77.0000	5929.0000
78.0000	78.0000	78.0000	78.0000	6084.0000
79.0000	79.0000	79.0000	79.0000	6241.0000
80.0000	80.0000	80.0000	80.0000	6400.0000
81.0000	81.0000	81.0000	81.0000	6561.0000
82.0000	82.0000	82.0000	82.0000	6724.0000
83.0000	83.0000	83.0000	83.0000	6889.0000
84.0000	84.0000	84.0000	84.0000	7056.0000
85.0000	85.0000	85.0000	85.0000	7225.0000
86.0000	86.0000	86.0000	86.0000	7396.0000
87.0000	87.0000	87.0000	87.0000	7569.0000
88.0000	88.0000	88.0000	88.0000	7744.0000
89.0000	89.0000	89.0000	89.0000	7921.0000
90.0000	90.0000	90.0000	90.0000	8100.0000
91.0000	91.0000	91.0000	91.0000	8281.0000
92.0000	92.0000	92.0000	92.0000	8464.0000
93.0000	93.0000	93.0000	93.0000	8649.0000
94.0000	94.0000	94.0000	94.0000	8836.0000
95.0000	95.0000	95.0000	95.0000	9025.0000
96.0000	96.0000	96.0000	96.0000	9216.0000
97.0000	97.0000	97.0000	97.0000	9409.0000
98.0000	98.0000	98.0000	98.0000	9604.0000
99.0000	99.0000	99.0000	99.0000	9801.0000
100.0000	100.0000	100.0000	100.0000	10000.0000

Item	Value	Unit	Notes
1.00	100.00	100%	100%
2.00	200.00	200%	200%
3.00	300.00	300%	300%
4.00	400.00	400%	400%
5.00	500.00	500%	500%
6.00	600.00	600%	600%
7.00	700.00	700%	700%
8.00	800.00	800%	800%
9.00	900.00	900%	900%
10.00	1000.00	1000%	1000%

Error Check

Level	Item	Reported as	
	Page 23 - Historical Cost of Non-Movable Eq.	40,320	is inconsistent with Page 31 40,320
	Page 23 - Historical Cost of Movable Eq.	125,946	is inconsistent with Page 31 125,946
	Page 23 - Accumulated Dep. of Non-Movable Eq.	33,165	is inconsistent with Page 31 33,165
	Page 23 - Accumulated Dep. of Movable Eq.	116,926	is inconsistent with Page 31 116,926
	Page 24 - Accumulated Amort. of Leasehold Imp.	447,729	is inconsistent with Page 31 447,729
-	Page 35 - Total Liabilities, Reserves and Net Worth	1,269,106	Total Assets 1,269,106