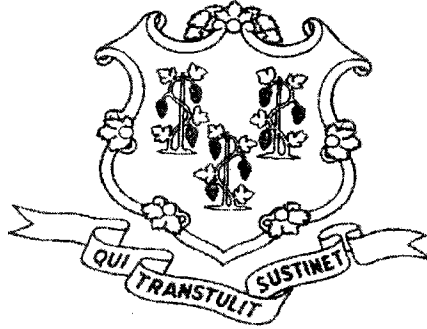


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion	
Address (No. & Street, City, State, Zip Code) 2028 Bridgeport Ave, Milford, CT 06460	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2410	RHNS	(Specify)	Medicare Provider 075213
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Medicaid Provider Numbers:	CCNH 8896	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) Senior Philanthropy of Milford B, dba Golden Hill Re	License No. 2410	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 Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion [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) Renata Cocozza			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 Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 2028 Bridgeport Ave, Milford, CT 06460				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	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 203-877-0371		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Senior Philanthropy of Milford B, dba Golden Hill Rehab Pav		Address (No. & Street, City, State, Zip) 2028 Bridgeport Ave, Milford, CT 06460		
License Numbers:	CCNH 2410	RHNS (Specify)	Medicare Provider No. 075213	
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="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Profit Corp. <input type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Renata Coccozza		Nursing Home Administrator's License No.:	1533	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Senior Philanthropy of Milford B, dba Golder	License No. 2410	Report for Year Ended 9/30/2016	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion	2028 Bridgeport Ave, Milford, CT 06460	Florida		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Ben Atkins	24641 US Hwy 19 N., Clearwater, FL 33763-5007	Chairman		
Joseph A Garff	24641 US Hwy 19 N., Clearwater, FL 33763-5007	VP, Director		
Gene Rensch	24641 US Hwy 19 N., Clearwater, FL 33763-5007	VP, Secretary		
Victor Marcos	24641 US Hwy 19 N., Clearwater, FL 33763-5007	CFO		
RB Bridges	24641 US Hwy 19 N., Clearwater, FL 33763-5007	COO		
Names of Stockholders Owning at Least 10% of Shares				
N/A				

**General Information and Questionnaire
Related Parties***

Name of Facility Senior Philanthropy of Milford B, dba Golden Hill Reh	License No. 2410	Report for Year Ended 9/30/2016	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	%**				
Cheshire, LLC dba Cheshire Regional Rehab Center	745 Highland Avenue, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Regional Liason, central billing office	Various	37,817	37,817
Eagle Lake Foundation, Inc.	24641 US Hwy 19 N., Clearwater, FL 33763-5007	<input type="radio"/>	<input checked="" type="radio"/>		Rent, Insurance, call management	Various	2,293,893	2,293,893
Stamford, LLC dba Long Ridge Post-Acute Care	710 Long Ridge Road, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Regional Marketer, billing access	Various	4,511	4,511
Newington, LLC dba Newington Rapid Recovery	240 Church St, Newington, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>		Loan interest, bank fees, MDS shared staff	Various	107,390	107,390
Traditions Senior Management	24641 US Highway 19 North - Clearwater FL, 33763	<input type="radio"/>	<input checked="" type="radio"/>		Internet, Recruitment, IT Support	Various	76,705	76,705
Milford O, LLC dba West River Rehab Center	245 Orange Ave, Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff, Nursing, MDS, Reception, Ma	Various	10,634	10,634
Danbury, LLC dba Western Rehab Care Center	107 Osborne St. Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Nurse Network Agency Pmt, Regional AR	Various	50,816	50,816
Eagle Lake Foundation, Inc.	24641 US Hwy 19 N., Clearwater, FL 33763-5007	<input type="radio"/>	<input checked="" type="radio"/>		Shared group benefit plans	Pg. 15 / Line 5	546,663	546,663
		<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	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, dba Golden H	2410	9/30/2016	5	37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (See listing page 13)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
N/A - One Level of Care				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
N/A				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
N/A - One Level of Care				

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			License No.	Report for Year Ended			Page	of	
Senior Philanthropy of Milford B, dba Golden Hill Rehab P			2410	9/30/2016			6	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							
Canon Financial Services	<input type="radio"/>	<input checked="" type="radio"/>	Copier	06/01/15	60 months	5,174	5,174		
	<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 type="radio"/> Yes <input type="radio"/> No	Total ***	5,174

* 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.



CANON FINANCIAL SERVICES, INC. ("CFS")
 Remittance Address: 14904 Collections Center Dr
 Chicago, Illinois 60693 (800) 220-0200

LEASE AGREEMENT

CFS-1014 (03/13)

AGREEMENT NUMBER

COMPANY LEGAL NAME EAGLE LAKE FOUNDATION INC		DBA Golden Hill Rehab Pavilion	PHONE (Customer) 727-345-9331
BILLING ADDRESS 2028 Bridgeport Avenue		CITY Milford	COUNTY CL
EQUIPMENT ADDRESS Same		CITY	STATE ZIP 06460

EQUIPMENT INFORMATION			NUMBER AND AMOUNT OF PAYMENTS	
Quantity	Serial Number	Make/Model/Description	Number of Payments	Total Payment *
1		IR8265	60	\$598.00
1		IRA 400if		
1		IRA 400IF		

FIRST PAYMENT AMOUNT			Term in months: 60	* Plus Applicable Taxes
FIRST & LAST PAYMENT(S)	+ SECURITY DEPOSIT	= TOTAL DUE AT SIGNING	Payment Frequency:	
\$ 0.00	\$ 0.00	\$ 0.00	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other	
<input type="checkbox"/> Nonrefundable <input type="checkbox"/> Check must accompany Agreement			END OF TERM PURCHASE OPTION	
			<input checked="" type="checkbox"/> FAIR MARKET VALUE <input type="checkbox"/> 10% \$ _____ (estimated)	
			<input type="checkbox"/> \$1.00 <input type="checkbox"/> Other	

THIS AGREEMENT IS EFFECTIVE ONLY UPON SIGNING BY BOTH PARTIES. THIS AGREEMENT IS NON-CANCELABLE BY CUSTOMER. CUSTOMER REPRESENTS THAT ALL ACTION REQUIRED TO AUTHORIZE THE EXECUTION OF THIS SCHEDULE ON BEHALF OF THE CUSTOMER BY THE FOLLOWING SIGNATORIES HAS BEEN TAKEN.

ACCEPTED	AUTHORIZED CUSTOMER SIGNATURE
CANON FINANCIAL SERVICES, INC.	By: X <i>[Signature]</i> Title: VP
By: _____	Printed Name: <i>[Signature]</i>
Title: _____	Tax ID# _____ If proprietor, DCB: _____
Date: _____	By: X _____ Title: _____
	Printed Name: _____

To: Canon Financial Services, Inc. ("CFS")

ACCEPTANCE CERTIFICATE

The Customer certifies that (a) the Equipment referred to in the above Agreement has been received, (b) installation has been completed, (c) the Equipment has been examined by Customer and is in good operating order and condition and is in all respects, satisfactory to the Customer, and (d) the Equipment is irrevocably accepted by the Customer for all purposes under the Agreement. Accordingly, Customer hereby authorizes billing under this Agreement.

Signature: _____ Printed Name: _____

Title (if any): _____ Date: _____

TERMS AND CONDITIONS

- AGREEMENT: CFS leases to Customer, a _____ organized under the laws of the State of _____, with its chief executive office of _____ and Customer leases from CFS, with its place of business at 158 Gallier Drive, Suite 200, Mount Laurel, New Jersey 08054, all the equipment described above, together with all replacement parts and substitutions for and additions to all such equipment (the "Equipment"), upon the terms and conditions set forth in this Lease Agreement ("Agreement"). The amount of each Payment specified in Number and Amount of Payments section above and the 10% or Other Purchase Option price specified above are based on the supplier's best estimate of the cost of the Equipment. Such Payments and Purchase Option prices will be adjusted upward or downward if the actual total cost of the Equipment, including any sales or use tax, is more or less than the estimate and, in that event, Customer authorizes CFS to adjust such Payments and Purchase Option price by up to fifteen percent (15%).
 - AGREEMENT PAYMENTS: Customer agrees to pay to CFS, as invoiced, during the term of this Agreement, (a) the payments specified under "Number and Amount of Payments," and (b) such other amounts permitted hereunder as invoiced by CFS ("Payments").
 - APPLICATION OF PAYMENTS: All payments received by CFS from Customer under this Agreement will be applied to amounts due and payable hereunder chronologically, based on the date of CFS's charge as shown on the invoice for each such amount, and among amounts having the same date as such order as CFS, in its discretion, may determine.
 - TERM OF AGREEMENT: The term of this Agreement shall commence on the date the Equipment is delivered to Customer, provided Customer accepts CFS's Acceptance Certificate or otherwise accepts the Equipment as specified herein. After acceptance of the Equipment, Customer shall have no right to cancel this Agreement during the term hereof. The term of this Agreement shall end, unless sooner terminated by CFS, when all amounts required to be paid by Customer under this Agreement have been paid as provided and either (a) Customer has purchased the Equipment in accordance with the terms hereof or (b) the Equipment has been returned at the end of the scheduled term or renewal term in accordance with the terms hereof. Customer has no right to return the Equipment to CFS prior to the end of the scheduled term of this Agreement for any reason whatsoever, including, without limitation, payment of all amounts due under the Agreement prior to the end of the scheduled term.
 - ADVANCE PAYMENTS; SECURITY DEPOSIT: CFS may apply, but shall not be obligated to apply, any "Advance Payment(s)" or "Security Deposit" specified above to cure any default of Customer, in which event Customer shall promptly restore to CFS any amount so applied. In no event shall any advance payment or security deposit earn interest except where required by applicable law. No portion of any security deposit will be refunded to Customer until all of Customer's obligations have been fully performed as expressly provided in this Agreement. If the "Nonrefundable" box is checked, no portion of the security deposit will be refunded to Customer for any reason whatsoever.
 - NO CFS WARRANTIES: CUSTOMER ACKNOWLEDGES THAT CFS IS NOT A MANUFACTURER, DEALER, OR SUPPLIER OF THE EQUIPMENT. CUSTOMER AGREES THAT THE EQUIPMENT IS LEASED "AS IS" AND IS OF A SIZE, DESIGN, AND CAPACITY SELECTED BY CUSTOMER. CFS HAS MADE NO REPRESENTATION OR WARRANTY WITH RESPECT TO THE SUITABILITY OR DURABILITY OF THE EQUIPMENT. THE ABSENCE OF ANY CLAIM OF INFRINGEMENT OR THE LIKE, OR ANY OTHER REPRESENTATION OR WARRANTY, EXPRESS OR IMPLIED, WITH RESPECT TO THE EQUIPMENT INCLUDING, WITHOUT LIMITATION, THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. Any warranty with respect to the Equipment made by the supplier, dealer, or manufacturer is separate from, and is not a part of, this Agreement and shall be for the benefit of CFS. Customer and CFS purchaser or assignee, if any, shall not be bound by any such warranty.
- SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS.

PERSONAL GUARANTEE

The undersigned, (whether one or more are specified, the "Guarantor(s)"), in consideration of CANON FINANCIAL SERVICES INC. ("CFS") entering into an Agreement (together with any schedules or supplements thereto, the "Agreement") with Customer identified above ("Customer") irrevocably and unconditionally, jointly and severally, guarantee to CFS, and its successors and assigns, the payment when due of all amounts owed under the Agreement (whether at maturity or upon the occurrence of an event of default or otherwise) and the performance by Customer of all promises, obligations and terms of the Agreement and any other financial transaction between Customer and CFS (collectively, the "Liabilities"). If Customer shall fail to pay or perform all or any part of the Liabilities when due, the Guarantors agree, upon demand, to pay any amounts which may be due from Customer and to take any action required of Customer under the Agreement. The Guarantors agree that this is an absolute and continuing guaranty and that their liability under this Guaranty is primary and will not be affected by any settlement, extension, renewal or modification of the Agreement or any discharge or release of Customer's obligations whether or not by operation of law.

If any payment applied by CFS to the Liabilities is thereafter set aside, recovered or required to be returned for any reason (including without limitation the bankruptcy, insolvency or reorganization of Customer or any other person), the Liabilities to which such payment was applied shall for the purposes of this Guaranty be deemed to have continued in existence notwithstanding such application, and this Guaranty shall be enforceable as to such Liabilities as fully as if such application had never been made. This Guaranty may be terminated only upon 60 days prior written notice to CFS, and such termination shall be effective only as to Liabilities arising under Schedules, supplements, or agreements entered into after the effective date of termination and shall not affect CFS's rights under this Guaranty arising out of the Agreement or other agreements entered into prior to such date.

The Guarantors waive all damages, demands, presentments and notices of every kind and nature, any rights of set-off, and any defenses available to a guarantor (other than the defense of payment and performance in full) under applicable law. The Guarantors further waive any (i) notice of the incurring of indebtedness by Customer and the acceptance of this Guaranty, (ii) right to require such against Customer or any other party before enforcing this Guaranty or CFS's rights against Customer until Customer's indebtedness is paid in full and Customer's other obligations have been fully performed. The Guarantors consent and agree that any (i) renewals and extensions of time of payment, (ii) release, substitution or compromise of or satisfaction upon the Equipment, other guaranties or any collateral security and (iii) exercise of any other right under this or any other agreement between CFS and Customer or any third party, may be made, granted and effected by CFS without notice to the Guarantors and without in any manner affecting the Guarantors' liability under this Guaranty.

The Guarantors agree to pay all expenses (including attorney's fees and legal expenses) paid or incurred by CFS in endeavoring to collect the Liabilities, in any part thereof and in enforcing this Guaranty. THIS GUARANTY SHALL FOR ALL PURPOSES BE DEEMED A CONTRACT ENTERED INTO IN THE STATE OF NEW JERSEY. THE RIGHTS OF THE PARTIES UNDER THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF NEW JERSEY WITHOUT REFERENCE TO CONFLICT OF LAW PRINCIPLES. ANY ACTION BETWEEN THE GUARANTORS AND CFS SHALL BE BROUGHT IN ANY STATE OR FEDERAL COURT LOCATED IN THE COUNTY OF CAMDEN OR BURLINGTON, NEW JERSEY, OR AT CFS' SOLE OPTION, IN THE STATE WHERE THE GUARANTORS OR THE EQUIPMENT IS LOCATED. THE GUARANTORS, BY THEIR EXECUTION AND DELIVERY HEREOF, IRREVOCABLY WAIVE OBJECTIONS TO THE JURISDICTION OF SUCH COURTS AND OBJECTIONS TO VENUE AND CONVENIENCE OF FORUM. THE GUARANTORS, BY THEIR EXECUTION AND DELIVERY HEREOF, AND CFS, BY ITS ACCEPTANCE HEREOF, HEREBY WAIVE ANY RIGHT TO A JURY TRIAL IN ANY SUCH PROCEEDINGS.

The Guarantors agree that CFS may accept a facsimile or other electronic transmission copy of this Guaranty as an original, and that facsimile or electronically transmitted copies of the Guarantors' signatures will be treated as an original for all purposes.

Printed Name: _____ Signature: _____ (No Title) Date: _____

Address: _____ Phone: _____

Printed Name: _____ Signature: _____ (No Title) Date: _____

Address: _____ Phone: _____

General Information and Questionnaire
Accounting Basis

Name of Facility Senior Philanthropy of Milford B, c	License No. 2410	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 Barbara Clark & Company 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Dr., New Haven, CT 06511 PO Box 13723, St Petersburg, FL 33733
---	---

Services Provided by This Firm (*describe fully*)

1 Medicaid and Medicare Cost Report Preparation	\$ 8,185
2 Consolidation Audit	\$ 281
3 Accrued Accounting Expense	\$ 24,000
4	\$
Charge for Services Provided	
	\$ 32,466

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 See Attached 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	\$ 20,831
2	\$
3	\$
4	\$
5	\$
Charge for Services Provided	
	\$ 20,831

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

Name of Legal Firm or Independent Attorney	Address	Telephone Number
1 Constangy Brooks Smith & Prophete LLP	PO Box 102476, Atlanta, GA 30368	
2 CT Corporation	PO Box 4349, Carol Stream, IL 60197	
3 Cook Sador Law	1744 N. Belcher Rd Suite 150, Clearwater, FL 33765	
4 Goldman Gruder & Woods	200 Connecticut Ave, Norwalk, CT 06854	
5 Price Benowitz, LLP	440 Monticello Ave #1830A, Norfolk, VA 23510	
6 Treasurer, St of CT	70 West River St, PO Box 414, Milford, CT 06460	
7 Ryan Ryan DeLuca, LLP	707 Summer St, Stamford, CT 06901	
8 Bloom & Witkin	470 Atlantic Ave- 3rd Floor, Boston MA 02210	
9 The Laske Law Firm	1 Eliot Place, Fairfield, CT 06824	
10		
11 State of Connecticut		

Services Provided by This Firm	Charge for Service Provided
1 Advice General	49
2 Domestic Representation (Self-disallow)	672
3 Start up - Legal Service (Self-disallow)	2413
4 Start up - Legal Service (Self-disallow)	9,321
5 Start up - Legal Service (Self-disallow)	1,598
6 Hearing Notice for Conservatorship (Self-disallow)	8
7 Start up- Legal Service (Self-disallow)	7,294.72
8 FMV Assessment (Self-disallow)	5,352
9 Settlement- Fernandes (Self-disallow)	4,500
10 Year End True Up to 0 Out Account (Self-disallow)	(11,909)
11 Conservator Fees (Self-disallow)	1,532
Total	<u>20,831</u>

Schedule of Resident Statistics

Name of Facility			License No.		Report for Year Ended				Page	of			
Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion			2410		9/30/2016				8	37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	120	120			120	120			120	120			
B. On last day of THIS report period	120	120			120	120			120	120			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	102	102			102	102			102	102			
B. As of midnight of THIS report period	60	60			102	102			60	60			
3. Total Number of Days Care Provided During Period													
A. Medicare	3,124	3,124			2,827	2,827			297	297			
B. Medicaid (Conn.)	23,876	23,876			19,371	19,371			4,505	4,505			
C. Medicaid (other states)													
D. Private Pay	1,138	1,138			935	935			203	203			
E. State SSI for RCH													
F. Other (Specify)	2,649	2,649			2,336	2,336			313	313			
G. Total Care Days During Period (3A thru F)	30,787	30,787			25,469	25,469			5,318	5,318			
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	62	62							62	62			
5. Total Resident Days (3G + 4A + 4B)	30,849	30,849			25,469	25,469			5,380	5,380			

Schedule of Resident Statistics (Cont'd)

Name of Facility Senior Philanthropy of Milford B, dba Golden			License No. 2410			Report for Year Ended 9/30/2016			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	4		50		6								
Per Diem Rate													
a. One bed rm.	Various		246.00		471.00								
b. Two bed rms.	Various		246.00		439.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments										TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B										3,877	3,877		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments										2,357	2,357		
2. Restorative Treatments													
C. Other										9,232	9,232		
D. Total Physical Therapy Treatments										15,466	15,466		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B										1,060	1,060		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments										513	513		
2. Restorative Treatments													
C. Other										1,994	1,994		
D. Total Speech Therapy Treatments										3,567	3,567		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B										2,896	2,896		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments										1,686	1,686		
2. Restorative Treatments													
C. Other										8,285	8,285		
D. Total Occupational Therapy Treatments										12,867	12,867		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Senior Philanthropy of Milford B, dba Golden Hill Rehab Pa	2410	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	(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)	116,767	2,147				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	254,377	10,018				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	353,178	19,546				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	166,694	11,197				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	53,071	3,425				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services	90,678	4,608				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	184,280	4,024				
b. RN						
1. Direct Care	662,941	11,253				
2. Administrative**	309,428	6,347				
c. LPN						
1. Direct Care	813,012	30,745				
2. Administrative**						
d. Aides and Attendants	1,110,733	72,306				
e. Physical Therapists	69,625	1,840				
f. Speech Therapists	50,074	1,989				
g. Occupational Therapists	53,900	1,296				
h. Recreation Workers	134,286	5,823				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	76,720	3,367				
n. Marketing	4,855	70				
o. Other (Specify)						
See Attached Schedule	14,529	500				
<i>A-13. Total Salary Expenditures</i>	4,519,148	190,502				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Salaries Respiratory Therapist	\$ 14,529	500				
Total	\$ 14,529	500	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

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

Name of Facility			License No.	Report for Year Ended			Page	of		
Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion			2410	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	(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	
Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion				2410	9/30/2016			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***										
See Attached	116,767			Non-Discrim.	Administrator	2,147	A2			
Section IV - Assistant Administrators										

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

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

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

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

**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	
Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion				2410	9/30/2016			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***										
Terri Golec (9/24/15 - 1/16/16)	32,737			Non-Discrim.	Administrator	617	A2			
John Panicek (1/12/16 - 3/9/16)	12,864			Non-Discrim.	Administrator	328	A2			
Peter Mongillo (3/8/16 - 4/29/16)	16,984			Non-Discrim.	Administrator	312	A2			
Renata Cocozza (4/28/16 - 10/8/16)	54,182			Non-Discrim.	Administrator	890	A2			
Total	116,767					2,147				

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Senior Philanthropy of Milford B, dba Golden Hill F	2410	9/30/2016	13	37		
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	11,076	55				
3. Pharmacist	15,355	300				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	277,641	Contract				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	62,599	480				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	548					
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Pulmonologist	22,500	94				
9. Speech Therapist						
a. Resident Care	88,916	Contract				
b. Other						
10. Occupational Therapist						
a. Resident Care	180,640	Contract				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	(6,540)	56				
b. LPN						
1. Direct Care	39,743	1,018				
2. Administrative***						
c. Aides	81,361	3,416				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	773,839	5,419				

* 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		License No.	Report for Year Ended		Page	of
Senior Philanthropy of Milford B, dba Golden Hill Reha		2410	9/30/2016		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
DR Channa Parera PO Box 1127, Orange Ct 06477	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Partners Pharmacy, PO Box 9689, Uniondale, NY 11555	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>			
Tami Reilly, 122 Allen Hill Rd, Brimfield, MA 01010	R.N. Administrative	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Anuruddha Walaliyada, 12 Cooke Road, Wallingford, CT 06492	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Jasdeep Sidana 849 Boston Post Rd, Milford CT 06460	Contracted Service Physician	<input type="radio"/>	<input checked="" type="radio"/>			
Cardiology Physicians of Fairfield, PO Box 848538, Boston, MA 02284	Cardiologist	<input type="radio"/>	<input checked="" type="radio"/>			
CT Mental Health, 270 Farmington Ave, CT 06032	Physician Service	<input type="radio"/>	<input checked="" type="radio"/>			
Healthcare Service Group, 3220 Tillman Dr Suite 300, Bensalem, PA 19020	Dietitian	<input type="radio"/>	<input checked="" type="radio"/>			
The Rehab Dept, 24761 US HWY 19 N, Clearwater, FL 33763	PT/OT/ST	<input type="radio"/>	<input checked="" type="radio"/>			
Health Drive Dental Group, 888 Worcester St. #130, Wellesley, MA 02482	Dentist	<input type="radio"/>	<input checked="" type="radio"/>			
The Nurse Network, 405 Park Ave., New York, NY 10022	RN, LPN, Aides	<input type="radio"/>	<input checked="" type="radio"/>			
Professional Healthcare Services, PO Box 646, Oxford CT 06478	RN, LPN, Aides	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

* 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
Senior Philanthropy of Milford B, dba Golden H	2410	9/30/2016	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 146,708	146,708		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 118,847	118,847		
4. Social Security (F.I.C.A.)	\$ 331,034	331,034		
5. Health Insurance	\$ 546,663	546,663		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 3,506	3,506		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 64,702	64,702		
8. Uniform Allowance	\$ 11,870	11,870		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 7,132	7,132		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 46,548	46,548		
d. Accounting and Auditing	\$ 32,466	32,466		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 20,831	20,831		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 21,779	21,779		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 52,566	52,566		
2. Cellular Phones	\$ 2,736	2,736		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 155	155		
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	\$ 569,075	569,075		
Subtotal	\$ 1,976,618	1,976,618		

* 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**

Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion
9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
	-		
Employee Food (Self-disallow)	\$ 762		
Nurses Week Expense (Self-disallow)	\$ 383		
Holiday Funds (Self-disallow)	\$ 2,755		
Employee of the month award (Self-disallow)	\$ 827		
Employee Reimbursement of cobra insurance (Self-disallow)	\$ 697		
Airfare for conference	\$ 200		
Employee drug testing	\$ 838		
Employee Assistance Program - Carebridge	\$ 436		
Employee Flu shots	\$ 234		
Total	\$ 7,132	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Senior Philanthropy of Milford B, dba Golden Hill Re	2410	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	1,976,618	1,976,618			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 543	543			
3. Gifts to Staff and Residents	\$ 67	67			
4. Employee Travel	\$ 1,731	1,731			
5. Education Expenses Related to Seminars and Conventions	\$ 10,852	10,852			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 683	683			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 3,558	3,558			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 1,481	1,481			
4. Fund-Raising***	\$				
5. Medical Records	\$ 42	42			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 4,316	4,316			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 9,565	9,565			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 3,645	3,645			
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>)	\$ 151,334	151,334			
12. Administrative Management Services**	\$ 249,397	249,397			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 104,150	104,150			
C-14 Total Administrative & General Expenditures	\$ 2,517,982	2,517,982			

* 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)
	-		
Entertainment-Mkt	175		
Media Advertising-Mkt	(979)		
Special Events-Mkt	\$ 1,128		
Collateral Material-Mkt	\$ 208		
Promo Items-Mkt	\$ 849		
Total Other Advertising	\$ 1,481	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
CT Association of Health Care Membership dues	\$ 7,880		
Long Term Care Mutual Aid dues	\$ 29		
Prior Period Adjustments (Self-disallow)	\$ 1,656		
Total Dues	\$ 9,565	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Background Checks-Nursing Admn	\$ 82		
Software Expense - Nursing Admn	\$ 21,501		
Licenses/Permits-Nursing Admn	\$ 463		
Background Checks-Nursing	\$ 927		
Background Checks-Dietary	\$ 164		
Dues/Subscriptions-Dietary	\$ 789		
Licenses/Permits-Dietary	\$ 67		
Equipment Minor-Rec/Sec	\$ 125		
Licenses & Permits-Trans	\$ 306		
Benefit Plan Fees (Self-disallow)	\$ (3,182)		
Licenses/Permits	\$ 425		
Patient Trust Bond	\$ 1,172		
Resident Reimburse on Lost/Stolen Items (Self-disallow)	\$ 985		
Equipment Minor-Adm (Self-disallow)	\$ (7,136)		
Internet Access-Adm	\$ 3,872		
Records Storage - Adm	\$ 4,115		
Parking Space - Adm	\$ 3,600		
Equipment Rental-Adm	\$ 9,179		
Misc Decor-Adm (Self-disallow)	\$ 71		
Collection Fees/Credit Card Fees (Self-disallow)	\$ 248		
Late fees/Fines/Finance Charges-Adm (Self-disallow)	\$ 266		
Bank Service Charges-Adm	\$ 27,114		
Miscellaneous Expense-Adm	\$ 37,958		
Employee/Guest meals (Self-disallow)	\$ 994		
Champion Awards of Milford (Self-disallow)	\$ 45		
Total Other Administrative and General	\$ 104,150	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Senior Philanthropy of Milford B, dba Go	2410	9/30/2016	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 #
Traditions Senior Management, 24641 US Highway 19 North - Clearwater FL, 33763	249,397	All operation and financial functions directly related to facility	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	License No.	Report for Year Ended		Page	of
Senior Philanthropy of Milford B, dba Golden Hill Reh	2410	9/30/2016		18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 282,365	282,365			
2. Non-Food Supplies	\$ 18,833	18,833			
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 7,993	7,993			
c. Management Services**	\$				
d. Other (Specify) _____	\$ 1,714	1,714			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 310,905	310,905			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, dba Golden Hill Reha		2410	9/30/2016	19	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. \$	3,145	3,145		
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)	\$	124,262	124,262		
c. Management Services**	\$				
d. Other (Specify) Equipment Minor & Laundry Supplies	\$	252	252		
3E. Total Laundry Expenditures (3a + b + c + d)	\$	127,659	127,659		
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
Senior Philanthropy of Milford B, dba Golden I		2410	9/30/2016		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. \$				
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. \$	83,695	83,695		
c.	Management Services*	\$				
d.	Other (<i>Specify</i>) Equipment Minor & Cleaning supplies	\$	8,981	8,981		
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	92,676	92,676		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	122,282	122,282		
b.	Medicine Cabinet Drugs	\$	11,474	11,474		
c.	Medical and Therapeutic Supplies	\$	141,349	141,349		
d.	Ambulance/Limousine***	\$	962	962		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	23,959	23,959		
f.	X-rays and Related Radiological Procedures***	\$	9,140	9,140		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	22,682	22,682		
i.	Recreation	\$	21,752	21,752		
j.	Other (<i>Specify</i>)**** See Attached Schedule	\$	92,042	92,042		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	445,642	445,642		

* 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)
	0		
Equipment Minor	\$ (2,013)		
Minor Equipment & Supplies - Therapy	\$ 9,826		
IV Supplies - Medicaid (Self-disallow)	\$ 841		
IV Drugs - Medicare (Self-disallow)	\$ 4,377		
Medical Equipment Rental	\$ 57,023		
Minor Equipment - Nursing	\$ 9,986		
IV Supplies - Managed Care (Self-disallow)	\$ 6,218		
IV Drugs - Medicaid (Self-disallow)	\$ 1,894		
Medical Waste Disposal	\$ 1,490		
Therapy Software Costs	\$ 2,400		
Total Other Resident Care	\$ 92,042	\$ -	\$ -

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

Name of Facility Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion			License No. 2410		Report for Year Ended 9/30/2016			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
Rinaldi Linen Service	47 Commons Court, Waterbury, CT 06704	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	124,262			19	4b
Healthcare Service Group	Suite 300, Bensalem PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping	83,695			20	4b
Total Lawn Care & More, LLC	15 Clark St., Apt 1, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Ground Maintenance	16,206			22	6f
CWPM, LLC	25 Norton Pl, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal Services	34,175			22	6f
Healthcare Service Group	Suite 300, Bensalem PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance Department Management	12,042			22	6f
		<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
Senior Philanthropy of Milford B, dba Golden	2410	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 45,005	45,005				
b. Heat	\$ 13,525	13,525				
c. Light & Power	\$ 94,358	94,358				
d. Water	\$ 9,577	9,577				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 5,174	5,174				
f. Other (<i>itemize</i>)	\$ 89,687	89,687				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 257,326	257,326				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 8,764	8,764				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 83,643	83,643				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 92,407	92,407				
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	\$ 705,832	705,832				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 107,153	107,153				
c. Personal property taxes	\$ 11,243	11,243				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 916,635	916,635				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
	-		
Contracted Maintenance	\$ 12,042		
Electrical-Maint	\$ 120		
Plumbing-Maint	\$ 1,594		
HVAC/Boiler Maint	\$ 1,271		
Paint-Maint	\$ 1,544		
Alarm Inspection-Maint	\$ 3,315		
Alarm Repairs-Maint	\$ 3,505		
Grounds Maintenance-Maint	\$ 16,373		
Sprinklers-Maint	\$ 2,091		
Elevator-Maint	\$ 6,505		
Pest Control-Maint	\$ 2,057		
Maint Contracts- Generator	\$ 3,038		
Waste Disposal -Grease/Trash	\$ 35,165		
Bldg Inspection Fees (Self-disallow)	\$ (3,853)		
Copier- Maintenance Agreement	\$ 4,920		
Total Other Repairs and Maintenance	\$ 89,687	\$ -	\$ -

Depreciation Schedule

Name of Facility Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion				License No. 2410			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													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period				5,728		5,728	191	S/L	Various	382			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				125,729		125,729		S/L	Various	8,382			
B-4. Subtotal											8,764		
C. Non-Movable Equipment													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. 2015 Ford Transit 250 -10 Passenger						5	2015	40,257	40,257	4,026	S/L	5	8,051
b. Corporate Fleet -taxable value						5	2016	1,110	1,110		S/L	5	222
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						Var.	Var.	787,582	787,582	405,039	S/L	Various	60,200
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						Var.	Var.	90,376	90,376		S/L	Various	15,170
D-3. Subtotal													83,643
E. Total Depreciation													92,407

Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion
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 Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvement		\$ -		\$ - **

*Ties to Page 23, Line A3
**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Various	See Attached	\$ 125,729	Various	\$ 8,382
Total additions for Building Improvement		\$ 125,729		\$ 8,382 *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*Ties to Page 23, Line B3
**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3
**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Various	See Attached	\$ 90,376	Various	\$ 15,170
Total additions for Movable Equipmen		\$ 90,376		\$ 15,170 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Senior Philanthropy of Milford B, LLC
 Cost Report Year 2015
 Medicaid Cost Report - Depreciation Summary

	Date Acquired	Method	Life	Historical Cost	SHORT YEAR 9/30/2015 Expense	9/30/2015 Accum Deprec.	9/30/2016 Expense	9/30/2016 Accum Deprec.	Net Book Value
Building Improvements									
<i>2015 Additions</i>									
Doors	6/10/2015	S/L	15	5,728	191	191	382	573	5,155
				<u>5,728</u>	<u>191</u>	<u>191</u>	<u>382</u>	<u>573</u>	<u>5,155</u>
<i>2016 Additions</i>									
Bathroom Renovation	11/12/2015	S/L	15	59,800	-	-	3,987	3,987	55,813
Elevator Repairs	11/15/2015	S/L	15	7,351	-	-	490	490	6,861
Doors	11/22/2015	S/L	15	8,100	-	-	540	540	7,560
New Electronic Door Edge	2/12/2016	S/L	15	4,852	-	-	323	323	4,528
Elevator Repairs	2/12/2016	S/L	15	1,894	-	-	126	126	1,768
Replace Sill of Elevator	2/16/2016	S/L	15	5,792	-	-	386	386	5,406
Elevator Packing	6/21/2016	S/L	15	2,873	-	-	192	192	2,681
3 Fire Dampers & Doors	4/22/2015	S/L	15	1,250	-	-	83	83	1,167
Outlets & Circuits	2/13/2015	S/L	15	762	-	-	51	51	711
3rd Floor Renovation	8/1/2016	S/L	15	24,833	-	-	1,656	1,656	23,177
Replace Tanks	9/30/2016	S/L	15	7,125	-	-	475	475	6,650
Replace Taco Pump	9/30/2016	S/L	15	1,098	-	-	73	73	1,024
				<u>125,729</u>	<u>-</u>	<u>-</u>	<u>8,382</u>	<u>8,382</u>	<u>117,347</u>
Total Building Improvements				<u>131,457</u>	<u>191</u>	<u>191</u>	<u>8,764</u>	<u>8,955</u>	<u>122,502</u>
Vehicles									
<i>2015 Additions</i>									
2015 Ford Transit 250 -10 Passenger Wagon	5/1/2015	S/L	5	40,257	4,026	4,026	8,051	12,077	28,180
				<u>40,257</u>	<u>4,026</u>	<u>4,026</u>	<u>8,051</u>	<u>12,077</u>	<u>28,180</u>
<i>2016 Additions</i>									
Corporate Fleet -taxable value	5/16/2016	S/L	5	1,110	-	-	222	222	888
				<u>1,110</u>	<u>-</u>	<u>-</u>	<u>222</u>	<u>222</u>	<u>888</u>
Total Vehicles				<u>41,367</u>	<u>4,026</u>	<u>4,026</u>	<u>8,273</u>	<u>12,299</u>	<u>29,068</u>
Moveable Equipment									
Prior Owners Moveable Equipment (Fully Depreciation Assets Removed)									
	Various	S/L	Various	701,227	21,626	397,100	47,954	445,054	256,173
Asset Additions 10/1/2014-3/31/2015	Various	S/L	Various	25,570	1816	2724	1816	4540	21,030

2015 Additions

Sonic Wall	4/30/2015	S/L	15	3,609	120	120	241	361	3,248
Canon Copiers @2	5/30/2015	S/L	5	20,722	2,072	2,072	4,144	6,216	14,506
Slings	6/1/2015	S/L	5	9,647	965	965	1,929	2,894	6,753
HVAC @ 2	6/19/2015	S/L	10	13,000	650	650	1,300	1,950	11,050
AHT Software	7/1/2015	S/L	3	3,022	504	504	1,007	1,511	1,511
Kitchen AC	7/24/2015	S/L	10	3,485	174	174	349	523	2,963
Bladder Scanner	8/25/2015	S/L	5	7,300	730	730	1,460	2,190	5,110
				60,785	5,215	5,215	10,430	15,645	45,140

2016 Additions

Fire Control Panel	11/30/15	S/L	10	3,520	-	-	352	352	3,168
Scale	2/24/15	S/L	5	1,329	-	-	266	266	1,063
Laptop	1/20/15	S/L	5	739	-	-	148	148	591
HVAC	12/15/15	S/L	10	(6,500)	-	-	(650)	(650)	(5,850)
TV & Wall Mount	11/23/15	S/L	5	790	-	-	158	158	632
TVs	12/18/15	S/L	5	1,258	-	-	252	252	1,006
Laptop Computer Cart	11/12/15	S/L	5	1,536	-	-	307	307	1,229
Snow Blower	11/4/15	S/L	5	656	-	-	131	131	525
Thermopatch Name Tagging Clothing	2/11/15	S/L	10	1,495	-	-	150	150	1,346
Computer	1/9/15	S/L	5	861	-	-	172	172	689
Printer	9/3/15	S/L	5	928	-	-	186	186	742
Computer	1/28/15	S/L	5	996	-	-	199	199	797
Cards & Card Printer	1/15/15	S/L	5	1,142	-	-	228	228	914
Computers	1/14/15	S/L	5	3,109	-	-	622	622	2,487
Nurse Call Box	10/28/15	S/L	10	600	-	-	60	60	540
Kiosks/Computers	1/25/16	S/L	5	2,136	-	-	427	427	1,709
Therapy Equipment	1/25/16	S/L	5	14,680	-	-	2,936	2,936	11,744
2 Beds	2/1/16	S/L	10	3,712	-	-	371	371	3,341
Mattress	2/10/16	S/L	10	1,344	-	-	134	134	1,210
Shower Gurney	2/19/15	S/L	10	741	-	-	74	74	667
Dig Scale	6/1/15	S/L	5	550	-	-	110	110	440
Wheelchair Scale	10/1/15	S/L	10	1,383	-	-	138	138	1,245
Mattresses	3/8/16	S/L	10	1,043	-	-	104	104	939
Mattress Package	12/1/15	S/L	10	1,274	-	-	127	127	1,147
Computer Touch Screen Kiosk	2/9/16	S/L	5	1,984	-	-	397	397	1,587
Ice Maker	3/21/16	S/L	5	1,737	-	-	347	347	1,390
Vital Machine	4/1/16	S/L	5	3,890	-	-	778	778	3,112
Walk In Cooler Door	4/15/16	S/L	10	3,350	-	-	335	335	3,015
Repipe Lines & Floor around Dishwasher	4/26/16	S/L	5	6,600	-	-	1,320	1,320	5,280
Dishwasher Hood	4/26/16	S/L	5	1,385	-	-	277	277	1,108
Phone System Maintenance	5/3/16	S/L	5	1,005	-	-	201	201	804
APC Smart-Ups	5/3/16	S/L	5	1,154	-	-	231	231	924

Mechanical Chair Scale	6/1/16	S/L	10	543	-	-	54	54	488
Telephone Set up/Equip	3/31/16	S/L	5	5,191	-	-	1,038	1,038	4,152
Telephone Equip	6/23/16	S/L	5	2,283	-	-	457	457	1,827
Fire Smoke Door Mait	7/27/15	S/L	15	4,742	-	-	316	316	4,426
Replace/Fix Hot Water Tank	2/26/15	S/L	15	1,617	-	-	108	108	1,509
AC Units	7/8/15	S/L	15	997	-	-	66	66	931
Access Doors	8/21/15	S/L	10	970	-	-	97	97	873
New Wires 7 Contactor for AC in Kitchen	9/28/15	S/L	5	829	-	-	166	166	663
Double Sided Signs	4/1/15	S/L	5	1,375	-	-	275	275	1,100
Replace Outlets	3/29/15	S/L	5	693	-	-	139	139	555
Replaced Lamps in Parking Lot	7/12/15	S/L	5	1,257	-	-	251	251	1,005
New amp sub panel for new copy machine circuits	9/21/15	S/L	5	1,233	-	-	247	247	986
Fixed broken conduit for trash compactor	9/21/15	S/L	5	1,096	-	-	219	219	877
New Outlets for air cleaners	10/22/15	S/L	5	1,356	-	-	271	271	1,084
Condensor	7/22/16	S/L	10	3,403	-	-	340	340	3,063
Domestic Recir Pump	7/22/16	S/L	10	1,098	-	-	110	110	988
Sink, Faucet & Piping	9/30/16	S/L	10	1,269	-	-	127	127	1,142
				90,376	-	-	15,170	15,170	75,206

Total Moveable Equipment

877,957	28,657	405,039	75,370	480,409	397,548
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Total for 2016

1,050,782	32,874	409,256	92,408	501,664	549,118
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Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Senior Philanthropy of Milford B, dba Golden Hill Rehab Pa			2410		9/30/2016			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
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 Senior Philanthropy of Milford B, dba	License No. 2410	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 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	120				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	
2028 Bridgeport Ave LLC	Building	04/01/15	123 months	705,832	

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Senior Philanthropy of Milford B, dba		2410	9/30/2016			26	37
Item			Total	CCNH	RHNS	(Specify)	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount			\$				
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$				

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Senior Philanthropy of Milford B, d		2410		9/30/2016		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (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) Other Interest & Interest on line of credit				\$	181,965	181,965	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	181,965	181,965	
14. Insurance							
a. Insurance on Property (buildings only)				\$	9,180	9,180	
b. Insurance on Automobiles				\$	4,131	4,131	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	54,262	54,262	
2. Fire and Extended Coverage				\$			
3. Other (Specify) D&O and Crime Policy				\$	8,886	8,886	
14d. Total Insurance Expenditures (14a + b + c)				\$	76,459	76,459	
15. Total All Expenditures (A-13 thru C-14)				\$	10,220,236	10,220,236	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavil			2410	9/30/2016	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.	10	A12g	Occupational Therapy	\$ 53,900	53,900		
4.			Other - See attached Schedule	\$ 4,855	4,855		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 180,640	180,640		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 46,548	46,548		
10.	15	1e	Accounting & Legal	\$ 20,782	20,782		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,296	1,296		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 67	67		
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 *	\$ 1,481	1,481		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 45,695	45,695		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 11,858	11,858		
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 960	960		
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)				\$ 368,082	368,082		

* 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	A12n	Marketing Salaries	\$ 4,855		
Total Other Salaries Adjustment			\$ 4,855	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m8	Prior Period Adjustments (Self-disallow)	\$ 1,656		
16	m13	Benefit Plan Fees (Self-disallow)	\$ (3,182)		
16	m13	Resident Reimburse on Lost/Stolen Items (Self-disallow)	\$ 985		
16	m13	Equipment Minor-Adm (Self-disallow)	\$ (7,136)		
16	m13	Misc Decor-Adm (Self-disallow)	\$ 71		
16	m13	Collection Fees/Credit Card Fees (Self-disallow)	\$ 248		
16	m13	Late fees/Fines/Finance Charges-Adm (Self-disallow)	\$ 266		
16	m13	Disallowable Misc Expense	\$ 7,593		
16	m13	Employee/Guest meals (Self-disallow)	\$ 994		
16	m13	Champion Awards of Milford (Self-disallow)	\$ 45		
See	Attached	Marketing Disallowances	\$ 4,894		
15	1a9	Employee Food (Self-disallow)	\$ 762		
15	1a9	Nurses Week Expense (Self-disallow)	\$ 383		
15	1a9	Holiday Funds (Self-disallow)	\$ 2,755		
15	1a9	Employee of the month award (Self-disallow)	\$ 827		
15	1a9	Employee Reimbursement of cobra insurance (Self-disallow)	\$ 697		
Total Other A&G Adjustments			\$ 11,858	\$ -	\$ -

Senior Philanthropy of Milford B, LLC
 Calculation of Allowable Cell Phone Expense
 September 30, 2016

Beds	# of Allowable Cell Phones
1-100	3
101-200	4
201-300	5
301-400	6

Total Bed Capacity	120
# of Allowable Cell Phones	4

Allowable Cell Phone Expense (per cell phone):	
per month	\$ 30
per year	\$ 360

Page 15 Line 1h2	<u>Amount</u>
Cell Phone expense per TB	\$ 2,736
Allowable Cell Phone expense	\$ 1,440
Disallowed Cell Phone expense	<u>\$ 1,296</u> Page 28 Line 12

Senior Philanthropy of Milford B, LLC
 Calculation of Allowable Management Fee
 9/30/2016

<u>Description</u>	<u>Amount</u>
Management fees Charged (Pg. 16 / Line m12)	249,397 TB Linked
Patient Days	<u>30,849</u> Page 8 of C/R
Amount Per Patient Day	\$ 8.0844
2015 PPD Allowance Per Rate Agreement	6.37
2016 CPI Increase	<u>0.23</u>
PPD Allowance 9/30/2016	<u>6.60</u>
Amount over (Under)	\$ 1.4813
Total Days	30,849 Page 8 of C/R
Disallowed Management Fee	<u><u>\$ 45,695</u></u>

Senior Philanthropy of Milford B, LLC
Marketing Disallowance
September 30, 2016

<u>Page</u>	<u>Line</u>	<u>Account</u>	<u>Description</u>	<u>Amount</u>
15	1.a.1	490123	Workers Comp-Mkt	-
15	1.a.3	490122	Payroll Taxes-Mkt-SUI	-
15	1.g	490901	Office Supplies-Mkt	2,064
15	1.g	490920	Forms/Printing-Mkt	2,830
Total Page 15 Marketing Disallowance				<u>4,894</u>
16	1.4	490950	Mileage Reimbursement-Mkt	-
16	1.5	490133	Training/Seminars/Courses-Mkt	-
16	m.7	490930	Postage-Mkt	-
Total Page 16 Marketing Disallowance				<u>-</u>
Disallowed Marketing Department Expenses				<u>\$ 4,894</u>

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Senior Philanthropy of Milford B, dba Golden Hill Rehab Pa			2410	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 368,082	368,082		
Page 20 - Resident Care Supplies***							
27.	20	5a1/2	Prescription Drugs	\$ 122,282	122,282		
28.	20	5d	Ambulance/Limousine	\$ 962	962		
29.	20	5f	X-rays, etc	\$ 9,140	9,140		
30.	20	5h	Laboratory	\$ 22,682	22,682		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 23,959	23,959		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 15,685	15,685		
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	\$ (3,853)	(3,853)		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.	30	IV8	Vending Machine Revenue	\$ 2,044	2,044		
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	\$ 1,144	1,144		
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)				\$ 562,127	562,127		

*** 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.

Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion
9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable TV in Excess	\$ 5,090		
20	5j	IV Drugs - Medicare (Self-disallow)	\$ 4,377		
20	5j	IV Supplies - Managed Care (Self-disallow)	\$ 6,218		
Total Other Ancillary Costs			\$ 15,685	\$ -	\$ -

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)
22	6f	Bldg Inspection fees	\$ (3,853)		
Total Other Property Adjustments			\$ (3,853)	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14C3	D&O Insurance	\$ 1,144		
Total Other Adjustments			\$ 1,144	\$ -	\$ -

Schedule of Unallowable Building Interest

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

**Senior Philanthropy of Milford B, LLC
Disallowance Schedule for Cable TV
September 30, 2016**

	<u>Amount</u>
Total Cable TV Expense acct #560717	\$ 8,690 TB Linked
Monthly Allowable amount	\$ 300
Months in Cost Report Year	<u>12</u>
Total Allowable Cost	\$ 3,600
Disallowed Cable TV	<u><u>\$ 5,090</u></u>

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Senior Philanthropy of Milford B, dba Go 2410		9/30/2016			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 9,397,980	9,397,980				
b. Medicaid Room and Board Contractual Allowance **	\$ (3,309,078)	(3,309,078)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,161,112	1,161,112				
b. Medicare Room and Board Contractual Allowance **	\$ 601,326	601,326				
4. a. Private-Pay Residents and Other	\$ 1,399,084	1,399,084				
b. Private-Pay Room and Board Contractual Allowance **	\$ (229,965)	(229,965)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 129,765	129,765				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 64,959	64,959				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 1,610	1,610				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 706,222	706,222				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 331,887	331,887				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 247,586	247,586				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 190,773	190,773				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 596,516	596,516				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 230,513	230,513				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (1,431,228)	(1,431,228)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (758,108)	(758,108)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 9,330,954	9,330,954				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 960	960				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 519	519				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 1,697	1,697				
V. Total Other Revenue (1 thru 8)	\$ 3,176	3,176				
VI. Total All Revenue (III +V)	\$ 9,334,130	9,334,130				

* 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)
		-		
30116a	Laboratory- MCR A-SNF	\$ 17,303		
30116a	IV Therapy-MCR A-SNF	\$ 8,335		
30116a	XRy MRA	\$ 10,083		
30116a	Contractual Adj- Ancill-MCR A-SNF	\$ (1,140,325)		
30116a	Sequestration - MCR B	\$ (4,178)		
30116a	Contractual Adj- Ancill- MCR B-SNF	\$ (322,446)		
Total Other Resident Revenue - Medicare		\$ (1,431,228)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30116b	Laboratory	\$ (13)		
30116b	Laboratory- MCD- SNF	\$ 13		
30116b	IV Therapy-MCD-SNF	\$ 5,271		
30116b	Contractual Adj- Ancillaries- MCD-SNF	\$ (409,057)		
30116b	IV Therapy-Hospice-SNF	\$ 675		
30116b	Contractual Adj- Ancill- Hospice-SNF	\$ (6,958)		
30116b	Laboratory VA	\$ 3,089		
30116b	Radiology VA	\$ 792		
30116b	Cont Adjmt Ancillary VA	\$ (26,518)		
30116b	Lab HMO	\$ 4,528		
30116b	IV THERAPY	\$ 9,326		
30116b	Radiology HMO	\$ 2,482		
30116b	Evercare Revenue - A	\$ 4,705		
30116b	Sequestration - HMO	\$ (279)		
30116b	Contractual Adj Ancillary HMO	\$ (346,164)		
Total Other Resident Revenue		\$ (758,108)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
301V5	Interest Income		\$ 519		
Total Interest Income			\$ 519	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
301V8	Vending Machine Revenue (self-disallow)	\$ 2,044		
301V8	Innovatix Income (Self-disallow)	\$ (347)		
Total Other Revenue		\$ 1,697	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, dba C	2410	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	479,074
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,660,500
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	514
4 Inventories			\$	
5. Prepaid Expenses			\$	235,471
a. Prepaid Insurance	4,001			
b. Prepaid Taxes and Licenses	466			
c. Prepaid Other	20,194			
d. Prepaid Workers Comp	210,810			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	126,574
Due from Cheshire	3,500			
Due from West River	121,467			
Due from Westport	1,607			
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,502,133
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>131,457</u>		\$	122,502
	Accum. Depreciation <u>8,955</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>176,731</u>		\$	141,376
	Accum. Depreciation <u>35,355</u>	Net		
7. Motor Vehicles	*Historical Cost <u>41,367</u>		\$	29,068
	Accum. Depreciation <u>12,299</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(13,952)
F/S vs. C/R Cost Basis Adjustment	(13,952)			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	278,994

* 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
Senior Philanthropy of Milford B, dba C	2410	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	2,781,127
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	701,227		
	Accum. Depreciation	445,054	Net	\$ 256,173
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable				\$
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	256,173
D. Investment and Other Assets				
1. Deferred Deposits				\$
2. Escrow Deposits				\$ 281,552
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>)				\$ 242,846
	Deposits on Utilities	500		
	Deposits on Professional Services	60,000		
	Construction-in-Progress	182,346		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	524,398
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	3,561,698

* 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	
Senior Philanthropy of Milford B, dba Golden		2410	9/30/2016	33	37	
Account				Amount		
Liabilities						
A. Current Liabilities						
1. Trade Accounts Payable				\$	1,283,666	
2. Notes Payable (<i>itemize</i>)				\$	7,074	
Note Payable - HSG 12/31/15					7,074	

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>)				\$	97,140	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$		
6. Accrued Payroll Taxes Payable				\$	38,058	
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>)				\$	2,879,653	
See Attached					2,879,653	

A-13. Total Current Liabilities (Lines A1 thru 12)				\$	4,305,591	

* 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 Senior Philanthropy of Milford B, dba Golde		License No. 2410	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				4,305,591	
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>)				\$ 46,650	
Long Term Capital Lease		46,650			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 46,650	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 4,352,241	


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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, dba	2410	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>)			\$	256,173
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			\$	256,173
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(194,117)
6. Gain or Loss for Period			\$	(852,599)
	10/1/2015	thru 9/30/2016		
7. Total Net Worth			\$	(1,046,716)
C. Total Reserves and Net Worth			\$	(790,543)
D. Total Liabilities, Reserves, and Net Worth			\$	3,561,698

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, dba G	2410	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(194,117)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	9,334,130
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	10,186,729
D. Net Income or Deficit			\$	(852,599)
E. Balance			\$	(1,046,716)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Total Expenditures PG 27			10,220,236	
Depreciation Adjustment			(33,508)	
Rounding			1	
Total Expenditures Line C			10,186,729	
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			\$	(1,046,716)
				09/30/16

I. Preparer's/Reviewer's Certification

Name of Facility Senior Philanthropy of Milford B, dba	License No. 2410	Report for Year Ended 9/30/2016	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 PRINCIPAL	Date Signed 2/6/17		
Printed Name of Preparer Matthew S. Bavolack				
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 **Senior Philanthropy of Milford B, LLC** 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 **State of Connecticut** data provided to us by the management of **Senior Philanthropy of Milford B, LLC**. 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 **State of Connecticut**. 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 **Senior Philanthropy of Milford B, LLC** and **State of Connecticut** and is not intended to be, and should not be, used by anyone other than these specified parties.

Hartford, Connecticut
February 4, 2017

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

Facility Name Senior Philanthropy of Milford B, d/b/a Golden Hill Rehab Pavilion

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: **Traditions Senior Management**
 Engagement: **Medicaid - Senior Philanthropy of Milford B, LLC**
 Period Ending: **9/30/2016**
 Trial Balance: **A.01 - TB-CCNH**

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
110102	Petty Cash	1,000.00			1,000.00
110103	BOA Operating Account	1,447.00			1,447.00
110110	Resident Trust	28,493.00			28,493.00
110113	Operating Account	87,936.00			87,936.00
110204	Accts Receivable-PVT	57,641.00			57,641.00
110205	Accts Receivable-Caid Res Responsibility	58,761.00			58,761.00
110206	Accts Receivable-SNF Medicare Part A	175,706.00			175,706.00
110207	Accts Receivable-SNF Medicare Part B	84,254.00			84,254.00
110208	Accts Receivable-Caid Cross-Over Part A	32,695.00			32,695.00
110209	Accts Receivable-Caid Cross-Over Part B	20,107.00			20,107.00
110210	Accts Receivable-SNF Medicaid	489,911.00			489,911.00
110211	Accts Receivable-Hospice	58,909.00			58,909.00
110212	Accts Receivable-Pvt Co Insurance Part A	39,560.00			39,560.00
110213	Accts Receivable-Pvt Co Insurance Part B	12,339.00			12,339.00
110214	Accts Receivable-Insurance	9,200.00			9,200.00
110215	Allowance for Uncollectible-SNF/IL/AL	(118,548.00)			(118,548.00)
110217	Accts Receivable - Other	514.00			514.00
110218	Accts Receivable - HMO B	7,030.00			7,030.00
110221	Accounts Receivable - HMO	50,286.00			50,286.00
110222	Accounts Receivable - VA	(668.00)			(668.00)
110223	Accts Receivable - PO	666,140.00			666,140.00
110238	Due to/ from Old Aging	13,265.00			13,265.00
110240	Due from Cheshire	3,500.00			3,500.00
110245	Due from West River	121,467.00			121,467.00
110247	Due from Westport	1,607.00			1,607.00
110250	AR-Refunds	3,828.00			3,828.00
110260	AR Mcd Coins Bad Debt	84.00			84.00
110401	Prepaid Insurance	4,001.00			4,001.00
110403	Prepaid Taxes and Licenses	466.00			466.00
110406	Prepaid Other	20,194.00			20,194.00
110407	Prepaid Workers Comp	210,810.00			210,810.00
120110	Deposits on Utilities	500.00			500.00
120111	Deposits on Professional Services	60,000.00			60,000.00
120201	Cash - Replacement Reserve	96,243.00			96,243.00
120202	Cash - Tax Escrow	183,409.00			183,409.00
120203	Cash - Insurance Escrow	1,900.00			1,900.00
120204	Cash - Insurance Reserve	359,448.00			359,448.00
120205	Cash - Security Deposit	750.00			750.00
120304	Building & Improvements	131,457.00			131,457.00
120305	Accumulated Depr- Bldg & Improvement	(11,739.00)			(11,739.00)
120306	Furniture, Fixtures & Equipment	176,730.00			176,730.00
120307	Accumulated Depr- FFE	(49,223.00)			(49,223.00)
120308	Motor Vehicles	41,367.00			41,367.00
120309	Accumulated Depr- Vehicles	(9,598.00)			(9,598.00)
120320	Construction-in-Progress	182,346.00			182,346.00
210104	Accounts Payable- Trade	(1,263,944.00)			(1,263,944.00)
210105	Accounts Payable- Accrued	(19,722.00)			(19,722.00)
210109	Employee Deductions- Garnishments	(40.00)			(40.00)
210112	Employee Deductions- FSA	2,235.00			2,235.00
210113	Employee Deductions- ST/LIFE	(4,140.00)			(4,140.00)
210114	Employee Deductions- Child Support	(19.00)			(19.00)
210115	SIT Taxes Payable	(1,984.00)			(1,984.00)
210116	Employee Deductions - AFLAC	(319.00)			(319.00)

Account	Description	ADJ 9/30/2016	JE Ref #	RJE	FINAL 9/30/2016
210118	Resident Trust	(28,493.00)			(28,493.00)
210152	Note Payable - HSG 12/31/15	(7,074.00)			(7,074.00)
210160	Uncleared Checks	(71,201.00)			(71,201.00)
210201	Accrued Salaries & Wages	(42,534.00)			(42,534.00)
210202	Federal Income Tax Withheld	(6,765.00)			(6,765.00)
210204	FICA Taxes- EE	(8,586.00)			(8,586.00)
210205	SUI Taxes Payable	(20,702.00)			(20,702.00)
210207	Accrued Vacation/Holiday Pay	(54,606.00)			(54,606.00)
210208	Accrued Real Estate Taxes	(66,520.00)			(66,520.00)
210210	FUTA Taxes	(21.00)			(21.00)
210214	Accrued Land Lease	(1,886.00)			(1,886.00)
210216	Accrued Accounting/Audit Fees	(31,776.00)			(31,776.00)
210218	Accrued Personal Property Taxes	(13,500.00)			(13,500.00)
210225	Due to Eagle Lake Foundation	(357,385.00)			(357,385.00)
210243	Due to - Newington	(695,289.00)			(695,289.00)
210248	Due to Sahara	(1,506,514.00)			(1,506,514.00)
210259	Due to Medicaid - Bed Fees	(104,806.00)			(104,806.00)
220400	Long Term Capital Lease	(46,650.00)			(46,650.00)
250200	Change in Net Assets	194,117.00			194,117.00
310101	Routine Services-SNF PVT	(384,757.00)			(384,757.00)
310103	Pharmacy- SNF PVT	(54.00)			(54.00)
310105	Laboratory	13.00			13.00
310106	Physical Therapy- SNF PVT	512.00			512.00
310107	Speech Therapy- SNF PVT	(2,256.00)			(2,256.00)
310108	Occupational Therapy- SNF PVT	760.00			760.00
310195	Routine Revenue Adjustment-SNF PVT	7,920.00			7,920.00
310201	Routine Services-MCR A-SNF	(1,191,608.00)			(1,191,608.00)
310203	Pharmacy-MCR A-SNF	(129,765.00)			(129,765.00)
310205	Laboratory- MCR A-SNF	(17,303.00)			(17,303.00)
310206	Physical Therapy- MCR A-SNF	(455,002.00)			(455,002.00)
310207	Speech Therapy- MCR A-SNF	(101,505.00)			(101,505.00)
310208	Occupational Therapy- MCR A-SNF	(418,332.00)			(418,332.00)
310212	IV Therapy-MCR A-SNF	(8,335.00)			(8,335.00)
310215	XRy MRA	(10,083.00)			(10,083.00)
310295	Sequestration - MCR A	30,496.00			30,496.00
310298	Contractual Adj- Room- MCR A-SNF	(601,326.00)			(601,326.00)
310299	Contractual Adj-Ancill-MCR A-SNF	1,140,325.00			1,140,325.00
310301	Routine Services- MCD-SNF	(9,397,980.00)			(9,397,980.00)
310303	Pharmacy- MCD- SNF	(16,414.00)			(16,414.00)
310305	Laboratory- MCD- SNF	(13.00)			(13.00)
310306	Physical Therapy- MCD-SNF	(190,732.00)			(190,732.00)
310307	Speech Therapy- MCD-SNF	(79,389.00)			(79,389.00)
310308	Occupational Therapy- MCD-SNF	(117,239.00)			(117,239.00)
310312	IV Therapy-MCD-SNF	(5,271.00)			(5,271.00)
310398	Contractual Adj- Room- MCD-SNF	3,309,078.00			3,309,078.00
310399	Contractual Adj- Ancillaries- MCD-SNF	409,057.00			409,057.00
310402	Medical Supplies- MCR B-SNF	(1,610.00)			(1,610.00)
310406	Physical Therapy- MCR B-SNF	(251,220.00)			(251,220.00)
310407	Speech Therapy-MCR B-SNF	(146,081.00)			(146,081.00)
310408	Occupational Therapy-MCR B-SNF	(178,184.00)			(178,184.00)
310498	Sequestration - MCR B	4,178.00			4,178.00
310499	Contractual Adj- Ancill- MCR B-SNF	322,446.00			322,446.00
310501	Routine Services-Hospice-SNF	(365,909.00)			(365,909.00)
310503	Pharmacy-Hospice-SNF	(1,063.00)			(1,063.00)
310506	Physical Therapy-Hospice-SNF	(555.00)			(555.00)
310507	Speech Therapy-Hospice-SNF	(3,925.00)			(3,925.00)
310508	Occupational Therapy-Hospice-SNF	(740.00)			(740.00)

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
310512	IV Therapy-Hospice-SNF	(675.00)			(675.00)
310598	Contractual Adj-Room-Hospice-SNF	132,807.00			132,807.00
310599	Contractual Adj- Ancill- Hospice-SNF	6,958.00			6,958.00
310701	Routine Services VA	(321,490.00)			(321,490.00)
310703	Pharmacy VA	(12,334.00)			(12,334.00)
310705	Laboratory VA	(3,089.00)			(3,089.00)
310706	Physical Therapy VA	(6,642.00)			(6,642.00)
310707	Speech Therapy VA	(6,625.00)			(6,625.00)
310708	Occupational Therapy VA	(4,827.00)			(4,827.00)
310715	Radiology VA	(792.00)			(792.00)
310798	Contract Adj R&B VA	82,003.00			82,003.00
310799	Cont Adjmt Ancillary VA	26,518.00			26,518.00
310801	Routine Services HMO	(326,928.00)			(326,928.00)
310803	Pharmacy HMO	(35,094.00)			(35,094.00)
310805	Lab HMO	(4,528.00)			(4,528.00)
310806	PT HMO	(134,470.00)			(134,470.00)
310807	ST HMO	(98,578.00)			(98,578.00)
310808	OT HMO	(108,467.00)			(108,467.00)
310810	IV THERAPY	(9,326.00)			(9,326.00)
310815	Radiology HMO	(2,482.00)			(2,482.00)
310850	Evercare Revenue - A	(4,705.00)			(4,705.00)
310895	Sequestration - HMO	279.00			279.00
310898	Contractual Adjustment Room HMO	7,235.00			7,235.00
310899	Contractual Adj Ancillary HMO	346,164.00			346,164.00
370125	Guest Meals	(960.00)			(960.00)
380165	Vending Machine Revenue	(2,044.00)			(2,044.00)
389999	Miscellaneous Operating Income-Admin	347.00			347.00
410101	Salaries-Administrator	116,767.00			116,767.00
410102	Salaries-DON	102,264.00			102,264.00
410103	Salaries-Nurse Liaison/Risk Mgr	60,476.00			60,476.00
410104	Salaries-MDS Coor/MDS Asst	150,356.00			150,356.00
410106	Inservice Coordinator-Nursing Admin	47,674.00			47,674.00
410107	Salaries - ADON/Unit Mgr	82,016.00			82,016.00
410120	Vacation/Sick/Holiday-Nursing Admn	50,922.00			50,922.00
410121	Payroll Taxes-Nursing Admn-FICA	45,094.00			45,094.00
410122	Payroll Taxes-Nursing Admn-SUI	7,690.00			7,690.00
410123	Workers Comp-Nursing Admn	16,729.00			16,729.00
410124	Payroll Nursing Admin-FUTA	3,506.00			3,506.00
410125	Employee Health Insurance-Nurs Admin	40,346.00			40,346.00
410126	Employee Life Insurance-Nursing Admn	703.00			703.00
410127	Employee Dental Insurance-Nurs Admn	84.00			84.00
410128	Employee Vision Insurance-Nurs Admin	68.00			68.00
410130	Recruitment-Nursing Admn	291.00			291.00
410132	Background Checks-Nursing Admn	82.00			82.00
410133	Training/Seminars/Courses-Nurs Admn	7,380.00			7,380.00
410134	Dues/Subscriptions-Nursing Admn	7,909.00			7,909.00
410135	Employee Expense-Nursing Admn	200.00			200.00
410136	Contracted Services - Nursing Admin	7,000.00			7,000.00
410137	Software Expense - Nursing Adm	21,501.00			21,501.00
410140	Interco Contracted Services -Nurse Admin	(13,540.00)			(13,540.00)
410141	Cell Phones - Nursing Admin	2,129.00			2,129.00
410142	Pension - Nursing Admin	15,975.00		6,831.00	22,806.00
410176	Equipment Minor	(2,013.00)			(2,013.00)
410195	Mileage/Travel Reimburse - Nursing Adm	526.00			526.00
410199	Licenses/Permits-Nursing Admn	463.00			463.00
410201	Salaries-RN	348,496.00			348,496.00
410202	Overtime-RN	58,314.00			58,314.00

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
410203	Orientation-RN	4,845.00			4,845.00
410204	Salaries-LPN	747,773.00			747,773.00
410205	Overtime-LPN	60,986.00			60,986.00
410206	Orientation-LPN	4,253.00			4,253.00
410207	Salaries-CNA	1,039,969.00			1,039,969.00
410208	Overtime-CNA	34,329.00			34,329.00
410209	Orientation-CNA	2,844.00			2,844.00
410210	Ward Clerk/Staff Coord-Nursing	31,412.00			31,412.00
410212	Ward Clerk/Staff Coord- OT	2,179.00			2,179.00
410220	Vacation/Sick/Holiday-Nursing	251,286.00			251,286.00
410221	Payroll Taxes-Nursing-FICA	190,875.00			190,875.00
410222	Payroll Taxes-Nursing-SUI	49,425.00			49,425.00
410223	Workers Comp-Nursing	94,502.00			94,502.00
410224	Payroll Nursing - FUTA	19,542.00			19,542.00
410225	Employee Health Insurance-Nursing	266,246.00		256.00	266,502.00
410226	Employee Life Insurance-Nursing	1,588.00			1,588.00
410227	Employee Dental Insurance-Nursing	5,481.00			5,481.00
410229	Employee Vision Insurance - Nursing	1,099.00			1,099.00
410230	Recruitment-Nursing	2,254.00			2,254.00
410231	Drug Free Expense-Nursing	838.00			838.00
410232	Background Checks-Nursing	927.00			927.00
410233	Training/Seminars/Courses-Nursing	2,907.00			2,907.00
410234	Dues/Subscriptions-Nursing	1,656.00			1,656.00
410235	Employee Expense-Nursing	3,170.00		(301.00)	2,869.00
410236	Uniforms-Nursing	11,870.00			11,870.00
410237	Office Supplies - Nursing	5,482.00			5,482.00
410240	Interco Contracted Services - Nursing	(27,739.00)			(27,739.00)
410241	Pension-Nursing	30,834.00			30,834.00
410501	Salaries-Med Rec	29,970.00			29,970.00
410502	Overtime-Med Rec	23.00			23.00
410520	Vacation/Sick/Holiday- Med Recs	4,114.00			4,114.00
410521	Payroll Taxes-Med Recs-FICA	2,295.00			2,295.00
410522	Payroll Taxes-Med Recs-SUI	643.00			643.00
410523	Workers Comp- Med Recs	1,187.00			1,187.00
410524	Payroll Tax - Medical Record - FUTA	204.00			204.00
410525	Employee Health Insurance-Med Recs	14,253.00			14,253.00
410526	Employee Life Insurance-Med Recs	31.00			31.00
410527	Employee Dental Insurance-Med Recs	238.00			238.00
410535	Employee Expense-Med Recs	87.00			87.00
410536	Supplies Med Rec	42.00			42.00
410601	Salaries-Social Service	71,125.00			71,125.00
410620	Vacation/Sick/Holiday-Social Service	5,595.00			5,595.00
410621	Payroll Taxes- Social Service-FICA	5,643.00			5,643.00
410622	Payroll Taxes- Social Service-SUI	1,306.00			1,306.00
410623	Workers Comp-Social Service	197.00			197.00
410624	Payroll Tax - Social Service - FUTA	524.00			524.00
410625	EE Health Insurance-Social Service	5,960.00			5,960.00
410626	Employee Life Ins-Social Service	100.00			100.00
410627	Employee Dental Ins-Social Service	207.00			207.00
410628	Employee Vision Insurance - Social Ser	44.00			44.00
410635	Employee Expense-Social Service	197.00			197.00
410701	Medical Director	62,599.00			62,599.00
410702	Pharmacy Consultant	15,355.00			15,355.00
410706	Physician Consultant	22,500.00			22,500.00
410707	Physician Services	548.00			548.00
410709	Staffing Agency-LPN	39,743.00			39,743.00
410710	Staffing Agency-CNA	81,361.00			81,361.00

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
410711	Salaries - Director of Rehab	22,971.00		(22,971.00)	0.00
410712	Salaries - Physical Therapy Assistant	31,664.00			31,664.00
410713	Overtime - Physical Therapy Assistant	(18.00)			(18.00)
410714	Salaries - Rehab Tech / Assistant	2,350.00			2,350.00
410716	Salaries - Occupational Therapy Assist	14,759.00			14,759.00
410718	Salaries - Therapy - Rehab Tech	22,774.00			22,774.00
410719	Therapy - Rehab Tech OT	1,172.00			1,172.00
410726	Salaries Respiratory Therapist	14,529.00			14,529.00
410730	Minor Equipment & Supplies - Therapy	9,826.00			9,826.00
410733	Floor Stock Drugs & Supplies	13,279.00			13,279.00
410735	Office Supplies-Therapy	274.00			274.00
410740	Interco Contracted Services - Therapy	1,523.00			1,523.00
410741	Oxygen	6,325.00			6,325.00
410742	Inhalation Supplies	17,634.00			17,634.00
410743	IV Supplies - Medicaid	841.00			841.00
410750	Resident Transportation	962.00			962.00
410751	Lab Fees	22,682.00			22,682.00
410752	X-Ray Service	9,140.00			9,140.00
410753	Pharmacy Credits	(7,644.00)			(7,644.00)
410754	IV Drugs - Medicare	4,377.00			4,377.00
410756	Pharmacy-RX Medicaid	9,014.00			9,014.00
410757	Pharmacy-RX Medicare	81,523.00			81,523.00
410758	Pharmacy-RX Managed Care	23,548.00			23,548.00
410759	Pharmacy OTC Medicaid	4,041.00			4,041.00
410760	Pharmacy-OTC Medicare	1,718.00			1,718.00
410761	Incontinent Supplies	50,099.00			50,099.00
410762	Medical Supplies	37,809.00			37,809.00
410763	Nursing Supplies	53,441.00			53,441.00
410764	Nutritional Supplements	8,756.00			8,756.00
410765	Medical Equipment Rental	57,023.00			57,023.00
410767	Equipment Repairs - Nursing	18,023.00			18,023.00
410768	Minor Equipment - Nursing	9,986.00			9,986.00
410769	Pharmacy - RX Other	8,197.00			8,197.00
410770	Pharmacy - OTC Other	80.00			80.00
410772	IV Supplies - Managed Care	6,218.00			6,218.00
410773	IV Drugs - Medicaid	1,894.00			1,894.00
410774	Medical Waste Disposal	1,490.00			1,490.00
410775	Salaries - Physical Therapy	18,970.00		16,659.00	35,629.00
410777	Salaries - Occupational Therapy	23,467.00		12,897.00	36,364.00
410778	Overtime - Occupational Therapy	82.00			82.00
410779	Salaries - Speech Therapy	15,319.00		11,981.00	27,300.00
410782	Vac/Sick/Hol - Therapy	18,566.00		(18,566.00)	0.00
410783	Fica - Therapy	13,903.00			13,903.00
410784	SUI - Therapy	2,278.00			2,278.00
410785	Workers Comp - Therapy	7,811.00			7,811.00
410786	FUTA - Therapy	3,413.00			3,413.00
410787	Employee Health - Therapy	18,525.00			18,525.00
410788	Employee Dental - Therapy	686.00			686.00
410789	Employee Life - Therapy	138.00			138.00
410790	Therapy Software Costs	2,400.00			2,400.00
410791	Employee Vision Insurance - Therapy	103.00			103.00
410792	Physical Therapist - Outside Contr	277,641.00			277,641.00
410793	Occupational Therapist-Outside Cont	180,640.00			180,640.00
410794	Speech Therapist - Outside Contract	88,916.00			88,916.00
410796	Recruitment - Therapy	713.00			713.00
410798	Training/Seminars/Courses-Therapy Dept	260.00			260.00
410799	Purchased Services-Other	2,759.00			2,759.00

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
410855	Dental Consultants	11,076.00			11,076.00
410997	Quality Assessment Fee - SNF	569,075.00			569,075.00
410998	Bad Debt Expense-SNF	46,548.00			46,548.00
440101	Salaries-Dietary Manager/CDM	9,628.00		7,458.00	17,086.00
440107	Salaries-Cooks	102,325.00			102,325.00
440108	Overtime-Cooks	196.00			196.00
440110	Salaries - Prep Cooks	7,458.00		(7,458.00)	0.00
440113	Salaries- Dietary Aides	200,644.00			200,644.00
440114	Overtime-Dietary Aides	265.00			265.00
440120	Vacation/Sick/Holiday-Dietary	32,662.00			32,662.00
440121	Payroll Taxes-Dietary-FICA	25,720.00			25,720.00
440122	Payroll Taxes- Dietary-SUI	8,951.00			8,951.00
440123	Workers Comp-Diet	13,068.00			13,068.00
440124	Payroll Taxes-Dietary FUTA	2,803.00			2,803.00
440125	Employee Health Insurance- Dietary	61,219.00			61,219.00
440126	Employee Life Insurance-Dietary	332.00			332.00
440127	Employee Dental Insurance- Dietary	1,076.00			1,076.00
440128	Employee Vision Insurance - Dietary	251.00			251.00
440132	Background Checks-Dietary	164.00			164.00
440134	Dues/Subscriptions-Dietary	789.00			789.00
440137	Contract Services - Dietary	63,878.00			63,878.00
440141	Pension-Dietary	3,451.00			3,451.00
440199	Licenses/Permits-Dietary	67.00			67.00
440789	Thickened Liquids-Dietary	2,317.00			2,317.00
440803	Raw Food-Dietary	268,194.00			268,194.00
440804	Produce-Dietary	2,821.00			2,821.00
440805	Dairy-Dietary	11,350.00			11,350.00
440807	Dietary Supplies-Dietary	6,180.00			6,180.00
440811	Chemicals-Dietary	829.00			829.00
440815	Consultant-Dietary	7,993.00			7,993.00
440820	Maintenance & Repairs-Diet	4,106.00			4,106.00
440876	Equipment Minor-Dietary	751.00			751.00
440901	Office Supplies-Dietary	534.00			534.00
440920	Forms/Printing-Dietary	53.00			53.00
440960	Equipment Rental-Dietary	1,714.00			1,714.00
450104	Salaries- Housekeeping Staff	142,754.00			142,754.00
450105	Overtime- Housekeeping Staff	71.00			71.00
450107	Salaries - Housekeeping - Porter	9,751.00			9,751.00
450108	Salaries HSKP-Overtime	100.00			100.00
450110	Contract Services _ Housekeeping	83,695.00			83,695.00
450120	Vacation/Sick/Holiday-Hskp	14,018.00			14,018.00
450121	Payroll Taxes- Hskp-FICA	12,219.00			12,219.00
450122	Payroll Taxes-Hskp-SUI	4,845.00			4,845.00
450123	Workers Comp-Hskp	6,453.00			6,453.00
450124	Payroll Tax Housekeeping FUTA	1,253.00			1,253.00
450125	Employee Health Insurance-Hskp	22,560.00			22,560.00
450126	Employee Life Insurance-Hskp	168.00			168.00
450127	Employee Dental Insurance-Hskp	377.00			377.00
450128	Employee Vision Insurance - Hskp	77.00			77.00
450135	Employee Expense-Hskp	50.00			50.00
450871	Cleaning Supplies-Hskp	8,856.00			8,856.00
450876	Equipment Minor-Hskp	125.00			125.00
460107	Contract Services - Laundry	124,262.00			124,262.00
460876	Equipment Minor-Laundry	(1,354.00)			(1,354.00)
460882	Laundry Supplies-Laundry	1,606.00			1,606.00
460883	Linen/Terry-Laundry	3,145.00			3,145.00
470104	Salaries-Maintenance Staff	47,900.00			47,900.00

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
470105	Overtime-Maintenance Staff	5.00			5.00
470120	Vacation/Sick/Holiday-Maint	5,166.00			5,166.00
470121	Payroll Taxes-Maint-FICA	3,755.00			3,755.00
470122	Payroll Taxes-Maint-SUI	1,282.00			1,282.00
470123	Workers Comp-Maint	1,938.00			1,938.00
470124	Payroll Maint-FUTA	308.00			308.00
470125	Employee Health Insurance-Maint	14,600.00			14,600.00
470126	Employee Life Insurance-Maint	56.00			56.00
470127	Employee Dental Insurance-Maint	208.00			208.00
470128	Contracted Maintenance	12,042.00			12,042.00
470129	Employee Vision Insurance - Maint	64.00			64.00
470134	Dues/Subscriptions-Maint	2,873.00			2,873.00
470820	Maintenance & Repairs-Maint	19,963.00			19,963.00
470821	Electrical-Maint	120.00			120.00
470822	Plumbing-Maint	1,594.00			1,594.00
470823	HVAC/Boiler Maint	1,271.00			1,271.00
470824	Paint-Maint	1,544.00			1,544.00
470826	Small Tools-Maint	505.00			505.00
470828	Alarm Inspection-Maint	3,315.00			3,315.00
470829	Alarm Repairs-Maint	3,505.00			3,505.00
470830	Grounds Maintenance-Maint	16,373.00			16,373.00
470832	Sprinklers-Maint	2,091.00			2,091.00
470833	Elevator-Maint	6,505.00			6,505.00
470834	Pest Control-Maint	2,057.00			2,057.00
470836	Maint Contracts- Generator	3,038.00			3,038.00
470876	Equipment Minor-Maint	2,408.00			2,408.00
470901	Office Supplies-Maint	45.00			45.00
470970	Waste Disposal -Grease/Trash	35,165.00			35,165.00
480104	Salaries-Reception/Security Staff	81,160.00			81,160.00
480105	Overtime-Reception/Security Staff	103.00			103.00
480120	Vacation/Sick/Holiday-Rec/Sec	9,415.00			9,415.00
480121	Payroll Taxes-Rec/Sec-FICA	6,617.00			6,617.00
480122	Payroll Taxes-Rec/Sec-SUI	2,304.00			2,304.00
480123	Workers Comp-Rec/Sec	135.00			135.00
480124	Payroll Tax Security FUTA	646.00			646.00
480125	Employee Health Insurance-Rec/Sec	6,324.00			6,324.00
480126	Employee Life Insurance-Rec/Sec	31.00			31.00
480127	Employee Dental Insurance-Rec/Sec	40.00			40.00
480135	Employee Expense-Rec/Sec	100.00			100.00
480876	Equipment Minor-Rec/Sec	125.00			125.00
480901	Office Supplies-Rec/Sec	(20.00)			(20.00)
490140	Interco Contracted Services - Marketing	4,855.00			4,855.00
490851	Entertainment-Mkt	175.00			175.00
490856	Media Advertising-Mkt	(879.00)			(879.00)
490858	Special Events-Mkt	1,128.00			1,128.00
490859	Collateral Material-Mkt	208.00			208.00
490862	Promo Items-Mkt	849.00			849.00
490901	Office Supplies-Mkt	2,064.00			2,064.00
490920	Forms/Printing-Mkt	2,830.00			2,830.00
500135	Employee Expense-Trans	106.00			106.00
500199	Licenses & Permits-Trans	306.00			306.00
500891	Vehicle Fuel-Trans	88.00			88.00
500892	Vehicle Maintenance-Trans	595.00			595.00
550101	Activities SNF MGR	56,213.00			56,213.00
550104	Salaries-Activities-SNF	63,774.00			63,774.00
550120	Vacation/Sick/Holiday-Activities SNF	14,299.00			14,299.00
550121	Payroll Taxes-Activities SNF-FICA	9,216.00			9,216.00

Account	Description	ADJ 9/30/2016	JE Ref #	RJE	FINAL 9/30/2016
550122	Payroll Taxes-Activities SNF-SUI	2,429.00			2,429.00
550123	Workers Comp-Activities SNF	4,534.00			4,534.00
550124	Payroll Tax Activities SNF FUTA	902.00			902.00
550125	Employee Health Insurance-Activities SNF	35,761.00			35,761.00
550126	Employee Life Insurance-Activities SNF	177.00			177.00
550127	Employee Dental Insurance-Activities SNF	1,133.00			1,133.00
550128	Employee Vision Insurance - Act SNF	85.00			85.00
550133	Training/Seminars/Courses-Activities SNF	110.00			110.00
550134	Dues/Subscriptions-Activities SNF	772.00			772.00
550136	Consultant - Activities	(10.00)			(10.00)
550141	Pension - Activities	7,611.00			7,611.00
550850	Activities Supplies-Activities-SNF	3,023.00			3,023.00
550851	Entertainment-Activities-SNF	9,515.00			9,515.00
550852	Activities Events Food-Activities-SNF	524.00			524.00
550901	Office Supplies-Activities SNF	49.00			49.00
550920	Forms/Printing-Activities SNF	61.00			61.00
550962	Floral-Activities-SNF	67.00			67.00
550964	Holiday Decorations-Activities-SNF	543.00			543.00
560102	Salaries-Business Office	64,539.00			64,539.00
560103	Salaries-Human Resources/Payroll	38,732.00			38,732.00
560104	Salaries-Admin Staff	22,625.00			22,625.00
560105	Overtime-Admin	554.00			554.00
560107	Central Supply Clerk-Admin	(69.00)			(69.00)
560109	Salaries - Admissions Coordinator	65,239.00			65,239.00
560120	Vacation/Sick/Holiday-Adm	24,966.00			24,966.00
560121	Payroll Taxes-Admin-FICA	15,697.00			15,697.00
560122	Payroll Taxes-Admin-SUI	3,054.00			3,054.00
560123	Workers Comp-Admin	154.00			154.00
560124	Payroll Tax Admin FUTA	1,539.00			1,539.00
560125	Employee Health Insurance-Admin	45,608.00		2,085.00	47,693.00
560126	Employee Life Insurance-Admin	182.00			182.00
560127	Employee Dental Insurance-Admin	1,426.00			1,426.00
560128	Employee Vision Insurance - Admin	173.00			173.00
560129	Benefit Plan Fees	(3,182.00)			(3,182.00)
560130	Recruitment-Admin	300.00			300.00
560133	Training/Seminars/Courses-Admin	195.00			195.00
560135	Employee Benefits/Expense-Admin	11,707.00		(8,916.00)	2,791.00
560136	Travel	5.00			5.00
560140	Contracted Services - Business Office	19,733.00			19,733.00
560198	Bldg Inspection Fees	(3,853.00)			(3,853.00)
560199	Licenses/Permits	425.00			425.00
560711	Utilities-Electric	94,358.00			94,358.00
560712	Utilities-Gas/Oil	13,525.00			13,525.00
560713	Utilities-Water/Sewer/Refuse	9,577.00			9,577.00
560714	Utilities-Telephone Service	41,335.00			41,335.00
560715	Utilities-Telephone Maintenance Contract	11,231.00			11,231.00
560717	Utilities-Cable TV	8,690.00			8,690.00
560731	Real Estate Taxes	107,153.00			107,153.00
560733	Personal Property Taxes	11,243.00			11,243.00
560734	Professional Liability Insurance	27,131.00			27,131.00
560735	General Liability Insurance	27,131.00			27,131.00
560736	Property Insurance	9,180.00			9,180.00
560738	Auto Insurance	4,131.00			4,131.00
560739	Crime Insurance	178.00			178.00
560740	Insurance-Other	8,708.00			8,708.00
560742	Patient Trust Bond	1,172.00			1,172.00
560744	Resident Reimburse on Lost/Stolen Items	985.00			985.00

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
560745	Taxes Other	155.00			155.00
560840	Interco Contracted Services - Admin	3,684.00			3,684.00
560841	Contracted Services - Call System	3,912.00			3,912.00
560842	Conservator Fees	1,532.00			1,532.00
560843	Legal Fees-Adm	19,299.00			19,299.00
560844	Accounting/Audit Fees-Adm	32,466.00			32,466.00
560845	Payroll Processing Fees	19,916.00			19,916.00
560846	Professional Services	6,000.00			6,000.00
560847	Consultant	3,798.00			3,798.00
560876	Equipment Minor-Adm	(7,136.00)			(7,136.00)
560901	Office Supplies-Adm	8,930.00			8,930.00
560902	Office Supplies Human Resources	384.00			384.00
560905	Copier- Maintenance Agreement	4,920.00			4,920.00
560906	Copier Lease-Adm	5,174.00			5,174.00
560911	Computer Maintenance-Adm	20,259.00			20,259.00
560912	Software Maintenance Contract-Adm	21,553.00			21,553.00
560913	Internet Access-Adm	3,872.00			3,872.00
560914	Software Expense - Adm	2,310.00			2,310.00
560915	Timeclock Software	14,965.00			14,965.00
560920	Forms/Printing-Adm	1,093.00			1,093.00
560925	Records Storage - Adm	4,115.00			4,115.00
560926	Parking Space - Adm	3,600.00			3,600.00
560930	Postage-Adm	2,914.00			2,914.00
560931	Overnight Service-Adm	1,402.00			1,402.00
560941	Cell Phones-Adm	607.00			607.00
560950	Mileage Reimbursement-Adm	1,094.00			1,094.00
560960	Equipment Rental-Adm	9,179.00			9,179.00
560963	Misc Decor-Adm	71.00			71.00
560995	Collection Fees/Credit Card Fees	248.00			248.00
560996	Late fees/Fines/Finance Charges-Adm	266.00			266.00
560997	Bank Service Charges-Adm	27,114.00			27,114.00
560999	Miscellaneous Expense-Adm	37,958.00			37,958.00
580001	Interest Income	(519.00)			(519.00)
580002	Employee/Guest meals	994.00			994.00
590002	Management Fees	249,397.00			249,397.00
590004	Interest Expense	181,534.00			181,534.00
590005	Rent Expense	705,832.00			705,832.00
590006	Depreciation-Bldgs & Improvements	11,357.00			11,357.00
590007	Depreciation-FFE	40,741.00			40,741.00
590008	Depreciation-Vehicles	6,802.00			6,802.00
590009	Amortization	431.00		(431.00)	0.00
R0001	Champion Awards of Milford	0.00		45.00	45.00
R0002	Interest Expense on line of credit	0.00		431.00	431.00
Total		0.00		0.00	0.00
Net (Income) Loss		0.00		0.00	0.00

Client: *Traditions Senior Management*
 Engagement: *Medicaid - Senior Philanthropy of Millard B, LLC*
 Period Ending: *9/30/2016*
 Trial Balance: *A.01 - TB-CCNH*
 Workpaper: *A.03 - Grouped Trial Balance*

Account	Description	ADJ	JE Ref #	RJE	FINAL	1st PP-FINAL	\$ VAR	% VAR
		9/30/2016			9/30/2016	9/30/2016		
	Sum of Account Groups	0.00		0.00	0.00	0.00	0.00	0.00%
	Net (Income) Loss	0.00		0.00	0.00	0.00	0.00	0.00%

Client: *Traditions Senior Management*
 Engagement: *Medicaid - Senior Philanthropy of Milford B, LLC*
 Period Ending: *9/30/2016*
 Trial Balance: *A.01 - TB-CCNH*
 Workpaper: *H.01 - Reclassifying Journal Entries Report*

Account	Description	W/P Ref	Debit	Credit
Reclassifying Journal Entries JE # 1				
Allocation of Director of Rehab				
		I.01a		
410775	Salaries - Physical Therapy		9,213.00	
410777	Salaries - Occupational Therapy		7,132.00	
410779	Salaries - Speech Therapy		6,626.00	
410711	Salaries - Director of Rehab			22,971.00
Total			22,971.00	22,971.00
Reclassifying Journal Entries JE # 2				
To allocate vaca/sick/holiday				
		I.01b		
410775	Salaries - Physical Therapy		7,446.00	
410777	Salaries - Occupational Therapy		5,765.00	
410779	Salaries - Speech Therapy		5,355.00	
410782	Vac/Sick/Hol - Therapy			18,566.00
Total			18,566.00	18,566.00
Reclassifying Journal Entries JE # 3				
Reclass Dietitian Hours from Prep Cook				
		H.02		
440101	Salaries-Dietary Manager/CDM		7,458.00	
440110	Salaries - Prep Cooks			7,458.00
Total			7,458.00	7,458.00
Reclassifying Journal Entries JE # 4				
To reclass Champion Awards of Milford				
		E.01b		
R0001	Champion Awards of Milford		45.00	
410235	Employee Expense-Nursing			45.00
Total			45.00	45.00
Reclassifying Journal Entries JE # 5				
To reclass employee Health Insurance				
		E.01b		
410225	Employee Health Insurance-Nursing		256.00	
560125	Employee Health Insurance-Admin		2,085.00	
410235	Employee Expense-Nursing			256.00
560135	Employee Benefits/Expense-Admin			2,085.00
Total			2,341.00	2,341.00
Reclassifying Journal Entries JE # 6				
To reclass Pension expenses recorded as employee benefits				
		E.01b		
410142	Pension - Nursing Admin		6,831.00	
560135	Employee Benefits/Expense-Admin			6,831.00
Total			6,831.00	6,831.00
Reclassifying Journal Entries JE # 7				
To reclass Interest on line of credit recorded as amortization				
R0002	Interest Expense on line of credit		431.00	
590009	Amortization			431.00
Total			431.00	431.00



MYERS AND STAUFFER
CERTIFIED PUBLIC ACCOUNTANTS

Workpaper Index: 400.2

Prepared By:

Reviewed By:

Workpaper Date: 2/3/2017

Run Date: 2/3/2017

Provider Name: Senior Philanthropy of Milford B, LLC

Provider Number: 08896

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: