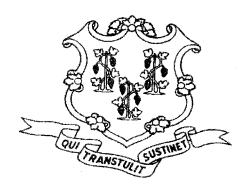
State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as	licensed)				•				
Senior Philanthropy of	of Milford B, db	a Golden Hill	Rehab Pavilon						
Address (No. & Stree	t, City, State, Z	ip Code)							
2028 Bridgeport Ave.	Milford, CT 06	6460							
Type of Facility					•				
✓ Chronic and Convalescent Nursing Home only (CCNH)				Rest Home with Nursing Supervision only (RHNS)					
Report for Year Begin 10/1/2015	nning		Report for Year 9/30/2016	r Ending					
License Numbers: CCNH 2410			RHNS	(Specify) Medicare Prov 075213			edicare Provider 075213		
Medicaid Provider No	umbers:	CC 8896	CNH	RH	INS	IC	ICF-IID		
For Department Use	Only								
Sequence Number	Signed and	Date	Sequence N	umber	Clanada	nd Notarigad	Date Received		
Assigned	Notarized	Received	Assigned		Signed a	nd Notarized	Date Received		
					<u> </u>				

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, dba Golden Hill Rel	2410	9/30/2016	1	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT 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 Pavilon [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

		Printed Name (Owner)	
State of	Date	Signed (Notary Public)	Comm. Expires
	State of	State of Date	

(Notary Seal)

State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Data Required for Real Wage Adjustment					
	<u></u>	<u> </u>	····	1A	37	
Name of Facility		Period Cov	ered:	From	То	
Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilor	1	<u> </u>		10/1/2015	9/30/2016	
Address of Facility						
2028 Bridgeport Ave, Milford, CT 06460						
Report Prepared By		Phone Nun	ber	Date		
Marcum LLP		203-781-96	500	1		
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 Fac	cility		Ended	Page		of
	203-877-0371		9/30/2016		_2		37
Name of Facility (as shown on license)			Street, City, State				
Senior Philanthropy of Milford B, dba Golden Hill Reha		eport		06460			
CCNH	RHNS		(Specify)		Medicare I	Provid	der No.
License Numbers: 2410 Type of Facility (Check appropriate box(es))	<u> </u>	L			075213		
1	B (#1		•				
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Supervision only			pecify))		
Type of Ownership (Check appropriate box)							
O Proprietorship O LLC O Partnership	O Profit Corp.	0	Non-Profit Corp.	0	Government	0	Trust
		Date	Opened D	ate Clo	sed		•
If this facility opened or closed during report year provid	le:						
Has there been any change in ownership		L					
or operation during this report year?	O Yes	0	No If	"Yes,"	explain full	<u>y.</u>	
Administrator			///				
Name of Administrator			Nursing Hom	e			
Renata Cocozza			Administrator'		1533		
			License No	<u>.:l</u>			
Other Operators/Owners who are assistant administrators	s (full or part time)	of th					
Name			License No	••			
N/A							
			4.544				

CSP-3 Rev. 10/2005

General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	'ear Ended	Page of		
Senior Philanthropy of Milford	B, dba Golden Hill Re	2410	9/30/2016		3 37		
Legal Name of Part	nership/LLC				or Town(s) in Registered		
N/A							
Name of Partners/Members	Business Ac	ldress	,	Title	% Owned		
N/A							
,							

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year End	ded	Page of
Senior Philanthropy of Milford B, dba Golder		9/30/2016		3A 37
If this facility is owned or operated as a corpo			, 	
Legal Name of Corporation		s Address		ch Incorporated
Senior Philanthropy of Milford	2028 Bridgeport A	Ave, Milford, CT	Florida	
B, dba Golden Hill Rehab	06460			
Pavilon				
Name of Directors, Officers	Busines	Business Address		No. Shares Held by Each
Ben Atkins	24641 US Hwy 19 33763-5007	N., Clearwater, FL	Chairman	
Joseph A Garff	24641 US Hwy 19 33763-5007	N., Clearwater, FL	VP, Director	
Gene Rensch	24641 US Hwy 19 33763-5007	N., Clearwater, FL	VP, Secretary	7.1 1.1.
Victor Marcos	24641 US Hwy 19 33763-5007	N., Clearwater, FL	CFO	
RB Bridges	24641 US Hwy 19 33763-5007	N., Clearwater, FL	COO	
Names of Stockholders Owning at Least 10% of Shares			7,000	
N/A				

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, dba Golden Hill	2410	9/30/2016	3B	37
If this facility is owned or operated as an individua	I proprietorship, pr	rovide the following informat	ion:	
	ner(s) of Facility			
N/A				
	· ·			
	 -			
	<u></u>			
				
		······································		
		·		
		· · · · · · · · · · · · · · · · · · ·		
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			· · · · · · · · · · · · · · · · · · ·	

General Information and Questionnaire Related Parties*

Name of Facility		License	e No.		Report for Year Ended		Page	of
Senior Philanthropy of	Milford B, dba Golden Hill Reh		2410		9/30/2016		4	37
Are any individuals reco	eiving compensation from the fa	acility re	elated th	rough		If "Yes," provide th	e Name/Ad	dress and
marriage, ability to cont	trol, ownership, family or busing	ess asso	ciation?	0	Yes	complete the inform	nation on Pa	ge 11 of the report.
Are any individuals or o	companies which provide goods	or serv	ices,					
including the rental of p	property or the loaning of funds	to this f	acility,					
related through family a	association, common ownership	, contro	l, or bus	iness				
association to any of the	e owners, operators, or officials	of this	facility?			If "Yes," provide th	e following	information:
								
	1	Al	so Provi	des		Indicate Where		·
		Good	ds/Servi	ces to		Costs are Included		
Name of Related	Business	Non-I	Related	Parties	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
•	745 Highland Avenue, Cheshire,	0	0					
Regional Rehab Center	CT 06410				Regional Liason, central billing office	Various	37,817	37,817
Eagle Lake Foundation, Inc.	24641 US Hwy 19 N., Clearwater, FL 33763-5007	0	•		Rent, Insurance, call management	Various	2,293,893	2,293,893
Stamford, LLC dba Long	710 Long Ridge Road, Stamford,				iren, fisurance, can management	v anous	2,273,693	2,293,893
Ridge Post-Acute Care	CT 06902	0	0		Regional Marketer, billing access	Various	4,511	4,511
Newington, LLC dba	240 Church St, Newington, CT	0	0					
Newington Rapid Recovery					Loan interest, bank fees, MDS shared staff	Various	107,390	107,390
Traditions Senior Management	24641 US Highway 19 North - Clearwater FL, 33763	0	0		Internet, Recruitment, IT Support	Various	76,705	76,705
Milford O, LLC dba West	245 Orange Ave, Milford, CT	 _ -	 		miernet, Recruidient, 11 Support	Various	70,703	70,703
River Rehab Center	06461	0	0		Shared Staff, Nursing, MDS, Reception, Ma	Various	10,634	10,634
Danbury, LLC dba Western	1	0	0					
Rehab Care Center	06810	<u> </u>			Nurse Network Agency Pmt, Regional AR	Various	50,816	50,816
Eagle Lake Foundation, Inc.	24641 US Hwy 19 N., Clearwater, FL 33763-5007	0	•		Shared group benefit plans	Pg. 15 / Line 5	546,663	546,663
		0	0					

^{*} 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

T),		Page	of			
					37			
If the facility is licensed as CDH and/or RCH or	provides Al	DS or TBI	services with special Medicai	d rates, costs				
must be allocated to CCNH and RHNS as follow	<u>′</u> s:							
Item			Method of Allocatio	n				
Dietary	_	Number of	meals served to residents					
Laundry		Number of	pounds processed					
Housekeeping		Number of	square feet serviced					
	_	Number of	hours of routine care provide	d by EACH				
Nursing		employee c	lassification, i.e., Director (or	Charge Nurse	:),			
		Registered	Nurses, Licensed Practical N	urses, Aides ar	ıd			
	_	Attendants						
Direct Resident Care Consultants		Number of	hours of resident care provide	ed by EACH				
		specialist (See listing page 13)					
Maintenance and operation of plant	_	Square feet						
Property costs (depreciation)		Square feet						
Employee health and welfare		Gross salar	ies					
Management services		Appropriate cost center involved						
All other General Administrative expenses		Total of Di	rect and Allocated Costs					
The preparer of this report must answer the follo	wing questi	ons applicat	ole to the cost information pro	vided.				
1. In the preparation of this Report, were all	O Vac	O No	If "No," explain fully why su	ch allocation v	was not			
costs allocated as required?	O res	O NO	made.					
N/A - One Level of Care								
								
2. Explain the allocation of related company exp	enses and a	ttach copy o	of appropriate supporting data					
N/A								
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								
Senior Philanthropy of Milford B, dba Golden H 2410 9/30/2016 5 37	:s?							
(e.g., Assisted Living, Home Health, Outpatie	ent Services	, Adult Day	Care Services, etc.)					
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			was not					
	O Yes	O No						
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 Y	Report for Year Ended				
Senior Philanthropy of Milford B, dba Go	lden Hill I	Rehab P	2410	9/30/2016) <u>———————————————————————————————————</u>	<u></u>	6	37
	Own Oper Off	ed * to ners, ators, icers		Date of	Term of	1	Amo	
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Clair	ned
Canon Financial Services	0	•	Copier	06/01/15	60 months	5,174	5,174	
	0	0						
	0	0						
	0	0						
	0	0						
	0	0				-		
	0	0						
	0	0						
	0	0						_
	0	0						· · · · ·
Is a Mileage Log Book Maintained for Al	l Leased V	ehicles	? O Y	'es O	No	Total ***	5,174	

s a Mileage Log Book Maintained for All Leased Vehicles?

^{*} 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 AGI		ACTEMAN NUMBER
COMPANY LEGAL NAME EAGLE LAKE FOUNDATION INC	DBA Golden Hill Rehab Pavillion	1	PHONE ("Customer") 727-345-9331
BILLING ADDRESS	CITY	COUNTY	STATE ZIP
2028 Bridgeport Avenue	Milford CTTY	COUNTY	CI, 06460
Same			
EQUIPMENT INFO			AND AMOUNT OF PAYMENTS
Quanty Sena Number	Make/Model/Description IR6265	Number of Payments 60	Total Payment * \$598.00
1	iRA 400iF		
\$	IRA 400IF		
		economic de la company de la c	
FIRST PAYMENT	AMOUNT	Term in months: 60	' Plus Application Taxes
FIRST & LAST SECURITY PAYMENT(S) * DEPOSIT	= TOTAL DUE AT SIGNING	Payment Frequency: [2] Marthly Quality	orly [] Other
\$ 0.00 \$ 0.00	\$ 0.00	END OF	TERM PURCHASE OPTION
☐ Nonrefundable	Check inust accompany Agreement	FAIR MARKET VALUE	10% \$(estimated)
	~~~***********************************	<u>[] \$1.00</u>	
CANON FINANCIAL SERVICES, INC.  By Title Units	Tax 10 g		Title: // 1/2  If proprieto, DCB:
	Printed		
Tai, Carati Financial Services, Inc. (*CFS*) The Customer certifies that (a) the Equipment reterred to in the above and is in all respects, satisfactory to the Customer, and (d) the Equip Signature	ment is irrevocably accepted by the Customer for all pu Printed Name	en completed, (c) the Equipment has been ex appases under the Agreument. Accordingly, C	
Title (if any)	Dale TERMS AND CON	Ti Ti Ti Nice	
(this "Equipment"), upon the terms and conditions set forth in this Lease Aginased on the supprise's best estimate of the cost of the Equipment. Such phased on the supprise's best estimate of the cost of the Equipment. Such phased, an Puis revent, Customer authorizes CFS to adjust such Payments and 2. AGREEMENT PAYMENTS: Customer agrees to pay to CFS, as is revocationally and among amounts having the same date is such order as CFS, in TERM OF AGREEMENT. The term of this Agreement shall commence acceptance of the Equipment Customer shall have an eight to cancel this Agreement and acceptance of the Equipment Customer shall have no right to cancel this Agreement and acceptance of the Equipment Customer shall have no right to cancel this Agreement and the CFS prior to the end of the Substance has purchased the Equipment to CFS prior to the end of the Substance has purchased the Equipment of Set and any advance payment or set hally performed as expressly provided in this Agreement. If the "Nonctondo", NO CFS WARRANITIES: CUSTOMER, CFS HAS MADE NO REPILIE, OR ANY OTHER REPRESENTATION OR WARRANITY, EXPERSS PARTICULAR PURPOSE. Any warranty with respect to the Equipment man	ayments and Purchase Option prices will be adjusted upwar Puchase Option price by up to fifteen percent (15%), and, during the term of this Agreement, (a) the payments spe ustomer under this Agreement will be applied to amounte do in its discortion, may determine. On the date the Equipment is delivered to Customer, provid greement during the term hereo! The term of this Agreeme upment in accordance with the turns hereof or (b) the Equi scheduled term of this Agreement for any reason whataon hall not be obligated to apply, any "Advance Payment(s)" or usity deposit war in these is except where required by applica- bile box is checked, on purhon of the security deposit will SI NOT A MANUFACTURER, DEALER, OR BUPPLIER OF RESENTATION OR WARRANTY WITH RESPECT TO THE CORT BMELEO, WITH RESPECT TO THE EQUIPMENT INCORT May let by the supplement dealer.	and or downward if the netual total cost of the Equitorified under "Number and Amount of Payments," use and poyable hard-under chronologically, based led Customer exercises CFS's Acceptance Certifient shall end, incluses sowner for ministed by CFS, prement has been returned at the end of the school of the sch	ignment, including any sales or use tax is more or less than the estimate "and (b) such other amounts permitted hereunder as invoiced by CFS did not the date of CFS's charge as shown on the invoice for each such icrate or otherwise accepts the Equipment as specified herein. After when dill amounts required to be paid by Customer under this Agreement ubded etern or removal term in accordance with the ferms hereon. sendents due under the Agreement prior to the ent of the scheduled term refoult of Customer, in which event Customer shall promptly factor to be refunded to Customer until af of Customer's obligations have been wer. AT THE ECUIPMENT IS LEASED "AS IS" AND IS OF A SIZE, DESIGN, PMENT THE ASSENCE OF ANY CLAIM OF INFRINCEMENT OR THE VANKANNIES OF MERCHANNIBALITY AND FINESS FOR A VANKANNIES OF MERCHANNIBALITY AND FINESS FOR A VANKANNIES OF MERCHANNIBALITY AND FINESS FOR A
	SEE REVERSE SIDE FOR ADDITIONAL PERSONAL GUA		
The undersigned, (whether one or more are specified, the "Guarantor(s)", in identified above ("Customer") irrevocably and unconditionally, jointly, and se worst of defent for otherwise) and the performance by Customer of all proviation and part of the Liabilities when due, the Guarantors agree, upon demiconiuming guaranty and that their kability under this Guaranty is primary and that.	n consideration of CANON FINANCIAL SERVICES INC. ("C ever aff), guarantee to CFS, and its successors and assigns, isses, obligations and terms of the Agreement and any other and, to pay any amounts which may be due from Customer	CFS') entering into an Agreement (together with a the payment when due of all amounts owed und rifinancial translaction between Customer and CF and to take any action required of Customer und	for the Agreement (whether at maturity or upon the occurrence of an ES (collectively, the "Liablibes"). If Customer shall fail to pay or perform for the Agreement. The Guarantors agree that this is an absolute and
If any payment applied by GFS to the Liabilities is thereafter set aside, reco- such payment was applied shall for the purposes of this Guaranty be deem made. This Guaranty maybe terminated only upon 60 days prior written no	ed to have continued in existence, notwithstanding such ap- sice to CFS, and such termination shall be effective only as	plication, and this Gunranty shall be enforceable to Liebilities arising under Schedules, supplemen	as to such Liabilities as fully as if such application had never bean
and shall not affect CFS's rights under this Quazanty arising out of the Agre The Quazantor's waive all damages, demands, presentants and notices Quazantor's further waive any (i) notice of the incurring of indebtodness by rights against Customer until Customer's indebtedness is paul in full and Co- compromise of or realization upon the Equipment, other guaranties or any without notice to the Quarantees and without in any manner affecting the	f every kind and nature, any rights of set-off, and any defore Customer and the acceptance of this Guaranty, (ii) right to n ustomer's other obligations have been fully performed. The collect all security and (iii) exercise of any other right under the parantors' liability under this Guaranty.	ses available to a guarantor (other than the defer equire suct against Dustomer or any other party b Guarantors consent and agree that any (i) rener this or any other agreement between CFS and C	before enforcing this Guaranty and (iii) right of subrogation to CFS's wals and extensions of time of payment, (ii) release, substitution or customer or any third party, may be made, granted and effected by CFS.
The Guaranters agree to pay all expenses (nobading alturney's fees and le BE DEEMED A CONTRACT ENTERED INTO IN THE STATE OF NEW JE- CONFLICT OF LAW PRINCIPLES. ANY ACTION BETWEEN THE GUAR SOLE OPTION. IN THE STATE WHERE THE GUARANTORS OR THE EC- COURTS AND GBJECTIONS TO VENUE AND CONVENIENCE OF FORL ANY SUCH PROCEEDINGS.  The Guaranters agree that CFS may accept a facsomile or office relectories.	gal expenses) part of Incurred by CFS in andeavoying to co RSEY. THE RIGHTS OF THE PARTIES UNDER THIS AG ANTORS AND CFS SHALL BE BROUGHT IN ANY STATE DUIPMENT IS LOCATED. THE GUARANTORS, BY THEIR JM. THE GUARANTORS, BY THEIR EXECUTION AND DI	REEMENT SHALL BE GOVERNED BY THE LA OR FEDERAL COURT LOCATED IN THE COU REXECUTION AND DELIVERY HEREOF, IRRE ELIVERY HEREOF, AND CFS, BY ITS ACCEPT	WS OF THE STATE OF NEW JERSEY WITHOUT REFERENCE TO DITY OF CAMBED OR BURLINGTON, NEW JERSEY, OR AT GFS VOCADLY WAIVE OBJECTIONS TO THE JURISDICTION OF SUCH ANCE HEREOF, HEREBY WAIVE ANY RIGHT TO A JURY TRIAL IN
Printed Name			
Address Printed Name	Signature:		
Address	Orgranue,_		Phone

CFS-1014 (03/13)

## General Information and Questionnaire Accounting Basis

Name of Facility License No.	Report for Year Ended	Page of
Senior Philanthropy of Milford B, c 2410	9/30/2016	7   37
The records of this facility for the period covered by this rep	ort were maintained on the following basis:	
Accrual O Cash O Modified Cash		
Is the accounting basis for this		
period the same as for the • Yes	If "No," explain.	
previous period? O No		
Independent Accounting Firm		
Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)	
Marcum, LLP	555 Long Wharf Dr., New Haven, CT 06511	
2 Barbara Clark & Company	PO Box 13723, St Petersburg, FL 33733	
3 4		
Services Provided by This Firm (describe fully)		<del></del>
Medicaid and Medicare Cost Report Preparation		\$ 8,185
2 Consolidation Audit		\$ 281
3 Accrued Accounting Expense		\$ 24,000
4		\$
	Charg	e for Services Provided
		\$ 32,466
Are These Charges Reflected in the Expenditure Portion of This Report?	If Yes, Specify Expense Classification and Line No.	
O Yes O No Page 15, Line 1d		
Legal Services Information		
Legal Services Information Name of Legal Firm or Independent Attorney	Telep	hone Number
Legal Services Information  Name of Legal Firm or Independent Attorney  1 See Attached	Telep	hone Number
Legal Services Information  Name of Legal Firm or Independent Attorney  1 See Attached	Telep	hone Number
Legal Services Information  Name of Legal Firm or Independent Attorney  1 See Attached	Telep	hone Number
Legal Services Information  Name of Legal Firm or Independent Attorney  1 See Attached  2  3  4	Telep	hone Number
Legal Services Information  Name of Legal Firm or Independent Attorney  See Attached  3  4  5	Telep	hone Number
Legal Services Information  Name of Legal Firm or Independent Attorney  1 See Attached  2  3  4  5  Address (No. & Street, City, State, Zip Code)	Telep	hone Number
Legal Services Information  Name of Legal Firm or Independent Attorney  See Attached  Address (No. & Street, City, State, Zip Code)  I	Telep	hone Number
Legal Services Information  Name of Legal Firm or Independent Attorney  See Attached  Address (No. & Street, City, State, Zip Code)  I	Telep	hone Number
Legal Services Information  Name of Legal Firm or Independent Attorney  1 See Attached  2  3  4  5  Address (No. & Street, City, State, Zip Code)	Telep	hone Number
Legal Services Information  Name of Legal Firm or Independent Attorney  See Attached  Address (No. & Street, City, State, Zip Code)  I	Telep	hone Number
Legal Services Information  Name of Legal Firm or Independent Attorney  See Attached  Address (No. & Street, City, State, Zip Code)  Address (No. & Street, City, State, Zip Code)	Telep	hone Number
Legal Services Information  Name of Legal Firm or Independent Attorney  See Attached  Address (No. & Street, City, State, Zip Code)  Address (No. & Street, City, State, Zip Code)	Telep	hone Number
Legal Services Information  Name of Legal Firm or Independent Attorney  See Attached  Address (No. & Street, City, State, Zip Code)  Address (No. & Street, City, State, Zip Code)	Telep	
Legal Services Information  Name of Legal Firm or Independent Attorney  1 See Attached  2 3 4 5 5 Address (No. & Street, City, State, Zip Code)  1 2 2 3 4 6 5 5 Services Provided by This Firm (describe fully)	Telep	\$ 20,831
Legal Services Information  Name of Legal Firm or Independent Attorney  1 See Attached  2 3 4 5 5 Address (No. & Street, City, State, Zip Code)  1 2 3 4 5 5 Services Provided by This Firm (describe fully)  1 2 2	Telep	\$ 20,831 \$
Legal Services Information  Name of Legal Firm or Independent Attorney  1 See Attached  2 3  4 5  Address (No. & Street, City, State, Zip Code)  1 2 3  4 5  Services Provided by This Firm (describe fully)  1 2 3	Telep	\$ 20,831 \$
Legal Services Information  Name of Legal Firm or Independent Attorney  1 See Attached  2 3 4 5 5 Address (No. & Street, City, State, Zip Code)  1 2 2 3 4 6 5 5 Services Provided by This Firm (describe fully)  1 2 3 4 6 5 6 6 7 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		\$ 20,831 \$ \$ \$
Legal Services Information  Name of Legal Firm or Independent Attorney  1 See Attached  2 3 4 5 5 Address (No. & Street, City, State, Zip Code)  1 2 2 3 4 6 5 5 Services Provided by This Firm (describe fully)  1 2 3 4 6 5 6 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7		\$ 20,831 \$ \$
Legal Services Information  Name of Legal Firm or Independent Attorney  1 See Attached  2 3 4 5 5 Address (No. & Street, City, State, Zip Code)  1 2 2 3 4 6 5 5 Services Provided by This Firm (describe fully)  1 2 3 4 6 5 6 6 7 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Charg	\$ 20,831 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

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	20,831

### **Schedule of Resident Statistics**

Name of Facility	· <del>-</del> ··-		License 1	No.			Report fo	r Year Ende	ed		Page	of	
Senior Philanthropy of Milford B, dba Golden Hill R	ehab Pavi	lon	2410				9/30/2016				8	37	
		-			1	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
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			
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										205			
A. Medicare	3,124	3,124			2,827	2,827			297	297	<del></del>		
B. Medicaid (Conn.) C. Medicaid (other states)	23,876	23,876			19,371	19,371			4,505	4,505			
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			
Total Number of Days Not Included in Figures in 4. 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		i	

### State of Connecticut

### **Annual Report of Long-Term Care Facility**

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Lice	ıse No.				Report	for Year	Ended		Page	of		
l .	•	f Milfor	d B, dba Golden		2410				кероп	9/30/201			9	ı		
Sellioi Filitali	шору о	VIIIIOI	d B, dba Golden	<u> </u>	2410					9/30/201	0		9	37		
4. Were the	ere any c	hanges	in the certified b	ed car	pacity du	ring th	ne repo	rt year	?	0	Yes	•	No			
			llowing informat			-	•	•								
··-	Í		f Change		Cl	nange	in Bed			Ca	nacity Afte	er Change		***************************************		
Date of	CCNIH	RHNS	(Specify)		Lost	lange		Gaine		Ca	pacity Att	Change				
Date of	CCNII	KIINS	(Specify)		Lost			Tanie	<u> </u>							
Change	(1)	(2)	(3)	(1) (2) (3) (1) (2) (3) CCNH RHNS (Specify)								Dagson f	or Change			
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCMII	KUIVS	(Specify)	Reason for Change			
		-														
										l						
			<del></del>									·				
	<b></b>				· · · · · ·					<u> </u>	<del></del>	·	····			
		_	in certified bed o	-		the re	port ye	ar (as	reporte	ed in item	4 above) j	provide the num	ber of			
RESIDE	ENT DA	YS for 9	90 days followin	g the	change.											
			Change in Re	esider	t Days					l cc	NH	RHNS	(Spe	ecify)		
1st chang	ge		Change in Resident Days CCNH RHNS													
2nd chan	ige															
3rd chan	ge															
4th chan																
6. Number	of Resid	ents and	d Rates on Septe	mber			1	,								
			Medicare		Medi	caid_				Se	lf-Pay	r	Other State Assiste			
*	Item		CCNH		CNH	RI	INS	CC	CNH	RI	INS	(Specify)	R.C.H.	ICF-MR		
No. of R			4		_50	***********		86.007.200.0000	. 6							
Per Dien			200					900						***		
a. One b			Various		246.00				471.00	ļ				ļ		
b. Two l			Various		246.00			<u> </u>	439.00	<b></b> _		<u></u>				
c. Three		;				ŀ										
bed r	ms.					L		L						<b></b>		
										ļ		1	}			
7 Takal Nia		' Di	1 Th T							то.	TAI	CCNIII	DIDIC	(6:6-)		
	mber or Medica		al Therapy Treat	ments						10	TAL	CCNH	RHNS	(Specify)		
			usive of Part B)								3,877	3,877				
Б.			e Treatments								2,357	2,357				
			Treatments							<del></del>		2,557				
C.	Other									<del></del>	9,232	9,232				
D.	Total P	hysical	Therapy Treatn	ients							15,466	15,466				
8. Total Nu	mber of	Speech	Therapy Treatm	ents									12.5			
	Medica										1,060	1,060				
B.			usive of Part B)													
			e Treatments								513	513				
		orative	Treatments	_						ļ						
	Other		7							<del> </del> -	1,994	1,994	ļ	ļ		
D.	I otal S	peecn 1	herapy Treatme	nts	4 .						3,567	3,567				
9. Total Nu	inder of	Occupa	tional Therapy	reatn	nents						2.000	0.05	444			
A.	Medica	id (Evel	usive of Part B)								2,896	2,896				
D.			e Treatments								1,686	1,686		*		
			Treatments							<del>                                     </del>	1,000	1,080		<del> </del>		
C.	Other									<u> </u>	8,285	8,285				
D.	Total C	ссираti	onal Therapy T	reatm	ents						12,867	12,867				

### Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility Senior Philanthropy of Milford B, dba Golden Hill Rehab F	License No.		Report for Year 9/30/2016		Page 10	of 37
Are time records maintained by all individuals receiving co	<del></del>	•	Yes	0	No	<u> </u>
e e e e e e e e e e e e e e e e e e e			Total Cost a	nd Hours		
			T			T
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
. Salaries and Wages*	3-1-					
<ol> <li>Operators/Owners (Complete also Sec. I</li> </ol>						
of Schedule A1)					1	
2. Administrator(s) (Complete also Sec. III	446 = 6=					
of Schedule A1)	116,767	2,147				
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						
Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	254,377	10,018			-	
5. Dietary Service	234,377	10,016				
a. Head Dietitian	2 44					
b. Food Service Supervisor	-					
c Dietary Workers	353,178	19,546			<u> </u>	
Housekeeping Service			966			
a Head Housekeeper						
b. Other Housekeeping Workers	166,694	11,197				· in a hore was a con
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance					ļ	
b. Other Maintenance Workers	53,071	3,425				4
8. Laundry Service						
a. Supervisor b. Other Laundry Workers					<del> </del>	<del> </del>
Barber and Beautician Services			<del>                                     </del>			<del>                                     </del>
10. Protective Services	90,678	4,608	<del> </del>		<del> </del>	-
11. Accounting Services	70,010					
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents			100			
a. Directors and Assistant Director of Nurses	184,280	4,024				
b. RN						
Direct Care	662,941	11,253				
2. Administrative**	309,428	6,347				
c. LPN					2.00	
Direct Care	813,012	30,745				
2. Administrative**		50.001	ļ		ļ	ļ
d. Aides and Attendants	1,110,733	72,306	+		<del> </del>	<del> </del>
e Physical Therapists f. Speech Therapists	69,625 50,074	1,840 1,989			<del>                                     </del>	+
	53,900		+			<del>                                     </del>
g. Occupational Therapists h. Recreation Workers	134,286	5,823			<del> </del>	+
i. Physicians	134,200	3,023				
Medical Director						
Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists	<u> </u>					
k. Pharmacists						
1. Podiatrists						
m. Social Workers/Case Management	76,720	3,367				
n Marketing	4,855	70				
o. Other (Specify)		<b>7</b> 00				
See Attached Schedule  A-13. Total Salary Expenditures	14,529 4,519,148				<b></b>	.l

^{*} 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)

	CC	NH	RH	INS	(Specify)			
Position	\$	Hours	\$	Hours	\$	Hours		
	-							
Salaries Respiratory Therapist	\$ 14,529	500						
50 - 1								
	***************************************							
						· · · · · · · · · · · · · · · · · · ·		
			<del> </del>					
[14] 12] - 12] - 12] 12] 13] 14] 15] 15] 15] 15] 15] 15] 15] 15] 15] 15								
Total	\$ 14,529	500	\$ -		\$ -			

### Schedule of Other Fees (Page 13)

	CC	NH	RH	INS	(Specify)		
Service	\$	Hours	\$	Hours	\$	Hours	
	<u>.</u> :						
		77.7					
						Angelia in	
	100 00 100						
Total	\$ -	-	\$ -		<b>s</b> -		

# 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, o	dba Golden I	Hill Rehab I	Pavilon	2410		9/30/2016			11	37
		Salary Pai	d	Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHNS	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
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.

### **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 Y	ear Ended		Page	of	
Senior Philanthropy of Milford B,	dba Golden	Hill Rehab	Pavilon	2410	9/30/2016			12	37	
Name	ССИН	Salary Pai	d (Specify)	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
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 Y	ear Ended	Page	of		
Senior Philanthropy of Milford B, dba Gold	len Hill Rehab F	Pavilon		2410	9/30/2016		12	37		
		Salary Pai	d							
Name	CCNH	RHNS	(Specify)	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
Section III - Administrators***										
Тегті 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

### **Annual Report of Long-Term Care Facility**

CSP-13 Rev. 9/2002

**B. Report of Expenditures - Professional Fees** 

B. Report of Expenditures - Professional Fees							
Name of Facility	License No.		Report for Y	ear Ended	Page	of	
Senior Philanthropy of Milford B, dba Golden Hill	24	10	9/30/2016		13	37	
April - to the control of the		T	Total Cost	and Hours	<del> </del>	<del> </del>	
T40	CCNH	I I a soma	DUNC	House	(Cresify)	[ [ ]	
*B. Direct care consultants paid on a fee	CCNH	Hours	RHNS	Hours	(Specify)	Hours	
for service basis in lieu of salary							
(For all such services complete Schedule B1)							
Dietitian							
2. Dentist	11,076	55	<del> </del>				
3. Pharmacist	15,355	300					
4. Podiatrist	10,555	300					
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			450				
(Title 18 and 19 only) monthly meeting							
c. Resident Care**	548						
d. Administrative Services facility		3.5					
1 Infection Control Committee							
(Quarterly meetings) 2 Pharmaceutical Committee							
(Quarterly meetings)							
3. Staff Development Committee	<u> </u>			<del></del>			
(Once annually)						5	
e. Other (Specify)							
Pulmonologist	22,500	94					
9. Speech Therapist	884						
a. Resident Care	88,916	Contract		<u> </u>			
b. Other							
10. Occupational Therapist			20				
a. Resident Care	180,640	Contract		ļ		<del> </del>	
b. Other							
11. Nurses and aides and attendants			100				
a. RN							
1. Direct Care	(6.5.10)			ļ	-		
2. Administrative***	(6,540)	56					
b. LPN	20.742	1.010					
1. Direct Care	39,743	1,018		-		<del> </del>	
2. Administrative***	01.27	2.416	<del> </del>			<del> </del>	
c. Aides	81,361	3,416	ļ	<u> </u>	<del> </del>	<del> </del>	
d. Other							
12. Other (Specify) See Attached Schedule							
	772 020	5.410		<del> </del>	<u> </u>	<del>                                     </del>	
B-13 Total Fees Paid in Lieu of Salaries	773,839	5,419	<u>L</u>	<u> </u>	<u> </u>	<u> </u>	

^{*} 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 Ye	ear Ended	Page	of
Senior Philanthropy of Milford B, dba Gold	len Hill Reha 2410		9/30/2016		14	37
Name & Address of Individual	Full Explanation of Service	Operato	* to Owners, ors, Officers	Expla	planation of Relationshi	
DR Channa Parera PO Box 1127, Orange Ct 06477	Medical Director	Yes O	No O			
Partners Pharmacy, PO Box 9689, Uniondale, NY 11555	Pharmacist	0	0			· · · · · · · · · · · · · · · · · · ·
Tami Reilly, 122 Allen Hill Rd, Brimfield, MA 01010	R.N. Administrative	0	0		-	
Dr. Anuruddha Walaliyada, 12 Cooke Road, Wallingford, CT 06492	Medical Director	0	0			
Dr Jasdeep Sidana 849 Boston Post Rd, Milford CT 06460	Contracted Service Physician	0	0			
Cardiology Physicians of Fairfield, PO Box 848538, Boston, MA 02284	Cardiologist	0	0			
CT Mental Health, 270 Farmington Ave, CT 06032	Physician Service	0	0			
Healthcare Service Group, 3220 Tillman Dr Suite 300, Bensalem,PA 19020	Dietitian	0	0			
The Rehab Dept, 24761 US HWY 19 N, Clearwater, FL 33763	PT/OT/ST	0	0			
Health Drive Dental Group, 888 Worcester St. #130, Wellesley, MA 02482	Dentist	0	0			
The Nurse Network, 405 Park Ave., New York, NY 10022	RN, LPN, Aides	0	0			
Professional Healthcare Services, PO Box 646, Oxford CT 06478	RN, LPN, Aides	0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0		-	

^{*} 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 Y	ear Ended	Page	of
Senior Philanthropy of Milford B, dba Golden Hi 2410	9/30/2016		15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits		4.00		
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)	\$ 64,702	64,702		
(not-owners and not-operators)				
8. Uniform Allowance	\$ 11,870	11,870		
9. Other (Specify)	\$ 7,132	7,132		
See Attached Schedule				
b. Personal Retirement Plans, Pensions, and	\$ _			
Profit Sharing Plans for Owners and				1,000
Operators (Discriminatory)*				
c. Bad Debts*	\$ 46,548	46,548		
d. Accounting and Auditing	\$ 32,466	32,466		
e. Legal (Services should be fully described on Page 7)	\$ 20,831	20,831		
f. Insurance on Lives of Owners and	\$			
Operators (Specify )*				
g. Office Supplies	\$ 21,779	21,779		
h. Telephone and Cellular Phones				10.00
1. Telephone & Pagers	\$ 52,566	52,566		
2. Cellular Phones	\$ 2,736	2,736		
i. Appraisal (Specify purpose and	\$			
attach copy )*				
			100	
j. Corporation Business Taxes (franchise tax)	\$ 155	155		
k. Other Taxes (Not related to property - See Page 22)				
1. Income*	\$	·		
2. Other ( <i>Specify</i> )	\$		(*************************************	3/4/100 miles (1 miles 2 miles
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 Pavilon 9/30/2016

Attachment Page 15

### **Schedule of Other Employee Benefits**

Description		CCNH	RHNS	(Specify)	
		<u>-</u>			
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		1 A A K	
Employee Assistance Program - Carebridge	\$	436			
Employee Flu shots	\$	234			
다. 그렇게 하는 것이 나를 하는 것을 하는 것이 하는 것을 수 있다는 사람이 되었다. 소리를 가는 하는 사람들은 사람들이 하는 것이 나를 가장하는 것이 되었다.					
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 2	410	9/30/2016		16	37
Item		Total	CCNH	RHNS	(Specify)
Subtotals Broug	ht Forward:	1,976,618	1,976,618		
Travel and Entertainment					
Resident Travel and Entertainment	\$				
Holiday Parties for Staff	\$	543	543		
3. Gifts to Staff and Residents	\$	67	67		
4. Employee Travel	\$	1,731	1,731		
<ol><li>Education Expenses Related to Seminars and Conve</li></ol>		10,852	10,852		
6. Automobile Expense (not purchase or depreciation)		683	683		
7. Other ( <i>Specify</i> )	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$	3,558	3,558		
	)*** \$				
3. Advertising Other (Specify)***	\$	1,481	1,481		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$	42	42		
6. Barber and Beauty Supplies (if this service is suppli				<del></del>	
directly and not by contract or fee for service)***					
7. Postage	\$	4,316	4,316		
* 8. Dues and Membership Fees to Professional	\$	9,565	9,565		
Associations (Specify)	•	198			
See Attached Schedule					1
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 (Specify and Complet	e \$	151,334	151,334		
Schedule C-2, Page 21 for each firm or individual)	- Ψ	101,001	101,001		
12. Administrative Management Services**	\$	249,397	249,397		
13. Other ( <i>Specify</i> )	<u> </u>	104,150	104,150		
See Attached Schedule	Ψ	101,100	,		
C-14 Total Administrative & General Expenditures	\$	2,517,982	2,517,982		
C-14 Total Auministrative & General Expenditures	Φ	2,21/,902	2,317,702	<u></u>	

^{*} 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)
		经设备的证	148.15
	1900/05/2017		
			THE STATE OF
			J. 44 4 7
홍병 환경 마음이 가는 얼마 그 하는 것 같아요.		2 to 1 to 1 to 1	100
			11.11
Total Other Travel and Entertainment	\$	\$	\$ .

#### Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Entertainment-Mkt	175		age to 1
Media Advertising-Mkt	(879)	100	
Special Events-Mkt	\$ 1,128	1100 1100	284
Collateral Material-Mkt	\$ 208	1000 to 18	
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		915
Long Term Care Mutual Aid dues	\$ 29	taufkan la	
Prior Period Adjustments (Self-disallow)	\$ 1,656	A SPANIE	
		¥ /	
	2. 2. 2. 2.		
			11000
			4944300
			PROBABILIO
[발판조기 : 기타면 기타면 기타면 기타면 # 12000 NEW MEDICAL PROPERTY NEW MEDICAL PROPER			
Total Dues	\$ 9,565	S .	\$ .

#### Schedule of Contributions

Description			CCNH	RHNS	(Specify)
	 		-		
	 -			The Total	15 aug 1987 (98)
	 	11.0			
Total Contributions			\$	s -	S -

### Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Background Checks-Nursing Admin	\$ 82		
Software Expense - Nursing Adm	\$ 21,501		
Licenses/Permits-Nursing Admn	\$ 463		
Background Checks-Nursing	\$ 927		Assignment .
Background Checks-Dietary	\$ 164		
Dues/Subscriptions-Dictary	\$ 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)		23.0
Internet Access-Adm	\$ 3,872	Colorest Labor	F 454 1
Records Storage - Adın	\$ 4,115	CONSULTE	
Parking Space - Adm	\$ 3,600		115.054
Equipment Rental-Adm	\$ 9,179		PARK MALL
Misc Decor-Adm (Self-disallow)	\$ 71		
Collection Fees/Credit Card Fees (Self-disallow)	\$ 248		7.584
Late fees/Fines/Finance Charges-Adm (Self-disallow)	\$ 266		
Bank Service Charges-Adm	\$ 27,114	49-52 (1992)	
Miscellaneous Expense-Adın	\$ 37,958	A W. Tarika y	
Employee/Guest meals (Self-disallow)	\$ 994	ato a filtresia	
Champion Awards of Milford (Self-disallow)	\$ 45	P 1 2	
Total Other Administrative and General	\$ 104,150	\$ -	s -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

## Schedule C-1 - Management Services*

Name of Facility Senior Philanthropy of Milford B, dba Go	License No. 2410	Report for Year Ended 9/30/2016	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Traditions Senior Management, 24641 US Highway 19 North - Clearwater FL, 33763		All operation and financial functions directly related to facility	Page 16 / Line m12
	<u> </u>	<u> </u>	

^{*} 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)

		11		1 Page 5)				
	ne of Facility		License		Report for Y		Page	of
Sen	ior Philanthropy of Milford B, dba Golden Hill	Rel		2410	9/30/2016	5	18	37
<u> </u>	Item			Total	CCNH	RHNS	(S	pecify)
2.	Dietary							
	a. In-House Preparation & Service							
	1. Raw Food		\$	282,365	282,365			
	2. Non-Food Supplies		\$		18,833			
	3. Other (Specify)		. \$					
ļ					44	1. 18 4.44		
			<del> </del>					
	b. Purchased Services (by contract other		\$	7,993	7,993			
	than through Management Services)				1.0			
	(Complete Schedule C-2 att. Page 21)				997	4.00		
	c. Management Services**		\$	<del> </del>				
	d. Other (Specify)		. \$	1,714	1,714			
								624
					1504			
2E.	Total Dietary Expenditures $(2a + b + c + d)$		\$	310,905	310,905			
2F.	Dietary Questionnaire			Total	CCNH	RHNS	(Si	pecify)
G.	Resident Meals: Total no. of meals served per	r day	/: <b>*</b>					
H.	Is cost of employee meals included in 2E?		Yes	•	No	<del>-J</del>		
I.	Did you receive revenue from employees?	0	Yes	•	No	If yes, specify amt.		
J.	Where is the revenue received reported in the	Cos	t Repor	t? (Page/Line	Item)			
	Is cost of meals provided to persons other		•				<del></del>	
K.	than employees or residents (i.e., Board	0	Yes	•	No	If yes, specify		
	Members, Guests) included in 2E?	-				cost.		
L.	Is any revenue collected from these people?	_	Yes	•	No	If yes, specify		
[Ľ.	is any revenue concered from these people:		1 03			amt.		
M.	Where is the revenue received reported in the	Cos	t Repor	t? (Page/Line	Item)			
	Is cost of food (other than meals, e.g.,							
N.	snacks at monthly staff meetings, board	0	Yes	0	No	If yes, specify		
1.	meetings) provided to employees included		1 03	O	.10	cost.		
	in 2E?				· · · · · · ·			
Ο.	Is any revenue collected from employees?	0	Yes	•	No	If yes, specify amt.		
P.	Where is the revenue received reported in the	Cos	t Repor	t? (Page/Line	Item)			
				<u>`</u>				

^{*} 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 Senior Philanthropy of Milford B, dba Golden Hill Reha		No. 2410	Report for Y 9/30/2016		Page of 19   37
Sen	or Philanulropy of Millord B, dba Golden Hill Rena		2410	9/30/2010	<u> </u>	19   37
	Item		Total	CCNH	RHNS	(Specify)
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items	Lbs.	3,145	3,145		
	washed, ironed, and/or processed.***		3,113	3,113		
	Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.				
	processed.***	Amt. \$				
	3. Personal clothing of residents	Lbs.				
	washed, ironed, and/or processed.***	Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs.				
	b. Purchased Services (by contract other	Amt. \$	124,262	124,262		
	than through Management Services) (Complete Schedule C-2 att. Page 21)					A STAIN ONE
<b>-</b>	c. Management Services**	\$				
	d. Other (Specify)	\$	252	252		
3E.	Equipment Minor & Laundry Supplies  Total Laundry Expenditures (3a + b + c + d)	\$	127,659	127,659		
3F.	Laundry Questionnaire	* ***	<del></del>	<del></del>		<del>                                      </del>
G.		Yes	•	No	If yes, specify cost.	
H.	Did you receive revenue from employees?	Yes	•	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?	Yes	0	No	If yes, specify cost.	
K.	Did you receive revenue from these people? O	Yes	0	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	1	Rep	ort for Year E	nded	Page	of
Senior Philanthropy of Milford B, dba Golden I	2410	<u></u>	9/30/2016		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel			·		
1. Supplies - Cleaning (Mops,	Amt.	\$				
pails, brooms, etc. )						
b. Purchased Services (by contract other	Sq. Ft. Serviced					
than through Management Services)	by Personnel					
(Complete Schedule C-2 att.	Amt.	\$	83,695	83,695		
Page 21)				<u>.</u>		
c. Management Services*		\$				
d. Other ( <i>Specify</i> )		\$	8,981	8,981		
Equipment Minor & Cleaning supp	olies			4.4		12.3
4E. Total Housekeeping Expenditures (4a +	b+c+d	\$	92,676	92,676		
5. Resident Care (Supplies)**						
a. Prescription Drugs***				100		
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					1.0	
For Emergency Use		\$				
2. Other***		\$	23,959	23,959		
f. X-rays and Related Radiological		\$	9,140	9,140		
Procedures***						100
g. Dental (Not dentists who should be inc.	luded under	\$				
salaries or fees)						
h. Laboratory***		\$	22,682	22,682		
i. Recreation		\$	21,752	21,752		
j. Other (Specify)****		\$	92,042	92,042		
See Attached Schedule						. 194
5K. Total Resident Care Expenditures (5a - 5	ij)	\$	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)
되었다. 그 이 이번 이번 이렇게 가장 살 보는 것이라면 하고 있다.		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	<b>\$</b> -	\$

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

Name of Facility				License No.		d			Page	
Senior Philanthropy of Milfo	ord B, dba Golden Hill I	Rehab Pavilo	n	2410	9/30/2016				21	37
	Related ** to Owners, Operators, Officers  Explanation of Address Yes No Relationship Service Provided*  At Commons Court, Waterbury, CT 06704 O O Housekeeping 83,695  Is Clark St., Apt 1,	*	1							
Name of Individual or Company		Yes	No			CCNH	RHNS	(Specify)	Pg	Lin
Rinaldi Linen Service	Waterbury, CT 06704	0	•		Laundry	124,262			19	4b
Healthcare Service Group		0	•		Housekeeping	83,695			20	4b
Total Lawn Care & More, LLC	Milford, CT 06460	0	0		Ground Maintenance	16,206			22	6f
CWPM, LLC		0	•		Trash Removal Services	34,175			22	6f
Healthcare Service Group			0							6f
. 8.,		0	0			:				<u> </u>
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							

^{*} 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 Y	ear Ended		Page	of
Senior Philanthropy of Milford B, dba Golden 241	0	9/30/2016			22	37
	***					
Item		Total	CCNH	RHNS	(Speci	fy)
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 (Provide detail on page 6)	\$	5,174	5,174			
f. Other (itemize)	\$	89,687	89,687			
See Attached Schedule					1 5	
6g. Total Maint. & Operating Expense (6a - 6f)	\$	257,326	257,326			
7. Depreciation (complete schedule page 23*)						
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 (Complete att. Schedule Page 24*)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	,				
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less				<u>.</u>		
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		1	
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

Electrical-Maint Plumbing-Maint IVAC/Boiler Maint Paint-Maint Plant Inspection-Maint Plant Repairs-Maint Prounds Maintenance-Maint Perinklers-Maint Plevator-Maint Pest Control-Maint Maint Contracts- Generator Vaste Disposal -Grease/Trash Eldg Inspection Fees (Self-disallow)	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		
경기 등 경기 등 경기 등 경기 등 기계 기계 등 기계 기계 등 기계 기계 등 기계			
			Marin Ari
Total Other Repairs and Maintenance	\$ 89,687	\$ -	<b>S</b> -

State of Connecticut

Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2006

**Depreciation Schedule** 

Name of Facility					License No.	iation St	<u> </u>	Report for Year E	nded		Page	of
Senior Philanthropy of Milford B, dba Golder	n Hill	Rehab	Pavilo	n	241	0		9/30/2016			23	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												
Acquired prior to this report period					<u> </u>							
Disposals (attach schedule)												
	3. Acquired during this report period (attach schedule)											
A-4. Subtotal				200			- Factor	78.0		1960		
B. Building and Building Improvements												
Acquired prior to this report period			5,728		5,728	191	S/L	Various	382			
Disposals (attach schedule)												
Acquired during this report period (attach schedule)				125,729	es sulland	125,729		S/L	Various	8,382		
B-4. Subtotal		di .			Section 45	**			8,764			
C. Non-Movable Equipment												
Acquired prior to this report period												
Disposals (attach schedule)												
3. Acquired during this report period (attack	h sche	dule)										
C-4. Subtotal							or the second	1				<u></u>
	logl	nileage book tained?		Acquisition	Historical Cost Exclusive of	Less Salvage	Cost to Be	Accumulated Depreciation to Beginning of	Method of Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment  1. Motor Vehicles (Specify name, model and year of each vehicle)  2016 Ford Transit 250, 10 Pressure.				2015	10.255		40.255		C.A.		9.051	
a. 2015 Ford Transit 250 -10 Passenger b. Corporate Fleet -taxable value		ļ		2015 2016	40,257 1,110		40,257 1,110	4,026	S/L S/L	5	8,051 222	- 1
c.		<del>                                     </del>	- °	2010	1,110		1,110		3/L	,		
d.			<del> </del>	<del> </del>	<del> </del>			<u> </u>	<del></del>	+		
Movable Equipment	6.											
a. Acquired prior to this report period			Var.	Var.	787,582		787,582	405,039	S/L	Various	60,200	
b. Disposals (attach schedule)				<u> </u>	,			.55,037		1	33,200	100
c. Acquired during this report period												
i reduce among and report period i		E 10 20 00 00 00 00 00 00 00 00 00 00 00 00								777		
(attach schedule)			Var.	Var.	90.376 l		90.376		IS/L	Various	l 15,170 l	
(attach schedule) D-3. Subtotal			Var.	Var.	90,376		90,376		S/L	Various	15,170	83,643

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

#### Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:	Description of teen	[	1	Depreciation
				945 B X 1 4 5
		Statistical Control		
Straut, Sally:				
			1447	
Total additions for l	Land Improvement	\$ -		\$ -
Deletions:				
	[10] [10] 얼굴면 하고 하는 사람이 하는데 하고 하는데 말을			
			Language St.	
1. 1. 14. 1.	보이 하고 있는 사람들은 살림으로 선부를 하는 것이 되었다.			
Total deletions for I	and Improvement	\$ -	Western Service	\$ -

^{*}Ties to Page 23, Line A3

#### Schedule of Building Improvements Acquired during this report period

Acquisition Date Additions:	Description of Item	Cost	Useful Life	Depreciation
Various	See Attached	\$ 125,729	Various	\$ 8,382
· · · · · · · · · · · · · · · · · · ·				
	<u>la, a personalis el Million Apriliado. El esta de esta</u>			
Total additions for	Building Improvement	\$ 125,729		\$ 8,382
Deletions:				
Value (A. Salate (A.				
		3.75		
				17.5
Total deletions for l	Building Improvement	\$ -		\$ -

^{*}Ties to Page 23, Line B3

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 Equipmen	\$ -		\$ -
Deletions:				
			130 (4)	
Total deletions for l	Non-Movable Equipmen	\$ -		\$ -

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{*}Ties to Page 23, Line C3
**Ties to Page 23, Line C2

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

#### Schedule of Leasehold Improvements Acquired during this report periods

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
· · · · · · · · · · · · · · · · · · ·				
Total additions for l	Leasehold Improvemer	\$ -		S -
Deletions:				
		1000		
Total deletions for I	Leasehold Improvemen	\$ -		\$ -

^{*}Ties to Page 24, Line C3
**Ties to Page 24, Line C2

^{*}Ties to Page 23, Line D2c
**Ties to Page 23, Line D2b

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									
2015 Additions									
Doors	6/10/2015	S/L	15	5,728	191_	191	382	573	5,155
				5,728	191	191	382	573	5,155
2016 Additions				<u> </u>	<del></del>		<del></del>		
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
				125,729		-	8,382	8,382	117,347
Total Building Improvements				131,457	191	191	8,764	8,955	122,502
Vehicles									
2015 Additions									
2015 Ford Transit 250 -10 Passenger Wagon	5/1/2015	S/L	5		4,026	4,026	8,051	12,077	28,180
				40,257	4,026	4,026	8,051	12,077	28,180
2016 Additions									·
Corporate Fleet -taxable value	5/16/2016	S/L	5	1,110	-		222	222	888
Total Vehicles	XXX			41,367	4,026	4,026	8,273	12,299	29,068
Moveable Equipment Prior Owners Moveable Equipment (Fully								<del> </del>	<del></del>
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	5/L 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	30 <del>4</del> 174	349	523	2,963
		-		-					· ·
Bladder Scanner	8/25/2015	S/L	5 _	7,300 60,785	730 5,215	730 5,215	1,460 10,430	2,190 15,645	5,110 45,140
			_	60,765	3,213	5,215	10,430	13,043	45,140
2016 Additions	44/20/45	c tı	10	2.520			252	252	2.460
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

otal for 2016					1,050,782	32,874	409,256	92,408	501,664	549,118
otal Moveable	otal Moveable Equipment				877,957	28,657	405,039	75,370	75,370 480,409	397,548
				_	90,376	-	-	15,170	15,170	75,206
Sink, Fau	ucet & Piping	9/30/16	S/L	10_	1,269	-		127	127	1,142
Domesti	c Recir Pump	7/22/16	S/L	10	1,098	-	-	110	110	988
Condens	sor	7/22/16	S/L	10	3,403	-	-	340	340	3,06
New Ou	tlets for air cleaners	10/22/15	S/L	5	1,356	-	-	271	271	1,08
Fixed br	oken conduit for trash compactor	9/21/15	S/L	5	1,096	-	-	219	219	87
New am	p sub panel for new copy machine circuits	9/21/15	S/L	5	1,233	-	-	247	247	98
Replaced	d Lamps in Parking Lot	7/12/15	S/L	5	1,257	-	_	251	251	1,00
Replace	Outlets	3/29/15	S/L	5	693	-	_	139	139	55
Double S	Sided Signs	4/1/15	S/L	5	1,375	_	-	275	275	1,10
New Wir	res 7 Contactor for AC in Kitchen	9/28/15	S/L	5	829	-	-	166	166	66
Access D	Doors	8/21/15	S/L	10	970	_	-	97	97	87
AC Units		7/8/15	S/L	15	997	-	_	66	66	93
	/Fix Hot Water Tank	2/26/15	S/L	15	1,617	-	_	108	108	1,50
	oke Door Mait	7/27/15	S/L	15	4,742		_	316	316	4,42
•	ne Equip	6/23/16	S/L	5	2,283	_	_	457	457	1,82
Telenho	ne Set up/Equip	3/31/16	S/L	5	5,191	-	_	1,038	1,038	4,15

## **Amortization Schedule***

Nam	e of Facility			License No.		Report for Yea	r Ended		Page	of
	or Philanthropy of Milford B, dba Golden	Hill Re	hab Pa	2410		9/30/2016			24	37
			-			Accumulated				
		Date	e of			Amort. to				
		Acqui	sition			Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing	Rate	Amortization	,
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									4.00
	1.									
<u> </u>	2.									
	3.									
A-4.	Subtotal					44.50				
B.	Mortgage Expense	<u> </u>								a period
<u></u>	1.									
<u> </u>	2.									
	3.							Yes (1000)		
B-4.	Subtotal				S. A. P. C. S.					
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				400					·- <u></u>
D.	Total Amortization				10.35				2.34	

^{*} Straight-line method must be 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.

^{**} Specify which of the following bases were used:

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

Name of Facility Senior Philanthropy of Milford B, dba  License No.	o. 410	Report for Year En 9/30/2016	ded		Page of 25   37
		3/30/2010			23 31
11. Property Questionnaire Part A	<del></del> -	· · · · · · · · · · · · · · · · · · ·	<del></del>		
Is the property either owned by the Facility or leased from a Related Party?*	0	Yes	•	No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related business association to any person or organization related party transaction.					
Description		Total			
Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchas	se				
<ul><li>4. Date of Initial Licensure</li><li>5. Total Licensed Bed Capacity</li></ul>	· · · · · · · · · · · · · · · · · · ·	120			
<ul><li>5. Total Licensed Bed Capacity</li><li>6. Square Footage</li></ul>		120	50		
7. Acquisition Cost					
a. Land					
b. Building		· · · · · · · · · · · ·			
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing		8.8	3.0	8.8	8.8
a. Type of Financing (e.g., fixed, variab	ole)				
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, variat	ole)				
h. Date of Refinancing					
i. New Interest Rate				<del></del>	<del></del>
<ul><li>j. Term of Mortgage (number of years)</li><li>k. Amount of Principal Borrowed</li></ul>					
Principal Outstanding on Note Paid-	)ff				
Part C - Arms-Length Leases for Real		mprovements Only	<u> </u>		
Name and Address of Lessor	1	perty Leased		Term of Lease	Annual Amount of Lease
2028 Bridgeport Ave LLC	Building	perty measure		123 months	705,832
					,
				<u> </u>	
· · · · · · · · · · · · · · · · · · ·	<u> </u>			<u> </u>	

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 Ye	ar 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	44.6			1. 张鸿钧
Address of Lender		医乳腺			
Second Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
3. Third Mortgage	\$				
Name of Lender	Rate				en e
Address of Lender					
4. Fourth Mortgage	\$				
Name of Lender	Rate				e serve
Address of Lender					
B. CHEFA Loan Information					
Original Loan Amount	\$			34.0.1 34.0.1	
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$				
		(Carr	v Subtotals t	Command to m	out nage)

(Carry Subtotals forward to next page)

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

Name of Facility	License No.		Report for Y	ear Ended		Page	of
Senior Philanthropy of Milford B,	d 2410		9/30/2016			27	37
Ite	em		Total	CCNH	RHNS	(Spec	cify)
	Subtotals Bro	ought Forward:					
12. C. Movable Equipment							
Automotive Equipme	nt	\$					
A. Item	Rate	Amount					
Lender			医动物				
Address of Lender	·						
2. Other (Specify)							
A. Item	Rate	Amount					
Lender		<u> </u>					
Address of Lender		<del></del>		10.00			
B. Item	Amount						
Lender		L.					
Address of Lender	· · · · · · · · · · · · · · · · · · ·						
12. C. 3. Total Movable Equip	ment Interest						
Expense (C1 + 2)  12. D. Other Interest Expense (C1 + 2)	Spacify)	<u> </u>		181,965		<del> </del>	<del></del>
Other Interest & Interest		Φ	161,903	101,703			
13. Total All Interest Expense (	(2B7 + 12C3 + 12D)	) \$	181,965	181,965			
14. Insurance		, <u>,                                   </u>	133,933	131,700			<del></del>
a. Insurance on Property (b	uildings only)	\$	9,180	9,180			
b. Insurance on Automobile		\$		4,131			
c. Insurance other than Pro	perty (as specified at						
1. Umbrella (Blanket Co		54,262	54,262				
Fire and Extended Co	verage		<u> </u>		<u> </u>		
3. Other (Specify)	\$	8,886	8,886				
D&O and Crime Poli	cy	Total	English St.				
14d. Total Insurance Expenditur	es(14a+b+c)	\$	76,459	76,459			
15. Total All Expenditures (A-1.		\$		10,220,236			

## D. Adjustments to Statement of Expenditures

	of Fa				cense No.	Report for Ye	ar Ended	Page	of
Senio	nior Philanthropy of Milford B, dba Golden Hill Rehab Pavil			2410	9/30/2016		28	37	
					Total				
	Page				Amount of				
	No.		Item Description		Decrease	CCNH	RHNS	(Spe	cify)
Page	10 - S	alarie	es and Wages						
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.	10	A12g	Occupational Therapy	\$	53,900	53,900			<u>.</u>
4.			Other - See attached Schedule	\$	4,855	4,855			
	13 - F	rofes	sional Fees		***				
5.			Resident Care Physicians **	\$					
6.	13	B10a	Occupational Therapy	_\$	180,640	180,640			
7.			Other - See attached Schedule	\$					
Page.	s 15 &	16	Administrative and General					1 12 2	
8.			Discriminatory Benefits	\$					
9.	15	lc	Bad Debts	\$	46,548	46,548			
10.	15	le	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					124	
			for owners and employees	\$					
16.			Travel for purposes of attending						
			conferences or seminars outside the				4-4		
			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.		2	Barber and Beauty	\$	13,073	13,073			
23.			Other - See attached Schedule	\$	11,858	11,858		<del>                                     </del>	
	18 - 1	)iotar	y Expenditures	Ψ	11,050	11,030			
24.			Meals to employees, guests and others		40 M 4	10 100 12			
27.	30	1 4 1	who are not residents	\$	960	960			
Daga	10 1	aund	ry Expenditures	J)	900	900			
25.	17 - L	aunu	Laundry services to employees, guests						
۷٥.			and others who are not residents	ø					
Da ~ :	20 7	Laure	<u>'</u>	\$					
	20 - F	i ouse	keeping Expenditures			100			
26.			Housekeeping services to employees, guests	Φ					
	L	L	and others who are not residents	<u>\$</u>	2/0.00=	260.000		<del>                                     </del>	
			Subtotal (Items 1 - 26)	\$	<del></del>	368,082	<u> </u>	<u> </u>	<u></u>

^{*} 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		
	3000				
	(3°,5°,5°,5°,6°)				
Total Othe	r Salaries A	Adjustment	\$ 4,855	\$ -	\$ -

#### Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	- 68.3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				
				V. 1831	
	141				
				ting the same	
Total Other	Fees Adju	istments	\$ -	\$ -	<b>\$</b> -

#### 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)	<b>\$</b> 45		
See	Attached	Marketing Disallowances	\$ 4,894		
15	1a9	Employee Food (Self-disallow)	<b>\$</b> 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		in the second
Total Other	r A&G Adj	ustments	\$ 11,858	\$ -	s -

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

D. J.	# of Allowable
Beds	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 E	Expense (per cell phone):	
per month	\$	30
per year	\$	360

Page 15 Line 1h2	A	mount
Cell Phone expense per TB	\$	2,736
Allowable Cell Phone expense	\$	1,440
Disallowed Cell Phone expense	\$	1,296

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

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

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

Pg. 28b

<u>Page</u>		<u>Line</u>	Account	<u>Description</u>	A	<u>mount</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	l.g		490920	Forms/Printing-Mkt		2,830
			Tota	al Page 15 Marketing Disallowance		4,894
16	1.4		490950	Mileage Reimbursement-Mkt		-
16	1.5		490133	Training/Seminars/Courses-Mkt		-
16	m.7		490930	Postage-Mkt		
			Tota	al Page 16 Marketing Disallowance		-
Disall	owed N	Iarketing De	partment Ex	rpenses	\$	4,894

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

			D. Adjustments to Statemer		<del></del>				<del> </del>
				Lic	ense No.	Report for Y	ear Ended	Page	of
Senic	r Phil	anthro	ppy of Milford B, dba Golden Hill Rehab Pa		2410	9/30/2016		29	37
					Total				
	Page				Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(S	ecify)
			Subtotals Brought Forward	\$	368,082	368,082			
Page			nt Care Supplies***		113 1				
27.			Prescription Drugs	\$	122,282	122,282			
28.		5d	Ambulance/Limousine	\$	962	962			
29.		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.		<u> </u>	Occupational Therapy	\$	<u></u>				
34.			Other - See Attached Schedule	\$	15,685	15,685			
Page	22 - N	<i>Mainte</i>	enance and Property						
<i>35</i> .			Excess Movable Equipment Depreciation			1000			
		<u>.</u>	See Attached Schedule	\$					
36.			Depreciation on Unallowable		81.2				
			Motor Vehicles	\$					
37.			Unallowable Property and Real			1			
		L	Estate Taxes	\$					
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$	(3,853)	(3,853)			
Page	27 - I	nsura	nce						
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
Othe	r - Mis	scella	neous			1.00			
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,			44.44			
			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		100				
			Attached Schedule	\$	1,144	1,144			
Not I	For Pr	ofit P	roviders Only						
50.			Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -		7.		* * * * * * * * * * * * * * * * * * * *		
			See Attached Schedule	\$					
51.	Total	Amo	unt 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.

#### 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		IV Supplies - Managed Care (Self-disallow)	\$ 6,218		
				1976	
Total Othe	r Ancillary	Costs	\$ 15,685	<b>S</b> -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
100		요즘 공유 마음이 얼마나 그는 모든 데 그리가 뭐지 않았다.			
			3 - 1 - 1		
Total Exce	ss Movable	Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6f	Bldg Inspection fees	\$ (3,853)		
	·				
					A STAIN
Total Othe	r Property	Adjustments	\$ (3,853)	\$ -	s -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	1000	D&O Insurance	\$ 1,144		
Total Other	r Adjustme	nts	\$ 1,144	s -	<b>s</b> -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	gal takin,				
Total Unall	owable Bui	ilding Interest	<b>.</b>	\$ -	\$ -

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

Pg. 29b

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

### F. Statement of Revenue

Name of Position	veil				Dage	
Name of Facility License No. Senior Philanthropy of Milford B, dba Go 2410		Report for Yo 9/30/2016	ear Ended		Page 30	of 37
Some i manimopy of minora b, and ou 2710	-	7/30/2010	<u> </u>			J1
Item		Total	CCNH	RHNS	(Speci	fy)
I. Resident Room, Board & Routine Care Revenue		20141	554114		(5)000	
1. a. Medicaid Residents (CT only)	\$	9,397,980	9,397,980			
b. Medicaid Room and Board Contractual Allowance **	\$	(3,309,078)	(3,309,078)			
2. a. Medicaid (All other states)	\$		<del></del>		<u> </u>	
b. Other States Room and Board Contractual Allowance **	\$				<u> </u>	· · · · · · · · · · · · · · · · · · ·
3. a. Medicare Residents (all inclusive)	\$	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 **	\$				ļ	
c. Speech Therapy - Non-Medicare	\$	190,773	190,773		ļ	
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				<u> </u>	
5. a. Occupational Therapy - Medicare	\$	596,516	596,516		<b></b>	
b. Occupational Therapy - Medicare Contractual Allowance **	\$				ļ	
c. Occupational Therapy - Non-Medicare	\$	230,513	230,513		<u> </u>	
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				ļ	
6. a. Other (Specify) - Medicare	\$	(1.431,228)	(1,431.228)		<del> </del>	
b. Other (Specify) - Non-Medicare	\$	(758,108)	(758,108)		<u> </u>	
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		ļ	
2. Rental of rooms to non-residents	\$				ļ	
3. Telephone	\$				1	
4. Rental of Television and Cable Services	\$				1	
5. Interest Income (Specify)	\$	519	519		1	
6. Private Duty Nurses' Fees	\$				ļ	
7. Barber, Coffee, Beauty and Gift shops	\$				ļ	·
8. Other (Specify)	\$		1,697		<del> </del>	
V. Total Other Revenue (1 thru 8)	\$	3,176	3,176		<u> </u>	
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)
30II6a	Laboratory- MCR A-SNF	\$ 17,303		
30116a	IV Therapy-MCR A-SNF	\$ 8,335		
30II6a	XRay 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)		Education Section
Total Othe	r Resident Revenue - Medicare	\$ (1,431,228)	S -	\$

#### Schedule of Other Non-Medicare Resident Revenue

#### Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	[[소급한 학교 기업명이었다] 급경하다면 그리다면 당했는데 11명이 되었다. (생활]			
30II6b	Laboratory	\$ (13)		
30116b	Laboratory- MCD- SNF	<b>\$</b> 13		
30II6b	IV Therapy-MCD-SNF	\$ 5,271		
30116b	Contractual Adj- Ancillaries- MCD-SNF	\$ (409,057)		
30116b	IV Therapy-Hospice-SNF	<b>\$</b> 675		
30116b	Contractual Adj- Ancill- Hospice-SNF	\$ (6,958)	5	
30116b	Laboratory VA	\$ 3,089		
30II6b	Radiology VA	\$ 792		
301166	Cont Adjmt Ancillary VA	\$ (26,518)		
30I16b	Lab HMO	\$ 4,528		
30I16b	IV THERAPY	\$ 9,326		
30116b	Radiology HMO	\$ 2,482		
30II6b	Evercare Revenue - A	\$ 4,705		
30II6b	Sequestration - HMO	\$ (279)		
30II6b	Contractual Adj Ancillary HMO	\$ (346,164)		
Total Othe	er Resident Revenue	\$ (758,108)	\$ -	\$ -

#### Interest Income

#### Account

Page Ref Account		Balance	CCNH	RHNS	(Specify)
	그는 그는 그는 그는 그들은 그를 보고 있다. 그런 모든		-		
30IV5 Interest In	come		\$ 519		
Total Interest Income			\$ 519	\$ -	\$

#### Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	[HELP TO THE TOTAL PROPERTY OF THE PROPERTY O		31.11	
30IV8	Vending Machine Revenue (self-disallow)	\$ 2,044		A A CONTRACT
301V8	Innovatix Income (Self-disallow)	\$ (347)		
(a. 1				
7 1 1 1				William Co.
				San Jan
E 18 2.40			All Park that is	\$1.5
Kushab Pi				
. 20				
Total Othe	r Revenue	\$ 1,697	\$ -	s -

## G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B,	dba ( 2410	9/30/2016	31	37
¥	Account			Amount
Assets				
A. Current Assets				
1. Cash (on hand and in ba			\$	479,074
2. Resident Accounts Recei			\$	1,660,500
3. Other Accounts Receival	ole (Excluding Owners of	or Related Parties)	\$	514
4 Inventories			\$\$	
<ol><li>Prepaid Expenses</li></ol>			\$	235,471
a. Prepaid Insurance		4,001		
b. Prepaid Taxes and Lic	enses	466		
c. Prepaid Other		20,194		
d. Prepaid Workers Com	ıp .	210,810		
6. Interest Receivable			\$	
7. Medicare Final Settleme	nt Receivable		\$	
8. Other Current Assets (ite	mize)		\$	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			<b> </b> \$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciat	ion Net	ľ	
3. Buildings	*Historical Cost	131,457		122,502
J. Bunanigo	Accum. Depreciat		lΨ	122,302
4. Leasehold Improvements		0,755 1101	\$	
4. Leasenola Improvement	Accum. Depreciat	ion Net	۳	
5. Non-Movable Equipmen		ion ivet	\$	
3. Non-Movable Equipmen	Accum. Depreciat	ion Net	١٩	
6 Mayahla Fayinment	*Historical Cost		\$	1/1 276
6. Movable Equipment		176,731 Not	l _p	141,376
7 Mater Webieler	Accum. Depreciat			20.068
7. Motor Vehicles	*Historical Cost	41,367	\$	29,068
0 10 5	Accum. Depreciat	ion 12,299 Net		
8. Minor Equipment-Not D	epreciable		\$	
9. Other Fixed Assets (item	ize)		\$	(13,952)
F/S vs. C/R Cost Basi	•	(13,952)		· /
		()		
B-10. Total Fixed Assets (Line	es B1 thru 9)		\$	278,994

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

## G. Balance Sheet (cont'd)

	ne of Facility		License No.	Report for Year	Ended	Page	of
Seni	or Philanthropy of Milfo	ord B, dba	<u>4</u> 2410	9/30/2016		32	37
			Account			An	nount
		•		Total Brough	nt Forward: \$		2,781,127
C.	Leasehold or like prop	erty record	led for Equity Purpose	es.			
	1. Land				\$		
	2. Land Improvement	ts	*Historical Cost				
	···	·	Accum. Depreciatio	n	Net \$		
	<ol><li>Buildings</li></ol>		*Historical Cost				
			Accum. Depreciatio	n	Net \$		
	4. Non-Movable Equ	ipment	*Historical Cost	<del>* • • • • • • • • • • • • • • • • • • •</del>			
			Accum. Depreciation		Net \$		
	5. Movable Equipment	nt	*Historical Cost	701,227			
			Accum. Depreciation	n 445,054	Net \$		256,173
	6. Motor Vehicles		*Historical Cost				
	·····		Accum. Depreciatio	n	Net \$		
	7. Minor Equipment-			· · · · - · · · · · · · · · · · · · · ·	\$		
C-8			ies (C1 thru 7)		\$		256,173
D.	Investment and Other	Assets					
	1. Deferred Deposits				\$		
	2. Escrow Deposits			<u> </u>	\$		281,552
	3. Organization Expe	nse	*Historical Cost				
			Accum. Depreciation	n	Net \$		
	4. Goodwill (Purchas				\$		
	5. Investments Relate	d to Resid	ent Care (temize)		\$		
						-	
	6. Loans to Owners o		Parties (itemize)		\$		
	Name and A	Address	Amount	Loan Da	ate		
						**	
	7. Other Assets (item)	•			\$		242,846
	Deposits on Uti			500	7		
	Deposits on Pro		Services	60,000			
	Construction-in-Progress 182,346						
D-8.			<u> </u>	)	\$		524,398
D-9.	Total All Assets (Line	s A9 + B10	0 + 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 Fac			License No.	Report for Year l	Ended	Page	of
Senior Phila	nthro	py of Milford B, dba Golden	2410	9/30/2016		33	37
			Account			<u>A</u> n	nount
Liabilities							
A.	Cu	rrent Liabilities			ļ		
	1.	Trade Accounts Payable			\$		1,283,666
	2.	Notes Payable (itemize)			\$		7,074
		Note Payable - HSG 12/31/	15	7,074	ļ		
	3.	Loans Payable for Equipme		· -,	\$		
		Name of Lender	Purpose	Amount	Date Due		
							11.0
l							H.
Ì							
	4.	Accrued Payroll (Exclusive	of Owners and/or S	Stockholders only)	\$		97,140
	5.	· · · · · · · · · · · · · · · · · · ·					•
	6.	Accrued Payroll Taxes Payable					38,058
	7.						
	8.	Medicare Current Financing Payable					
-	9.	Mortgage Payable (Current	<del></del>		\$		
	10.	Interest Payable (Exclusive		elated Parties)	\$		•
		. Accrued Income Taxes*					
	12.	2. Other Current Liabilities (itemize)					2,879,653
		See Attached	2,879,6	553			
			•				
						4	
A-13	. To	tal Current Liabilities (Line	es 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	License No.	Report for Year	Ended	Page	of
Senior Philanthropy of Milford B, dba Golde	2410	9/30/2016		34	37
	Account			Am	ount
		Total Broug	ht Forward:		4,305,591
Liabilities (cont'd)					
B. Long-Term Liabilities					
<ol> <li>Loans Payable-Equipment (</li> </ol>	itemize )		\$		NAME ASSOCIATION OF THE PROPERTY OF THE PROPER
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable	<u> </u>	<u> </u>	\$		
3. Loans from Owners or Rela	ted Parties (itemize)		\$		
Name and Address of Lender	Amount	Loan D			
- 1900 - 10 - 10 - 10 - 10 - 10 - 10 - 1					
				ž.	
			37		
4. Other Long-Term Liabilitie	l s (itomize )	<u>.</u>	\$		46,650
Long Term Capital Lease	s weimize j	46,650	9		70,030
Long Term Capital Lease		40,030			
			<b>!</b>		
B-5. Total Long-Term Liabilities (I	Lines B1 thru 4)		\$		46,650
C. Total All Liabilities (Lines A-1			\$		4,352,241

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

	ne of Facility License No. Report for Year Ended	Page	of
Seni	or Philanthropy of Milford B, dba 2410 9/30/2016	35	37
A.	Account Reserves	A	mount
	Reserve for value of leased land	<b> </b> \$	
	Reserve for value of leased buildings and appurtenances	<u> </u>	
	to be amortized	<b> </b> \$	
	TO GO WINDING	<u> </u>	
	3. Reserve for depreciation value of leased personal property (Equity)	\$	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
В.	Net Worth		
	Owner's Capital	\$	<del></del>
	2. Capital Stock	\$	
	3. Paid-in Surplus	\$	
	4. Treasury Stock	\$	
	5. Cumulated Earnings	\$	(194,117)
	6. Gain or Loss for Period 10/1/2015 thru 9/30/2016	\$	(852,599)
	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 (		9/30/2016		36	37
	Account			\$	mount (194,117)
B. Total Revenue (From Statement of Revenue Page 30)				\$	9,334,130
C. Total Expenditures (From Stateme	ent of Expenditures P	age 27)		\$	10,186,729
D. Net Income or Deficit	····			\$	(852,599)
E. Balance				\$	(1,046,716)
F. Additions				6	
Additional Capital Contribute	•				
Total Expenditures PG 27				2.11 (9)	4
Depreciation Adjustment	(33,508)				
Rounding	1			E.	
Total Expenditures Line C	10,186,729				
		······································			
2. Other (itemize)					
				6	
F-3. Total Additions				\$	
G. Deductions	/D / /G //C)				
1. Drawings of Owners/Operator				\$	
Name and Address (Vo., City	, State, Zip )	Title	Amount		
		_1			
2. Other Withdrawings (Specify)				\$	
Purpose		Amo	unt		
					45.
3. Total Deductions				\$	
H. Balance at End of Period	09/30/1	6		\$	(1,046,716)

## I. Preparer's/Reviewer's Certification

Name	of Facility	License No.	Report for Year Ended	Page	of		
Senior	r Philanthropy of Milford B, dba	2410	9/30/2016	37	37		
	Check appropriate category						
☑	Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)				
	Preparer/Reviewer Certification						
	I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. 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.						
Signat	ture of Hoparer	PRINCIPAL	Date Signed, 2/6/17,	7			
Printe	Printed Name of Preparer						
Matth	ew S. Bavolack						
Addre	s Address		Phone Number				
555 L	ong Wharf Drive, New Haven, CT 06.	511	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**

<b>гасину Na</b>	Senior Philanthropy of Milford B, d/b/a Golden Hill Rehab Pavilon
	following check list. <u>Provide an explanation for any "No" answers.</u> Attach ets to explain further, if necessary.
Yes No  Explanation:	1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?
Yes No	<ol> <li>Are the methods of allocating costs consistent with cost year 2015? If not, explain the reporting change.</li> </ol>
Yes No    J     Explanation:	3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.
Yes No	<ol> <li>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.</li> </ol>

Explanation:	5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?
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?
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?
Yes No	8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.
Yes No	9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?
Yes No  Explanation:	<ul><li>10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?</li></ul>

Explanation:	11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?
Yes No    J     Explanation:	12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?
Yes No	13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from cost year 2015?
Yes No  Substitution:	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?
Yes No  Explanation:	15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?
Yes No                  Explanation:	16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation:	17. Have all contractual allowances been properly reported on Page 30?
Yes No    I	18. If the automated cost report was used, were all discrepancies on the Error Page addressed? If not addressed, explain why.
Yes No	19. Have Pages 1 and 37 been signed? Cost reports without a signed Page 1 and 37 will not be accepted.
Yes No	20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? <i>If detail is not provided, appropriate disallowances will be made.</i>
Yes No  Substitution:	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?
Yes No  Substitution:	Has all required documentation been submitted to the Annual Report review and audit contractor?

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

Trial Balance:	A.01 - TB-CCNH	AD. 150-64		
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 110406	Prepaid Taxes and Licenses	466.00 20.104.00		466.00
110400	Prepaid Workers Comp	20,194.00		20,194.00
120110	Prepaid Workers Comp	210,810.00		210,810.00
120110	Deposits on Utilities Deposits on Professional Services	500.00 60,000.00		500.00 60,000.00
120201	Cash - Replacement Reserve	96,243.00		96,243.00
120201	Cash - Tax Escrow	183,409.00		
120202	Cash - Insurance Escrow	1,900.00		183,409.00 1,900.00
120203	Cash - Insurance Escrow  Cash - Insurance Reserve	359,448.00		359,448.00
120204	Cash - Security Deposit	750.00		750.00
120203	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)
210104	Accounts Payable- Trade Accounts Payable- Accrued	(1,203,944.00)		(1,203,944.00)
210109	Employee Deductions- Garnishments	(40.00)		(40.00)
210112	Employee Deductions- FSA	2,235.00		2,235.00
210112	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)
	p.:_/	(5.5.5)		(5.5.50)

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Account	Description	ADJ	JE Ref # RJ	E FINAL
		9/30/2016		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 310206	Laboratory- MCR A-SNF	(17,303.00)		(17,303.00)
310200	Physical Therapy- MCR A-SNF Speech Therapy- MCR A-SNF	(455,002.00) (101,505.00)		(455,002.00) (101,505.00)
310207	Occupational Therapy- MCR A-SNF	(418,332.00)		(418,332.00)
310200	IV Therapy-MCR A-SNF	(8,335.00)		(8,335.00)
310212	XRay 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)

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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 410101	Miscellaneous Operating Income-Admin Salaries-Administrator	347.00 116,767.00		347.00 116,767.00
410101	Salaries-DON	102,264.00		102,264.00
410102	Salaries-DON Salaries-Nurse Liaison/Risk Mgr	60,476.00		60,476.00
410103	Salaries-MDS Coor/MDS Asst	150,356.00		150,356.00
410104	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/Subscriptons-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

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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	Employe 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 410710	Staffing Agency CNA	39,743.00			39,743.00
410710	Staffing Agency-CNA	81,361.00			81,361.00

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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	(22,371.00)	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 410761	Pharmacy-OTC Medicare	1,718.00		1,718.00
410761	Incontinent Supplies	50,099.00 37,809.00		50,099.00
410762	Medical Supplies Nursing Supplies	37,809.00 53,441.00		37,809.00 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	277,641.00 180,640.00		277,641.00
410793	Occupational Therapist-Outside Cont	180,640.00		180,640.00
410794 410796	Speech Therapist - Outside Contract	88,916.00 713.00		88,916.00 713.00
410798	Recruitment - Therapy Training/Seminars/Courses-Therapy Dept	713.00 260.00		260.00
410798	Purchased Services-Other	2,759.00		2,759.00
710133	i dichased Services-Offici	2,739.00		2,708.00

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Account	Description	ADJ JE R	ef# 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	7,100.00	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 440789	Licenses/Permits-Dietary Thickened Liquids Dietary	67.00 2,317.00		67.00 2,317.00
440789	Thickened Liquids-Dietary Raw Food-Dietary	268,194.00		2,317.00
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 450124	Workers Comp-Hskp	6,453.00		6,453.00
450124 450125	Payroll Tax Housekeeping FUTA	1,253.00 22,560.00		1,253.00 22,560.00
450125 450126	Employee Health Insurance-Hskp 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

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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 490859	Special Events-Mkt Collateral Material-Mkt	1,128.00 208.00		1,128.00 208.00
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
500199	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
550101	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
300121	Caylon Lando Montinos Olti -1 10/1	3,210.00		0,£10.00

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Account	Description	ADJ JE Ref#	RJE	FINAL
		9/30/2016		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	(0.040.00)	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 560199	Bldg Inspection Fees	(3,853.00)		(3,853.00) <b>425.00</b>
560711	Licenses/Permits Utilities-Electric	425.00 94,358.00		94,358.00
560711	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
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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	<del>-</del>			
560999	Bank Service Charges-Adm	27,114.00 37,058.00		27,114.00
580001	Miscellaneous Expense-Adm Interest Income	37,958.00 (510.00)		37,958.00
		(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	/404.00	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
	TOT THEOTHER ECOO	0.00	0.00	0.00

Clant: Traditions Sanior Management
Engagement: Medicals - Sanior Philianthropy of Millord B, LLC
Period Ending: 930/2016
Tala Balance: A.01 - TB-CCNH
Voltpaper: A.03 - Grouped Trial Balance

Workpaper:	A.03 - Grouped Trial Balance								
Account		Description	ADJ	JE Ref#	RJÉ	FINAL	1st PP-FINAL	\$ VAR	% VAR
			9/30/2016			9/30/2016	9/30/2015		
Group :  10-A}	Salaries and Wages Administrators								
Subgroup : [2] 410101	Salaries-Administrator		116,767.00		0.00	116,767.00	61,929.03	54,837.97	88.55%
Subtotal [2] Adn	ninistrators		116,767.00		0.00	116,767.00	61,929.03	54,837.97	88.55%
Subgroup : [4]	Other Administrative Salaries								
410501 410502	Salaries-Med Rec Overtime-Med Rec		29,970.00 23.00		0.00 0.00	29,970.00 23.00	14,075.89 246.57	15,894.31 (223.57)	112.92% (90.67%)
410520 410540	Vacation/Sick/Holiday-Med Recs Interco Contracted Services - Med Rec		4,114.00 0.00		0.00 0.00	4,114.00 0.00	1,070.20 155.79	3,043.80 (155.79)	284.41% (100.00%)
560102	Saleries-Business Office		64,539.00		0.00	64,539.00	22,525.10	42,013.90	188.52%
560103 560104	Salaries-Hurran Resources/Payroll Salaries-Admin Staff		38,732.00 22,625.00		0.00	36,732,00 22,625.00	17,497.90 631.07	21,234.10 21,983.93	121.35% 3,485.18%
560105	Overtime-Admin		554.00		0.00	554.00	(11.08)	565.08	(5,100.00%)
560107 560109	Central Supply Clerk-Admin Salaries - Admissions Coordinator		(69.00) 65,239.00		0.00 0.00	(69.00) 65,239.00	0.00 74.732.42	(89.00) (9,493.42)	0.00% (12.70%)
560120 560840	Vacation/Sick/Holiday-Adm Interce Contracted Services - Admin		24,966.00		0.00	24,956.00	10,605.91	14,360.09	135.40%
	Interco Contracted Services - Admin er Administrative Salaries		3,684.00 254,377.00		0.00	3,684.00 254,377.00	20,374.24 161,903.81	(16,690.24) 92,473.19	(81.92%) 57.12%
Subgroup : [5C]	Dietary Workers								
440101	Salaries-Dietary Manager/CDM		9,628.00		7,458.00	17,086.00	17,955.32	(8,327.32)	(48.38%)
440107	Salaries-Cooks		102 325 00	RJE - 3	7,458.00 0.00	102,325.00	49,772.03	52,552.97	105.59%
440108	Overtime-Cooks		196.00		0.00	196.00	0.00	196.00	0.00%
440110	Salaries - Prep Cooks		7,458.00	RJE - 3	(7,458.00) (7,458.00)	0.00	16,254.14	(8,796.14)	(54.12%)
440113	Salaries - Dietary Aides		200,644.00		0.00	200,644.00	102,283.34	98,360.66	96.16%
440114 440120	Overtime-Dietary Aldes Vacation/Sick/Holiday-Dietary		265.00 32,662.00		0.00 0.00	265.00 32,662.00	(12.47) 15,583.06	277.47 17.076.94	(2,225.10%) 109.60%
Subtotal (5C) Di-	etary Workers		363,178.00		0,00	353,178.00	201,835.42	151,342.58	74.98%
Subgroup ; [6B]	Other Housekeeping Workers								
450104 450105	Salaries - Housekeeping Staff Overtime - Housekeeping Staff		142,754.00 71.00		0.00	142,754.00 71.00	68,892.43 906.36	73,861.57 (835.36)	107.21% (92.17%)
450105	Salaries - Housekeeping - Porter		71.00 9,751.00		0.00	9,751.00	6,967.09	2,763.91	(92.17%) 39.56%
450108	Salaries HSKP-Overtime		100.00		0.00	100.00	0.00	100.00	0.00%
450120 Subtotal [6B] Ot	Vacation/Sick/Holiday-Hskp her Housekeeping Workers		14,018.00		0.00	14,018.00 165,694.00	5,835,64 82,621,62	8,182.36 84,072.48	140.21% 101.76%
	Other Maintenance Workers							***	
470104	Salaries-Maintenance Staff		47,900.00		0.00	47,900.00	19,565.41	28,314.59	144 57%
470105 470120	Overtime-Maintenance Staff Vacation/Sick/Holiday-Maint		5.00 5,166.00		0.00 0.00	5.00 5,166.00	0.00 2,216.97	5.00 2,949.03	0.00% 133.02%
	ther Maintenance Workers		63,071.00		0.00	63,071.00	21,802.38	31,268.62	143.42%
Subgroup : [10]	Protective Services								
480104	Salaries-Reception/Security Staff		81,160.00		0.00	81,160.00	38,642.38	42,517.82	110.03%
480105 480120	Overtime-Reception/Security Staff Vscation/Sick/Holiday-Rec/Sec		103.00 9,415.00		0.00	103.00 9,415.00	127.50 3,542.33	(24.50) 5.872.67	(19.22%) 165.79%
Subtotal (10) Pro	plective Services		90,678.00		0.00	90,678.00	42,312.21	48,365.79	114.31%
Subgroup : [12A	) Director of Nurses/Assistant Director								
410102 410107	Salaries-DON Salaries - ADON/Unit Mgr		102,264.00 82,016.00		0.00	102,264.00 82,016.00	50.499.38 0.00	51,764.62 82,016.00	102.51% 0.00%
	irector of Nurses/Assistant Director		184,280.00		0.00	184,280.00	50,499.38	133,780.62	264.92%
Subgroup : [128	11)RNs - Direct Care								
410201	Salaries-RN		348,496.00		0.00	348,496.00	382,529.36	(34,033.38)	(8.90%)
410202 410203	Overtime-RN Orientation-RN		58,314.00 4,845.00		0.00	58,314.00 4,845.00	38,300.32 5,168.69	20,013.68 (323.69)	52.25% (6.26%)
410220	Vacation/Sick/Holiday-Nursing		251,288.00		0.00	251,288.00	130,013.42	121,272.58	93.28%
Subtotal [1281]	RNs - Direct Care		662,941.00		0.00	662,941.00	656,011.79	106,929.21	19.23%
Subgroup : [128	32]RNs - Administrative								
410103 410104	Salaries-Nurse Lialson/Risk Mgr Salaries-MDS Coor/MDS Asst		60,478.00 150,358.00		0.00 0.00	60,478.00 150,356.00	0.00	60,476.00 150,356.00	0.00% 0.00%
410108	Inservice Coordinator-Nursing Admin		47,874.00		0.00	47,674.00	0.00	47,674.00	0.00%
410120 Şubtotal [1282]	Vacation/Sick/Holiday-Nursing Admn RNs - Administrative		50,922.00 309,428.00		0.00	50,922.00 309,428.00	6,603.32 6,603.32	44,318.68 302,824.88	671.16% 4,585.95%
Subgroup : (420	1; LPNs - Direct Care								
410204	Salaries-LPN		747,773.00		0.00	747,773.00	396,384.96	351,386.04	88.85%
410205 410206	Overtime-LPN Orientation-LPN		60,966.00 4,253.00		0.00 0.00	60,986.00 4,253.00	43,212.54 3,086.05	17,773.46 1,166.95	41.13% 37.81%
	LPNs - Direct Care		813,012.00		0.00	813,012.00	442,683.66	370,328.45	83.66%
Subgroup : f120	)] Aides and Attendants								
410207	Salaries-CNA		1,039,969.00		0.00	1,039,969.00	584.347.92	455,621.08	77.87%
410208 410209	Overtime-CNA Orientation-CNA		34,329.00 2,844.00		0.00 0.00	34,329.00 2,844.00	30,323.36 4,046.01	4,005.64 (1,202.01)	13.21% (29.71%)
410210	Ward Clerk/Staff Coord-Nursing		31,412.00		0.00	31,412.00	14,300.60	17,111.40	119.66%
410212 Subtotal (12D) A	Ward Clerk/Staff Coord- OT lides and Attendents		2,179.00		0.00	2,179.00 1,110,733.00	727.02 633,744.91	1,451.98 476,988.09	199.72% 75.26%
Subgroup : [126 410711	Physical Therapists Salaries - Director of Rehab		22,971.00		(22,971.00)	0.00	0.00	22,971.00	0.00%
				RJE - 1	(22,971.00)				
410712 410713	Salaries - Physical Therapy Assistant Overtime - Physical Therapy Assistant		31,684.00 (18.00)		0.00 0.00	31,664.00 (18.00)	64,197.26 1,036.82	(32,533.26) (1,058.82)	(50.68%) (101.73%)
410714	Salaries - Rehab Tech / Assistant		2,350.00		0.00	2,350.00	5,601.33	(3,251.33)	(58.05%)
410775	Salaries - Physical Therapy		18,970.00	RJE - 1	16,659.00 9,213.00	35,829.00	65,221.49	(46,251.49)	(70.91%)
				RJE 2	7,446.00				
410776 410782	Overtime - Physical Therapy Vac/Sick/Hol - Therapy		0.00 18,566.00		0.00 (18,566.00)	0.00 0.00	110.83 0.00	(110.83) 16,566.00	(100.00%) 0.00%
				RJE · 2	(18,566.00)			(41,666.73)	
	hysical Therapists		94,503.00		(24,878.00)	89,625,00	136,169.73	(41,666.73)	(30.60%)
Subgroup : [12F 410718	Speech Therapists Salaries - Therapy - Rehab Tech		22,774.00		0.00	77 774 00	10.376.45	3,397.55	17.53%
410718	Salaries - Therapy - Renap Lech Salaries - Speech Therapy		22,774.00 15,319.00		0.00 11,981.00	22,774.00 27,300.00	19,376.45 49,146.68	(33,827.69)	(68.83%)
	**			RJE - 1 RJE - 2	6,626.00 5,355.00				
Subtotal [12F] S	peech Therapists		38,093.00	NJE - 2	5,355.00 11,981.00	50,074.00	68,523.14	(30,430.14)	(44.41%)
Subarous : (126	3) Occupational Therapists								
410716	Saleries - Occupational Therapy Assist		14,759.00		0.00	14.759.00	47,228.22	(32,469.22)	(88.75%)
410717 410719	Overtime - Occupational Therapy Assist Therapy - Rehab Tech OT	an	0.00 1,172.00		0.00 0.00	0.00 1,172.00	347.62 7,332.78	(347.82) (6,160.78)	(100.00%) (84.02%)
410740	Interco Contracted Services - Therapy		1,523.00		0.00	1,523.00	5,674.97	(4,151.97)	(73.16%)
410777	Salaries - Occupational Therapy		23,467.00	RJE - 1	12,897.00 7,132.00	36,364.00	81,055.14	(57,588.14)	(71.05%)
410778	Overtime - Occupational Therapy		45.4C	RJE - 2	5,785.00	87.65	F0F 00	<b>200.00</b>	-BD 00*/
	Overtime - Occupational Therapy Decupational Therapists		82.00 41,003.00		12,897.00	82.00 63,900.00	565.60 142,224.33	(503.60) (101,221.33)	(86.00%) (71.17%)
	Recreation Workers								,
550101	Activities SNF MGR		56,213.00		0.00	56,213.00	25,679.32	30,533.68	118.90%

Clieni: Traditions Senior Management Medicaid - Senior Philanthropy of Millord B, LLC 9302016 Tail Baisnes: A.01 - Ta-CCNN A.03 - Grouped Trial Balance

Workpaper: A.03 - Grouped Trial Belance						
Account Description	ADJ	JE Ref# RJE	FINAL	1st PP-FINAL	\$ VAR	% VAR
550104 Saferies-Activities-SNF	9/30/2016 63,774,00	0.00	9/30/2016 63,774.00	9/30/2015 42,089.44	21.684.56	51 52%
550105 Overtime- Activities SNF	0.00	0.00	0.00	11.25	(11.25)	(100.00%)
550120 Vacation/Bick/Holiday-Activities SNF	14,299.00	0.00	14,299.00	7,466.32	6,832.68	91.51%
Subtotal [12H] Recreation Workers	134,286.00	0.00	134,286.00	76,248.33	59,039.67	78.45%
Subgroup : [12M] Social Workers/Case Management						
410601 Salaries-Social Service	71,125.00	0.00	71,125.00	41,097.96	30,027.04	73.06%
410620 Vacation/Sick/Holiday-Social Service Subtotal [12M] Social Workers/Case Management	5,595.00	0.00	5,595.00	2,684.32	2,930.68 32,957.72	110.00% 75.31%
Subtotal [12M] Social Workers/Case Management	76,720.00	0.00	76,720.00	43,762.28	32,957.72	/5.31%
Subgroup : [12N] Marketing						
490140 Interco Contracted Services - Marketing	4,855.00	0.00	4,855.00	5,685.20	(830.20)	(14.60%)
Subtotal [12N] Marketing	4,856.00	0.00	4,855.00	5,686.20	(830.20)	(14.60%)
Subgroup : [120] Other						
410726 Salaries Respiratory Therapist	14,529.00	0.00	14,529.00	18,901.82	(4,372.82)	(23.13%)
Subtotal [120] Other	14,629.00	0.00	14,529.00	18,901.82	(4,372.82)	(23.13%)
Total [10-A] Salaries and Wages	4,519,148.00	0.00	4,619,148.00	2,762,460.15	1.766,687.85	64.19%
Group : [13-B] Professional Fees						
Subgroup : [2] Dential						
410855 Dental Consultants	11,076.00	0.00	11,076.00	5,538.00	5,538.00	100.00%
Subtotal [2] Dentist	11,076.00	0.00	11,076.00	5,538.00	5,538.00	100.00%
Subgroup : (3) Pharmacist						
410702 Pharmacy Consultant	15,355.00	0.00	15,355.00	12,886.80	2,488.20	19.15%
Subtotal [3] Pharmacist	16,355.00	0.00	15,355.00	12,886.80	2,468.20	19.15%
Colonia Mail Mr. Dollandon						
Subgroup : [6A] PT - Resident Care 410792 Physical Therapist - Outside Contr	277,641.00	0.00	277,641.00	0.00	277,641.00	0.00%
Subtotal [5A] PT - Resident Care	277,641.00	0.00	277,641.00	0.00	277,641.00	0.00%
Subgroup : (8A) Medical Director	00 500 00		00.500.00	05 074 40	27 527 57	440.000
410701 Medical Director Subtotal [8A] Medical Director	62,599.00 62,599.00	0.00	62,599.00 62,599.00	25,071.43 25,071.43	37,527.57 37.527.57	149, <del>58</del> % 149,68%
announ fort menen paecin	- 02,033.00		02,000.00	20,011.00	31,327.01	140.00%
Subgroup : [8C] Resident Care						
410706 Physician Consultant	22,500.00	0.00	22,500.00	12,500.00	10,000.00	80.00%
410707 Physician Services Subtotal [8C] Resident Care	23.048.00	0.00	548.00 23,048.00	12,600,00	548.00 10.548.00	0.00% 84.38%
Subtotal [BC] Resident Care	23,048.00	0.00	23,048.00	12,600.00	10,348.00	64.38%
Subgroup : [9A] ST - Resident Care						
410725 Therapy Staffing Services	0.00	0.00	0.00	90.00	(90.00)	(100.00%)
410794 Speech Therapist - Outside Contract	88,916,00	0.00	88,916.00	720.00	88,196.00	12,249.44%
Subtotal [9A] ST - Resident Care	98,918.00	0.00	88,916.00	810.00	88,106.00	10,877.28%
Subgroup : [10A] OT - Resident Care						
410793 Occupational Therapist-Outside Cont	180,640.00	0.00	180,640.00	0.00	180,640.00	0.00%
Subtotal [10A] OT - Resident Care	180,640.00	0.00	180,640.00	0.00	180,640.00	0.00%
Subgroup : {11A2'RN's - Administrative						
410136 Contracted Services - Nursing Admin	7,000.00	0.00	7,000.00	22,062.50	(15,062.50)	(68.27%)
410140 Interco Contracted Services -Nurse Admin	(13,540.00)	0.00	(13,540.00)	0.00	(13,540.00)	0.00%
Subtotal [11A2] RN's - Administrative	(6,540.00)	0.00	(6,540.00)	22,062.50	(28,602.50)	(129.64%)
Subgroup : [11B1)LPN's - Direct Care						
410709 Staffing Agency-LPN	39,743.00	0.00	39,743.00	31,528.55	8,214.45	26.05%
Subtotal [1181] LPN's - Direct Care	39,743.00	0.00	39,743.00	31,628.65	8,214.45	26.05%
Subgroup : [11C] Aides 410710 Staffing Agency-CNA					(4.4.690.00)	(4F 2FN)
	81,361.00 81,361.00	0.00	81,361.00 81,361.00	95,997.96 95,997.96	(14,636.96) (14,636.96)	(15.25%) (15.25%)
Subtotal [110] Aides Total [13-8] Professional Fees	81,361.00 81,361.00 773,839.00	9.00 9.00 9.00	81,361.00 773,839.00	95,997.96 95,997.96 205,396.24	(14,636.96) (14,636.96) 567,443.78	(15.25%) (15.25%) 274.93%
Subtotal (11C) Aidea Total (13-B) Professional Fees	81,361.00	0.00	81,361.00	95,997.96	(14,636.96)	(15.25%)
Subtotal [11C] Aidea Total [13-8] Professional Fees Group : [15] Expenditures Other than Salaries	81,361.00	0.00	81,361.00	95,997.96	(14,636.96)	(15.25%)
Subtota [110] Aides Total [113-8] Professional Fees Group : [15] Expenditures Other than Salaries Subgroup : [141] Workmen's Compensation	81,361.00 773,838.00	0.00	91,361.00 773,839.00	95,997.96 205,396.24	(14,636,96) 567,443.78	(15.25%) 274.93%
Subtotal [11C] Aidea Total [13-8] Professional Fees Group : [15] Expenditures Other than Salaries	81,361.00	0.00	81,361.00	95,997.96	(14,636.96)	(15.25%)
Subtotal [11C] Aides  Group: [15] Expenditures Other than Salaries  Subgroup: [141] Workmen's Compensation 410123 Workers Comp-Nursing Admn 410223 Workers Comp-Nursing 410523 Workers Comp-Nursing 410523 Workers Comp-Nursing	81,361.00 773,839.00 16,729.00 94,502.00 1,187.00	0.00 0.00 0.00 0.00	91,361.90 773,839.00 18,729.00 94,502.00 1,187.00	95,997.96 206,395.24 1.196.99 52,619.57 855.59	(14,636,96) 567,443.78 15,532.01 41,882.43 331.41	(15.25%) 274.93% 1,297.59% 79.59% 38.73%
Subtotal [11C] Aidea Total [11-8] Professional Fees Group: [15] Expenditures Other than Salaries Subgroup: [141] Workmen's Compensation 410123 Workers Comp-Nursing Admn 410223 Workers Comp-Nursing 410523 Workers Comp-Nursing 410523 Workers Comp-Social Service 410623 Workers Comp-Social Service	81,361.00 773,838.00 16,729.00 94,502.00 1,187.00 197.00	0.00 0.00 0.00 0.00 0.00	91,381,00 773,839.00 18,729.00 94,502.00 1,187.00 197.00	96,997.96 206,396.24 1.196.99 52,619.57 855.59 50.72	(14,636.96) 567,443.78 15,532.01 41,862.43 331.41 146.26	(15.25%) 274.93% 1,297.59% 79.59% 38.73% 288.41%
Subtotal [11C] Aides  Group: [15] Expenditures Other than Salaines  Subgroup: [141] Workmen's Compensation  410123 Workers Comp-Nursing Admn  410123 Workers Comp-Nursing  410023 Workers Comp-Social Service  410023 Workers Comp-Social Service  410785 Workers Comp-Therapy	81,361.00 773,838.00 16,729.00 94,502.00 1,187.00 197.00 7,811.00	0.00 0.00 0.00 0.00 0.00 0.00	91,381,00 773,839,00 18,729,00 94,502,00 1,187,00 197,00 7,811,00	95,997.96 206,395.24 1.196.99 52,619.57 855.59 50.72 9.672.88	(14,636,96) 567,443,78 15,532,01 41,862,43 331,41 146,28 (2,061,68)	(15.25%) 274.93% 1.297.59% 79.59% 38.73% 288.41% (20.88%)
Subtotal [11C] Aidea Total [11-8] Professional Fees Group: [15] Expenditures Other than Salaries Subgroup: [141] Workmen's Compensation 410123 Workers Comp-Nursing Admn 410223 Workers Comp-Nursing 410523 Workers Comp-Nursing 410523 Workers Comp-Social Service 410623 Workers Comp-Social Service	81,361.00 773,838.00 16,729.00 94,502.00 1,187.00 197.00	0.00 0.00 0.00 0.00 0.00	91,381,00 773,839.00 18,729.00 94,502.00 1,187.00 197.00	96,997.96 206,396.24 1.196.99 52,619.57 855.59 50.72	(14,636.96) 567,443.78 15,532.01 41,862.43 331.41 146.26	(15.25%) 274.93% 1,297.59% 79.59% 38.73% 288.41%
Subtotal (11C) Aidea  Group: [15] Expenditures Other than Salaines  Subgroup: [141] Workmen's Compensation  410123 Workers Compensation  410223 Workers Compensation  410230 Workers Compensation  410230 Workers Compensation  410230 Workers Compensation  410230 Workers Compensation  410240 Workers Compensation  410250 Workers Compensation  410250 Workers Compensation  410250 Workers Compensation  40123 Workers Compensation  40123 Workers Compensation  40123 Workers Compensation	91,361.00 773,838.00 16,729.00 94,502.00 1,187.00 197.00 7,811.00 10,068.00 6,453.00 1,938.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	91,841.90 773,839.90 18,729.00 94,507.00 1,187.00 197.00 7,811.00 13,068.00 6,453.00	95,97.95 205,396.24 1,196.99 52,619.57 855.59 50.72 8,672.88 6,224.14 2,613.95 806.50	(14,636,96) 567,443,78 15,532,01 41,882,43 331,41 146,28 (2,061,68) 6,843,88 3,839,05 1,331,50	(15.25%) 274.93% 1.297.59% 79.59% 38.73% 288.41% (20.88%) 149.87% 149.87% 219.54%
Subtotal [11C] Aides  Group: [15] Expenditures Other than Salaines  Subgroup: [141] Workmen's Compensation  410123 Workers Comp-Mursing  410922 Workers Comp-Mursing  410923 Workers Comp-Mursing  410923 Workers Comp-Med Recs  410923 Workers Comp-Med Recs  410924 Workers Comp-Det  401735 Workers Comp-Det  401735 Workers Comp-Det  401732 Workers Comp-Det  401732 Workers Comp-Det  401733 Workers Comp-Main  401733 Workers Comp-Main  401734 Workers Comp-Main	91,361.00 773,836.00 16,728.00 94,502.00 1,187.00 7,811.00 19,088.00 6,453.00 1,938.00 1,938.00	9.00 9.00 0.00 0.00 0.00 0.00 0.00 0.00	91,841.00 773,839.00 18,729.00 94,502.00 1,187.00 197.00 7,811.00 13,068.00 6,453.00 1,938.00 1,938.00	95,977.95 206,396.24 1,196.99 52,619.57 855.59 50.72 9.872.88 6,224.14 2,613.95 806.50 51.23	14,636,96) 567,443,78 15,532,01 41,862,43 331,41 146,26 (2,061,86) 6,843,86 6,843,86 1,331,50 83,77	(15.25%) 274.93% 1,297.59% 79.59% 38.73% 288.41% (20.86%) 149.87% 149.87% 219.54% 163.52%
Subtotal   11C  Aidea	91,361.00 773,838.00 16,729.00 94,502.00 1,187.00 197.00 7,811.00 15,068.00 6,453.00 1,938.00 155.00 4,534.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	81,341.00 773,835.00 18,739.00 94,502.00 1,187.00 7,811.00 13,068.00 6,453.00 1,359.00 1,350.00	95,977.95 205,396.24 1,196.99 52,619.57 855.59 50.72 9,972.86 6,272.14 2,613.95 806.50 51.23 2,321.64	14,636,96) 567,443,76 15,532,01 41,862,43 331,41 146,26 (2,061,86) 6,843,86 3,839,05 1,331,50 6,31,77 2,212,36	(15.25%) 274.93% 1.297.59% 79.59% 38.73% 288.41% (20.80%) 109.95% 148.87% 219.54% 163.52% 65.29%
Subtotal [11C] Aides  Group: [15] Expenditures Other than Salaines  Subgroup: [141] Workmen's Compensation  410123 Workers Comp-Mursing  410922 Workers Comp-Mursing  410923 Workers Comp-Mursing  410923 Workers Comp-Med Recs  410923 Workers Comp-Med Recs  410924 Workers Comp-Det  401735 Workers Comp-Det  401735 Workers Comp-Det  401732 Workers Comp-Det  401732 Workers Comp-Det  401733 Workers Comp-Main  401733 Workers Comp-Main  401734 Workers Comp-Main	91,361.00 773,836.00 16,728.00 94,502.00 1,187.00 7,811.00 19,088.00 6,453.00 1,938.00 1,938.00	9.00 9.00 0.00 0.00 0.00 0.00 0.00 0.00	91,841.00 773,839.00 18,729.00 94,502.00 1,187.00 197.00 7,811.00 13,068.00 6,453.00 1,938.00 1,938.00	95,977.95 206,396.24 1,196.99 52,619.57 855.59 50.72 9.872.88 6,224.14 2,613.95 806.50 51.23	14,636,96) 567,443,78 15,532,01 41,862,43 331,41 146,26 (2,061,86) 6,843,86 6,843,86 1,331,50 83,77	(15.25%) 274.93% 1,297.59% 79.59% 38.73% 288.41% (20.86%) 149.87% 149.87% 219.54% 163.52%
Subtotal [11C] Aidea  Group: [15] Expenditures Other than Salaines  Subgroup: [141] Workmen's Compensation  410123 Workers Comp-Mursing  410922 Workers Comp-Mursing  410923 Workers Comp-Mursing  410923 Workers Comp-Mursing  410923 Workers Comp-Med Recs  410923 Workers Comp-Med Recs  410924 Workers Comp-Med Recs  410925 Workers Comp-Med Recs  4010785 Workers Comp-Med Recs  4010785 Workers Comp-Med Recs  4010785 Workers Comp-Harip  4010783 Workers Comp-Harip  4010785 Workers Comp-Rec/Sec  550123 Workers Comp-Rec/Sec	91,361.00 773,838.00 16,728.00 94,502.00 1,187.00 7,811.00 19,088.00 1,938.00 1,938.00 1,536.00 4,534.00	9.00 9.00 0.00 0.00 0.00 0.00 0.00 0.00	91,841.00 773,839.00 18,729.00 94,502.00 1,187.00 197.00 7,811.00 13,068.00 6,453.00 1,928.00 1,534.00 1,544.00 1,544.00	95,977.95 206,396.24 1,196.99 52,619.57 855.59 50.72 9.872.88 6,224.14 2,613.95 606.50 51:23 2,321.84	(14,636,96) 567,443,78 15,532,01 41,862,43 331,41 146,26 (2,061,68) 6,843,86 6,843,86 1,331,50 1,331,50 2,212,36 (2,164,88)	(15.25%) 274.93% 1.297.59% 79.59% 38.73% (20.88%) 109.98% 140.87% 219.54% 95.29% (63.36%)
Subtotal [11C] Aidea  Group: [15] Expenditures Other than Salaines  Subgroup: [141] Workmen's Compensation  410123 Workers Compensation  410023 Workers Compensation  400123 Workers Compensation  400123 Workers Compensation  400123 Workers Compensation  400123 Workers Compensation  500125 Workers Compensation  500126 Workers Compensation  500127 Workers Compensation  500128 Workers Compensation  500129 Workers Compensation  500129 Workers Compensation  500129 Workers Compensation	81,361.00 773,036.00 16,729.00 94,502.00 1,197.00 1,197.00 1,049.00 1,049.00 1,530.00 1,530.00 1,530.00 1,530.00 1,530.00 1,530.00 1,530.00 1,530.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	91,361.00 773,839.00 16,729.00 94,907.00 1197.00 1,97.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,080.00 1,0	95,97,96 206,396,24 1,196,99 52,619,57 955,59 50,72 9,972,94 6,274,14 2,24,16 2,665,50 51,23 2,24,16 4,2,316,88 78,731,89	(14,636,96) 567,443,78 15,532,01 41,862,43 331,41 146,26 (2,061,861) 6,843,86 (3,839,65 1,339,75 2,212,36 (2,164,88) 67,976,11	(15.25%) 274.93% 1.297.59% 79.59% 38.73% 28.41% (20.86%) 109.99% 148.65% 149.55% 65.29% (83.36%) 66.34%
Subtotal   T1C  Aidea	16,728 00 94,502 00 11,87 00 197,00 7,811 00 1938 00 1,938 00 1,938 00 1,538 00 1,548 0	9.00 9.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	91,941.00 77.3,838.30 18,729.00 94,507.00 11,107.00 197.00 7,811.00 13,068.00 1,938.00 1,938.00 1,534.00 1,534.00 1,544.00 1,544.00 1,544.00 1,544.00 1,544.00 1,545.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00 1,546.00	95,977.95 206,396.24 1,196.99 52,619.57 855.59 50.72 9.872.88 6,224.14 2,613.95 606.50 51:23 2,321.84	(14,636,96) 567,443,78 15,532,01 41,862,43 331,41 146,26 (2,061,68) 6,843,86 6,843,86 1,331,50 1,331,50 2,212,36 (2,164,88)	(15.25%) 274.93% 1.297.59% 79.59% 38.73% (20.88%) 109.98% 140.87% 219.54% 95.29% (63.36%)
Subtotal [11C] Aides  Group: [15] Expenditures Other than Salaines Subgroup: [141] Workmen's Compensation 410123 Workers Comp-Mussing Admm 410223 Workers Comp-Mussing Admm 410223 Workers Comp-Mussing 410523 Workers Comp-Med Recs 410522 Workers Comp-Med Recs 410523 Workers Comp-Med Recs 410785 Workers Comp-Ded Sewice 410785 Workers Comp-Det 440123 Workers Comp-Det 450123 Workers Comp-RevSec 50123 Workers Comp-RevSec 550123 Workers Comp-Admin 550124 Workers Comp-Admin 550125 Workers Comp-Admin 550126 Workers Comp-Admin 550127 Workers Comp-Admin 550128 Workers Comp-Admin 550129 Workers Comp-Admin 550129 Workers Comp-Admin 550121 Workers Comp-Admin 550121 Workers Comp-Admin 550122 Workers Comp-Admin 550123 Workers Comp-Admin 550124 Workers Comp-Admin 550125 Workers Comp-Admin 550126 Workers Comp-Admin 550127 Workers Comp-Admin 550128 Workers Comp-Admin 550128 Workers Comp-Admin 550129 Workers	61,361.00 773,838.00 94,502.00 1,187.00 197.00 7,811.00 19.088.00 6,453.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 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1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,559.00 1,55	95,997.96 206,396.24 1.196.99 52,619.57 855.59 50.72 8,972.86 6,224.14 2,613.95 506.50 51:23 2,321.64 2,318.86 78,731.89	(14,636,96) 567,443,78 15,532,01 41,862,42 331,41 341,42 (2,061,89) 6,843,86 3,839,05 1,331,50 6,31,77 2,212,36 (2,164,88) 7,976,11	(15.25%) 274.93% 1.297.59% 38.75% 38.75% 120.85% 100.85% 100.95% 146.87% 151.55% (03.36%) 65.25% (03.36%) 65.25%
Subtotal   11C  Aidea	61,361.00 773,036.00 16,729.00 94,502.00 1,187.00 197.00 7,811.00 15,068.00 4,534.00 4,534.00 154.00 164,708.00 7,690.00 3,508.00 49,425.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 197.00 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1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00 1,97.00	95,987,96 206,396,24 1,196,99 52,619,57 855,59 50,72 8,972,86 6,224,14 2,619,96 606,50 606,50 72,10 73,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74,10 74	(14,636,96) 567,443,78 15,532,01 41,862,43 331,41 146,26 (2,06) 6,843,86 6,843,86 1,333,75 2,212,36 (2,164,88) 67,976,11 7,592,52 3,461,16 19,957,13 17,993,54	(15.25%) 274.93% 11.297.59% 79.59% 79.59% 288.41% 288.41% 109.59% 119.57% 219.54% 65.36% 7.788.60% 67.73% 1,130.25%
Subtotal   T1C  Aidea	81,361.00 773,636.00 16,739.00 91,502.00 11,502.00 11,97.00 7,811.00 13,068.00 6,453.00 135.00 145.34.00 145.768.00 145.768.00 146.768.00 4,768.00 149.768.00 149.768.00 149.768.00 149.768.00 149.768.00 149.768.00 149.768.00 149.768.00 149.768.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	81,381.00 77.3,838.00 18,779.00 14,877.00 11,877.00 7,811.00 13,088.00 8,453.00 1,538.00 1,538.00 1,538.00 1,538.00 1,538.00 1,538.00 1,539.00 1,542.00 1,542.00 1,542.00 1,542.00 1,542.00 1,542.00 1,542.00 1,542.00 1,542.00 1,542.00 1,542.00	95,987,96 206,396,24 1,196,99 52,819,57 69,972,98 6,224,14 2,613,95 506,50 51,23 2,321,64 2,316,85 78,731,89 44,82 29,467,87 1,586,46 273,16	(14,636,96) 567,443,78 15,532,01 13,32,01 33,04 (2,061,88) 6,843,88 6,843,88 6,843,88 6,843,88 6,843,88 6,843,88 6,843,88 6,843,88 6,843,88 6,841,88 7,976,11 7,592,52 3,461,18 19,967,13 17,953,54 308,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,82 808,8	(15.25%) 274.93% 1.297.59% 73.59% 73.59% 120.86% 120.86% 120.86% 146.87% 1215.54% 163.52% 163.32% 163.32% 163.32% 172.40%
Subtotal   11C  Aides	61,361.00 773,036.00 16,729.00 94,502.00 1,187.00 197.00 7,811.00 15,060.00 1,938.00 4,532.00 1,938.00 4,532.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 1,938.00 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Subtotal   T1C  Aidea	81,361.00 773,636.00 16,739.00 91,502.00 11,502.00 11,97.00 7,811.00 13,068.00 6,453.00 135.00 145.34.00 145.768.00 145.768.00 146.768.00 4,768.00 149.768.00 149.768.00 149.768.00 149.768.00 149.768.00 149.768.00 149.768.00 149.768.00 149.768.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	91,941.00 77.3,838.00 16,729.00 94,507.00 1,107.00 1,107.00 1,107.00 1,107.00 1,508.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00 1,509.00	95,997,96 205,395,24  1,196,99 52,619,57 855,59 50,72 8,972,86 6,274,14 2,613,95 606,50 51,23 2,321,84 75,731,89  97,48 44,82 29,467,87 1,588,46 273,16 46,57	(14,636,96) 567,443,78 15,532,01 41,802,43 331,41 140,26 (2,061,661,661,661,661,661,661,661,661,661	(15.25%) 274.93% 11.297.59% 79.59% 79.59% 288.41% (20.86%) 109.99% 219.54% 219.54% 65.29% 65.29% 7.788.60% 67.73% 1.130.25% 1.55.36% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.55% 1.72.
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1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	81,381.00 773,838.00 16,729.00 94,507.00 11,179.00 7,811.00 13,088.00 6,453.00 155.00 154,00 146,708.00 15,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 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41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41,863,43 41	(15.25%) 274.93% 1.287.59% 79.59% 79.59% 28.73% 20.65% 1.287.59% 1.48.87% 219.54% 1.48.87% 1.53.52% 1.53.52% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 1.53.25% 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Subtotal   11C  Aidea	81,361.00 773,036.00 16,729.00 94,502.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 1,187.00 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Subtotal   11C  Aides	81,361,00 773,636,00 16,720,00 94,502,00 94,502,00 1,197,00 7,811,00 130,068,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 1,938,00 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1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  1,331,50  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18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18	114,636,96) 567,443,78  115,532,071 41,882,43 3131,41 41,882,43 3131,41 41,882,43 31,315,06 43,377 2,212,36 (2,164,88) 3,839,05 1,331,50 43,177 2,212,36 (2,164,88) 43,186 3,839,05 1,331,50 43,177 2,212,36 (2,164,88) 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 46,177 47 47 47 47 47 47 47 47 47 47 47 47 4	1,297,596, 274,93%, 274,93%, 274,93%, 274,93%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 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Subtotal   T1C  Aidea	81,361.00 773,636.00 16,730.00 94,500.00 94,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 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1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	81,381.00 773,838.00 18,729.00 94,8407.00 11,187.00 11,187.00 11,187.00 11,187.00 11,187.00 11,187.00 11,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,588.00 15,5	95,987,98  206,396,24  1,196,99  52,819,57  85,93  85,93  8,972,89  8,224,14  2,613,95  500,50  51,23  2,321,84  2,316,85  78,731,89  97,48  44,82  229,467,87  1,586,46  273,16  46,57  476,47  0,00  1,938,86  23,91,16  46,57  476,47  0,00  1,938,86  273,16  48,17  476,47  0,00  1,938,86  273,16  48,17  476,47  0,00  1,938,86  273,16  85,914  1,049,91  116,81  1,049,91  116,81  1,226,63  48,116,45  8,584,49  122,208,15  1,011,54  26,742,30  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18,57,96  18	114,636,96) 567,443,78  115,532,071 41,882,43 3131,41 41,882,43 3131,41 41,882,43 31,315,06 43,377 2,212,36 (2,164,88) 3,839,05 1,331,50 43,177 2,212,36 (2,164,88) 43,186 3,839,05 1,331,50 43,177 2,212,36 (2,164,88) 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 45,177 46,177 47 47 47 47 47 47 47 47 47 47 47 47 4	1,297,596, 274,93%, 274,93%, 274,93%, 274,93%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 286,21%, 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Workpaper:	A.03 - Grouped Trial Balance							
Account	Description	LDA	JE Ref#	RJE	FINAL	1st PP-FINAL	6 VAR	% VAR
		9/30/2016			9/30/2016	9/30/2015		
410127	Employee Dental Insurance-Nurs Admn	84.00		0.00	84.00	153.12	(69.12)	(45.14%)
410128 410225	Employee Vision Insurance-Nurs Admin Employee Health Insurance-Nursing	68.00 266,246.00		0.00 256.00	58.00 286,502.00	31.64 101,681.19	36.36 164,564.81	114.92% 161.84%
410223	Cirployee Health Insulance-Hursing	200,240.00	RJE - 5	256.00	200,302.00	101,001.10	104,004.01	10044
410227	Employee Dental Insurance-Nursing	5,481.00		0.00	5,481.00	2,153.83	3.327.17	154.48%
410229	Employee Vision Insurance - Nursing	1,099.00		0.00	1,099.00	744.61	354.39	47.59%
410525 410527	Employee Health Insurance-Med Recs Employe Dental Insurance-Med Recs	14,253.00 238.00		0.00 0.00	14,253.00 238.00	4,969.74 10.39	9,283.26 227.61	186.80% 2,190.68%
410625	EE Health Insurance-Social Service	5,960.00		0.00	5,960.00	5,131.04	828.96	16.18%
410627	Employee Dental Ins-Social Service	207.00		0.00	207.00	107.98	99.02	91.70%
410628	Employee Vision insurance - Social Ser	44.00		0.00	44.00 18.525.00	32.90	11.10 (18.586.40)	33.74% (50.08%)
410787 410788	Employee Health - Therapy Employee Dental - Therapy	18,525.00 686.00		0.00 0.00	686.00	37,111.40 1,454.85	(16,366.40)	(52.85%)
410791	Employee Vision Insurance - Therapy	103.00		0.00	103.00	248.15	(143.15)	(58.16%)
440125	Employee Health Insurance- Dietary	61,219.00		0.00	61,219.00	23,703.48	37,515.52	158.27%
440127	Employee Dental Insurance- Dietary	1,076.00		0.00	1,076.00	451.72	624.28	138.20%
440128 450125	Employee Vision insurance - Dietary Employee Health Insurance-Hiskp	251.00 22,560.00		0.00 0.00	251.00 22.560.00	108.14 7.915.23	142.86 14.644.77	132.11% 185.02%
450127	Employee Dental Insurance-Hskp	377.00		0.00	377.00	265.31	111.69	42.10%
450128	Employee Vision Insurance - Hskp	77.00		0.00	77.00	32.28	44.72	135.54%
470125	Employee Health Insurance-Maint	14,600.00		0.00	14,600.00	4,151.97	10,448.03	251.64%
470127	Employee Dentai Insurance-Maint	208.00 64.00		0.00	208.00 64.00	66.49 33.24	141.51 30.76	212.83% 92.54%
470129 480125	Employee Vision Insurance - Maint Employee Health Insurance-Rec/Sec	6,324.00		0.00	6,324,00	2,113.05	4,210.95	199.28%
480127	Employee Dental Insurance-Rec/Sec	40.00		0.00	40.00	50.07	(10.07)	(20.11%)
550125	Employee Health Insurance-Activities SNF	35,761.00		0,00	35,761.00	11,797.68	23,963.32	203.12%
550127	Employee Dental Insurance-Activities SNF	1,133.00		0.00	1,133.00	541.33	591.67	109.30%
550128 560125	Employee Vision Insurance - Act SNF Employee Health Insurance-Admin	85.00 45.608.00		0.00 2.085.00	85.00 47,893.00	24.32 17.629.33	60.68 27,978.67	249.51% 158.71%
300123	Employee (reaki) insulance-Adrian	43,000.00	RJE - 5	2.085.00	41,000.00	11,022.55	17,070.07	150.714
560127	Employee Dental Insurance-Admin	1,428.00		0.00	1,426.00	701.43	724.57	103.30%
560128	Employee Vision Insurance - Admin	173.00		0.00	173.00	121.66	51.14	41.97%
Subtotal [1A6] H	Health Insurance	544,322.00		2,341.00	546,663.00	224,915.96	319,406.04	142.01%
Subgroup : [1A)	6] Life Insurance							
410128	Employee Life Insurance-Nursing Admn	703.00		0.00	763.00	170.00	533.00	313.53%
410226	Employee Life Insurance-Nursing	1,588.00		0.00	1,588.00	1,271.73	316.27	24.87%
410526	Employee Life Insurance-Med Recs	31.00		0.00	31.00	5.10	25.90	507.84%
410626 410789	Employee Life Ins-Social Service Employee Life - Therapy	100.00 138.00		0.00 0.00	100.00 138.00	69.70 428.48	30.30 (290.48)	43.47% (67.79%)
410/89	Employee Life Insurance-Dietary	332.00		0.00	332.00	264.02	67.98	25.75%
450126	Employee Life Insurance-Hskp	168.00		0.00	168.00	94.35	73.65	78.06%
470126	Employee Life insurance-Maint	56.00		0.00	56.00	30.60	25.40	83.01%
480126	Employee Life insurance-Rec/Sec	31.00		0.00	31.00	15.30	15.70	102.61%
550126 560126	Employee Life Insurence-Activities SNF Employee Life Insurance-Admin	177.00 182.00		0.00 0.00	177.90 182.90	100.16 134.04	76.84 47.96	76.72% 35.76%
Subtotal [1A6] L		3,506.00		0.00	3,506.00	2,583.48	922.52	35.71%
					11111111111111			
Subgroup : [1A	7) Pensions						45.005.00	
410142	Pension - Nursing Admin	15,975.00	RJE - 6	6,831.00 6,831,00	22,806.00	0.00	15,975.00	0.00%
410241	Pension-Nursing	30,834.00	MJE - D	0.00	30,834.00	0.00	30,834.00	0.00%
440141	Pension-Dietary	3,451.00		0.00	3,451.00	0.00	3,451.00	0.00%
550141	Pension - Activities	7,611.00		0.00	7,611.00	0.00	7,611.00	0.00%
Subtotal [1A7] F	Pensions	57,871.00		6,831.00	64,702.00	0.00	57,871.00	0.00%
Cuberous : MA	8] Uniform Allowance							
410236	Uniforms-Nursing	11,870.00		0.00	11,870.00	0.00	11,870.00	0.00%
	Uniform Allowance	11,870.00		0.00	11,870.00	0.00	11,870.00	0.00%
Subgroup : [1A/ 410135	9) Other	200.00		0.00	200.00	261.08	(61.08)	(23.40%)
410231	Employee Expense-Nursing Admn Orug Free Expense-Nursing	838.00		0.00	838.00	638.00	200.00	31.35%
410235	Employee Expense-Nursing	3,170.00		(301.00)	2,869.00	1,787.34	1,382.66	77.36%
	., ,		RJE - 4	(45.00)				
			RJE - 5	(258.00)				
410535 410635	Employee Expense-Med Recs Employee Expense-Social Service	87.00 197.00		0.00 0.00	87.00 197.00	0.00 0.00	87.00 197.00	0.00%
440135	Employee Expense-Social Service Employee Expense-Dietary	0.00		0.00	0.00	1,553.00	(1,553.00)	(100.00%)
450131	Drug Free Expense-Hskp	0.00		0.00	0.00	231.00	(231.00)	(100.00%)
450135	Employee Expense-Hskp	50 00		0.00	50.00	0.00	50.00	0.00%
480135	Employee Expense-Rec/Sec	100.00		0.00	100.00	0.00	100.00	0.00%
490135 560135	Employee Expense-Mkt Employee Benefits/Expense-Admin	0.00 11,707.00		0.00 (8,916.00)	0.00 2,791.00	5.38 1,420.28	(5.38) 10,288.72	(100.00%) 724.27%
300135	Cripioyee Benefits/Expense-Aurian	11,707.00	RJE · 5	(2,085.00)	2,767.00	1,420.20	10,200.72	724.27 8
			RJE - 8	(6,831.00)				
Subtotal (1A9) (	Other	16,349.00		(9,217.00)	7,132.00	6,896.08	10,452.92	177.29%
P	S. Bd Dalda							
Subgroup : [10] 410998	Bed Debt Expense-SNF	46.548.00		0.00	46.548.00	48,000.00	(1,452.00)	(3.03%)
Subtotal (1C) B	ad Debts	46,648.00		0.00	46,548.00	48,000.00	(1.452.00)	(3.03%)
	Accounting and Auditing	** *** **			20 400 00	47 202 22	15.072.67	86.66%
560844 Subtotal (1D) A	Accounting/Audit Fees-Adm ccounting and Auditing	32,466.00 32,466.00		0.00	32,466.00	17,383.33 17,393.33	15,072.67 15,072.67	85.66% 86.66%
-under [16] A		35,400.00		4.44	-2/400.00		,014.01	
Subgroup : [1E								
560842	Conservator Fees	1,532.00		0.00	1,532.00	750.00	782.00	104.27%
560843 Subtotal (1511)	Legal Fees-Adm	19,299.00		0.00	19,299.00	9,811.07	9,487.93 10,269.93	96.71% 97.24%
Subtotal (1E) Le	ega:	20,831.00		0.00	20,837.00	10,001.07	10,209.93	37.2476
Subgroup : [19	I] Office Supplies							
410237	Office Supplies - Nursing	5,482.00		0.00	5,482.00	5,687.62	(205 62)	(3.62%)
410735	Office Supplies-Therapy	274.00		0.00	274.00	305.25	(31.25)	(10.24%)
440901	Office Supplies-Dietary	534.00 53.00		0.00 0.00	534.00 53.00	872.09 0.00	(138.09) \$3.00	(20.55%) 0.00%
440920 470901	Forms/Printing-Dietary Office Supplies-Maint	\$3.00 45.00		0.00	45.00	300.84	(255.84)	(85.04%)
480901	Office Supplies-Rec/Sec	(20.00)		0.00	(20.00)	2,947.01	(2,967.01)	(100.68%)
490901	Office Supplies-Mkt	2,064.00		0.00	2,064.00	225.43	1,838.57	815.58%
490920	Forms/Printing-MkI	2,830.00		0.00	2,830.00	2,859.94	(29.94)	(1.05%)
550901	Office Supplies-Activities SNF	49.00		0.00	49.00	217.92 40.49	(168.92) 20.51	(77.51%) 50.65%
550920 560901	Forms/Printing-Activities SNF Office Supplies-Adm	61.00 8,930.00		0.00 0.00	61.00 8,930.00	40.49 2,233.96	20.51 6, <b>69</b> 6.04	50.65% 299.74%
560901	Office Supplies Human Resources	384.00		0.00	384.00	637.10	(253.10)	(39.73%)
560920	Forms/Printing-Adm	1,093.00		0,00	1,093.00	619.27	473.73	76.50%
Subtotal [1G] O	Office Supplies	21,779.00		0.00	21,779.00	16,746.92	5,032.08	30 05%
Cubar	111 Telephone and Teleproph							
Subgroup : [1H 560714	11] Telephone and Telegraph Utilities-Talaphone Service	41,335.00		0.00	41,335.00	18,422.25	22,912.75	124.38%
560715	Utilities-Telephone Maintenance Contract	11,231.00		0.00	11,231.00	0.00	11,231.00	0.00%
	Telephone and Telegraph	62,566.00		0.00	62,566.00	18,422.26	34,143.75	185.34%
		\ <u></u>						
Subgroup : [1H 410141	(2) Cellular Phones and Beepers Cell Phones - Nursing Admin	2,129.00		0.00	2,129.00	406.40	1,722.60	423.87%
410141 560941	Cell Phones - Nursing Admin Cell Phones-Adm	2,129.00		0.00	607.00	513,41	93,59	18.23%
	Cellular Phones and Beepers	2,736.00		0.00	2,736.00	919.81	1,816.19	197.45%
	Corporation Business Taxes	155.00		0.00	155.00	250.00	(95.00)	(38.00%)
560745 Subtotal (1J) C	Texes Other orporation Business Taxes	155.00		0.00	155.00	250.00	(95.00) (95.00)	(38.00%)
							(00.00)	,

Traditions Senior Managemer Medicald - Senior Philanthrop 9/30/2018 A.01 - TB-CCNH A.03 - Grouped Trial Balance

Workpaper:	A.03 - Grouped Trial Balance						
Account	Description	ADJ	JE Ref# RJE	FINAL.	1st PP-FINAL	\$ VAR	% VAR
		9/30/2016		9/30/2016	9/30/2015		
Subgroup : [1K3]	Resident Day User Fee						
410997	Quality Assessment Fee - SNF esident Day User Fee	569,075.00	0.00	569,075.00	341,259.82	227,815.18	66.78%
	ditures Other than Salaries	569,075.00 1,976,663.00	(45.00)	569,075 00 1,976,618 00	341,269.82 1,016,372.73	227,815.18 960,290.27	66.76% 94.48%
Group : [16] Subgroup : [2]	Expenditures Other than Salaries (cont'd) - Admin, and General Holiday Parties for Staff						
550964	Holiday Decorations-Activities-SNF	543.00	0.00	543.00	277.83	<b>265</b> .17	95.44%
Subtotal (2) Holid	day Parties for Staff	543.00	0.00	643 00	277.83	265.17	95.44%
Subgroup : [3]	Gifts to Staff and Residents						
50962	Floral-Activities-SNF	67.00	0.00	67.00	142 13	(75.13)	(52.86%)
.ubtotal [3] Gifte	s to Staff and Residents	67.00	0.00	67.00	142.13	(75.13)	(52.86%)
Subgroup : (4)	Employee Travel						
110195 1107 <b>9</b> 5	Mileage/Travel Reimburse - Nursing Adm Mileage- Therapy	528.00 0.00	0.00 0.00	526.00 0.00	1,021.20 28.86	(495.20) (28.86)	(48.49%) (100.00%)
190 <b>9</b> 50	Mileage Reimbursement-Mkt	0.00	0.00	0.00	151.21	(151.21)	(100.00%)
00135	Employee Expense-Trans	108.00	0.00	106.00	0.00	106.00	0.00%
60136 60950	Travel Mileage Reimbursement-Adm	5.00 1,094.00	0.00 0.00	5.00 1,094.00	0.00 184.00	5.00 910.00	0.00% 494.57%
iubtotal [4] Emp	loyee Travel	1,731.00	0.00	1,731.00	1,385.27	345.73	24.98%
ubgroup : [6]	Education Expense						
10133	Training/Seminars/Courses-Nurs Admn	7,380.00	0.00	7,380.00	1,692.80	5,687.20	335.96%
10233	Training/Seminars/Courses-Nursing	2,907.00	0.00	2,907.00	1,572.06	1,334.94	84.92%
10796 90133	Training/Seminars/Courses-Therapy Dept Training/Seminars/Courses-Mkt	260.00 0.00	0.00 0.00	260.00 0.00	467.73 36.95	(207.73) (36.95)	(44.41%) (100.00%)
50133	Training/Seminars/Courses-Activities SNF	110.00	0.00	110.00	95.00	15.00	15.79%
60133	Training/Seminars/Courses-Admin	195.00	0.00	195.00	385.61	(190.61)	(49.43%) 155.33%
Subtotal (5) Edu	cation expense	10,852.00	0.00	10,862.00	4,250.15	6,601.85	155.33%
Subgroup : (6)	Automobile Expense						
00691 00692	Vehicle Fuel-Trans Vehicle Meintenance-Trans	88.00 595.00	0.00 0.00	88.00 595.00	170.00 38.15	(82.00) 556.85	(48.24%) 1,459.63%
	omobile Expense	683.00	0.00	683.00	208.16	474.85	228.13%
ubgroup : (M1) 10130	Advertising Help Wanted Recruitment-Nursing Admy	291.00	0.00	291.00	170.00	121.00	71.18%
10230	Recruitment-Nursing	2,254.00	0.00	2,254.00	776.15	1,477.85	190.41%
10796	Recruitment - Therapy	713.00	0.00	713.00	291.06	421.94	144.97%
60130 ublotal [M1] Ad	Recruitment-Admin Ivertising Help Wanted	3,558.00	0.00	3,658.00	201.67 1,438.88	98.33 2.119.12	48.76% 147.28%
		0,000.00			1,400.00	4,110.11	14.40%
ubgroup: [M3] 90851	Advertising Other Entertainment-Mixt	175.00		475.00	202.40	(24.48)	45 250
90856	Media Advertising-Mid	175.00 (679.00)	0.00 0.00	175.00 (879.00)	206.48 2,948.00	(31.48) (3,827.00)	(15.25%) (129.82%)
90858	Special Events-Mkt	1,128.00	0.00	1,128.00	533.33	594 67	111.50%
90859 90862	Collateral Material-Mixt Promo items-Mixt	208.00 649.00	0.00	208.00 849.00	263.22 1,263.53	(55.22) (414.53)	(20.98%) (32.81%)
	vertising Other	1,481.00	0.00	1,481.00	5,214.56	(3,733.56)	(71.60%)
ubgroup:[M8] 10536	Medical Records Supplies Med Rec	42.00	0.00	42.00	65.13	(23.13)	(35.51%)
ubtolal [M6] Me	edical Records	42.00	0.00	42.00	65.13	(23.13)	(35.51%)
Subgroup : [M7]	Bostone						
90930 90930	Postage-Mkt	0.00	0.00	0.00	0.96	(0.96)	(100.00%)
60930	Postage-Adm	2,914.00	0.00	2,914.00	1,076.92	1,837.08	170.59%
60931 ubtotal (M7) Po	Overnight Service-Adm	1,402,00 4,316.00	0.00	1,402.00 4,316.00	1,089.01	312.98 * 2,14 <del>9</del> .11	28.74% 99.18%
		4,510.00		4,010.00	2,100.00	2,140.11	50.10
ubgroup : [M8]	Dues and Membership Fees to Professional Associations	7 000 00	200	7 000 00	2 502 44	4.740.00	133.000
10134 10234	Dues/Subscriptons-Nursing Admn Dues/Subscriptions-Nursing	7,909.00 1.656.00	0.00 0.00	7,909.00 1,656.00	3,562.11 110.00	4,346.89 1,546.00	122.03% 1,405.45%
ubtotal (M8) Du	es and Membership Fees to Professional Associations	9,565.00	0.00	9,565.00	3,872.11	5,892.89	160.48%
ubarana (TMA)	Subscriptions						
սեցրօսթ։ լ <b>տ</b> ել 70134	Dues/Subscriptions-Maint	2.873.00	0.00	2,873.00	0.00	2,873.00	0.00%
50134	Dues/Subscriptions-Activities SNF	772.00	0.00	772.00	254.32	517.68	203.55%
ubfotal [M9] Su	bscriptions	3,645.00	0.00	3,645.00	264.32	3.390.68	1,333.23%
iubgroup : [M11	Services Provided by Contract						
10240	Interco Contracted Services - Nursing	(27.739.00)	0.00	(27,739.00)	0.00	(27,739.00)	0.00%
10799 40137	Purchased Services-Other Contract Services - Dietary	2,759.00 63,878.00	0.00 0.00	2,759.00 63,878.00	643.41 0.00	2,115.59 63,878.00	328.81% 0.00%
50136	Consultant - Activities	(10.00)	0.00	(10.00)	0.00	(10.00)	0.00%
60140 60841	Contracted Services - Business Office Contracted Services - Call System	19,733.00 3,912.00	0.00	19,733.00 3,812.00	0.00 2,512.76	19,733.00 1,399.24	0.00% 55.68%
50845	Payroll Processing Fees	19,916.00	0.00	19,916.00	8,474.59	11,441.41	135.01%
50846	Professional Services	6,000.00	0.00	6,000.00	0.00	6,000.00	0.00%
60847 60911	Consultant Computer Maintenance-Adm	3,798.00 20,259.00	0.00	3,798.00 20,259.00	0.00 8.873.96	3,798.00 11,385.04	0.00% 128.30%
60912	Software Maintenance Contract-Adm	21,553.00	0.00	21,553.00	9,342.05	12,210.95	130.71%
60914	Software Expense - Adm	2,310.00	0.00	2,310.00	459.98	1,850.02	402.20%
60915 Jubitotal (M111 S	Timeclock Software ervices Provided by Contract	14,965.00 161,334.00	0.00	14,965.00 181,334.00	3,914,17	11,050.83 117,113.08	282.33% 342.23%
						,	
ubgroup : [M12	Administrative Management Services	249 397 00	0.00	249 397 00	121 836 00	127 581 00	104 70%
90002 ubtotel [M12] A	management rees dministrative Management Services	249,397.00	0.00	249,397.00	121,836.00	127,561.00	104.70%
ubgroup : [M13 10132	I] Other Background Checks-Nursing Admn	62.00	0.00	82.00	877.00	(795.00)	(90.65%)
10137	Software Expense - Nursing Adm	21,501.00	0.00	21,501.00	3,360.00	18,141.00	539.91%
110199	Licenses/Permits-Nursing Admn	463.00	0.00	463.00	845,34	(382.34)	(45.23%)
10232 40132	Background Checks-Nursing Background Checks-Dietary	927.00 164.00	0.00 0.00	927.00 164.00	2,184.00 0.00	(1,257.00) 164.00	(57.55%) 0.00%
40134	Dues/Subscriptions-Dietary	769.00	0.00	789.00	1,221.81	(432.81)	(35.42%)
40199	Licenses/Permits-Dietary	87.00	0.00	67.00	100.02	(33.02)	(33.01%)
80876 00199	Equipment Minor-Rec/Sec Licenses & Permits-Trans	125.00 306.00	0.00 0.00	125.00 306.00	0.00 667.78	125.00 (361.78)	0.00% (54.18%)
60129	Benefit Plan Fees	(3,182.90)	0.00	(3,182.00)	4,089.80	(7,271.80)	(177.80%)
501 <b>99</b> 50732	Licenses/Permits	425.00	0.00	425.00	478.57	(53.57)	(11.19%)
60732 60742	Non-Reimbursable Expense Patient Trust Bond	0.00 1,172.00	0.00 0.00	0.00 1,172.00	705.38 332.04	(705.38) 839.96	(100.00%) 252.97%
50744	Resident Reimburse on Lost/Stolen Items	985.00	0.00	985.00	1,184.68	(199.88)	(16.87%)
60876 60913	Equipment Minor-Adm Internet Access-Adm	(7,136.00)	0.00	(7,136.00)	2,914.04	(10,050.04)	(344.88%) 53.70%
50913 50925	Internet Access-Adm Records Storage - Adm	3,872.00 4,115.00	0.00 0.00	3,872.00 4,115.00	2,519.12 1,941.71	1,352.88 2,173.29	53.70% 111.93%
60926	Parking Space - Adm	3,600.00	0.00	3,600.00	1,800.00	1,800.00	100.00%
60960 60963	Equipment Rental-Adm Misc Decor-Adm	9,179.00 71.00	0.00 0.00	9,179.00 71.00	491.94 100.39	8,687.06 (29.38)	1,765.88% (29.28%)
60964	Eagle Lake Foundation - Vision Term Fees	0.00	0.00	0.00	20,700.00	(20,700.00)	(100.00%)
60995	Collection Fees/Credit Card Fees	248.00	0.00	248.00	201.60	46.40	23.02%
60996 60997	Late fees/Fines/Finance Charges-Adm Bank Service Charges-Adm	268.00 27,114.00	0.00 0.00	266.00 27,114.00	7.37 983.50	258.63 26,130.50	3,509.23% 2,656.89%
560999	Miscellaneous Expense-Adm	37,958.00	0.00	37,958.00	0.00	37,958.00	0.00%
580002	Employee/Guest meals	994.00	0.00	994.00	0.00	994.00	0.00%

Traditions Senior Management Medicaid - Senior Philanthropy of Müford B, LLC 9/30/2016 A.Ot - TB-CCNH

Engagement: Period Ending: Trial Balance: Workpaper: A.03 - Grouped Trial Balance ADJ 9/30/2016 0.00 FINAL 9/30/2016 45.00 1st PP-FINAL 9/30/2015 125.00 JE Ref# RJE \$ VAR % VAR 45.00 45.00 45.00 45.00 R0001 Champion Awards of Milford (125.00) (100.00%) RJE - 4 Subtotal [M13] Other Total [16] Expenditures Other than Salaries (cont'd) - Admin. and General 104,106.00 541,319.00 47,831.29 222,963.63 56,273.71 318,355.37 Group. [18] Detary Basis for Allocation of Costs
Subgroup: [2A1] Raw Food
440903 Rew Food-Dietary
440904 Produce-Dietary
440905 Dairy-Dietary
Subtotal [2A1] Raw Food 160,097.91 (2,736.22) (10,955.13) 146,406.56 268,194.00 2,821.00 0.00 268,194.00 2,821.00 108,096.09 5,557.22 11,350.00 282,366.00 22,305.13 135,958.44 Subgroup : [2A2] Non-Food Supplies
410764 Nutritional Supplements
440788 Thickened Liquids -Delaty
440807 Dietary Supplies -Dolary
440811 Chemicals -Delaty
440876 Equipment Minor-Dietary
Subtotal [2A2] Non-Food Supplies 8,758.00 2,317.00 6,180.00 829.00 751.00 18,833.00 8,393.84 4,255.29 11,579.78 1,318.56 1,172.38 26,719.65 8.756.00 2,317.00 6,180.00 829.00 0.00 0.00 0.00 0.00 362.36 (1,938.29) (5,399.78) (489.56) (421.38) (7,886.65) 751.00 18,833.00 Subgroup : [28] Purchased Services 440815 Consultant-Dietary Subtotal [28] Purchased Services 7,993.00 7,993.00 0.00% 0.00% 7,993.00 7,993.00 0.00 7,993.00 7,983.00 0.00 Subgroup : [2D] Other
440960 Equipment Rental-Dietary
Subtotal [2D] Other
Total [18] Dietary Basis for Allocation of Costs 1,714.00 1,714.00 310,905.00 1,714.00 1,714.00 310,905.00 0.00 Group : [19] Laundry-Besis for Allocation of Costs
Subgroup : [3A1] Bed Linens, etc...washed, ironed..
460883 Linen/Terry-Laundry
Subtotal [3A1] Bed Linens, etc...washed, ironed.. 3,145.00 3,145.00 3,145.00 3,145.00 3,145.00 3,145.00 0.00 0.00 Subgroup : [38] Purchased Services 480107 Contract Services - Laundry Subtotal [38] Purchased Services 124,262.00 124,262.00 124,262.00 124,262.00 79,979.62 79,979.62 Subgroup : (3D) Other 460876 Equipment Minor-Laundry 460882 Laundry Supplies-Laundry Subtotal (3D) Other Total (19) Laundry-Basis for Allocation of Costs (1,722.85) (1,551.54) (3,274.39) 44,152.99 368.85 3,157.54 3,628.39 83,506.01 (1,354.00)1 606 00 262 00 127,859.00 0.00 0.00 0.00 1,606.00 252.00 127,659.00 Group: [20] Housekeeping and Resident Care Basis for Allocation of Costs Subgroup: [48] Purchased Services Contract Services_ Housekeeping Subtotal [48] Purchased Services 158.71% 156.71% 83,695.00 83,895.00 0.00 83,695.00 83,696.00 32,602.32 32,602.32 51,092.68 51.092.68 Subgroup : [4D] Other 450871 Cleaning Supplies-Hskp 450876 Equipment Minor-Hskp Subtotal [4D] Other (4,031.83) (196.77) (4,228.60) 125.00 8,981.00 0.00 125.00 8,981.00 321.77 13,209.60 Subgroup : [6A2] Purchased from 410756 Pharmacy-RX Medicaid 410757 Pharmacy-RX Medicare 410758 Pharmacy-RX Managed Care 410769 Pharmacy - RX Other Subtotal [5A2] Purchased from 9,014.00 81,523.00 23,548.00 8,197.00 122,282.00 9,014.00 81,523.00 23,548.00 8,197.00 122,282.00 2,886.79 61,539.76 19,279.36 27,927.41 111,633.32 Subgroup: (88) Medicine Cabinet Druga 110733 Floor Stock Drugs & Supplies 140734 Pharmary Supplies 140755 Pharmary Credits 140759 Pharmary CrC Medicale 140760 Pharmary-OTC Medicale 140770 Pharmary-OTC Medicale 140770 Subtotal [88] Medicine Cabinet Drugs (1,848.04) 483.37 (7,644.00) (3,306.23) (530.66) (670.01) (13,515.57) 13.279.00 0.00 (7.844.00) 4.041.00 1,718.00 15,127.04 (483.37) 0.00 7,347.23 2,248.66 (12.22%) (100.00%) 0.00% (45.00%) (23.60%) (89.33%) (54.08%) 0.00 0.00 0.00 0.00 0.00 13,279.00 13,279.00 0.00 (7,644.00) 4,041.00 1,718.00 80.00 11,474.00 80.00 11,474.00 750.01 24,989.57 Subgroup : [5C] Medical and Therapeutic Supplied 410761 Incomfinent Supplies 410762 Medical Supplies 5 Norsing Supplies 5 Subtotal [6C] Medical and Therapeutic Supplies 50,099.00 37,609.00 53,441.00 141,348.00 26,413.26 28,364.79 38,953.54 83,731.69 23,685.74 9,444.21 14,487.46 47,617.41 50,099.00 37,809.00 53,441.00 141,349.00 0.00 0.00 0.00 Subgroup : [5D] Ambulance/Limousine 410750 Resident Transportation Subtotal (60) Ambulance/Limousine (1,940.44) (1,940.44) 2,902.44 2,902.44 Subgroup : [6E2] Oxygen - Other 410741 Oxygen 410742 Inhalation Supples Subtotal [6E2] Oxygen - Other 6,325.00 17,634.00 23,959.00 0.00 0.00 6,325.00 17,634.00 23,959.00 14.75 9,114.19 9,128.94 8,519.81 14,830.06 Subgroup : [6F] X-Rays and related radiological 410752 X-Ray Service Subtotal [6F] X-Rays and related radiological 39.21% 39.21% 9,140.00 Subgroup : (6H) Laboratory 410751 Lab Fees Subtotal (6H) Laboratory 22,682.00 22,682.00 Subgroup : [5i] Recreation
500850 Activities Supplies-Activities-SNF
500851 Enfantament-Activities-SNF
500802 Activities Events Food-Activities-SNF
500900 Equipment Renal-Activities SNF
500717 Utilives-Cable TV
Subtofal 1,855.47 185.66 (141.02) (105.29) 4,031.69 5,806.51 158.92% 1.77% (21.21%) (100.00%) 86.55% 36.41% 3,023.00 9,515.00 524.00 0.00 1,167.53 9,349.34 \$65.02 105.29 3.023.00 9,515.00 524.00 0.00 4,658.31 16,945.49 Soutorial [5] Recreation

Subgroup : [5.7] Other
10176 Equipment Minor
10730 Minor Equipment & Supplies - Tharapy
10731 IV Therapy
10731 IV Supplies - Medicaid
10754 IV Supplies - Medicaid
10755 Medicaid Equipment Rental
10768 Medicaid Equipment - Nustring
10771 IV Drugs - Medicaid
10772 IV Drugs - Medicaid
10772 IV Supplies - Managed Care
10772 IV Drugs - Medicaid
10773 IV Drugs - Medicaid
10774 Medicaid Vaste Drugopaid
10776 Therapy Software Costs
10780 Therapy Software Costs
10780 Therapy Software Costs
10780 Therapy Software Costs (2,013.00) 8,826.00 0.00 841.00 4,377.00 57,023.00 9,986.00 (2.013.00) 7,264.77 1,035.00 721.00 2,277.28 16,808.27 (1,688.35) (2.013.00) 9,826.00 0.00% 283 64% (100.00%) 600.83% 108.46% 41.80% (14.46%) (100.00%) 1,903.87% 49.26% 409.37% 4,33% 53,74% 38.12% 0.00 2,561,23 (1,035,00) 120,00 2,099,72 40,214,73 11,674,35 60,00 310,30 1,268,90 292,52 2,300,35 9,828.00 0.00 841.00 4,377.00 57,023.00 9,886.00 0.00 6,218.00 1,894.00 (1,688.35) (60.00) 5,907.70 625.10 1,197.48 99.65 32,174.90 148,574.21 0.00 6,218.00 1,894.00 1,490.00 2,400.00 92,042.00 538,318.00 2,400.00 92,042.00 538,318.00 2,300.35 69,867.10 389,743.79 Subtotal [5J] Other Total [29] Housekeeping and Resident Care Basis for Allocation of Costs Group : [22] Maintenance and Property
Subgroup : [6A] Repairs and Maintenance
410767 Equipment Repairs - Nursing

18,023.00

0.00

18.023.00

2.088.67

15,934.33

762.59%

Client: Traditions Senior Management

Engagement: Medicaid - Senior Philanthropy of Milford B. LL

Subgroup : [48] Private-pay room and board contractual allowance

Period Ending: 9/30/2016

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		
440820	Maintenance & Repairs-Dief	4,106.00		0.00	4,106.00	4,988.97	(882.97)	(17.70%)
460820 470820	Maintenance& Repairs-Laundry Maintenance & Repairs-Maint	0.00 19,963.00		0.00 0.00	0.00 19,963.00	553.17 15,360.05	(553.17) 4,602.95	(100.00%) 28.87%
	Small Tools-Maint	505.00		0.00	505.00	199.98	305.02	152.53%
470876	Equipment Minor-Maint	2,406.00		0.00	2,408.00	0.00	2,408.00	0.00%
Subtotal [6A] Rep	airs and Maintenance	45,005.00		0.00	45,005.00	23,190.84	21,814.16	94.06%
Subgroup : [6B]	Heat							
560712	Utilities-Gas/Oil	13,525.00		0.00	13,525.00	3,146.75	10,378.25	329.81%
Subtotal (68) Hea	t .	13,525.00		0.00	13,626.00	3,146.75	10,378.25	329.61%
Subgroup : [6C]	Light & Power							
560711	Utilities-Electric	94,358.00		0.00	94,358.00	52,726.60	41,631.40	76.96%
Subtotal [6C] Ligh	ht & Power	94,368.00		0.00	94,368.00	52,726.60	41,631.40	78.96%
Subgroup : [6D]	Water							
560713	Utilities-Water/Sewer/Refuse	9,577,00		0.00	8,577.00	5,744.09	3,632.91	66.73%
Subtotal [6D] Wal	er	9,677.00		0.00	9,577.00	6,744.09	3,832.91	66.73%
Subaraua : (45)	Equipment Lease							
	Copier Lesse-Adm	5.174.00		0.00	5,174.00	0.00	5,174.00	0.00%
Subtotal [6E] Equ		5,174.00		0.00	5,174.00	0.00	5,174.00	0.00%
entrance rem	OH							
Subgroup : [6F] 470128	Other Contracted Maintenance	12.042.00		0.00	12,042.00	5,850.00	6,192.00	105.85%
470821	Electrical-Maint	120.00		0.00	120.00	9,935.84	(9,815.84)	(98.79%)
470822	Plumbing-Maint	1,594.00		0.00	1,594.00	1,538.29	55.71	3.62%
	HVAC/Boiler Maint Paint-Maint	1,271.00 1,544.00		0.00	1,271.00 1,544.00	5,874.12 234.03	(4,803.12) 1.309.97	(78.36%) 559.74%
	Alarm Inspection-Maint	3,315.00		0.00	3,315.00	2,616.00	699.00	26.72%
470829	Alarm Repairs-Maint	3,505.00		0.00	3,505.00	2,536.35	968.65	38.19%
	Grounds Maintenance-Maint	16,373.00		0.00	16,373.00	6,023.20	10,349.80	171.83%
	Sprinklers-Maint Elevator-Maint	2,081.00 6,505.00		0.00	2,091.00 6,505.00	1,064.00 4,120.28	1,027.00 2,384.72	96.52% 57.88%
	Pest Control-Maint	2.057.00		0.00	2.057.00	338.00	1,719.00	508.58%
	Maint Contracts- Generator	3,038.00		0.00	3,038.00	1,252.57	1,785.43	142.54%
	Waste Disposal -Grease/Trash	35,165.00		0.00	35,165.00	23,610.36	11,554.64	48.94%
560198 560905	Bldg Inspection Fees Copier- Maintenance Agreement	(3,853.09) 4,920.00		0.00	(3,853.00)	10.964.91 2,441.49	(14,817.91) 2,478.51	(135.14%) 101.52%
Subtotal [6F] Othe	er annenance Agreement	89,687.00		0.00	89,687.00	78,399,44	11,287 56	14.40%
	•					10,000,00	11,201.00	
Subgroup : [78]	Building & Building Improvements							
590006	Depreciation-Bidgs & Improvements	11,357.00		0.00	11,357.00	439.95	10,917.05	2,481.43%
Protoral [48] Brill	Iding & Building Improvements	11,367.00		0.00	11,357.00	439.95	10,917.05	2,481.43%
Subgroup : [70]	Movable Equipment							
590007	Depreciation-FFE	40,741.00		0.00	40,741.00	7,516.27	33,224.73	442.04%
590008	Depreciation-Vehicles	6,802.00		0.00	5,802.00	2,795.65 10,311.92	4,006.35 37,231.08	143.31% 361.05%
Subtotal [7D] Mov	vable Equipment	47,543.00		0.00	47,543.00	10,311.92	37,231.06	301.03%
Subgroup : [88]	Mortgage Expense							
590009	Amortization	431.00		(431.00)	0.00	0.00	431.00	0.00%
Subtotal [86] Mor	dana Evnana	431.00	RJE - 7	(431.00)	0.00	0.00	431.00	0.00%
Substitutes (66) into	range Exhemas	431.00		[431.00]	0.00	0.00	451.00	0.00%
Subgroup : [9]	Rental Payments							
	Rent Expense	705,832.00		0.00	705,832.00 705,832.00	350,926.85	354,905.15 354,905.15	101.13% 101.13%
Subtotal [9] Renta	ai Payments	706,B32.00		0.00	700,832.00	360,926.86	334,805 15	101,13%
Subgroup : (108)	Real estate taxes paid by lessor							
560731	Real Estate Taxes	107,153.00		0.00	107,153.00	51,000.00	56,153 00	110 10%
Subtotal [108] Re	al estate taxes paid by lessor	107,153.00		0.00	107,153.00	51,000.00	56,153.00	110:10%
Subgroup : [10C]	Personal property taxes							
560733	Personal Property Taxes	11,243.00		0.00	11,243.00	9,408.84	1,834.16	19.49%
Subtotal (10C) Pe	reonal property taxes	11,243.00		0.00	11,243.00	9,408 84 585,285,28	1,834.16 555,589.72	19.49% 94.92%
Total (22) Mainter	nance and Property	1,140,885.00		(431.00)	1,140,454.00	585,285.28	555,589.72	84.82%
Group : [27]	Interest and insurance							
Subgroup : [12D]	Other interest Expense							
590004	Interest Expense	181,534.00		0.00	181,534.00	40,408.22	141,125.78	349.25%
R0002	Interest Expense on line of credit	0.00	RJE - 7	431.00 431.00	431.00	112.93	(112.93)	(100.00%)
Subtotal (120) OII	her interest Expense	181,534.00	RJE - /	431.00	181,965.00	40,621.15	141.012.85	348.00%
and other [120] On	nor microsi Expense	101,004.00		- 401.00	101,000.00	40,041.10	141,012.00	5-10-QC 76
Subgroup : [14A]	Insurance on Property							
560736	Property Insurance surance on Property	9,180.00		0.00	9,180.00	4,906.98 4,906.98	4,273.02 4,273.02	87.08% 67.08%
Subtotal [14A] ins	surance on Property	9,180.00		0.00	9,180.00	4,906.98	4,273.02	67.00%
Subgroup : [148]	Insurance of Automobiles							
580738	Auto Insurance	4,131.00		0.00	4,131.00	0.00	4,131.00	0.00%
Subtotal (14B) Inc	surance of Automobiles	4,131.00		0.00	4,131.00	0.00	4,131.00	0.00%
Subgroup : [14C1	"Umbrella							
560734	Professional Liability Insurance	27,131.00		0.00	27,131.00	13,565.52	13.565.48	100.00%
560735	General Liability Insurance	27,131.00		0.00	27,131.00	13,565.52	13,565.48	100.00%
Subtotal [14C1] U	Imbrella	54,262.00		0,00	54,262.00	27,131.04	27,130.98	100.00%
Subgroup : (14C3	l'Other							
	Crime Insurance	178.00		0.00	178.00	0.00	178.00	0.00%
	Insurance-Other	8,708,00		0.00	8,708.00	2,259.48	6.448.52	285.40%
Subtotal [14C3] O		8,886.00 267,993.00		431.00	8,886.00 258.424.00	74 949 65	6,826.52 183,174.35	293.28% 244.82%
Total (27) Interest	The state of the s	201,993.00		491.00	200,727.00	74,818.66	100,174,00	477.V2 A
Group : [30]	Statement of Revenue							
Subgroup : [1A]	Medicaid Residents (CT only)							
310301 Subjects (141 Med	Routine Services- MCD-SNF	(9,397,980,00)		0.00	(9,397,980.00)	(4,809,745.00)	(4,588,235.00) (4,588,235.00)	95.39% 95.39%
ouototal [1A] Med	dicaid Residents (CT only)	(9,397,980 00)			(9,397,980.00)	(4,809,745.00)	(4,300,233.00)	80.38%
Subgroup : [1B]	Medicaid room and board contractual allowance							
310398	Contractual Adj- Room- MCD-SNF	3,309,078.00		0.00	3,309,078.00	2,077,767.86	1,231,310.14	59.26%
Sublotal [18] Med	dicaid room and board contractual allowance	3,309,078.00		0.00	3,309,078.00	2,077,767.86	1,231,310.14	59.26%
Subarous - MA1	Medicare Residents (All inclusive)							
310201	Routine Services-MCR A-SNF	(1,191,608.00)		0.00	(1,191,608.00)	(842,540.00)	(349,068.00)	41.43%
10295	Sequestration - MCR A	30,496.00		0.00	30,496.00	16.690.74	13,805.26	82.71%
	dicare Residents (All inclusive)	(1,161,112.00)		0,00	(1,161,112.00)	(826,848.26)	(335,262.74)	40.60%
adatates for d in to	Medicare room and based contracted attenues			_	•	_		
	Medicare room and board contractual allowance	(601,326.00)		0.00	(601,326.00)	(377,791.53)	(223,534.47)	59.17%
Subgroup : [38]	Contractual Adi- Room, MCR A-SNE				(320.00)			59.17%
Subgroup : [38]	Contractual Adj- Room- MCR A-SNF	(601.326.00)			(601.326.00)	(377.791.63)	(223.534.47)	
Subgroup : [38] 310298 Subtotal [38] Med	Contractual Adj- Room- MCR A-SNF dicare room and board contractual allowance	(601,326.00)		0.00	(801,326.00)	(377,791.63)	(223,534.47)	36.17 %
Subgroup : [38] 310298 Subtotal [38] Med Subgroup : [4A]	Contractual Adj- Room- MCR A-SNF dicare room and board contractual allowance  Private-pay residents and other							
Subgroup : [38] 310298 Subtotal [38] Med Subgroup : [4A] 310101	Contractual Adj. Room. MCR A-SNF dicare room and board contractual allowance Private-pay residents and other Routine Services-SNF PVT	(384,757.00)		0.00	(384,757.00)	(298,335.00)	(86,422.00)	28.97%
Subgroup : [38] 310298 Subtotal [38] Med Subgroup : [4A] 310101 310501	Contractual Adj- Room- MCR A-SNF dicare room and board contractual allowance  Private-pay residents and other	(384,757.00) (365,908.00) (321,490.00)					(86,422.00) (268,969.00) 601,810.00	
Subgroup : [38] 310298 Subtotal [38] Med Subgroup : [4A] 310101 310501 310701 310801	Contractual Adir Room-MCR A-SNF  Grave Town and post contractual allowance  Private-pay residents and other  Routine Services-SNF PVT  Routine Services-Hoppus-SNF  Routine Services VA  Routine Services VIA	(384,757.00) (365,906.00) (321,490.00) (326,928.00)		0.00 0.00 0.00 0.00	(384,757.00) (365,909.00) (321,490.00) (328,928.00)	(298,335.00) (96,940.00) (923,400.00) (164,285.00)	(86,422.00) (268,969.00) 601,810.00 (142,843.00)	28.97% 277.48% (65.18%) 77.40%
Subgroup : [38] 310298 Subtotal [38] Med Subgroup : [4A] 310101 310501 310701 310801	Contractual Adj. Room. MCR A-SNF dicare room and board contractual allowance Private-pay residents and other Routine Services-SNF PVT Routine Services-Hospice-SNF Routine Services VA	(384,757.00) (365,908.00) (321,490.00)		0.00 0.00 0.00	(384,757.00) (365,909.00) (321,490.00)	(298,335.00) (96,940.00) (923,400.00)	(86,422,00) (268,969,00) 601,810,00	28.97% 277.46% (65.18%)

Traditions Senior Management Medicaid - Senior Philanthropy of Milford B, LLC 9/30/2016 A.01 - TB-CCNH A.03 - Grouped Trial Balance Ctient: Engagement: Period Ending Trial Balance: 1st PP-FINAL 9/30/2015 19,970.00 36,306.09 254,474.84 (18,718.16) 292,032,77 Account Description ADJ JE Ref# RJE FINAL 9/30/2016 \$ VAR % VAR 9/30/2016 Routine Revenue Adjustment-SNF PVT Contractual Adj-Room-Hospice-SNF Contract Adj R&B VA Contractual Adjustment Room HMO vate-pay room and board contractual a (12,050.00) 96,500.91 (172,471.84) 25,953.16 (62,067.77) 7,920.00 132,807.00 82,003.00 0.00 0.00 0.00 7,920.00 132,807.00 82,003.00 (60.34%) 265.80% (67.78%) (138.65%) (21.25%) 310195 7,235.00 229,965.00 7,235.00 229,966.00 Subgroup : [6A] Prescription Drugs · Medicare 310203 Pharmacy-MCR A-SNF Subtotal [6A] Prescription Drugs · Medicare (129,765.00) (129,765.00) (88,867.07) (88,867.07) Subgroup : [6C] Prescription Drugs - Non-medicare 310103 Pharmacy - SNF PVT 310303 Pharmacy - McD- SNF 310503 Pharmacy - Hospice-SNF 310603 Pharmacy - What - Pharmacy - What - W (54.00) (16.414.00) (1.083.00) (12.334.00) (35,094.00) (64,969.00) (2,716.25) (14,049.24) 0.00 (75,137.00) (19,781.51) (111,684.00) 2,662.25 (2,364.76) (1,063.00) 62,803.00 (15,312.49) 46,725.00 (98.01%) 16.83% 0.00% (83.58%) 77.41% (41.84%) 0.00 0.00 0.00 0.00 (54.00) (16,414.00) (1,083.00) (12,334.00) Subgroup : [6A] Medical Supplies - Medicare 310402 Medical Supplies - MCR B-SNF Subtotal [6A] Medical Supplies - Medicare (1,610.00) (1,610.00) (1,610.00) 0.00 0.00 Subgroup : [7A] Physical Therapy - Medicare 310206 Physical Therapy - MCR A-SNF 310406 Physical Therapy - MCR B-SNF Subtotal [7A] Physical Therapy - Medicare (44,787.00) (148,455.00) (193,242.00) (251,220.00) (706,222.00) (251,220.00) (706,222.00) (102,765.00) (512,980.00) Subgroup : [TC] Physical Therapy - Non-medicare 310108 Physical Therapy - SHF PVT 310308 Physical Therapy MCD -SHF 310506 Physical Therapy Hospec-SHF 310706 Physical Therapy VA 310606 PT SHF 310606 3,402.00 (119,064.00) (555.00) 58,176.00 (70,054.00) (127,095.00) 512.00 (190,732.00) (555.00) (6.642.00) (134,470.00) (331,887.00) 512.00 (190,732.00) (555.00) (6.642.00) (134,470.00) (331,887.00) 0.00 0.00 0.00 0.00 (2,890.00) (71,868.00) 0.00 (65,818.00) (64,416.00) (204,792.00) Subgroup : [8A] Speech Therapy • Medicare 310207 Speech Therapy • MCR A-SNF 310407 Speech Therapy • MCR B-SNF Subtotal [8A] Speech Therapy • Medicare (44,412,00) (97,808,00) (142,220,00) 77.79% 202.51% 134.98% (101,505.00) (146,081.00) (247,686.00) (48,273.00) (106,366.00) 
 Subgroup: [8C]
 Speech Therapy - Non-medicare

 310107
 Speech Therapy - SNF PVT

 310307
 Speech Therapy - MOD-SNF

 310507
 Speech Therapy - Hospice-SNF

 310707
 Speech Therapy VA

 310807
 ST HMO
 (2,256.00) (79,389.00) (3,925.00) (6,625.00) (96,578.00) (190,773.00) (872.00) (43.834.00) (3,775.00) 9,146.00 (62,952.00) (102.287.00) 0.00 0.00 0.00 0.00 (2.256.00) (1.384.00) 63.01% (2,258.00) (79,388.00) (3,825.00) (8,825.00) (98,578.00) (190,773.00) (15,354,00) (35,555,00) (150,00) (15,771,00) (35,626,00) (88,486,00) Subtotal [BC] Speech Therapy - Non-medicare Subgroup : [9A] Occupational Therapy - Medicare
310208 Occupational Therapy - MCR A-SNF
310408 Occupational Therapy - Medicare
Subtotal [9A] Occupational Therapy - Medicare 0.00 0.00 0.00 (334,934.00) (77,983.00) (412,917.00) (83,398.00) (100,201.00) (163,599.00) 24.90% 128.49% 44.46% (418,332.00) (418 332 00 (178,184.00) (596,616.00) (178,184.00) (696,616.00) Subgroup: [80] Occupational Therapy - Non-medicare
310108 Occupational Therapy - SNF PVT
310308 Occupational Therapy - MCD-SNF
310508 Occupational Therapy - Mosplex-SNF
310708 Occupational Therapy VA
07 HMO
Subtotal [80] Occupational Therapy - Non-medicare 2,961.00 (65,471.00) (740.00) 38,126.00 (56,234.00) (84,358.00) (134.53%) 126.47% 0.00% (98.76%) 120.31% 57.72% 760.00 (117,239.00) (740.00) (4.827.00) 0.00 0.00 0.00 0.00 760.00 (117,239.00) (740.00) (4,827.00) (2,201.00) 0.00 (42,953.00) (108,467.00) (230,513.00) 0.00 (49,233.00) (146,165.00) (108,467.00) (230,513.00) : [10A] Other - Medicare Laboratory- McR A-SNF IV Therapy-McR A-SNF XRay MRA Controctual Aid-Ancell- McR A-SNF Sequestration - MCR B Controctual Aid-Ancell- MCR B-SNF (8A) Other - Medicare Subgroup 310205 310212 310215 310299 310498 310499 Subtotal [* (1,636.34) (3,595.42) (3,200.89) 221,927.58 3,158.37 194,279.28 410,932.58 (17,303.00) (8,335.00) (10,083.00) 1,140,325.00 4,178.00 0.00 0.00 0.00 0.00 0.00 (17,303.00) (6,335.00) (10,083.00) 1,140,325.00 4,178.00 (15,666.66) (4,739.58) (6,882.11) 918,397.42 1,019.63 322,446.00 1,431,228.00 0.00 322,446.00 1,431,228.00 128,166.72 1,020,295.42 1(10B) (Other - Non-medicare Laboratory Laboratory MCD- SNF V Therapy-MCD-SNF OHE Swinzer MCD-SNF Contractual Adj. - Ancilarias - MCD-SNF Laboratory - Hospice - SNF V Therapy - Hospice - SNF Lot Rav-Ins Contractual Adj. - Ancilaria - Ancilaria - Non-Laboratory VA Radiology VA Radiology VA Subgroup 310105 310305 310312 310387 310389 310505 310512 310599 310605 310699 137.00 317.44 7,801.59 165.00 222,448.73 (124.00) (330.44) (13.072.59) (165.00) 186.608.27 (89.99) 0.00 239.99 (92.63) 92.63 (7.553.90) (3.917.40) 211.150.30 (3.619.02) (1.935.00) (821.47) 0.432.02 (110.48%) 13.00 (13.00) (5.271.00) 0.00 409.057.00 0.00 (675.00) 6.958.00 0.00 0.00 13.00 (13.00) (5.271.00) 0.00 409.057.00 0.00 (675.00) 6.958.00 0.00 0.00 (3.089.00) (96.07%)
(96.68%)
(190.00%)
119.21%
(100.00%)
0.00%
2.799.29%
(100.00%)
(100.00%)
(59.11%)
(79.78%)
(87.47%)
381.96%
202.14%
0.00%
(35.42%)
97.75%
39.91% 89.99 (875.00) 8,718.01 92.63 (92.63) 4,484.90 (184.632.30) (908.98) (7,391.00) (1,560.53) (4,705.00) (153.02) 171.115.40 216.257.63 0.00 (3.089.00) (792.00) 26.518.00 (4.528.00) (9.328.00) (2,482.00) (4,705.00) 279.00 346,164.00 758,108.00 310705 310715 310799 310805 310810 310815 (3.089.00) (792.00) 26,518.00 (4.528.00) (9.328.00) Radiology VA Cont Adjint Ancillary VA Lab HMO IV THERAPY (2,482.00) (4,705.00) 279.00 175,048.60 541,850.37 346,164.00 758,108.00 Subgroup : [11] Meals sold to guests, employees, and others 370125 Guest Meals
Subtotal [11] Meals sold to guests, employees, and others (960.00) 0.00 (735.00) (735.00) Subgroup : [15] Interest Income 580001 Interest Income 0.00 Subgroup : [18] Other Revenue
360165 Vending Machine Revenue
389999 Miscellaneous Operating Income-Admin
R0003 Prior Pariod Utilities expense
Subtotal [18] Other Revenue
Total [19] Statement of Revenue (326.85) (323.45) (7,173.66) (7,823.96) (6,284,306.77) (1,717.15) 670.45 7,173.66 6,126.96 (4,069,823.23) 525.36% (207.28%) (100.00%) (78.31%) 77.31% (2.044.00) 347.00 0.00 (2,044.00) 347.00 0.00 (1,697.00) (8,334,130.00) 0.00 0.00 0.00 Group: [31-32] Assets
Subgroup: [41] Cash
110102 Petty Cash
110103 BOA Operating Account
110110 Resident Trust
110110 Operating Account
20204 Cash - Insurance Reserve
120205 Cash - Security Deposit 1,000 00 1,447.00 28,493.00 67,836.00 359,448.00 750.00 479,074.00 1,000.00 1,447.00 28,493.00 87,836.00 359,448.00 1,000.00 377.47 51,374.56 237,894.54 211,488.85 0.00% 283.34% (44.54%) (63.04%) 69.96% 0.00% (4.73%) 0.00 0.00 0.00 0.00 1,069 53 (22,881.56) (149,958.54) 147,959 15 110113 (120204 (120205 Cashtotal [A1] Cash 750.00 479,074.00 750.00 502,885.42 (23.811.42) Subgroup : [A2] Resident Accounts Receivable
110204 Accts Receivable-PVT
110205 Accts Receivable-Caid Res Responsibility

Cent: Traditions Senior Management Medicaid: Senior Philanthropy of Miltord B, LLC 93027018
Trial Balance: A.03 - Grouped Trial Balance

Workpaper:	A.03 - Grouped Triel Balance						
Account	Description	ADJ	JE Ref# RJE	FINAL	1st PP-FINAL	\$ VAR	% VAR
		9/30/2016		9/30/7016	8/30/2016		
110206	Accts Receivable-SNF Medicare Part A	175,706.00	0.00	175,706.00	316,393,58	(140,887.58)	(44,47%)
110207	Accts Receivable-SNF Medicare Part B	84,254.00	0.00	84,254.00	43,647.08	40,606.92	93.03%
110208	Accts Receivable-Caid Cross-Over Part A	32,695.00	0.00	32,695.00	54,826.32	(22,131.32)	(40.37%)
110209	Accts Receivable-Caid Cross-Over Part B	20,107.00	0.00	20,107.00	11,392.17	8,714.83	76.50%
110210	Accts Receivable-SNF Medicaid	489,911.00	0.00	489,911.00	695,398.47	(205,487.47)	(29.55%)
110211	Accts Receivable-Hospice	58,909.00	0.00	58,909.00	17,879.58	41,029.42	229.48%
110212	Accts Receivable-Pvi Co Insurance Part A	39,560.00	0.00	39,560.00	78,450.51	(36,690.51)	(49.57%)
110213	Accts Receivable-Pvt Co Insurance Part B	12,339.00	0.00	12,339.00	4,164.29	8,174.71	196.31%
110214	Accts Receivable-Insurance	9,200.00	0.00	9,200.00	9,200.00	0.00 (48,548.00)	0.00%
110215	Allowance for Uncollectible-SNF/IL/AL Accts Receivable - HMO B	(118.548.00)	0.00	(118,548.00) 7.030.00	(72,000.00)	7.030.00	84.65% 0.00%
110218		7,030.00	0.00		0.00 116.891.41	(66,605,41)	(56.98%)
110221	Accounts Receivable - HMO	50,286.00		50,286.00			
110222	Accounts Receivable · VA	(688.00)	0.00	(668.00)	62,491.95	(63,159.95)	(101.07%)
110223	Accts Receivable - PO	666,140.00	0.00	666,140.00	830,949.88	(164,809.68)	(19.83%)
110238 110250	Due to/ from Old Aging AR-Refunds	13,265.00 3,828.00	0.00 0.00	13,265.00 3,828.00	0.00	13,265.00 4,820,53	0.00% (485.68%)
110250	AR-Netungs AR Mcd Coins Bad Debt	3,826.00 84.00	0.00	3,828.UU 84.00	(992.53) 0.00	4,020.53 84.00	0.00%
	sident Accounts Receivable	1,660,600.00	0.00	1,660,500.00	2,323,738,93	(663.238.93)	(28.54%)
Sulkotal [A2] Ne	sident Accounts Nacesvapie	1,000,000.00	0.00	1,000,000.00	2,323,130,33	(005,250.05)	(20.0-10)
C. description	Other Accounts Receivable						
110217	Accts Receivable - Other	514.00	0.00	514.00	0.00	514.00	0.00%
	her Accounts Receivable	514.00	0.00	514.00	0.00	514.00	0.00%
and the lead of	IN ACCOUNT MACENTADIC	014.00	0.00		<u> </u>	314.00	0.00%
Subgroup : [A6]	Prepaid Expenses						
110401	Prepaid insurance	4,001.00	0.00	4,001.00	2,567.94	1,433.06	\$5.81%
110403	Prepaid Taxes and Licenses	466.00	0.00	466.00	11,665.64	(11,199:64)	(96.01%)
110406	Prepaid Other	20,194.00	0.00	20,184.00	5.085.42	15,108.58	297.10%
110407	Prepaid Workers Comp	210.810.00	0.00	210,810.00	0.00	210,810.00	0.00%
Subtotal [A5] Pre	epaid Expenses	235,471.00	0.00	235,471.00	19,319.00	216,152.00	1,118.86%
Subgroup : [A8]	Other Current Assets						
110240	Due from Cheshire	3,500.00	0.00	3,500.00	0.00	3,500.00	0.00%
110245	Due from West River	121,467.00	0.00	121,467.00	1,594.68	119,872.32	7,517.01%
110247	Due from Westport	1,607.00	0.00	1,607.00	0.00	1,807.00	0.00%
Subtotal [A8] Off	her Current Assets	126,574.00	0,00	126,574.00	1,594.68	124,979 32	7,837.27%
Subgroup : [B3]	Buildings						
120304	Building & improvements	131,457.00	0.00	131,457.00	5,728.00	125,729.00	2,194.99%
120305	Accumulated Dept- Bidg & Improvement	(11,739.00)	0.00	(11,739.00)	(381.87)	(11,357.13)	2,974.08%
Subtotal [B3] Bu	ildings	119,718.00	0.00_	119,718.00	6,346.13	114,371.87	2,139.34%
Subgroup : [B6]	Movable Equipment	470 700 00		470 700 00	** ** ***	00.075.00	40.4.000
120306	Furniture, Fixtures & Equipment	176,730.00	0.00	176,730.00	86,354.97	90,375.03	104.66%
120307	Accumulated Depr- FFE	(49.223.00)	0.00	(49,223.00)	(8,482.29)	(40.740.71)	480.30%
Subtotal [86] Mo	ovable Equipment	127,507.00	0.00	127,507.00	77,872.68	49,634.32	63.74%
Subgroup : [B7]	Motor Vehicles	44 807 88	0.00	44 507 00	40.257.00		2.76%
120308	Motor Vehicles	41,367.00	0.00	41,367.00		1,110.00	
120309	Accumulated Depr- Vehicles	(9,598.00)	0.00	(9,598.00)	(2,795.65)	(6,802.35) (5,692.35)	243.32% (15.20%)
Subtotal [B7] Mo	NOT VEHICLES	31,769.00	0.00	31,769.00	31,401.30	(5,062.33)	(13.20 4)
Subgroup : [D2]	Escrow Deposits						
120201	Cash - Replacement Reserve	86.243.00	0.00	96,243.00	41,247.00	54.996.00	133.33%
120202	Cash - Tax Escrow	183,409.00	0.00	183,409,00	77,517.00	105,892.00	136.60%
120203	Cash - Insurance Escrow	1,900.00	0.00	1,900.00	1,900.00	0.00	0.00%
Subtotal [D2] Esc		281,552.00	0.00	281,552.00	120,664.00	160.888.00	133,34%
wantoini (ac) Est	or on deposito	20 1,000.00		201,002.00	120,000	100,000.00	,00.041
Subgroup : [D7]	Other Assets						
120110	Deposits on Utilities	500.00	0.00	500.00	500.00	0.00	0.00%
120111	Deposits on Professional Services	60,000.00	0.00	60,000.00	0.00	60,000.00	0.00%
120320	Construction-in-Progress	182,346.00	0.00	162,346.00	0.00	182,348.00	0.00%
Subtotal [07] Oth		242,846.00	0.00	242,846.00	600.00	242,348.00	48,469.20%
Total [31-32] Ase	seta .	3,305,525.00	0.00	3,305,525.00	3,089,382.19	216,142.81	7.00%
Group : [33-34]	Lisbilities						
Subgroup : [A1]	Trade Accounts Payable						
210104	Accounts Payable- Trade	(1,263,944.00)	0.00	(1,263,944.00)	(711,474.97)	(552,469.03)	77.65%
210105	Accounts Payable- Accrued	(19,722.00)	0,00	(19,722,00)	(119,665.38)	99,943.38	(83.52%)
Subtotal [A1] Tra	ade Accounts Payable	(1,283,666.00)	0.00	(1,283,666.00)	(831,140.35)	(452,525.65)	54.45%
Subgroup : [A2]	Note Payable						
210152	Note Payable - HSG 12/31/15	(7,074.00)	0.00	(7,074.00)	0.00	(7,074.00)	0.00%
Subtotal [A2] No	te Payable	(7,074.00)	0.00	(7,074.00)	0.00	(7,074.00)	0.00%
Subgroup: [A4]	Accrued Payroll						
210201	Accrued Salaries & Wages	(42,534.90)	0.00	(42,534.00)	(191,493.05)	148,959.05	(77.79%)
210207	Accrued Vacation/Holiday Pay	(54,606.00)	0.00	(54,606.00)	0.00	(54.608.00) 94.353.05	0.00%
Subtotal [A4] Ac	crued Payroll	(97,140.00)	0.00	(97,140.00)	(191,493.05)	94,353.05	(49.27%)
Subgroup : [A6] 210115	Accrued Payroll Taxes Payable	(4.004.00)	0.00	(4.004.00)	(9.443.06)	7.459.06	(78.99%)
210202	SIT Taxes Payable Federal Income Tax Withheld	(1,984.00) (6,765.00)	0.00	(1,984.00) (6,765.00)	(33,367.99)	26,602.99	(79.73%)
210202	FICA Taxes- EE	(8,586.00)	0.00	(8,586.00)	(40,253.55)	31,667.55	(78.57%)
210205	SUI Taxes Payable	(20,702.00)	0.00	(20,702.00)	(28,608.18)	7,906.18	(27.64%)
210210	FUTA Taxes	(21.00)	0.00	(21.00)	(174.63)	153.63	(87.97%)
	crued Payroli Taxes Payable	(38,068.00)	0.00	(38,058.00)	(111,847,41)	73.789.41	(65,97%)
dabtoral (no) no	crade payron rance payable	(00,000.00)	4.04	140,000.00)	(111,047,41)	75,765.41	(65.57 %)
Subgroup : [A12]	Other Current Liabilities						
210109	Employee Deductions- Garnishments	(40.00)	0.00	(40.00)	0.00	(40.00)	0.00%
210110	Employee Deductions- HSA	0.00	0.00	0.00	(8.82)	8.82	(100.00%)
210111	Employee Deductions- 401K	0.00	0.00	0.00	(6,115.97)	8,115.97	(100.00%)
210112	Employee Deductions- FSA	2,235.00	0.00	2,235.00	2,974.75	(739.75)	(24.87%)
210113	Employee Deductions- ST/LIFE	(4,140.00)	0.00	(4,140.00)	(2,551.15)	(1,588.85)	62.28%
210114	Employee Deductions- Child Support	(19.00)	0.00	(19.00)	0.00	(19.00)	0.00%
210116	Employee Deductions - AFLAC	(319.00)	0.00	(319.00)	(283.31)	(35.69)	12.60%
210118	Resident Trust	(28,493.00)	0.00	(28,493.00)	(51,374.56)	22,881.56	(44.54%)
210160	Uncleared Checks	(71,201.00)	0.00	(71,201.00)	(170,398.71)	89,197.71	(58.22%)
210206	Accrued Workers Comp	0.00	0.00	0.00	4,583.83	(4,563.83)	(100.00%)
210206	Accrued Real Estate Taxes	(66,520.00)	0.00	(68,520.00)	(76,500.00)	9,980.00	(13.05%)
210214	Accrued Land Lease	(1,858.00)	0.00	(1,686.00)	(1,886.00)	0.00	0 00%
210215	Accrued Legal Fees	0.00	0.00	0.00	(14,000.00)	14.000.00	(100.00%)
210216	Accrued Accounting/Audit Fees	(31,776.00)	0.00	(31,776.00)	(17,000.00)	(14,776.00)	86.92%
210218	Accrued Personal Property Taxes	(13,500.00)	0.00	(13,500.00)	(13,500.00)	0.00	0.00%
210225	Due to Eagle Lake Foundation	(357,385.00)	0.00	(357,385.00)	(416,653 77)	59,268.77	(14.22%)
210243	Due to - Newington	(695,289.00)	0.00	(695,289.00)	0.00	(695,289.00) (1.508,514.00)	0.00%
210248	Due to Sahara	(1,506,514.00)	0.00	(1,506,514.00)	0.00		0.00%
210259	Due to Medicaid - Bed Fees	(104,806.00)	0.00	(104,806.00)	(187,970.82)	63,164.82	(37.60%)
Subtotal [A12] O	ther Current Liabilities	(2,879,653.00)	0.00	(2,879,653.00)	(932,704.53)	(1,946,948.47)	208.74%
Culture	Other Lang Term Lightifities						
Subgroup : [84] 210223	Other Long-Term Liabilities Dies to Line Central One	0.00	0.00	0.00	(1,157,452.82)	1 157 452 62	(100.00%)
210223 220400	Due to Line Capital One Long Term Capital Lease	(46,650.00)			(1,157,452.82) (58,860.89)		(100.00%) (20.75%)
	Long Term Capital Lease her Long-Term Liabilities		0.00	(46,650.00) (46,650.00)	(1,216,313.51)	12,210.89 1,169,663.51	(20.75%) (96.18%)
Total [33-34] Lial	hilities	(46,650.00) (4,352,241.00)	0.00	(4,352,241.00)	(3,283,498.85)	(1,088,742.15)	32.55%
Local fas-sal Figi	MILITA &	(*,302,241.00)	V.00	(4,402,241.00)	(0.00,400.00)	(1,000,742.13)	32.33%
Group : 13E1	Fauity						
Group : [35] Subgroup : [86]	Equity Cumulated Earnings						
250200 : [86]	Change in Net Assets	194,117.00	0.00	194,117.00	(35,810,14)	229,927.14	(842.07%)
	Change in Net Assets	194,117.00	0.00	194,117.00	(35,810.14)	229,927.14	(842.07%)
Total [36] Equity		194,117.00	0.00	194,117.00	(35,810.14)	229,927,14	(642.07%)
Lant Educh		,,,,,,,		,177.90	(30,0.0.14)		( v. H)

Traditions Senior Management Modicald - Senior Philianthropy of Milford B, LLC 9/30/2016 A,01 - TB-CCNH A,03 - Grouped Trial Balance

unt	Description	ADJ	JE Ref#	RJE	FINAL	1st PP-FINAL	S 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 Engagement:	Traditions Senior Management Medicald - Senior Philanthropy of Milford B, LLC	St. March	- 100 mg		
Period Ending: Trial Balance: Workpaper:	9/30/2016 A.01 - TB-CCNH H.01 - Reclassifying Journal Entries Report			The Court of the C	
Account	Description	W/P Ref	Debit	Credit	
		<b>-</b>			
Allocation of Direc	urnal Entries JE # 1 tor 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	00.074.00	
410711 Total	Salaries - Director of Rehab		22,971.00	22,971.00 <b>22,971.00</b>	
Total			22,071.00	22,07 1.00	
Reclassifying Joi	urnal Entries JE # 2	I.01b			
To allocate vaca/s	ick/holiday				
440775	Salarina Dhurinal Thorany		7,446.00		
410775 410777	Salaries - Physical Therapy 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	
<b>B</b> 1 (f )					
	urnal Entries JE # 3 Hours from Prep Cook	H.02			
Nocides Diction (	ioura nointe rop ooca				
440101	Salaries-Dietary Manager/CDM	*****	7,458.00		
440110	Salaries - Prep Cooks			7,458.00	
Total			7,458.00	7,458.00	
Poologsifying lo	urnal Entries JE # 4	E.01b			
	ion Awards of Milford	2.010			
R0001	Champion Awards of Milford	###	45.00		
410235	Employee Expense-Nursing			45.00	
Total			45.00	45.00	
D 1	15.45	<b>-</b>			
	urnal Entries JE # 5 ee Health Insurance	E.01b			
410225	Frank in Markh Income Number		256.00		
560125	Employee Health Insurance-Nursing Employee Health Insurance-Admin		2,085.00		
410235	Employee Expense-Nursing		2,000.00	256.00	
560135	Employee Benefits/Expense-Admin			2,085.00	
Total			2,341.00	2,341.00	
	) F-1-1 IF 4.0	<b>=</b> 5.045			
To reclass Pensio	urnal Entries JE # 6 n expenses recorded as employee benefits	E.01b			
410142	Pension - Nursing Admin	20040	6,831.00		
560135	Employee Benefits/Expense-Admin		·	6,831.00	
Total			6,831.00	6,831.00	
	urnal Entries JE # 7				
To reclass interes	t on line of credit recorded as amortization				
P2222	Internal Francisco Blood State (III		424.00		
R0002 590009	Interest Expense on line of credit Amortization		431.00	431.00	
Total	,		431.00	431.00	
			<del></del>		



Workpaper Index:

400.2

Prepared By:

Reviewed By:

2/3/2017

Workpaper Date:

2/3/2017

Run Date:

Provider Name: Provider Number: Senior Philanthropy of Milford B, LLC

Provider Number: Period Ended: 08896

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? Request insurance cards and current vehicle registration.				
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 allowablemonthly 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: