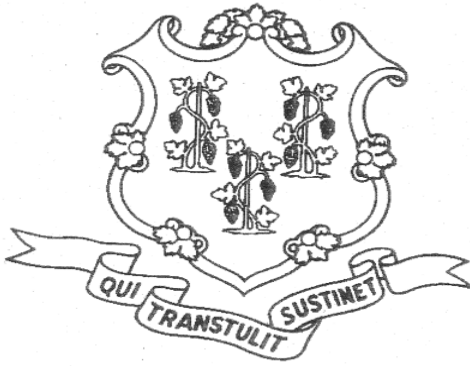


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Apple Rehab Watertown	
Address (No. & Street, City, State, Zip Code) 35 Bunker Hill Road, Watertown, CT 06795	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 1082-C	RHNS	(Specify)	Medicare Provider 07-5181
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Medicaid Provider Numbers:	CCNH 210827	RHNS	ICF-IID
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**For Department Use Only**

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

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### General Information

Name of Facility (as licensed) Apple Rehab Watertown	License No. 1082-C	Report for Year Ended 9/30/2017	Page 1	of 37
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#### Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Apple Rehab Watertown [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

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

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Apple Rehab Watertown		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 35 Bunker Hill Road, Watertown, CT 06795				
Report Prepared By Apple Health Care		Phone Number (860) 678-9755	Date 12/31/2017	
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

## General Information and Questionnaire

### Type of Facility - Organization Structure

	Phone No. of Facility 860-945-7034	Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Apple Rehab Watertown		Address (No. & Street, City, State, Zip) 35 Bunker Hill Road, Watertown, CT 06795		
License Numbers:	CCNH 1082-C	RHNS	(Specify)	Medicare Provider No. 07-5181
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No                   If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Sara Lavore		Nursing Home Administrator's License No.:	002048	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		



**General Information and Questionnaire  
 Corporate Owners**

Name of Facility Apple Rehab Watertown	License No. 1082-C	Report for Year Ended 9/30/2017	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated
Apple Rehab Watertown	35 Bunker Hill Road, Watertown, CT 06795	Connecticut

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100
Ryan Vess	21 Waterville Road Avon, CT 06001	Secretary	

Names of Stockholders Owning at Least 10% of Shares	Business Address	Title	No. Shares Held by Each
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100





**General Information and Questionnaire  
 Related Parties\***

Name of Facility Apple Rehab Watertown	License No. 1082-C	Report for Year Ended 9/30/2017	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Brian J. Foley	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Rental	Pg. 22 Line 9	1,022,389	1,022,389
Apple Health Care	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	571,433	571,433
Healthport Services	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 /16 m13	38,267	38,267
Corporate Employees	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	11,946	11,946
Employees @ Various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	44,318	44,318
Apple Health Care	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	27,005	27,005
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	463,513	
Delta Dental		<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	30,580	
Aetna Ancillary		<input type="radio"/>	<input type="radio"/>		Group Life & Disability	Pg. 15 1a6	28,119	

\* Use additional sheets if necessary.

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

**General Information and Questionnaire**  
**Related Parties\***

Name of Facility Apple Rehab Watertown		License No. 1082-C		Report for Year Ended 9/30/2017		Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input checked="" type="radio"/> Yes <input type="radio"/> No						If "Yes," provide the Name/Address and complete the information on Page 11 of the report.		
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input type="radio"/> Yes <input checked="" type="radio"/> No						If "Yes," provide the following information:		
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Marsh	PO Box 19636 Newark, NJ	✖			Property, Liability & Umbrella Insurance	Pg. 27 14a	27,182	
AIG	PO Box 10472 Newark, NJ	✖			Worker's Compensation	Pg. 15 1a1	245,528	
Ryan Vess	21 Waterville Road Avon, CT		✖			##		
Brendan Foley	22 Waterville Road Avon, CT		✖			##		
Wes Downing	35 Bunker Hill Road Watertown, CT		✖		Administrator	Pg. 10 A2	56,860	56,860

\* Use additional sheets if necessary.  
 \*\* Provide the percentage amount of revenue received from non-related parties.  
 ## Related expense has been disallowed on Pg. 28 Line 23

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Apple Rehab Watertown	License No. 1082-C	Report for Year Ended 9/30/2017	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

### General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Apple Rehab Watertown			License No. 1082-C			Report for Year Ended 9/30/2017		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
							<b>Total ***</b>		

Is a Mileage Log Book Maintained for All Leased Vehicles ?  Yes  No

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

### General Information and Questionnaire Accounting Basis

Name of Facility Apple Rehab Watertown	License No. 1082-C	Report for Year Ended 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Blum Shapiro & Co. PC	29 South Main St. West Hartford, CT 06127
2 Brazee & Huban	35 Wendell Ave. Pittsfield, MA 10202
3	
4	

Services Provided by This Firm (*describe fully*)

1 Preparation of audited financials (disallow Pg. 28)	\$ 1,613
2 Preparation of tax returns	\$ 1,179
3	\$
4	\$
	<b>Charge for Services Provided</b>
	<b>\$ 2,792</b>

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

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 Summa & Ryan	
2	
3	
4	
5	

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

1 1921 Holmes Ave., Waterbury, CT 06702
2
3
4
5

Services Provided by This Firm (*describe fully*)

1 Litigation	\$ 315
2	\$
3	\$
4	\$
5	\$
	<b>Charge for Services Provided</b>
	<b>\$ 315</b>

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

### Schedule of Resident Statistics

Name of Facility Apple Rehab Watertown			License No. 1082-C		Report for Year Ended 9/30/2017				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	110	110			110	110			110	110			
B. On last day of THIS report period	110	110			110	110			110	110			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	101	101			101	101			101	101			
B. As of midnight of THIS report period	101	101			101	101			101	101			
3. Total Number of Days Care Provided During Period													
A. Medicare	8,156	8,156			6,160	6,160			1,996	1,996			
B. Medicaid (Conn.)	22,460	22,460			16,982	16,982			5,478	5,478			
C. Medicaid (other states)													
D. Private Pay	6,609	6,609			4,711	4,711			1,898	1,898			
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	37,225	37,225			27,853	27,853			9,372	9,372			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. <b>Total Resident Days (3G + 4A + 4B)</b>	37,225	37,225			27,853	27,853			9,372	9,372			

### Schedule of Resident Statistics (Cont'd)

Name of Facility Apple Rehab Watertown			License No. 1082-C			Report for Year Ended 9/30/2017			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	22		57		22								
Per Diem Rate													
a. One bed rm.					469.00								
b. Two bed rms.	Various		212.59		442.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								6,029	6,029				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								32,642	32,642				
D. <b>Total Physical Therapy Treatments</b>								38,671	38,671				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								628	628				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								1,667	1,667				
D. <b>Total Speech Therapy Treatments</b>								2,295	2,295				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								3,262	3,262				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								29,996	29,996				
D. <b>Total Occupational Therapy Treatments</b>								33,258	33,258				

### Report of Expenditures - Salaries & Wages

Name of Facility Apple Rehab Watertown	License No. 1082-C	Report for Year Ended 9/30/2017	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	79,071	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	90,864	5,142				
5. Dietary Service						
a. Head Dietitian	49,541	1,596				
b. Food Service Supervisor	53,543	2,056				
c. Dietary Workers	378,027	23,403				
6. Housekeeping Service						
a. Head Housekeeper	24,023	947				
b. Other Housekeeping Workers	135,193	8,990				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	31,159	2,120				
8. Laundry Service						
a. Supervisor	33,060	1,216				
b. Other Laundry Workers	95,831	6,316				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	124,804	4,915				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	182,317	4,366				
b. RN						
1. Direct Care	604,191	17,268				
2. Administrative**	226,446	7,085				
c. LPN						
1. Direct Care	880,419	34,227				
2. Administrative**						
d. Aides and Attendants	1,379,538	82,443				
e. Physical Therapists	592,469	16,737				
f. Speech Therapists	97,057	2,254				
g. Occupational Therapists	444,861	12,110				
h. Recreation Workers	92,076	5,055				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	124,309	5,286				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	<i>5,718,799</i>	<i>245,613</i>				

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

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

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





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

Name of Facility				License No.	Report for Year Ended				Page	of
Apple Rehab Watertown				1082-C	9/30/2017				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>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).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended				Page	of
Apple Rehab Watertown				1082-C	9/30/2017				12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Sarah Lavore	22,212				Administrator 6/11/17-9/30/17	560	A.2.	AR Farmington Valley	640	25,385
Wes Downing	56,860				Administrator 10/01/16-6/10/2017	1,520	A.2.	AR Mystic	560	22,890
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Watertown	1082-C	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	11,748	117				
3. Pharmacist	15,274	139				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	22,639	366				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	42,000	181				
b. Utilization Review (Title 18 and 19 only) monthly meeting	1,600	13				
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	55,547	653				
2. Administrative***						
b. LPN						
1. Direct Care	5,672	126				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	36,150	296				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>190,630</b>	<b>1,890</b>				

\* 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 Apple Rehab Watertown		License No. 1082-C	Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Dr. Hector Pun, MD 134 Grandview Avenue, Waterbury, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
John Moschello, 594 Mt. Fair Drive, Watertown CT 06795	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>		
Frank Longo, 597 Highland Avenue, Waterbury, CT 06708	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>		
Health Drive Dental, 1 Prestige Dr, Meriden CT	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Maureen McCarthy, 507 East Main St., Suite 308, Torrington, CT 06790	Social Worker	<input type="radio"/>	<input checked="" type="radio"/>		
Pointright 150 Cambridge Park Drive, Suite 301, Cambridge, MA 02140	Data Integrity Auditor	<input type="radio"/>	<input checked="" type="radio"/>		
Celtic Consultants PO Box 148 Goshen, CT 06756	MDS Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Connecticut Purchasing Consultants, LLC 88 Ryders Ln, 2nd Fl, Stratford, CT 06614	Purchasing Consultants	<input type="radio"/>	<input checked="" type="radio"/>		
Patientping, Inc., 10 Post Office Square, Boston, MA 02109	Admissions Discharge Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
West River Pharmacy of Connecticut Plainville, CT	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Watertown	1082-C	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 245,528	245,528		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 101,431	101,431		
4. Social Security (F.I.C.A.)	\$ 413,709	413,709		
5. Health Insurance	\$ 679,564	679,564		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 28,119	28,119		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 27,005	27,005		
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 193,820	193,820		
d. Accounting and Auditing	\$ 2,792	2,792		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 315	315		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 28,886	28,886		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 27,004	27,004		
2. Cellular Phones	\$			
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ 250	250		
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 554,066	554,066		
<b>Subtotal</b>	\$ 2,302,488	2,302,488		

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

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Watertown	1082-C	9/30/2017		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>		2,302,488	2,302,488		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 1,089	1,089			
2. Holiday Parties for Staff	\$ 275	275			
3. Gifts to Staff and Residents	\$ 20,088	20,088			
4. Employee Travel	\$ 5,381	5,381			
5. Education Expenses Related to Seminars and Conventions	\$ 3,888	3,888			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$				
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 29,864	29,864			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 5,616	5,616			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 8,565	8,565			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 580	580			
9. Subscriptions	\$ 5,278	5,278			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$ 571,433	571,433			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 128,359	128,359			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,082,905	3,082,905			

\* 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)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Advertising - Public Relations	\$ 29,864		
<b>Total Other Advertising</b>	\$ 29,864	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 7,856		
Dept of Public Health	\$ 200		
ACHCH	\$ 310		
AADNS	\$ 199		
<b>Total Dues</b>	\$ 8,565	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
	\$ -		
<b>Total Contributions</b>	\$ -	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Corporate Fees Non Reimburable	\$ 69,674		
Licenses & Fees	\$ 3,606		
Pre Employment Screenings	\$ 18,652		
Point Click Care Fees	\$ 19,743		
Bank Charges, Penalties, Fees	\$ 118		
Healthport Indirect	\$ 9,918		
Legal Fees - Probate & Collection	\$ 6,521		
Resident Expenses	\$ -		
Account W/O & Prior Period Adjustments	\$ 128		
<b>Total Other Administrative and General</b>	\$ 128,359	\$ -	\$ -

**Schedule C-1 - Management Services\***

Name of Facility Apple Rehab Watertown	License No. 1082-C	Report for Year Ended 9/30/2017	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Apple Health Care, Inc.	571,433	Accounting & Management Services	Pg. 16 m12

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

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

Name of Facility Apple Rehab Watertown	License No. 1082-C	Report for Year Ended 9/30/2017	Page 18	of 37
<b>Item</b>	<b>Total</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 247,256	247,256		
2. Non-Food Supplies	\$ 37,659	37,659		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 1,047	1,047		
c. Management Services**	\$			
d. Other (Specify) _____	\$			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 285,962</b>	<b>285,962</b>		
<b>2F. Dietary Questionnaire</b>	<b>Total</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
G. Resident Meals: Total no. of meals served per day:*	306	306		
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Apple Rehab Watertown		License No. 1082-C	Report for Year Ended 9/30/2017	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	14,729	14,729	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$	8,068	8,068	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify)		\$			
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	22,797	22,797	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Apple Rehab Watertown	1082-C	9/30/2017	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	28,127	28,127		
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
	Amt. \$	59,604	59,604		
c. Management Services*		\$			
d. Other ( <i>Specify</i> )		\$			
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)</b>		\$ 87,731	87,731		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from West River Pharmacy	\$	594,997	594,997		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	271,503	271,503		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	21,507	21,507		
f. X-rays and Related Radiological Procedures***	\$	32,863	32,863		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	50,419	50,419		
i. Recreation	\$	45,084	45,084		
j. Other (Specify)**** See Attached Schedule	\$	105,227	105,227		
<b>5K. Total Resident Care Expenditures (5a - 5j)</b>		\$ 1,121,601	1,121,601		

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

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

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

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



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

Name of Facility Apple Rehab Watertown			License No. 1082-C		Report for Year Ended 9/30/2017				Page of 21   37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
CWPM, LLC	25 Norton Place, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Refuse Removal	18,689			22	6f
West State Mechanical Inc	10 West State Dr, Litchfield, CT 06759	<input type="radio"/>	<input checked="" type="radio"/>		Heating and Air Conditioning	12,506			22	6a
Titan Landscaping, LLC	131 Neill Drive, Watertown, CT	<input type="radio"/>	<input checked="" type="radio"/>		Lawncare	16,653			22	6a
Fire Protection Testing	1701 Highland Ave #4 Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Fire Protection	17,778			22	6a
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Apple Rehab Watertown	1082-C	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 162,173	162,173				
b. Heat	\$ 72,732	72,732				
c. Light & Power	\$ 66,191	66,191				
d. Water	\$ 18,313	18,313				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$ 25,365	25,365				
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 344,774	344,774				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 1,979	1,979				
d. Movable Equipment	\$ 24,155	24,155				
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 26,135	26,135				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 57,998	57,998				
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$ 57,998	57,998				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,022,389	1,022,389				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 31,143	31,143				
c. Personal property taxes	\$ 8,931	8,931				
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 1,146,597	1,146,597				

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







Apple Rehab Watertown  
9/30/2017

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
9/16/2017	Bladder Scanner (Medline)	\$ 6,381	ME-7	\$ 65
<b>Total additions for Movable Equipment</b>		\$ 6,381		\$ 65
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ -

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
6/7/2016	Cortland A/C Repair Blower Motor & Wheel	\$ 1,111	LHI-20	\$ 54
10/6/2016	Asphalt Sidewalk Repair	\$ 2,760	LHI-8	\$ 431
12/12/2016	Vinyl Tile Installation in Admin Hallway	3,577.41	LHI-10	447.16
12/12/2016	Vinyl Tile Installation in Admin Hallway	3,044.27	LHI-10	380.54
7/19/2017	Compressor Install in 5 Ton A/C Unit	2,200.00	LHI-15	32.73
9/28/2017	Vinyl Tile Floor-Westbury & Crestbrook	7,646.13	LHI-10	12.33
9/28/2017	Vinyl Tile Floor-Westbury & Crestbrook	2,967.17	LHI-10	4.79
9/28/2017	Vinyl Tile Floor-Westbury & Crestbrook	2,967.16	LHI-10	4.79
<b>Total additions for Leasehold Improvement</b>		\$ 26,273		\$ 1,368
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ -

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

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

CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility Apple Rehab Watertown			License No. 1082-C		Report for Year Ended 9/30/2017			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	Various			1,128,737	704,802	A		56,631	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Various			26,273				1,368	
C-4. Subtotal									57,998
<b>D. Total Amortization</b>									57,998

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

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

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

Name of Facility Apple Rehab Watertown	License No. 1082-C	Report for Year Ended 9/30/2017	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If <b>NOT</b> Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	110				
6. Square Footage	43,828				
7. Acquisition Cost					
a. Land					
b. Building					
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of _____					
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)		Fixed			
h. Date of Refinancing		12/07/16			
i. New Interest Rate		3.51%			
j. Term of Mortgage (number of years)		30			
k. Amount of Principal Borrowed		10,913,700			
l. Principal Outstanding on Note Paid-Off		7,178,300			
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Watertown	1082-C	9/30/2017	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)	\$			

*(Carry Subtotals forward to next page)*

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Watertown	1082-C	9/30/2017	27	37		
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment \$						
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify) \$						
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) \$						
12. D. Other Interest Expense (Specify) \$ 945 945						
Value Health /Property Tax Interest						
<b>13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 945 945</b>						
14. Insurance						
a. Insurance on Property (buildings only) \$ 27,182 27,182						
b. Insurance on Automobiles \$						
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage) \$						
2. Fire and Extended Coverage \$						
3. Other (Specify) \$						
<b>14d. Total Insurance Expenditures (14a + b + c) \$ 27,182 27,182</b>						
<b>15. Total All Expenditures (A-13 thru C-14) \$ 12,029,922 12,029,922</b>						



### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Watertown				1082-C	9/30/2017	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 444,861	444,861		
4.			Other - See attached Schedule	\$ 12,431	12,431		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 193,820	193,820		
10.	15/16	1d/m	Accounting & Legal	\$ 8,134	8,134		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 29,864	29,864		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 92,248	92,248		
<b>Page 18 - Dietary Expenditures</b>							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 781,357	781,357		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12m	Social Service/Marketing	\$ 12,431		
<b>Total Other Salaries Adjustment</b>			\$ 12,431	\$ -	\$ -

**Schedule of Fees Adjustments**

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

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Corporate Fee - Non Reimbursable	\$ 69,674		
16	1.3	Employee Recognition/Gift/Parties	\$ 20,088		
16	8a	Chamber of Commerce	\$ 580		
16	M13	Bank Charges, penalties, fees	\$ 118		
16	M13	Resident Expenses	\$ -		
16	M13	Acct W/O prior period adj - Exp	\$ 128		
30	IV 8	Accct W/O -Revenue	\$ 101		
30	IV 8	US Treasury/Tax Adj	\$ 1,559		
<b>Total Other A&amp;G Adjustments</b>			\$ 92,248	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Apple Rehab Watertown			1082-C	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 781,357	781,357		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 591,525	591,525		
28.	16	L1	Ambulance/Limousine	\$ 1,089	1,089		
29.	20	h	X-rays, etc	\$ 32,863	32,863		
30.	20	f	Laboratory	\$ 50,419	50,419		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 11,872	11,872		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 98,221	98,221		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.	30	IV4	Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.	30	IV8	Purchase Discounts and Allowances	\$ 7,880	7,880		
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.	30	IV5	Interest Income on Accounts Rec	\$ 180	180		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 1,408	1,408		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 1,576,813	1,576,813		

\*\*\* 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.

Apple Rehab Watertown  
9/30/2017

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ 74,872		
20	5j	Rehab Service Supplies	\$ 23,348		
<b>Total Other Ancillary Costs</b>			\$ 98,221	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12 D	Town of Watertown	\$ 341		
27	12 D	Value Health Care Term Note Interest	\$ 604		
Var	Var	Outpatient Therapy Services	\$ 463		
<b>Total Other Adjustments</b>			\$ 1,408	\$ -	\$ -

Schedule of Unallowable Building Interest

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

### F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Apple Rehab Watertown	1082-C	9/30/2017			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 4,751,623	4,751,623				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 4,354,789	4,354,789				
b. Medicare Room and Board Contractual Allowance **	\$ 1,564,719	1,564,719				
4. a. Private-Pay Residents and Other	\$ 1,993,605	1,993,605				
b. Private-Pay Room and Board Contractual Allowance **	\$					
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 376,364	376,364				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (376,886)	(376,886)				
c. Prescription Drugs - Non-Medicare	\$ 195,168	195,168				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (195,168)	(195,168)				
2. a. Medical Supplies - Medicare	\$ 3,688	3,688				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (3,688)	(3,688)				
c. Medical Supplies - Non-Medicare	\$ 952	952				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (952)	(952)				
3. a. Physical Therapy - Medicare	\$ 1,056,060	1,056,060				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (874,409)	(874,409)				
c. Physical Therapy - Non-Medicare	\$ 297,420	297,420				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (297,420)	(297,420)				
4. a. Speech Therapy - Medicare	\$ 83,387	83,387				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (59,058)	(59,058)				
c. Speech Therapy - Non-Medicare	\$ 19,890	19,890				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (19,890)	(19,890)				
5. a. Occupational Therapy - Medicare	\$ 1,175,943	1,175,943				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (1,049,580)	(1,049,580)				
c. Occupational Therapy - Non-Medicare	\$ 320,670	320,670				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (320,670)	(320,670)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$					
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 12,996,555	12,996,555				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 180	180				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 9,831	9,831				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 10,011	10,011				
<b>VI. Total All Revenue</b> (III +V)	\$ 13,006,566	13,006,566				

\* 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)
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Resident Revenue</b>		\$ -	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV5	Interest Income	2,211,769	\$ 180		
<b>Total Interest Income</b>			\$ 180	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	US Treasury	\$ 1,298		
30 IV 8	Copy fees	\$ 290		
30 IV 8	Dividend Saving UHC/OPTIMU,	\$ 7,880		
30 IV 8	Account W/O	\$ 101		
30 IV 8	Dept of Rehab Services	\$ 20		
30 IV 8	State of New York	\$ 10		
31 IV 8	Fica	\$ 170		
32 IV 8	Business Use Tax	\$ 61		
<b>Total Other Revenue</b>		\$ 9,831	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Watertown	1082-C	9/30/2017	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	285
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,211,769
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	13,241
5. Prepaid Expenses			\$	8,294
a. Prepaid Property Tax	6,678			
b. Prepaid Insurance				
c. Prepaid Other	1,615			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	1,604,533
Due Affiliate (Debit Balance)	1,506,541			
A/P Patient Exchange	3,844			
A/P Other	94,148			
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	3,838,121
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,155,010</u>		\$	392,210
	Accum. Depreciation <u>762,800</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>50,904</u>		\$	13,221
	Accum. Depreciation <u>37,684</u>	Net		
6. Movable Equipment	*Historical Cost <u>696,467</u>		\$	87,802
	Accum. Depreciation <u>608,665</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	8,633
Fixed Asset Clearing Account	8,633			
Construction in Progress				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	501,865

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

(Carry Total forward to next page)



### G. Balance Sheet (cont'd)

Name of Facility Apple Rehab Watertown	License No. 1082-C	Report for Year Ended 9/30/2017	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	4,339,987
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address		Amount	Loan Date	
7. Other Assets ( <i>itemize</i> )			\$	
Loans Rec. - Officers/Owner				
Capitalized Refinance				
Leasehold Deposits				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	4,339,987

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



### G. Balance Sheet (cont'd)

Name of Facility Apple Rehab Watertown	License No. 1082-C	Report for Year Ended 9/30/2017		Page 34	of 37
Account				Amount	
Total Brought Forward:				1,291,923	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	
Security Deposits					
_____					
_____					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 1,291,923	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Watertown	1082-C	9/30/2017	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	(473,577)
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	2,543,997
6. Gain or Loss for Period			\$	976,644
	10/1/2016	thru	9/30/2017	
7. Total Net Worth			\$	3,048,063
<b>C. Total Reserves and Net Worth</b>			\$	3,048,063
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	4,339,987

### H. Changes in Total Net Worth

Name of Facility Apple Rehab Watertown	License No. 1082-C	Report for Year Ended 9/30/2017	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	2,077,669
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	13,006,566
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	12,029,922
D. Net Income or Deficit			\$	976,644
E. Balance			\$	3,054,313
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	6,250
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
Brian J. Foley		President	6,250	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	6,250
H. <b>Balance at End of Period</b>			\$	3,048,063
				09/30/17

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

Name of Facility Apple Rehab Watertown	License No. 1082-C	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Robert Gwizdak				
Address			Phone Number	
21 Waterville Road Avon, CT 06001			(860) 678-9755	

Error Check

Level	Item	Reported as	
	Page 23 - Historical Cost of Movable Eq.	696,467 is inconsistent with Page 31	696,467

Apple Rehab Watertown  
For Cost Year Ended September 30, 2017

		2016	2017	Adjustments		Total	Cost Report References	
		10/1 - 12/31	1/1 - 9/30	DR	CR		Report Page/Line #	Self Disallow Page/Line #
10111	Cash Corporate	\$0.00	\$0.00			0.00	31A1	
10116	Cash - Laurel Woods	0.00	0.00			0.00	31A1	
10117	Cash - Saybrook	0.00	0.00			0.00	31A1	
10201	Petty Cash	285.00	0.00			285.00	31A1	
10301	Cash - Patient Personal Need	0.00	0.00			0.00	31A1	
10401	Exchange	(21,967.98)	15,207.04	5,123.52	(25,154.58)	(26,792.00)	31A1	
10402	Exchange - Arlene Sheehan	0.00	0.00			0.00	31A1	
10403	Exchange - Donations	(1,297.44)	169.54			(1,127.90)	31A1	
10404	Exchange - Wellness	0.00	0.00			0.00	31A1	
10405	Exchange - A/R	0.00	0.00			0.00	31A1	
11001	A/R Private Patients	1,070,201.65	355,525.12			1,425,726.77	31A2	
11002	A/R Medicare Patients	497,515.16	(35,420.51)			462,094.65	31A2	
11003	A/R Medicaid Patients	606,347.93	(36,911.36)			569,436.57	31A2	
11004	A/R Veterans Admin	0.00	0.00			0.00	31A2	
11005	A/R Other	0.00	0.00			0.00	31A2	
11010	A/R State Retro	0.00	0.00			0.00	31A2	
11011	A/R Medicaid Pending	(13,141.00)	0.00			(13,141.00)	31A2	
11015	A/R Medicare Retro	0.00	0.00			0.00	31A2	
11020	A/R Clearing	0.00	0.00			0.00	31A2	
11050	Reserve for Doubtful Accounts	(232,348.00)	0.00			(232,348.00)	31A2	
11101	Loans Rec. - Officers/Owner	0.00	0.00			0.00	32D7	
12005	Dietary Supply Inventory	4,473.00	1,079.00			5,552.00	31A4	
12010	Housekeeping Supply Inventory	671.00	27.00			698.00	31A4	
12015	Medical & Nursing Supply Inventory	4,663.00	180.00			4,843.00	31A4	
12020	Maintenance Supply Inventory	1,412.00	(896.00)			516.00	31A4	
12025	Laundry Supply Inventory	605.00	235.00			840.00	31A4	
12030	Recreation Supply Inventory	0.00	0.00			0.00	31A4	
12035	Office/Misc. Supply Inventory	420.00	372.00			792.00	31A4	
13002	Prepaid Insurance	5,048.48	(5,048.48)			0.00	31A5b	
13006	Prepaid Property Tax	4,470.05	2,208.19			6,678.24	31A5b	
13010	Other Prepaid Expenses	0.02	1,615.28			1,615.30	31A5c	
15501	Non Moveable Equipment	54,731.14	0.00		(3,826.97)	50,904.17	31B5	
15502	Moveable Equipment	671,793.09	6,381.00	18,693.01	(400.00)	696,467.10	31B6	
16001	Auto & Trucks	0.00	0.00			0.00	31B7	
16501	Leasehold Improvements	1,149,000.34	15,780.46	81.00	(9,851.70)	1,155,010.10	31B4	
16598	Fixed Asset Proceeds Clearing Account	0.00	0.00			0.00	31B9	
16599	Fixed Asset Clearing A/C	0.00	9,743.52		(1,111.00)	8,632.52	31B9	
16601	Capitalized Refinance Expense	0.00	0.00			0.00	31B9	
16750	Construction in Progress	0.00	0.00			0.00	31B9	
17001	Acc. Depreciation Non Moveable Equipment	(39,200.78)	(1,757.61)	3,274.86		(37,683.53)	31B5	
17002	Acc. Depreciation Moveable Equipment	(581,518.06)	(17,130.26)	84.22	(10,100.71)	(608,664.81)	31B6	



17003	Acc. Depreciation Auto & Truck	0.00	0.00			0.00	31B7
17005	Acc. Amortization Leasehold Imp.	(737,211.90)	(43,408.07)	17,819.76		(762,800.21)	31B4
19101	Leasehold Deposits	0.00	0.00			0.00	32D7
19501	Goodwill	0.00	0.00			0.00	32D7
20101	A/P Trade	(485,481.71)	(127,509.81)			(612,991.52)	33A1
20104	A/P Patient Need Account	0.00	0.00			0.00	33A1
20110	A/P Patient Exchange	2,690.55	1,153.47			3,844.02	33A12
20115	A/P Other	12,231.00	81,917.06			94,148.06	34B3
20200	Due Affiliate -Corporate	767,489.99	754,934.00	827.07	(16,710.30)	1,506,540.76	31A8
20250	Loan Payable Officer	0.00	0.00			0.00	34B4
20256	Dostie Note S/T	0.00	0.00			0.00	34B4
20501	Accrued Payroll	(122,677.72)	12,411.58	46,976.38		(63,289.76)	33A4
20601	Accrued Vacation	(126,308.89)	0.00	126,308.89	(137,078.96)	(137,078.96)	33A12
21001	Federal Withholding	(11,100.60)	11,100.60			0.00	33A6
21002	State Withholding	(3,542.12)	3,542.12			0.00	33A6
21005	FICA - Employee	(8,057.57)	8,057.57			0.00	33A6
21006	FICA - Employer	(21,491.85)	12,019.36			(9,472.49)	33A6
21010	Federal Unemployment Comp.	(633.09)	0.83			(632.26)	33A6
21011	State Unemployment Comp.	(6,438.89)	539.88			(5,899.01)	33A6
21035	Other Employee Withhold	(1,533.26)	0.00			(1,533.26)	33A12
21037	Employee Withholding (HCRA/DCRA)	(5,471.56)	270.24			(5,201.32)	33A12
21040	Union Dues	2,134.19	995.00			3,129.19	33A12
21045	Initiation Fees	(24,327.64)	(995.00)			(25,322.64)	33A12
21050	Payroll Deductions - AFLAC	0.00	(429.51)			(429.51)	33A12
21051	Payroll Deducted Life Insurance	3,121.67	2,868.42			5,990.09	33A12
21060	401 (K) Salary Reduction	(8,828.54)	2,833.26			(5,995.28)	33A12
22001	Accrued Professional Fees	(3,104.28)	(918.72)			(4,023.00)	33A12
22010	Accrued Pension	(6,121.11)	5,072.26			(1,048.85)	33A12
22015	Accrued Workers compensation	(245,497.10)	1,625.35			(243,871.75)	33A12
22040	Accrued Group Insurance	0.00	0.00			0.00	33A12
22050	Accrued Other Expenses	(160,224.38)	10,920.72	4,789.17	(11,818.73)	(156,333.22)	33A12
22060	Accrued User Fee	0.00	0.00			0.00	33A12
23002	State Income Tax	0.00	0.00			0.00	33A12
25256	Dostie Note L/T	0.00	0.00			0.00	34B4
25505	Security Deposits	0.00	0.00			0.00	34B4
27500	Capital Stock	(1,000.00)	0.00			(1,000.00)	35B2
27800	Dividends Paid	0.00	0.00			0.00	35B2
27900	Capital Contributions	473,577.08	0.00			473,577.08	35B1
28000	Retained Earnings	(2,054,419.75)	0.00	2,407.66	(17,092.62)	(2,069,104.71)	35B5
31001	Room and Board - Private	(665,908.00)	(1,327,697.08)			(1,993,605.08)	30 I 1a4
31002	Room and Board - Medicare	(844,384.00)	(3,605,954.49)			(4,450,338.49)	30 I 1a3
31003	Room and Board - Medicaid	(1,255,785.08)	(3,494,249.41)			(4,750,034.49)	30 I 1a1
31004	Room and Board - Managed Care	0.00	0.00			0.00	30 I 1a4
31010	Room and Board - Rest Home	0.00	0.00			0.00	30 I 1a4
31015	Medicare Cont. Allowance - Room & Board	(373,538.42)	(1,191,180.55)			(1,564,718.97)	30 I 1a3
31032	Medicare Recoupment	19,702.13	78,409.07		(2,561.76)	95,549.44	30 I 1a3
31033	Medicaid Recoupment	(1,501.65)	(86.48)			(1,588.13)	30 I 1a1

35001	Physical Therapy	(329,011.04)	(1,024,468.49)			(1,353,479.53)	30 II 1b3
35002	Medical Supply	(4,639.68)	0.00			(4,639.68)	30 IIa6
35005	Vending Machines	0.00	0.00			0.00	30 IIa6
35006	Pharmacy Supplies	(132,395.92)	(439,135.61)			(571,531.53)	30 II 1b1
35007	Clinical Services	(16,249.60)	(40,918.69)			(57,168.29)	30 II 1b6
35008	Laboratory Services	0.00	0.00			0.00	30 II 1b6
35009	Diagnostic Services (EKG/Xray)	0.00	0.00			0.00	30 II 1b6
35010	Speech Therapy	(24,030.70)	(79,246.50)			(103,277.20)	30 II 1b4
35011	Occupational Therapy	(360,180.91)	(1,136,432.40)			(1,496,613.31)	30 II 1b5
35015	Oxygen - Private	0.00	0.00			0.00	30 II 1b7
35016	Oxygen - Medicare	0.00	0.00			0.00	30 II 1b7
35030	Medicare Contractual Allowance - Therapy	473,973.29	1,509,074.73			1,983,048.02	30 II 1b, 4b, 5b
35031	Medicare Contractual Allowance - Other	103,015.63	312,016.75			415,032.38	30 II 1d, 4d, 5d
35032	Medicare Contractual Allowance - Supplies	0.00	0.00			0.00	30 II 6
35033	Medicaid Contractual Allowance - Supplies	1,720.50	3,181.79			4,902.29	30 II 6
35035	Contractual Allowance - HMO/Insurance/Ma	202,637.11	649,270.19			851,907.30	30 II 6
35054	Hairdresser & Barber	0.00	0.00			0.00	30 2.1
35098	Misc. Income - Other	(23,531.54)	(8,892.14)	25,154.58	(2,561.76)	(9,830.86)	See Attached
36001	Interest Income	(31.89)	(147.98)			(179.87)	30 IV 5
36500	Gain (Loss) on Sale of Assets	0.00	0.00			0.00	30 IV 8
41001	Salaries - Administrator	0.00	63,052.74	16,018.61		79,071.35	10 A2.3
41002	Salaries - Clerical	14,500.74	78,824.70	1,026.08	(12,153.42)	82,198.10	10 A4
41003	Salaries - Accounting	24,848.05	99,129.57	6,284.09	(5,458.06)	124,803.65	10 A11b
41004	Salaries - Social Services/Admissions	29,794.67	94,818.56	2,683.80	(2,987.85)	124,309.18	10 A12m
41005	Salaries - Management	0.00	0.00			0.00	10A2
41006	Salaries - Maintenance	8,312.81	23,267.47		(420.90)	31,159.38	10 A7b
41007	Salaries - Projects	0.00	0.00			0.00	10 A7b
41008	Salaries - Staff Development	7,403.74	21,691.07		(530.16)	28,564.65	10 A12b2
41009	Salaries - Beautician	0.00	0.00			0.00	10A9
41010	Employee Physicals	1,779.00	8,220.00			9,999.00	16 m13
41011	Pre-employment Screen	1,723.24	6,930.09			8,653.33	16 m13
41015	FICA - Employer	106,434.80	307,274.21			413,709.01	15 1a4
41016	Unemployment - Federal	960.29	6,881.51			7,841.80	15 1a3
41017	Unemployment - State	36,775.38	56,813.46			93,588.84	15 1a3
41020	Insurance - Workmen's Comp	123,370.13	122,157.45			245,527.58	15 1a1
41021	Insurance - Group Medical	164,561.00	515,002.80			679,563.80	15 1a5
41023	Insurance - Group Life & Disability	6,842.73	21,275.91			28,118.64	15 1a6
41022	Insurance - FMLA	0.00	0.00			0.00	15 1a5
41024	Pension Expense	8,036.33	18,968.63			27,004.96	15 1a7
41025	Other Employee Benefits	4,193.06	11,545.16	4,625.05		20,363.27	See Attached
41026	Corporate Fee - Non-reimbursable Costs	22,940.13	46,733.49			69,673.62	16 m13
41027	Corporate Management Fee	157,783.98	412,957.11	691.69		571,432.78	16 m12
41028	Healthport Indirect	0.00	0.00	9,918.00		9,918.00	16 m13
41029	Auto Repair & Maintenance.	0.00	0.00			0.00	16L.6
41030	Travel - Motor Vehicle	2,249.89	3,131.03			5,380.92	16 1.4
41031	Conventions & Meetings	0.00	0.00			0.00	16 1.5
41032	Education & Seminars	649.97	2,110.99			2,760.96	16 1.5

41033	Auditing Fees	1,873.32	918.72			2,792.04	15 1d	See Attached
41034	Point Click Care Fees	4,800.00	14,942.97			19,742.97	16 m13	
41035	Legal Services	52.50	262.50			315.00	15 1e	See Attached
41036	Legal Fees Collections - Probate Fees	0.00	285.00	6,235.63		6,520.63	13b6	
41037	Consulting Fees - Other	17,773.81	24,611.99		(6,235.63)	36,150.17	See Attached	
41038	Licenses & Fees	1,415.00	2,191.00			3,606.00	16 m13	
41039	Dues & Memberships	2,406.59	6,738.77			9,145.36	See Attached	See Attached
41040	Subscriptions	1,249.80	4,028.10			5,277.90	16 m9	
41041	Advertising - Public Relations	12,030.77	22,405.47	52.96	(4,625.05)	29,864.15	16 m3	28 #18
41042	Advertising - Help Wanted	0.00	0.00			0.00	16 m1	
41043	Supplies - Social Service	0.00	0.00			0.00	20 5j	
41044	Supplies - Beauty Shop	0.00	0.00			0.00	13m6	
41045	Supplies - Medical Records	0.00	0.00			0.00	16 m5	
41046	In Service Fees	585.00	515.53	26.96		1,127.49	16 1.5	
41047	Transportation - Patients	557.20	531.70			1,088.90	16 1.1	29 #28
41048	CNA Registration & Validation	0.00	0.00			0.00	16 1.1	
41050	Office Supplies & Printing	7,155.55	21,625.40	105.10		28,886.05	15 lg	
41051	Postage	1,230.66	4,385.26			5,615.92	16 m7	
41052	Telephone	6,534.44	20,469.72			27,004.16	15 1h	
41053	Rent	160,000.00	862,389.13			1,022,389.13	22 9	
41054	Insurance - Package	24,246.84	2,935.22			27,182.06	27 14a	
41057	Equipment Lease	2,851.52	8,637.61			11,489.13	22 6a	
41060	Purchased Services & Repair	29,291.13	93,275.39	5,107.77		127,674.29	22 6a	
41061	Maintenance & Repair Supplies	7,258.76	15,455.11	295.93		23,009.80	22 6a	
41062	Fuel - Plant Operation	807.52	0.00			807.52	22 6b	
41063	Gas - Plant Operation	11,853.44	60,070.92			71,924.36	22 6b	
41064	Electric - Plant Operation	14,613.60	51,577.09			66,190.69	22 6c	
41065	Water & Sewerage	4,993.70	13,319.55			18,313.25	22 6d	
41066	Refuse Removal / Recyclables	5,878.58	19,284.14	202.26		25,364.98	22 6f	
41067	Corp Office Building Maintenance	0.00	0.00			0.00	Corp Only	
41070	Taxes - Real Estate	31,143.30	0.00			31,143.30	22 10b	
41071	Taxes - Personal Property	2,235.06	6,696.21			8,931.27	22 10c	
41075	Bad Debt	193,819.89	0.00			193,819.89	15 1c	28 #9
41080	Donations	0.00	0.00			0.00	16m10	
41086	Sales Tax	295.00	807.00		(1,102.00)	0.00	16m13	
41087	Bank Charges/Penalties/Fees	0.00	118.00			118.00	16 m13	28 #23 4
41090	Miscellaneous Expense	0.60	127.62			128.22	See Attached	See Attached
41091	Resident Reimbursements	0.00	0.00			0.00	16m13	
41095	C.O.N. Expense	0.00	0.00			0.00	16m13	
45001	Salaries - R.N. (CCNH)	180,773.05	431,003.09	20,163.85	(27,749.36)	604,190.63	10 A12b1	
45002	Salaries - L.P.N. (CCNH)	225,063.01	672,396.07	19,129.82	(36,169.84)	880,419.06	10 A12c	
45003	Salaries - Aides (CCNH)	367,035.38	1,028,274.51	214.56	(15,986.76)	1,379,537.69	10 A12d	
45004	Salaries - Assistant D.O.N.	24,268.62	62,499.16	254.72	(5,983.48)	81,039.02	10 A12a	
45005	Salaries - D.O.N.	28,708.21	73,880.47	7,022.13	(8,332.35)	101,278.46	10A12a	
45006	Inactive Salaries (see A/C 70046)	0.00	0.00			0.00	N/A	
45007	Salaries - R.N. (RHNS/HFA)	0.00	0.00			0.00	10 A12b1	
45008	Salaries - L.P.N. (RHNS/HFA)	0.00	0.00			0.00	10 A12c	

45009	Salaries - Aides (RHNS/HFA)	0.00	0.00			0.00	10 A12d	
45010	Salaries - Infection Control	3,696.23	23,407.50	7,291.84		34,395.57	10 A12b2	
45011	Salaries - Nursing Administration	6,423.49	2,370.49	3,878.16	(4,006.36)	8,665.78	10 A2.3	
45014	Salaries - R.N. / L.P.N. - Light Duty	0.00	0.00			0.00	10 A12b2	
45015	Salaries - C.N.A. - Light Duty	0.00	0.00			0.00	10 A12d	
45016	Salaries - Other Nursing - Light Duty	0.00	0.00			0.00	10 A12d	
45017	Salaries - MDS Coordinator	37,251.58	112,247.94	20,480.75	(6,494.96)	163,485.31	10 A12b2	
45022	Purchased Services - HPS (RN-CCNH)	5,089.00	4,829.00		(9,918.00)	0.00	13 B11a	
45023	Purchased Services - HPS (LPN-CCNH)	0.00	0.00			0.00	13 B11b	
45024	Purchased Services - HPS (CNA-CCNH)	0.00	0.00			0.00	13 B11c	
45025	Equipment Lease Nursing	14,740.70	14,270.49	3,300.00		32,311.19	20 5c	
45032	Purchased Services - HPS (RN-RHNS)	0.00	0.00			0.00	13 B11a	
45033	Purchased Services - HPS (LPN-RHNS)	0.00	0.00			0.00	13 B11b	
45034	Purchased Services - HPS (CNA-RHNS)	0.00	0.00			0.00	13 B11c	
45035 ...	Purchased Services - R.N. (CCNH)	0.00	55,546.59			55,546.59	13 B11a	
45036 ...	Purchased Services - L.P.N. (CCNH)	0.00	5,672.25			5,672.25	13 B11b	
45037 ...	Purchased Services - Aides (CCNH)	0.00	0.00			0.00	13 B11c	
45041	Purchased Services - Other	0.00	0.00			0.00	13 B12	
45045	Nursing Station Supplies	1,217.37	5,529.20	260.01		7,006.58	20 5j	
45046	Prescription Drugs - Medicare	162,453.72	249,035.39			411,489.11	20 5a	30 #27
45047	Prescription Drugs - Medicaid	0.00	3,472.72			3,472.72	20 5a	
45048	Prescription Drugs - Private	0.00	0.00			0.00	20 5a	30 #27
45049	Prescription Drugs Managed Care	40,869.58	139,165.86			180,035.44	20 5a	30 #27
45050	Medical Supplies	46,002.90	99,251.07	2,220.45	(3,482.46)	143,991.96	20 5c	
45051	Medicare Part B Billable	0.00	0.00			0.00	205c	
45052	Medical Equipment Purchases	4,776.53	22,053.85	175.21	(29.46)	26,976.13	20 5c	
45055	O.T.C. Medical Supply	27,394.75	40,529.53	299.22		68,223.50	20 5c	
45058	Rehab Service Supplies	0.00	0.00			0.00	205j	
45060	Oxygen - Private	166.50	831.50			998.00	20 5e2	29 #32
45061	Oxygen - Medicare	2,168.00	5,674.00			7,842.00	20 5e2	29 #32
45062	Oxygen - Medicaid	2,041.50	7,594.00			9,635.50	20 5e2	
45063	Oxygen - Managed Care	841.00	2,190.50			3,031.50	20 5e2	29 #32
45065	I.V. Therapy Services	21,365.25	53,507.23			74,872.48	20 5j	29 #34
45070	Laboratory Services	13,256.57	37,162.83			50,419.40	20 5h	29 # 30
45075	Diagnostic Services	5,910.69	26,483.17	493.04	(24.12)	32,862.78	20 5f	29 # 29
50001	Salaries - Dietitians	13,652.79	35,078.51	2,380.37	(1,570.45)	49,541.22	10 A5a	
50002	Salaries - Chefs, Cooks	48,005.98	130,985.44	7,942.06	(6,499.04)	180,434.44	10 A5c	
50003	Salaries - Helpers, Dishwashers	52,965.66	147,211.95	52.80	(2,637.71)	197,592.70	10 A5c	
50004	Salaries - Food Service Supervisor	12,238.10	39,909.27	4,280.05	(2,884.45)	53,542.97	10 A5b	
50005	Salaries - Dietary - Light Duty	0.00	0.00			0.00	10 A5c	
50030	Consultant Fee - Dietary	0.00	0.00			0.00	13B1	
50035	Purchased Services - Dietary	102.12	944.64			1,046.76	18 2b	
50036	Equipment Lease - Dietary	0.00	0.00			0.00	18 2a1	
50040	Supplies - Dietary	10,939.82	26,719.20			37,659.02	18 2a2	
50041	Other Expenses - Dietary	0.00	0.00			0.00	18 2a2	
50050	Food Supplies - HPC/Thurston	55,867.12	159,582.78			215,449.90	18 2a1	
50051	Food Supplies - Dairy	5,128.59	14,486.82			19,615.41	18 2a1	

50052	Food Supplements	2,925.97	8,595.60	47.70	(142.13)	11,427.14	18 2a1	
50053	Enteral Feeding Supplies	0.00	763.81			763.81	18 2a1	
50054	Food Supplies - Other	0.00	0.00			0.00	18 2a1	
50055	Foods Supplies - Rebates	0.00	0.00			0.00	18 2a1	
55001	Salaries - Laundry	25,942.76	71,070.89		(1,182.33)	95,831.32	10 A8b	
55002	Salaries - Laundry Supervisor	8,857.97	26,047.33	587.02	(2,431.84)	33,060.48	10 A8a	
55004	Salaries - Laundry - Light Duty	0.00	0.00			0.00	10 A8b	
55030	Purchased Service - Laundry	0.00	0.00			0.00	19 4b	
55031	Personal Laundry	0.00	0.00			0.00	19 3b	
55035	Linen & Bedding Supplies	2,301.35	5,454.17	311.99		8,067.51	19 3a4	
55036	Equipment Lease Laundry	0.00	0.00			0.00	19 3d	
55040	Laundry Supplies	3,542.16	11,187.17			14,729.33	19 3a1	
60001	Salaries - Housekeeping	34,972.17	101,350.85		(1,130.18)	135,192.84	10 A6b	
60002	Salaries - Housekeeping Supervisor	6,264.12	18,676.42		(917.41)	24,023.13	10A6a	
60003	Salaries - Housekeeping - Light Duty	0.00	0.00			0.00	10 A6b	
60030	Purchased Services - Housekeeping	16,255.59	43,348.24			59,603.83	20 4b	
60035	Supplies - Housekeeping	6,759.96	21,367.16			28,127.12	20 4a	
65001	Salaries - Recreation	24,500.94	66,642.79	3,949.51	(3,017.08)	92,076.16	10 A12h	
65030	Supplies - Recreation	307.97	812.67	16.86		1,137.50	20 5i	
65035	Other Expenses - Recreation	9,990.79	33,950.59	5.27		43,946.65	20 5i	
70010	Medical Director	10,500.00	31,500.00			42,000.00	13 B8a	
70011	Medical Staff/URC Meeting	400.00	1,200.00			1,600.00	13 B8b	
70012	Other Physician Fees	0.00	0.00			0.00	13 B8e	
70015	Pharmacist Fees	4,127.64	11,146.74			15,274.38	13 B3	
70025	Prescription Drugs Only	0.00	0.00			0.00	N/A	
70030	Personal Laundry	0.00	0.00			0.00	N/A	
70035	Dental Service	3,916.00	7,832.00			11,748.00	13 B2	
70036	Podiatrist Fees	0.00	0.00			0.00	13 B4	
70040	Hairdresser/Barber	0.00	0.00			0.00	16m6	
70047	Purchased Services - Physical Therapist	0.00	22,638.92			22,638.92	13 5a	
70048	Purchased Services - Speech Therapist	0.00	0.00			0.00	13 B9a	
70049	Purchased Services - Occupational Therapist	0.00	0.00			0.00	13 B10a	28 #6
70050	Inactive	0.00	0.00			0.00	N/A	
70052	Rehab. Services Supplies	3,798.03	19,550.27			23,348.30	20 5j	29 # 34
70060	Salaries - Rehab Director	8,552.46	62,294.09	3,293.84	(8,552.46)	65,587.93	10 A12e	
70062	Salaries - Therapy Technicians	11,123.00	24,983.79	1,961.04	(1,994.30)	36,073.53	10 A12e	
70065	Salaries - Physical Therapy Assistant	60,017.90	127,917.04	2,050.89	(6,382.47)	183,603.36	10 A12e	
70066	Salaries - Per Diem PT Assistant	8,867.79	32,914.75			41,782.54	10 A12e	
70067	Salaries - Physical Therapist	56,120.45	186,763.20	5,829.87	(4,828.45)	243,885.07	10 A12e	
70068	Salaries - Per Diem Physical Therapist	4,613.75	16,922.50			21,536.25	10 A12e	
70070	Salaries - Certified Occupational Therapist	54,977.84	132,980.31	7,808.48	(6,889.50)	188,877.13	10 A12g	28 #3
70071	Salaries - Per Diem Certified OT	637.50	7,621.25			8,258.75	10 A12g	28 #3
70072	Salaries - Occupational Therapist	30,632.76	178,192.79	11,441.08	(4,047.78)	216,218.85	10 A12g	28 #3
70073	Salaries - Per Diem Occupational Therapist	12,513.50	18,992.50			31,506.00	10 A12g	28 #3
70075	Salaries - Speech Therapist	23,455.70	68,661.23	9,233.19	(5,034.43)	96,315.69	10 A12f	
70076	Salaries - Per Diem Speech Therapist	367.50	373.50			741.00	10 A12f	
71050	User Fee	144,113.00	409,953.00			554,066.00	15 1k3	

76000	Interest	603.92	340.91		944.83	27 12D	29 #49
78010	Salaries - Owner	6,250.00	0.00		6,250.00	36 G1	
79010	Depreciation of Non Moveable Equipment	556.70	1,757.61	(335.11)	1,979.20	22 7c	
79011	Depreciation of Moveable Equipment	6,036.40	18,203.26	(84.22)	24,155.44	22 7d	
79015	Depreciation of Auto & Truck	0.00	0.00		0.00	31B7	
79025	Amortization of Leasehold Improvements.	15,259.40	43,408.07	(669.18)	57,998.29	22 8a	
82010	CT State Income Tax	0.00	250.00		250.00	15 j1	
82050	Provider Specific Tax	0.00	0.00		0.00	15j1	

\$451,189.83      (451,189.83)  
**Variance (must be \$0.00)**                      0.00

**Total Assets**    2,707,533.97  
**Total Liabilities**    340,529.29  
**Total Revenue**    (13,006,566.00)  
**Total Expenses**    12,036,172.80

<b>Analysis Accounts</b>
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**Cost Report References**

		Report Page/Line #	Self Disallow Page/Line #
<b>35098 Misc. Income - Other</b>	<b>9,830.86</b>		
Meal Revenue		30 IV 1	28 #24
Account W/O	100.84	30 IV 4	29 #43
UHC/Optimum	<b>10,281.00</b>	30 IV 8	
Resident Refunds	<b>(2,400.52)</b>		
Fica	<b>170.48</b>		
Business Use tax	<b>60.61</b>		
Medical Records	<b>290.25</b>	30 IV 8	
Dept of Rehab Services	<b>20.00</b>	31 IV 8	
Stat of New York	<b>10.00</b>	32 IV 8	
US Treasury	<b>1,298.20</b>	33 IV 8	
<b>Total Misc. Income - Other</b>	<b>9,830.86</b>		
<b>41001 Salaries - Administrator</b>	<b>79,071.35</b>		
Administrator	79,071.35	10 A2	
Asst Administrator/AIT	0.00	10 A3	
<b>Total Administrator</b>	<b>79,071.35</b>		
<b>41025 Employee Benefits</b>	<b>20,363.27</b>		
Holiday Parties	274.96	16 12	
Employee gifts/ recognition	20,088.31	16 13	28 #23 2
<b>Total Employee Benefits</b>	<b>20,363.27</b>		
<b>41037 Consulting Fees - Other</b>	<b>36,150.17</b>		

Social Worker	0.00	13 B3	
Data Integrity Auditor	3300	13 B12	
MDS Consultant	28960.17		
Purchasing Consultant	2053		
Admission Discharge Consultant	1837		
<b>Total Consulting Fees - Other</b>	<b>36,150.17</b>		
<b>45041 Purchase Service - Other</b>	<b>0.00</b>		
Pharmacy Consult		16 m13	28 #23 5
Wound Consultant		16 m13	28 #23 6
<b>Total Consulting Fees - Other</b>	<b>0.00</b>		
<b>41090 Misc. Expense</b>	<b>128.22</b>		
Resident Expenses	0.00		28 #23 5
Prior Period Adj/Account W/O	127.62		28 #23 6
Settlement	0.00		
State Penalty	0.00		
User Fee Audit Expense	0.60		
SUTA Tax	0.00		
<b>Total Misc. Expense</b>	<b>128.22</b>		
<b>70012 Physician Fees</b>	<b>0.00</b>		
Psychiatrist	0.00	13 B8de	
Eye Doctor	0.00	13 B8de	
<b>Total Physician Fees</b>	<b>0.00</b>		
<b>41041 Advertising - Public Relations</b>	<b>29,864.15</b>		
Public Relations	29,864.15	16 m3	28 #18
Directory Advertising	0.00		
<b>Total Advertising - Public Relations</b>	<b>29,864.15</b>		
<b>41052 Telephone</b>	<b>27,004.16</b>		
Telephone & Beepers	27,004.16	15 1h1	
Cell Phones	0.00	15 1h2	
<b>Total Telephone</b>	<b>27,004.16</b>		
<i>(check G/L account 41052 for possible cell or beeper reclass J/E)</i>			
<b>41039 Dues &amp; Membership</b>	<b>9,145.36</b>		
Dues & Membership	8,565.36	16 m8	
Chamber of Commerce	580.00	16 m8a	28 #23 3
<b>Total Dues &amp; Membership</b>	<b>9,145.36</b>		
<i>(most homes should have, may need to check other accounts)</i>			

**Apple Rehab Watertown**  
Cost Year 2017

J/E #	DB	AMOUNT	ACCOUNT TITLE	CR	AMOUNT	Reverse CY 2017
1	45045	79.28	Nursing Station Supplies			
1	41060		Purchased Services & Repair			
1	41061	295.93	Maintenance & Repair Supplies			
1	41066	202.26	Refuse Removal / Recyclables			
1	55035	311.99	Linen & Bedding Supplies			
1	65030	16.86	Supplies - Recreation			
1	41041	52.96	Advertising - Public Relations			
1	65035	5.27	Other Expenses - Recreation			
1	45052	110.49	Medical Equipment Purchases			
1	41046	26.96	In Service Fees			
1				Sales Tax	41086	1,102.00
			<b>Allocate Sales Tax</b>			
2				Salaries - Clerical	41002	452.49
2				Salaries - Accounting	41003	4,501.43
2				Salaries - Social Service	41004	2,126.32
2				Salaries - Staff Development	41008	68.31
2				Salaries - RN	45001	19,382.53
2				Salaries - LPN	45002	26,892.85
2	45003	214.56	Salaries - Aides (CCNH)			
2				Salaries - ADNS	45004	5,922.58
2				Salaries - DNS	45005	6,917.15
2				Salaries - Nursing Admin	45011	3,545.03
2				Salaries - MDS	45017	5,618.43
2				Salaried - Dietician	50001	1,570.45
2				Salaries - Chef, Cooks	50002	4,843.46
2	50003	52.80	Salaries - Dietary Aid, Dishwasher			
2				Salaries - Food Service Suprv	50004	2,501.65
2				Purchased Services - Physical Therapist	55002	1,954.88
2				Salaries - Recreation	65001	3,017.08
2				Salaries - Rehab Director	70060	8,552.46
2				Salaries - PT Tech	70062	1,994.30
2				Salaries - Physical Therapy Assistant	70065	6,382.47
2				Salaries - Physical Therapist	70067	4,828.45
2				Salaries - Certified Occupational Therapist	70070	6,889.50
2				Salaries - Occupational Therapist	70072	3,580.00
2				Salaries - Speech Therapist	70075	5,034.43
2	20601	126,308.89	Accrued PTO			
			<b>Reverse 12/16 PTO Accrual</b>			
3	41002	1,026.08	Salaries - Clerical			
3	41003	6,284.09	Salaries - Accounting			
3	41004	2,683.80	Salaries - Social Service			
3	45001	20,163.85	Salaries - RN			
3	45002	19,129.82	Salaries - LPN			
3				Salaries - Aides (CCNH)	45003	649.74
3	45004	254.72	Salaries - ADNS			
3	45005	7,022.13	Salaries - DNS			
3	45010	7,291.84	Salaries - Infection Control			
3	45011	3,878.16	Salaries - Nursing Admin			
3	45017	9,290.61	Salaries - MDS			
3	50001	2,380.37	Salaried - Dietician			
3	50002	7,942.06	Salaries - Chef, Cooks			
3				Salaries - Helpers, Dishwashers	50003	53.80
3	50004	4,280.05	Salaries - Food Service Suprv			
3	55002	587.02	Purchased Services - Physical Therapist			
3	65001	3,949.51	Salaries - Recreation			
3	70060	3,293.84	Rehab Director			
3	70062	1,961.04	Salaries - PT Tech			
3	70065	2,050.89	Salaries - Physical Therapy Assistant			
3	70067	5,829.87	Salaries - Physical Therapist			
3	70070	7,808.48	Salaries - Certified Occupational Therapist			
3	70072	11,441.08	Salaries - Occupational Therapist			
3	70075	9,233.19	Salaries - Speech Therapist			



3					20601	137,078.96	
			<b>Accrue 9/30/17 PTO</b>				
4	41027	691.69	Corporate Management Fee				
4				Due Affiliate - Corporate	20200	691.69	
			<b>Allocate Interest Income</b>				
5	41001	16,018.61	Salaries - Administrator				
5				Accrued PTO	20200	16,018.61	
			<b>Accrue Administrator PTO 9/17</b>				
6	41028	9,918.00	Healthport Indirect				
6				Purchased Services - HPS (RN-CCNH)	45022	9,918.00	
6	41036	6,235.63	Consulting Fees - Social Service				
6				Consulting Fees - Other	41037	6,235.63	
6	41025	4,625.05	Employee Benefits				
6				Advertising-Public Relations	41041	4,625.05	
			<b>Reclass</b>				
7				Diagnostic Services	45075	24.12	
7				Medical Supplies	45050	3,482.46	
7				Medical Equipment Purchases	45052	29.46	
7				Food Supplements	50052	142.13	
7				Fixed Asset Clearing A/C	16599	1,111.00	
7	22050	4789.17	Accrued Expenses -Other				
			<b>To reverse captured year ending 9/30/2016 invoices and adjustments.</b>				
8	10401	2,561.76	Exchange				YES
8	10401	2561.76	Exchange				YES
8				Misc Income	35098	2561.76	YES
8				Medicare Recoupment	31032	2561.76	YES
			<b>To reclass amounts to proper accounts</b>				
9	35098	25154.58	Misc Income				
9				Exchange	10401	25,154.58	
			<b>To reclass amounts to proper accounts</b>				
10	15502	1,399.91	Movable Equipment				
10	16501	81.00	Leasehold improvements				
10				Non-movable equipment	15501	475.91	
10				Retained Earnings	28000	1,005.00	
			<b>To reclass per previous yrs</b>				
10	28000	400.00	Retained Earnings				
10				Movable Equipment	15502	400.00	
			<b>To allocate 1999 Sales Tax</b>				
10	15502	6,098.00	Movable Equipment				
10				Retained Earnings	28000	6,098.00	
			<b>Payroll equip from corp per previous years</b>				
11	15502	7,844.04	Moveable Equipment				
11	28000	2,007.66	Retained Earnings				
11	15502	3,351.06	Moveable Equipment				
11				Non Moveable Equipment	15501	3,351.06	
11				Leasehold Improvements	16501	7,844.04	
11				Leasehold Improvements	16501	2,007.66	
			<b>To reclass assets</b>				
12				Salaries - Clerical	41002	510.79	
12				Salaries - Accounting	41003	956.63	
12				Salaries - Social Service	41004	861.53	
12				Salaries - Maintenance	41006	420.90	
12				Salaries - Staff Development	41008	461.85	
12				Salaries - RN	45001	8,366.83	
12				Salaries - LPN	45002	9,276.99	
12				Salaries - Aides (CCNH)	45003	14,509.95	
12				Salaries - ADNS	45004	60.90	
12				Salaries - DNS	45005	1,415.20	



Facility: Apple Rehab Watertown  
 Cost Year 9/30/2017  
 Reconciliation of Revenue, Expenses, Balance Sheet

	<u>Expenses</u>	<u>Revenue</u>	<u>Assets</u>	<u>Liabilities</u>
Per Trial Balance	12,036,172	13,006,566	2,707,534	(340,529)
Per Cost Report	12,029,922	13,006,566	4,339,987	1,291,923
<b>Difference</b>	<b>6,250</b>	<b>0</b>	<b>1,632,453</b>	<b>(1,632,453)</b>
21035-21060 - Payroll W/H				
10401-10403 Exchange			27,920	(27,920)
35098- Meal Revenue				
20110- A/P-Patient Exchange			3,844	(3,844)
20218 - Due Affiliate			1,506,540.76	(1,506,540.76)
201115- A/P Other			94,148	(94,148)
78010 - Owners Salary	6,250.00			
13002 - Prepaid Ins				
<b>Difference</b>	<b>6,250</b>	<b>0</b>	<b>1,632,453</b>	<b>(1,632,453)</b>
	0	0	0	0

**AR Watertown  
Fixed Asset Schedule  
9/30/2017**

Asset Class	Asset ID	Asset Description	Place in Service Date	Cost Basis	LTD Depreciation Amount	Net Book	VYTD Depreciation Amount		
							10/1/16 - 12/31/1	1/1/17 - 9/30/17	
<b>Non Moveable Equipment</b>									
NME-8	0709002	garbage disposal (Precision Electric)	11/1/2007	2,318.75	2,318.75	-	-	-	-
NME-15	0709018	CIRCULATOR PUMP (ALERT)	2/1/1995	1,547.60	1,547.60	-	-	-	-
NME-15	0709019	walk-in freezer condensor unit (Perfecte	8/1/2008	4,165.24	2,568.54	1,596.70	69.42	208.26	
NME-15	0709020	walk-in freezer condenser and coil (Perf	8/1/2009	5,032.00	2,767.66	2,264.34	83.83	251.64	
NME-10	0709006	ARJO HOSP. (2 SIT BATH)	11/1/1989	6,678.59	6,678.59	-	-	-	-
NME-10	0709007	RYKOFF-SEXTON(PRE-RINSE U)	11/1/1989	186.82	186.82	-	-	-	-
NME-10	0709009	Wattsaver(Overbed Fixtures)	4/1/1993	791.87	791.87	-	-	-	-
NME-10	0709010	Supply(Bedpan Cleaner)	12/1/1993	10,595.42	10,595.42	-	-	-	-
NME-10	0709012	WHIRLPOOL (ALPHA-MED)	5/1/1997	2,888.72	2,888.72	-	-	-	-
NME-10	0709014	A\C COMPRESSOR (MJ DALY)	5/1/1998	1,647.24	1,647.24	-	-	-	-
NME-10	0709015	FREEZER COMPRESSOR (MJ DALY)	5/1/1998	1,576.08	1,576.08	-	-	-	-
NME-10	0709016	repairs to walk-in freezer (Perfectemp)	9/1/2008	1,284.43	1,188.04	96.39	32.14	96.30	
NME-10	0712003	Ice Machine	1/10/2012	3,351.06	1,759.36	1,591.70	83.74	251.37	
NME-10	0713025	roam alert wander detection system	6/11/2013	7,741.22	3,290.01	4,451.21	193.53	580.59	
NME-10	0713025A	door contoller	7/9/2013	1,793.10	762.05	1,031.05	44.85	134.46	
NME-10	0716061	Install of Walk-In Freezer Evaporator	3/15/2016	3,133.00	391.64	2,741.36	49.19	234.99	
<b>Non Moveable Equipment as of 09/30/17</b>				<b>54,731.14</b>	<b>40,958.39</b>	<b>13,772.75</b>	<b>556.70</b>	<b>1,757.61</b>	
<b>Depreciation 10/1/16 - 9/30/2017</b>								<b>2,314.31</b>	
<b>Cost Report Adjustments</b>									
			To Moveable Equipment		(\$475.91)				\$0.00
	0712003		Ice Machine	1/10/2012	(\$3,351.06)				(\$335.11)
<b>Adjusted Balance 9/30/17</b>					<b>50,904.17</b>				<b>\$1,979.20</b>
			Prior Period		50,904.17	p			\$1,979.20 p
			Retired (See Attached)		\$0.00				\$0.00
			Current Period		-				-
<b>Moveable Equipment</b>									
ME-10	0709072	CARSTENS (CHART SYSTM)	8/1/1986	2,091.34	2,091.34	-	-	-	-
ME-10	0709083	RYKOFF SEX (SLICER)	10/1/1989	837.00	837.00	-	-	-	-
ME-10	0709085	CHECKMARK (RAILS,FILES)	10/1/1989	1,661.69	1,661.69	-	-	-	-
ME-15	0709176	MEDLINE (OVERBED TABLE)	11/1/1989	125.63	125.63	-	-	-	-
ME-15	0709177	ARJO HOSP.(ELEC.LIFT HYG.CHR)	11/1/1989	2,996.15	2,996.15	-	-	-	-
ME-15	0709178	KENTCO (FURN. FOR SOC. SERV.)	11/1/1989	2,299.42	2,299.42	-	-	-	-
ME-15	0709179	KENTCO (FURN FOR LIBRARY)	11/1/1989	1,266.35	1,266.35	-	-	-	-
ME-15	0709180	KENTCO (PRIV. DINING RM)	11/1/1989	161.25	161.25	-	-	-	-
ME-15	0709181	KENTCO (EXISTING DIN. RM)	11/1/1989	1,429.75	1,429.75	-	-	-	-
ME-15	0709182	KENTCO (DON)	11/1/1989	1,658.19	1,658.19	-	-	-	-
ME-15	0709183	KENTCO (ADMINISTRATOR)	11/1/1989	2,246.75	2,246.75	-	-	-	-
ME-15	0709184	KENTCO (ACTIVITIES RM.)	11/1/1989	1,660.88	1,660.88	-	-	-	-

ME-15	0709185	KENTCO (LOBBY/VESTIBULE)	11/1/1989	5,186.88	5,186.88	-	-
ME-15	0709186	KENTCO (SNF DINING)	11/1/1989	161.25	161.25	-	-
ME-15	0709187	KENTCO (ICF DINING)	11/1/1989	6,256.50	6,256.50	-	-
ME-15	0709188	KENTCO (SNF + ICF RECREATION)	11/1/1989	2,657.40	2,657.40	-	-
ME-15	0709189	KENTCO (LOUNGE)	11/1/1989	3,491.60	3,491.60	-	-
ME-15	0709190	KENTCO (LOUNGE)	11/1/1989	2,147.85	2,147.85	-	-
ME-15	0709191	KENTCO (STAFF DINING)	11/1/1989	1,021.25	1,021.25	-	-
ME-15	0709192	KENTCO (ART AND ACCESSORIES)	11/1/1989	3,239.61	3,239.61	-	-
ME-15	0709193	KENTCO (60 OVERBED TABLES)	11/1/1989	5,229.02	5,229.02	-	-
ME-15	0709194	KENTCO (60 MIRRORS)	11/1/1989	3,225.00	3,225.00	-	-
ME-15	0709195	KENTCO (20 TABLES)	11/1/1989	5,545.80	5,545.80	-	-
ME-15	0709196	KENTCO (2 TABLES)	11/1/1989	702.00	702.00	-	-
ME-15	0709197	KENTCO (2 LOVESEATS)	11/1/1989	1,404.00	1,404.00	-	-
ME-15	0709198	KENTCO (1 DESK CHAIR)	11/1/1989	375.17	375.17	-	-
ME-15	0709199	KENTCO (2 LOWBOYS)	11/1/1989	1,171.76	1,171.76	-	-
ME-15	0709200	KENTCO (8 END TABLES)	11/1/1989	2,227.40	2,227.40	-	-
ME-15	0709201	KENTCO (2 LOVESEATS)	11/1/1989	1,902.76	1,902.76	-	-
ME-15	0709202	KENTCO (1 TABLE)	11/1/1989	375.17	375.17	-	-
ME-15	0709203	KENTCO (1 BRASS GLOBE)	11/1/1989	295.63	295.63	-	-
ME-15	0709204	KENTCO (4 FLIP TOP SERVERS)	11/1/1989	3,332.52	3,332.52	-	-
ME-15	0709205	KENTCO (1 PEDESTAL TBL)	11/1/1989	1,397.49	1,397.49	-	-
ME-15	0709206	KENTCO (8 CHAIR SEATS)	11/1/1989	1,720.00	1,720.00	-	-
ME-15	0709207	KENTCO (2 CHAIR SEATS)	11/1/1989	483.75	483.75	-	-
ME-15	0709208	KENTCO (36 CHAIR SEATS)	11/1/1989	7,314.30	7,314.30	-	-
ME-15	0709209	KENTCO (3 HUNT BOARDS)	11/1/1989	2,789.64	2,789.64	-	-
ME-15	0709210	KENTCO (6 FOLDING TABLES)	11/1/1989	632.10	632.10	-	-
ME-15	0709211	KENTCO (1 DESK CHAIR)	11/1/1989	381.62	381.62	-	-
ME-15	0709212	KENTCO (1 COCKTAIL TABLE)	11/1/1989	381.62	381.62	-	-
ME-15	0709213	KENTCO (2 END TABLES)	11/1/1989	750.35	750.35	-	-
ME-15	0709214	KENTCO (2 ROUND TABLES)	11/1/1989	354.75	354.75	-	-
ME-15	0709215	KENTCO (1 LAMP TABLE)	11/1/1989	241.88	241.88	-	-
ME-15	0709216	KENTCO (1 BRASS TRAY TABLE)	11/1/1989	353.68	353.68	-	-
ME-15	0709217	KENTCO (1 HOME ENTERTAIN.CNTR)	11/1/1989	1,716.78	1,716.78	-	-
ME-15	0709218	KENTCO (1 GAME TABLE)	11/1/1989	833.11	833.11	-	-
ME-15	0709219	KENTCO (1 BRASS TRAY TABLE)	11/1/1989	375.17	375.17	-	-
ME-15	0709220	KENTCO (2 END TABLES)	11/1/1989	556.85	556.85	-	-
ME-15	0709221	KENTCO (4 WALL SCANCES)	11/1/1989	322.50	322.50	-	-
ME-15	0709222	KENTCO (4 CHANDELIERS)	11/1/1989	3,375.50	3,375.50	-	-
ME-15	0709223	KENTCO (60 HI-LOW BEDS)	11/1/1989	28,081.08	28,081.08	-	-
ME-15	0709224	KENTCO (60 3-DRAWER N-STANDS)	11/1/1989	11,647.15	11,647.15	-	-
ME-15	0709225	KENTCO (28 6 DRAWER N-STANDS)	11/1/1989	14,040.73	14,040.73	-	-
ME-15	0709226	KENTCO (4 3 DRAWER DRESSERS)	11/1/1989	955.15	955.15	-	-
ME-15	0709227	KENTCO (60 PATIENT MATTRESSES)	11/1/1989	4,924.80	4,924.80	-	-
ME-15	0709228	KENTCO (SALES TAX ON INVOICES)	11/1/1989	611.66	611.66	-	-
ME-15	0709229	ARJO HOSP (ELEC.LFT HYG.CHAIR)	11/1/1989	3,071.72	3,071.72	-	-
ME-15	0709230	ALL CARE (TRANS AID LIFTER)	11/1/1989	2,526.92	2,526.92	-	-
ME-15	0709231	WTBY GLASS (8 TABLE TOPS)	11/1/1989	561.60	561.60	-	-

ME-15	0709232	UHF PURCH. (16 CHAIRS)	11/1/1989	690.12	690.12	-	-
ME-15	0709233	KENTCO (LIBRARY)	11/1/1989	849.25	849.25	-	-
ME-15	0709234	KENTCO (EXISTING DINING RM)	11/1/1989	177.38	177.38	-	-
ME-15	0709235	KENTCO (DON)	11/1/1989	688.00	688.00	-	-
ME-15	0709236	KENTCO (ADMINISTRATOR)	11/1/1989	354.74	354.74	-	-
ME-15	0709237	KENTCO (ACTIVITIES RM)	11/1/1989	210.70	210.70	-	-
ME-15	0709238	KENTCO (LOBBY/VESTIBULE)	11/1/1989	1,144.87	1,144.87	-	-
ME-15	0709239	KENTCO (HIGHBACK CHAIRS)	11/1/1989	9,675.00	9,675.00	-	-
ME-15	0709240	HUDSON MED (SHOWER CHAIR)	11/1/1989	499.64	499.64	-	-
ME-15	0709241	WTBY GLASS (GLASS TBL CHAIR)	11/1/1989	772.20	772.20	-	-
ME-15	0709242	WTBY GLASS (GLASS TBL)	11/1/1989	70.20	70.20	-	-
ME-10	0709087	KENTCO (60 LAMPS)	11/1/1989	2,322.00	2,322.00	-	-
ME-10	0709088	KENTCO (5 MIRRORS)	11/1/1989	1,612.50	1,612.50	-	-
ME-10	0709089	KENTCO (1 MIRROR)	11/1/1989	215.00	215.00	-	-
ME-10	0709091	HUDSON MED. (OPHTHALMIC HEAD)	11/1/1989	492.75	492.75	-	-
ME-10	0709093	VICTOR ROM (SUPPLY TUBS)	11/1/1989	1,894.10	1,894.10	-	-
ME-15	0709243	WTBY GLASS (GLASS TBL TOPS)	12/1/1989	454.68	454.68	-	-
ME-15	0709244	UHF PURCH (FEEDING TBL)	12/1/1989	375.78	375.78	-	-
ME-15	0709245	UHF (4 CHAIRS)	4/1/1990	520.13	520.13	-	-
ME-15	0709246	CHECKMARK (2 CHAIRS)	4/1/1990	257.04	257.04	-	-
ME-15	0709247	CHECKMARK (1 CHAIR)	4/1/1990	128.52	128.52	-	-
ME-15	0709248	KENTCO (1 TABLE)	4/1/1990	178.20	178.20	-	-
ME-15	0709249	KENTCO (1 COFFEE TABLE)	4/1/1990	420.12	420.12	-	-
ME-15	0709250	KENTCO (1 CONSOLE TABLE)	4/1/1990	567.00	567.00	-	-
ME-12	0709163	SAFEWAY (DOOR SIGNS)	4/1/1990	1,360.80	1,360.80	-	-
ME-10	0709094	HUDSON MED. (2 WHEELCHAIRS)	4/1/1990	478.00	478.00	-	-
ME-10	0709095	HUDSON MEDICAL (2 WHEELCHAIRS)	4/1/1990	478.00	478.00	-	-
ME-10	0709096	FRAME KING (ARTWORK) ADDED 4/91	2/1/1991	600.00	600.00	-	-
ME-10	0709097	FRAME KING (ARTWORK) ADDED 4/91	2/1/1991	650.00	650.00	-	-
ME-7	0709064	WANDERGUARD (PATIENT WRISTBANDS)	6/1/1991	1,807.60	1,807.60	-	-
ME-5	0709025	AGWAY (PATIO FURN.)	7/1/1991	312.12	312.12	-	-
ME-5	0709026	FARM. GARDENS (PATIO FURN)	7/1/1991	2,920.00	2,920.00	-	-
ME-5	0709027	NEW ENGLAND (VIDEO CAM & TV)	9/1/1992	1,251.86	1,251.86	-	-
ME-10	0709098	Kessler(Ultrasound)	1/1/1993	901.00	901.00	-	-
ME-5	0709028	Eastem(Baskets)	4/1/1993	113.67	113.67	-	-
ME-5	0709029	Recognition(Room Signs)	4/1/1993	296.80	296.80	-	-
ME-5	0709030	Health Complex(Wheelchairs)	4/1/1993	1,096.99	1,096.99	-	-
ME-5	0709031	Redline(Chair Recline)	4/1/1993	517.28	517.28	-	-
ME-5	0709032	Redline(Chair Recline)	4/1/1993	517.28	517.28	-	-
ME-5	0709033	Redline(Therm Electronic)	4/1/1993	475.94	475.94	-	-
ME-5	0709034	Checkmark(4-Draw File)	4/1/1993	560.74	560.74	-	-
ME-5	0709035	Health Care(Sphymomanometer)	4/1/1993	167.83	167.83	-	-
ME-15	0709251	Clafin(Beds)	4/1/1993	5,770.00	5,770.00	-	-
ME-15	0709252	Clafin(Mattresses)	4/1/1993	780.00	780.00	-	-
ME-12	0709164	Carstens(Med Trays)	4/1/1993	132.45	132.45	-	-
ME-12	0709165	Discount Desk(Workstations/Chairs)	4/1/1993	2,212.22	2,212.22	-	-
ME-12	0709166	Checkmark(Chair/Chairmat)	4/1/1993	233.47	233.47	-	-

ME-10	0709099	Clafin(Overbed Tables)	4/1/1993	903.75	903.75	-	-
ME-10	0709100	First Healthcare(Rack)	4/1/1993	821.60	821.60	-	-
ME-10	0709101	Clafin(Delivery Charges)	4/1/1993	695.00	695.00	-	-
ME-10	0709102	Red Line(Draw Cart)	4/1/1993	742.14	742.14	-	-
ME-10	0709103	Direct Supplies(Cart)	4/1/1993	719.57	719.57	-	-
ME-10	0709104	Warehouse(Delivery Cart)	4/1/1993	1,237.34	1,237.34	-	-
ME-10	0709105	Boston Trade(Pad Quilts)	4/1/1993	588.66	588.66	-	-
ME-10	0709106	Houseknecht(Install PT Tables)	4/1/1993	387.50	387.50	-	-
ME-10	0709107	American Medequip(Shower Chair)	4/1/1993	156.00	156.00	-	-
ME-10	0709108	Hartford Fire Equip(Cabinets)	4/1/1993	161.84	161.84	-	-
ME-10	0709109	Red Line(Chair)	4/1/1993	542.93	542.93	-	-
ME-10	0709110	Glaflin(Armchairs)	9/1/1993	2,493.87	2,493.87	-	-
ME-5	0709036	Health (Wheel Chair)	7/1/1994	795.00	795.00	-	-
ME-5	0709037	Health Comm(Wheelchairs)	12/1/1994	1,249.63	1,249.63	-	-
ME-5	0709038	Health Comm(Wheelchairs)	12/1/1994	544.84	544.84	-	-
ME-12	0709167	Clafli(Armchairs)	12/1/1994	2,980.00	2,980.00	-	-
ME-15	0709253	ELECTRIC HOSPITAL BEDS (B. BASSETT )	1/1/1995	1,600.00	1,600.00	-	-
ME-10	0709112	DRYER (YANKEE EQUIPMENT)	12/1/1995	2,332.00	2,332.00	-	-
ME-10	0709113	LAUNDRY SCALE (YANKEE EQUIPMENT)	12/1/1995	553.83	553.83	-	-
ME-10	0709115	FOOD PROCESSOR (UNITED)	1/1/1996	1,206.88	1,206.88	-	-
ME-10	0709114	DRYER (YANKEE EQUIPMENT)	2/1/1996	4,505.00	4,505.00	-	-
ME-5	0709039	3 Wheelchairs -rem desk arm (MOS)	12/1/1996	877.50	877.50	-	-
ME-10	0709116	WHEELCHAIR SCALE (SCALE-TRONIX)	2/1/1997	2,730.25	2,730.25	-	-
ME-10	0709117	AMREX ULTRASOUND COMBO (ALPHA-MED)	3/1/1997	2,868.75	2,868.75	-	-
ME-10	0709118	SALES TAX ABOVE 2 ITEMS	3/1/1997	335.94	335.94	-	-
ME-10	0709119	NICHOLAS MUSSLE TESTER (ALHA-MED)	4/1/1997	727.09	727.09	-	-
ME-10	0709120	MONARK ERGOMEDIC CYCLE (ALPHA-MED)	4/1/1997	958.30	958.30	-	-
ME-10	0709121	RCA STOVE (BROOKLYN APPLIANCE)	4/1/1997	758.96	758.96	-	-
ME-10	0709122	LANDICE TREADMILL (ALPHA-MED)	6/1/1997	4,120.00	4,120.00	-	-
ME-10	0709123	PARALLEL BARS/PLATFORM (ALPHA-MED)	7/1/1997	9,784.59	9,784.59	-	-
ME-10	0709124	SHOWER GURNEY (REDLINE)	9/1/1997	760.84	760.84	-	-
ME-5	0709040	SNOWBLOWER (J.DEERE)	11/1/1997	1,588.94	1,588.94	-	-
ME-8	0709065	VACUUM (RO-VIC)	2/1/1998	503.71	503.71	-	-
ME-8	0709066	VACUUM (RO-VIC)	2/1/1998	503.71	503.71	-	-
ME-8	0709067	4 CHAIRS (STAPLES)	2/1/1998	592.00	592.00	-	-
ME-10	0709125	WHEELCHAIR SCALE (SCALE-TRONICS)	3/1/1998	2,730.25	2,730.25	-	-
ME-10	0709126	PATIENT LIFT ACCESSORIES (REDLINE)	3/1/1998	1,907.78	1,907.78	-	-
ME-15	0709254	3 BIOCARE MATTRESSES (REDLINE)	4/1/1998	584.49	584.49	-	-
ME-10	0709127	TREATMENT CART (DIRECT SUPPLY)	4/1/1998	567.03	567.03	-	-
ME-10	0709128	ICE MACHINE (UNITED)	4/1/1998	2,007.64	2,007.64	-	-
ME-5	0709041	RECLINER WHEELCHAIR (ALIMED)	1/1/1999	784.06	784.06	-	-
ME-10	0709129	CLOTHES DRYER (YANKEE)	1/1/1999	5,671.00	5,671.00	-	-
ME-5	0709042	ACCUMAX MATTRESS (REDLINE)	4/1/1999	1,192.50	1,192.50	-	-
ME-15	0709255	PATIENT ROOM FURN (CLAFLIN)	7/1/1999	11,920.00	11,920.00	-	-
ME-15	0709256	BEDS (SIMMONS)	7/1/1999	6,485.00	6,485.00	-	-
ME-10	0709130	COMPRESSER (GCS)	8/1/1999	2,184.29	2,184.29	-	-
ME-5	0709043	DIGITAL COPIER (NORTHEAST COPY)	10/1/1999	7,928.80	7,928.80	-	-

ME-15	0709257	OVERBED TABLE BASES (CLAFLIN)	10/1/1999	1,697.89	1,697.89	-	-	-
ME-15	0709258	Patient Furniture (Claflin)	1/1/2000	16,320.00	16,320.00	-	-	-
ME-15	0709259	Patient Furniture (Simmon HC)	3/1/2000	6,937.15	6,937.15	-	-	-
ME-10	0709131	Hoyer Lift (Diller Medical)	7/1/2000	700.45	700.45	-	-	-
ME-5	0709044	carpet extractor (RoVic, Inc.)	9/1/2000	2,435.88	2,435.88	-	-	-
ME-15	0709260	freight reclass (Claflin)	9/1/2000	83.57	83.57	-	-	-
ME-15	0709261	freight reclass (Claflin)	9/1/2000	2,716.43	2,716.43	-	-	-
ME-15	0709262	freight reclass (Simmons)	9/1/2000	742.49	742.49	-	-	-
ME-10	0709132	public furniture 1 of 2 pmt (Kwalu, Inc.	9/1/2000	6,955.29	6,955.29	-	-	-
ME-10	0709133	public furniture 2 of 2 pmt (Kwalu, Inc.	11/1/2000	6,987.76	6,987.76	-	-	-
ME-15	0709263	reclass sales tax (Claflin)	12/1/2000	1,401.30	1,401.30	-	-	-
ME-10	0709134	food processor (TriMark)	2/1/2001	1,228.54	1,228.54	-	-	-
ME-10	0709135	freezer (TriMark)	3/1/2001	3,180.00	3,180.00	-	-	-
ME-15	0709264	10 over bed tables (Claflin)	12/1/2001	1,049.40	1,049.40	-	-	-
ME-15	0709265	10 ea bedside cabinets, 4 drawer dresser	12/1/2001	6,710.00	6,710.00	-	-	-
ME-10	0709136	hospital tray delivery cart (Tri Mark Un	12/1/2001	1,691.76	1,691.76	-	-	-
ME-15	0709266	10 armchairs, 6 drawer dresser (Claflin)	1/1/2002	2,754.03	2,754.03	-	45.90	91.81
ME-10	0709137	20qt floor model mixer (Tri Mark United	2/1/2002	2,273.70	2,273.70	-	-	-
ME-10	0709138	install hand scanner (Precision Electric	7/1/2002	699.60	699.60	-	-	-
ME-5	0709045	700 cubicle curtain hooks, 12 hand bell	9/1/2002	477.42	477.42	-	-	-
ME-5	0709046	cubicle curtains	9/1/2002	4,750.66	4,750.66	-	-	-
ME-5	0709047	10 curtain track ultra-cube, 8 elbow, 16	9/1/2002	638.85	638.85	-	-	-
ME-5	0709048	curtain hook, cubicle, roller	9/1/2002	377.09	377.09	-	-	-
ME-15	0709267	3-chrome shelf, hairdresser cabinets & d	9/1/2002	1,146.83	1,146.83	-	19.13	38.19
ME-10	0709139	S/S fridge (TriMark United East)	12/1/2002	2,316.10	2,316.10	-	-	-
ME-10	0709140	steamer replacement (TriMark United East	7/1/2003	3,201.20	3,201.20	-	-	-
ME-15	0709268	2-one door wardrobe (Claflin)	8/1/2003	250.00	237.53	12.47	4.16	12.51
ME-10	0709141	50 prints (Architectural Woodworking)	9/1/2003	4,718.00	4,718.00	-	-	-
ME-15	0709269	equipment purchased from sale of tractio	2/1/2004	1,601.50	1,414.71	186.79	26.67	80.10
ME-20	0709281	chart rack/accessories (carstens)	4/1/2004	1,509.78	1,000.23	509.55	18.88	56.61
ME-15	0709270	2 electric beds (Invacare Continuing Car	9/1/2004	1,386.60	1,224.80	161.80	23.14	69.30
ME-10	0709142	osize wheelchair scale (Scale-Tronix, In	2/1/2006	3,220.50	3,220.50	-	-	-
ME-5	0709049	cisco router (JKS Systems, LLC)	9/1/2006	3,029.06	3,029.06	-	-	-
ME-5	0709050	network upgrade (JKS Systems, LLC)	10/1/2006	772.21	772.21	-	-	-
ME-10	0709143	Maxi 500 lift/scale (ARJO, Inc.)	10/1/2006	4,506.96	4,506.96	-	-	-
ME-5	0709051	network cable drops (A&R Communications,	11/1/2006	445.20	445.20	-	-	-
ME-5	0709052	install router (JKS Systems, LLC)	12/1/2006	757.50	757.50	-	-	-
ME-5	0709053	copier (Advanced Copy)	1/1/2007	5,300.00	5,300.00	-	-	-
ME-15	0709271	18 electric beds (Chaflin)	3/1/2007	13,821.64	9,444.80	4,376.84	230.33	691.11
ME-15	0709274	electric bed (Sunrise Medical)	3/1/2007	700.00	478.37	221.63	11.66	35.01
ME-10	0709144	bedside chairs (Kwalu)	3/1/2007	5,277.60	5,277.60	-	131.94	263.88
ME-15	0709272	patient's furniture: headboard and mir	4/1/2007	24,711.92	16,886.48	7,825.44	411.85	1,235.61
ME-15	0709273	head and foot board bolt kits (Chaflin E	5/1/2007	106.18	72.57	33.61	1.77	5.31
ME-5	0709054	12 television sets (Kmart)	6/1/2007	3,625.07	3,625.07	-	-	-
ME-5	0709055	4 television sets (Kmart)	6/1/2007	1,208.36	1,208.36	-	-	-
ME-5	0709056	televisison sets (Kmart)	6/1/2007	4,820.88	4,820.88	-	-	-
ME-10	0709145	washer/extractor (Yankee Equipment)	7/1/2007	8,424.88	8,424.88	-	210.60	421.23



ME-5	0709057	flat screen TV (Office Depot)	9/1/2007	890.38	890.38	-	-	-
ME-10	0709146	chairs (Kwalu) DOWNPMT	11/1/2007	2,644.50	2,644.50	-	66.09	132.22
ME-10	0709147	bedside chairs (Kwalu)	11/1/2007	4,774.60	4,774.60	-	119.35	238.73
ME-10	0709148	reach-in refrigerator (Triple A)	1/1/2008	2,093.50	1,936.53	156.97	52.30	157.05
ME-10	0709149	tables (Crate and Barrel)	1/1/2008	843.71	780.42	63.29	21.10	63.27
ME-15	0709275	arm chairs (Claflin)	3/1/2008	8,793.86	5,422.86	3,371.00	146.61	439.65
ME-10	0709150	love seat (Claflin)	3/1/2008	1,968.83	1,821.17	147.66	49.19	147.69
ME-5	0709058	wireless pocket adapter (Tech Depot)	6/1/2008	70.38	70.38	-	-	-
ME-10	0709151	bariatric mat platform (Sammons Preston)	6/1/2008	3,612.79	3,341.87	270.92	90.29	270.99
ME-15	0709276	arm chair 50% dwnpmt (Kwalu)	7/1/2008	2,998.50	1,849.09	1,149.41	49.96	149.94
ME-10	0709152	manual slicer (Triple A Supplies)	8/1/2008	1,076.75	996.00	80.75	26.95	80.73
ME-10	0709153	exercise machine (NuStep)	9/1/2008	3,870.00	3,579.75	290.25	96.75	290.25
ME-10	0709154	quilt (Medline)	9/1/2008	2,646.65	2,448.23	198.42	66.13	198.54
ME-15	0709277	furniture, lamp and décor (Design Resourc	12/1/2008	2,199.44	1,356.33	843.11	36.65	109.98
ME-10	0709155	muscle stim machine (Sammons Preston)	12/1/2008	8,011.37	7,410.53	600.84	200.30	600.84
ME-10	0709156	patient sling, waist belt and handset (A	12/1/2008	1,045.91	967.50	78.41	26.11	78.48
ME-10	0709157	patient sling, handset, battery charger	12/1/2008	1,026.44	949.40	77.04	25.69	76.95
ME-10	0709158	slings for patient lifts (Arjo)	1/1/2009	889.97	734.28	155.69	22.22	66.78
ME-10	0709159	slings for patient lifts (Arjo)	1/1/2009	1,111.47	916.96	194.51	27.81	83.34
ME-5	0709059	photocopier (Advanced Copy)	2/1/2009	13,424.90	13,424.90	-	-	-
ME-5	0709060	washer repairs 1st install. (Yankee Equi	4/1/2009	1,600.00	1,600.00	-	-	-
ME-5	0709061	washer repairs 2nd install. (Yankee Equi	4/1/2009	1,356.80	1,356.80	-	-	-
ME-5	0709062	washer repairs 3rd install. (Yankee Equi	4/1/2009	710.86	710.86	-	-	-
ME-15	0709278	chairs (Corporate Connections)	5/1/2009	1,531.70	842.42	689.28	25.52	76.59
ME-10	0709160	2 patient lifts (Aaron Posnik)	6/1/2009	961.91	793.61	168.30	24.01	72.18
ME-5	0709063	washer repairs 4th install. Yankee Equip	8/1/2009	1,085.44	1,085.44	-	-	-
ME-15	0709279	chairs (WB Mason)	9/1/2009	1,558.20	857.04	701.16	25.94	77.94
ME-15	0709280	chairs, tables, pictures (Design Resourc	9/1/2009	2,224.86	1,223.64	1,001.22	37.08	111.24
ME-10	0709161	reach in freezer (Triple A)	9/1/2009	3,764.77	3,105.93	658.84	94.15	282.33
ME-10	0709162	refrigerator (Sid Miller's Appliance)	12/1/2009	444.60	366.84	77.76	11.07	33.39
ME-5	0709449	AED machine	12/2/2009	1,505.62	1,505.62	-	-	-
ME-12	0709456	Electric Low Bed	2/4/2010	1,578.00	953.39	624.61	32.86	98.64
ME-15	0709451	Head/Footboard, dresser, nightstand	2/25/2010	935.98	452.40	483.58	15.60	46.80
ME-5	0709459	Cameras and Recording Devices	8/25/2010	1,102.70	1,102.70	-	-	-
ME-15	0709473	Headboard/Footboard	10/7/2010	683.70	330.47	353.23	11.38	34.20
ME-5	0709464	Computer and Monitor	10/18/2010	344.17	344.17	-	-	-
ME-10	0709461	Steam Tables	10/21/2010	5,138.60	3,725.47	1,413.13	128.48	385.38
ME-10	0709471	Food Processor	3/28/2011	1,313.54	820.98	492.56	32.80	98.55
ME-5	0709472	Wifi	4/4/2011	825.68	825.68	-	-	-
ME-5	0709493	Computer for Nursing Station	4/26/2011	332.93	332.93	-	-	-
ME-10	0709475	Convection Oven (Gas)	4/29/2011	8,982.43	5,613.97	3,368.46	224.59	673.65
ME-5	0709476	Washer repairs - Bearing Housing	5/2/2011	2,817.06	2,817.06	-	-	-
ME-10	0709483	Patio Set	9/3/2011	1,386.18	866.36	519.82	34.67	103.95
ME-5	0709489	Notebook Computer (CDW Government)	9/14/2011	260.64	260.64	-	-	-
ME-5	0709490	Photo ID Printing Kit	9/27/2011	1,453.81	1,453.81	-	-	-
ME-15	0709507	7 Head/Footboards	10/1/2011	1,851.40	771.47	1,079.93	30.82	92.61
ME-5	0709500	Bladder Scanner	10/14/2011	9,778.91	9,778.91	-	-	-



**Leasehold Improvements**

LHI-10	0709334	IND. TIME (NUR CALL SYS)	12/1/1986	8,531.20	8,531.20	-	-	-
LHI-10	0709332	GLENKO DIST. (CENT. TUB)	1/1/1987	7,456.88	7,456.88	-	-	-
LHI-10	0709333	HOUSEKNECT (TUB INSTALL.)	2/1/1987	1,550.00	1,550.00	-	-	-
LHI-25	0709442	SUBURBAN PROPANE(PIPE DRYER)	9/1/1987	464.50	464.50	-	-	-
LHI-25	0709443	MARTIN PLUMBING(PIPE DRYER)	9/1/1987	688.06	688.06	-	-	-
LHI-20	0709411	HAISEKNECT (CABINETS)	5/1/1989	1,655.75	1,655.75	-	-	-
LHI-15	0709369	REPLACED STARTER PUMPS	11/1/1989	1,180.96	1,180.96	-	-	-
LHI-15	0709370	CONTRACTOR (SECURITY SYSTEM)	12/1/1989	2,511.80	2,511.80	-	-	-
LHI-5	0709287	CONTRACTOR (LOCKS)	4/1/1990	321.84	321.84	-	-	-
LHI-5	0709288	CONTRACTOR (LOCKS)	4/1/1990	500.00	500.00	-	-	-
LHI-5	0709294	MARTIN (BARBER SHOP EQUIP.)	4/1/1990	909.35	909.35	-	-	-
LHI-10	0709330	WEST STATE (LABOR)	4/1/1990	10,816.92	10,816.92	-	-	-
LHI-10	0709331	CONTRACTOR (HINGES)	4/1/1990	42.98	42.98	-	-	-
LHI-15	0709371	A.C.A.(MAGNETIC DOOR HOLDERS)	9/1/1991	4,086.30	4,086.30	-	-	-
LHI-5	0709295	Victor Rome(Drapes/Blinds)	11/1/1992	663.85	663.85	-	-	-
LHI-5	0709296	Wander Guard(Signal Divice)	4/1/1993	162.39	162.39	-	-	-
LHI-5	0709297	Houseknecht(Curtain Tracks)	4/1/1993	463.75	463.75	-	-	-
LHI-5	0709298	Direct Supplies(Cubicle Tracks)	4/1/1993	160.35	160.35	-	-	-
LHI-5	0709299	Wolff's(Traverse Rods)	4/1/1993	165.74	165.74	-	-	-
LHI-5	0709300	Florence Upholstery(Reupholster)	4/1/1993	757.04	757.04	-	-	-
LHI-5	0709301	Houseknecht Reno(Fencing)	4/1/1993	616.75	616.75	-	-	-
LHI-20	0709412	Orsini Electric(Install Electric)	4/1/1993	1,879.82	1,879.82	-	-	-
LHI-15	0709372	Total Comm(Intercom)	4/1/1993	1,109.66	1,109.66	-	-	-
LHI-15	0709373	Total Comm(Intercom)	4/1/1993	466.90	466.90	-	-	-
LHI-20	0709413	Houseknecht(Plumbing)	8/1/1994	1,526.40	1,526.40	-	-	-
LHI-10	0709335	Direct(Water Booster)	8/1/1994	1,329.99	1,329.99	-	-	-
LHI-10	0709336	Parking Lot Paving (Arrow Paving)	11/1/1996	34,310.00	34,310.00	-	-	-
LHI-20	0709414	Cogeneration Syst. (Aegis)	4/1/1997	98,957.00	98,957.00	-	1,236.97	2,473.92
LHI-20	0709415	Yankee Fin- Loan for above	4/1/1997	3,192.22	3,192.22	-	39.91	79.81
LHI-10	0709337	TELEPHONES (HENEGHAN)	4/1/1997	15,900.00	15,900.00	-	-	-
LHI-15	0709374	Zone Fire Panel (FPT)	8/1/1997	4,982.00	4,982.00	-	-	-
LHI-20	0709416	2 Elevator Beam Photo Eyes (Lonsdale)	9/1/1997	1,003.82	1,003.82	-	12.57	25.10
LHI-10	0709338	TELEPHONES (HENEGHAN)	9/1/1997	874.50	874.50	-	-	-
LHI-10	0709339	15 RAISED TOILET SEATS (NATIONAL)	4/1/1998	528.75	528.75	-	-	-
LHI-20	0709417	ELECTRICAL WIRING A/C UNITS (PRECISION)	7/1/1998	1,534.00	1,476.46	57.54	19.19	57.51
LHI-20	0709418	ELECTRICAL PANEL-CLOSET (PRECISION)	7/1/1998	1,898.45	1,827.24	71.21	23.73	71.19
LHI-20	0709419	ELECTRICAL PANEL-CLOSET (M.J. DALY)	7/1/1998	997.88	960.45	37.43	12.45	37.44
LHI-20	0709420	Water damage repairs *net of insurance*	3/1/1999	4,330.63	3,951.65	378.98	54.17	162.36
LHI-5	0709302	Window Treatments (Medline)	4/1/1999	931.50	931.50	-	-	-
LHI-5	0709303	Window Treatments (Medline)	5/1/1999	918.09	918.09	-	-	-
LHI-15	0709375	2 hot water storage tanks (HIPOINT)	10/1/1999	21,300.00	21,300.00	-	-	-
LHI-25	0709444	backflow preventor (FPT)	12/1/1999	9,862.24	7,199.40	2,662.84	98.66	295.83
LHI-15	0709376	air compressor (FPT)	12/1/1999	2,110.57	2,110.57	-	-	-
LHI-20	0709421	roof repairs (Classic Construction)	6/1/2000	8,700.00	7,503.75	1,196.25	108.75	326.25
LHI-5	0709304	cubicle curtains (Poseidon Supply Co)	2/1/2001	987.04	987.04	-	-	-
LHI-15	0709377	compressor replacement (Hipoint Heating)	5/1/2001	2,287.48	2,287.48	-	-	-

LHI-5	0709305	excavation (GW Maton Trucking, Inc.)	8/1/2001	3,620.96	3,620.96	-	-	-	-
LHI-5	0709306	storm drain cleaning (NEPCCO)	8/1/2001	1,226.95	1,226.95	-	-	-	-
LHI-5	0709307	30 cubicle curtains (Contract Furnishing	8/1/2001	3,068.70	3,068.70	-	-	-	-
LHI-15	0709378	handrails for upper level (Inpro Corpora	10/1/2001	5,923.98	5,923.98	-	-	-	-
LHI-5	0709308	accordion drapes (Victor Rome Contract F	12/1/2001	7,314.00	7,314.00	-	-	-	-
LHI-15	0709379	concrete entrance/sidewalk (Borrelli's P	5/1/2002	12,190.00	12,190.00	-	203.19	-	406.31
LHI-12	0709365	signage (Connecticut Signcraft, Inc.)	6/1/2002	3,990.90	3,990.90	-	-	-	-
LHI-10	0709340	replace heat circulator pump (HiPoint He	12/1/2002	2,201.23	2,201.23	-	-	-	-
LHI-15	0709380	Carrier condensing unit (National Refrig	6/1/2004	2,737.24	2,417.90	319.34	-	45.59	136.89
LHI-15	0709381	heat exchanger DHW (Aegis Energy Service	9/1/2004	1,780.00	1,572.37	207.63	-	29.66	89.01
LHI-10	0709341	wire patient rooms-tv (Precision Electri	9/1/2004	1,528.52	1,528.52	-	-	-	-
LHI-10	0709342	baseboard heat/install (Precision Electr	9/1/2004	1,966.67	1,966.67	-	-	-	-
LHI-15	0709382	heat exchanger (Aegis Energy Services, I	3/1/2005	2,320.34	1,894.94	425.40	-	38.68	116.01
LHI-10	0709343	sewage ejector pump (PJ Electric, Inc.)	8/1/2005	4,787.00	4,787.00	-	-	-	-
LHI-20	0709422	roof (Allerton Development, Inc.)	9/1/2006	17,887.00	10,061.45	7,825.55	-	223.58	670.77
LHI-20	0709423	roof (Allerton Development, Inc.)	10/1/2006	26,832.00	15,093.00	11,739.00	-	335.40	1,006.20
LHI-5	0709309	carpet down pmt (Commercial Flooring Con	12/1/2006	12,391.25	12,391.25	-	-	-	-
LHI-20	0709424	roof final pmt (Allerton Development, In	12/1/2006	26,831.00	15,092.48	11,738.52	-	335.35	1,006.20
LHI-15	0709383	design consulting (Design Resource Group	12/1/2006	2,800.00	2,100.06	699.94	-	46.63	140.04
LHI-15	0709384	lighting (Retrofit Design Lighting)	1/1/2007	8,188.50	5,595.46	2,593.04	-	136.49	409.41
LHI-5	0709310	carpet (Commercial Flooring)	2/1/2007	12,391.25	12,391.25	-	-	-	-
LHI-5	0709311	renovations - wall paper (Design)	3/1/2007	1,857.02	1,857.02	-	-	-	-
LHI-20	0709425	lighting fixtures (Precision Electrical)	3/1/2007	12,387.69	6,348.70	6,038.99	-	154.80	464.58
LHI-15	0709385	fire suppression (Fire Protection Team	3/1/2007	2,279.00	1,557.28	721.72	-	37.99	113.94
LHI-15	0709386	automatic overbed table (Claflin)	3/1/2007	3,305.66	2,258.84	1,046.82	-	55.14	165.24
LHI-10	0709344	new phone system for rehab unit (Total C	3/1/2007	2,627.56	2,627.56	-	-	65.66	131.35
LHI-5	0709312	paint (Sherwin Williams)	4/1/2007	527.83	527.83	-	-	-	-
LHI-20	0709426	Lighting fixtures (Retrofit Lighting)	4/1/2007	2,727.38	1,397.75	1,329.63	-	34.13	102.24
LHI-20	0709427	Ceiling tiles (Kamco)	4/1/2007	5,391.00	2,762.87	2,628.13	-	67.41	202.14
LHI-10	0709345	1 metal doors, 3 wood doors (Builders Ha	4/1/2007	1,144.80	1,144.80	-	-	28.62	57.24
LHI-20	0709428	ceiling (Classic Construction)	7/1/2007	3,723.00	1,908.02	1,814.98	-	46.56	139.59
LHI-5	0709313	wall paper (DL Couch)	9/1/2007	2,069.88	2,069.88	-	-	-	-
LHI-5	0709314	carpet (Commercial Flooring)	9/1/2007	25,418.49	25,418.49	-	-	-	-
LHI-25	0709445	sewage [Eastern Water Solutions)	9/1/2007	2,317.29	950.04	1,367.25	-	23.21	69.48
LHI-25	0709446	floats for sewage pump (Eastern Water So	9/1/2007	1,346.20	551.98	794.22	-	13.44	40.41
LHI-20	0709429	trees (Shermin Nurseries)	9/1/2007	932.19	477.71	454.48	-	11.69	34.92
LHI-20	0709430	artwork (Design Resource Group)	11/1/2007	1,008.19	516.69	491.50	-	12.61	37.80
LHI-10	0709346	cubicle curtains (Harbor Sales Corp.)	11/1/2007	3,635.80	3,635.80	-	-	90.88	181.79
LHI-20	0709431	artwork (Design Resource Group)	12/1/2007	669.02	342.89	326.13	-	8.34	25.11
LHI-10	0709347	pendant lights (Design Resource Group)	12/1/2007	430.89	430.89	-	-	10.78	21.54
LHI-10	0709348	3/4 plate glass w/ holes (Waterbury Glas	1/1/2008	980.50	906.96	73.54	-	24.52	73.53
LHI-10	0709349	lighting (Retrofit Design Lighting)	2/1/2008	4,344.99	4,019.14	325.85	-	108.61	325.89
LHI-5	0709315	cubicle curtains (Harbor Sales)	3/1/2008	1,388.01	1,388.01	-	-	-	-
LHI-5	0709316	cubicle curtains (Harbor Sales)	3/1/2008	76.35	76.35	-	-	-	-
LHI-5	0709317	window curtains (Medline)	4/1/2008	209.40	209.40	-	-	-	-
LHI-5	0709318	window curtains (Medline)	4/1/2008	2,948.28	2,948.28	-	-	-	-
LHI-12	0709366	signs (Recognition Express)	4/1/2008	2,060.16	1,588.07	472.09	-	42.89	128.79

LHI-5	0709319	carpet (Commercial Flooring)	5/1/2008	18,000.00	18,000.00	-	-	-
LHI-15	0709387	desks and cabinets nurse's station 1st	7/1/2008	2,438.00	1,503.37	934.63	40.67	121.86
LHI-5	0709320	cable drops and antennas - access point	8/1/2008	3,015.70	3,015.70	-	-	-
LHI-5	0709321	asbestos abatement (Superior/MGM Environ	8/1/2008	9,915.00	9,915.00	-	-	-
LHI-5	0709322	asbestos abatement (Superior/MGM Environ	9/1/2008	3,605.86	3,605.86	-	-	-
LHI-5	0709323	carpet (Commercial Flooring)	9/1/2008	30,485.57	30,485.57	-	-	-
LHI-25	0709447	sprinkler head - walk in cooler (Fire Pr	9/1/2008	1,903.14	704.16	1,198.98	19.07	57.06
LHI-15	0709388	air conditioning condensor (Perfectemp)	9/1/2008	2,791.25	1,721.28	1,069.97	46.49	139.59
LHI-15	0709389	desks and cabinets nurse's station 2nd	9/1/2008	10,123.00	6,242.55	3,880.45	168.71	506.16
LHI-15	0709390	design consulting (Design Resource Group	12/1/2008	2,000.00	1,233.30	766.70	33.34	99.99
LHI-15	0709391	repair heating system and valves(Perfect	12/1/2008	1,590.57	980.90	609.67	26.48	79.56
LHI-15	0709392	lighting (Facility Solutions Group)	12/1/2008	943.75	581.98	361.77	15.76	47.16
LHI-15	0709393	repairs to fire alarm panel and nurse ca	12/1/2008	2,522.80	1,555.79	967.01	42.01	126.18
LHI-15	0709394	tiles (Karndean International)	12/1/2008	4,904.29	3,024.33	1,879.96	81.70	245.25
LHI-12	0709367	air compressor - dry sprinkler system (F	12/1/2008	1,869.84	1,400.87	468.97	38.91	116.91
LHI-10	0709352	heat circulator pump (Perfectemp)	12/1/2008	1,288.79	1,192.14	96.65	32.22	96.66
LHI-10	0709353	back up hot water circulator pump (Perfe	12/1/2008	1,011.99	936.07	75.92	25.33	75.87
LHI-5	0709324	refinish flooring (Quality Building Main	1/1/2009	5,676.00	5,676.00	-	-	-
LHI-5	0709325	window treatment (Design Resource Group)	1/1/2009	862.03	862.03	-	-	-
LHI-15	0709395	tiles (Design Resource Group)	1/1/2009	3,652.84	2,009.01	1,643.83	60.91	182.61
LHI-5	0709326	emergency generator (Advanced Power Serv	2/1/2009	1,150.10	1,150.10	-	-	-
LHI-20	0709432	electrical wiring (Precision Electrical)	2/1/2009	2,504.78	1,033.26	1,471.52	31.28	93.96
LHI-20	0709433	Shower Room (Design Resource Group)	3/1/2009	392.48	161.91	230.57	4.86	14.76
LHI-15	0709396	tiles (Karndean International)	3/1/2009	9,458.30	5,202.08	4,256.22	157.60	472.95
LHI-15	0709397	tiles(Antonio Palamo dba Antonio Carpet	3/1/2009	7,982.33	4,390.35	3,591.98	133.01	399.15
LHI-15	0709398	Design Consulting (Design Resource Group	3/1/2009	480.00	264.03	215.97	7.97	24.03
LHI-12	0709368	air compressor -dry sprinkler system (Fi	3/1/2009	1,949.34	1,340.23	609.11	40.59	121.86
LHI-10	0709354	pump for HVAC system (Perfectemp)	3/1/2009	2,280.86	1,881.76	399.10	57.00	171.09
LHI-10	0709355	sign dwnpmt (Connecticut Signcraft)	4/1/2009	1,805.00	1,489.11	315.89	45.14	135.36
LHI-10	0709356	sign final pmt (Connecticut Signcraft)	4/1/2009	2,546.30	2,100.71	445.59	63.65	190.98
LHI-20	0709434	shower room renovation (A.T. Precision P	5/1/2009	3,367.74	1,389.19	1,978.55	42.12	126.27
LHI-5	0709327	window treatments (Design Resource Group	6/1/2009	836.13	836.13	-	-	-
LHI-25	0709448	backflow preventer (American Rooter, LLC	6/1/2009	2,542.94	839.22	1,703.72	25.40	76.32
LHI-15	0709399	Design Consulting (Design Resource Group	6/1/2009	360.00	198.00	162.00	6.00	18.00
LHI-10	0709357	vinyl tiles,millwork base (Design Resour	6/1/2009	2,263.10	1,867.07	396.03	56.57	169.74
LHI-10	0709358	decorative accessories (Design Resource	6/1/2009	2,850.94	2,352.02	498.92	71.25	213.84
LHI-10	0709359	lamps, vases, end tables, shelf, clocks,	6/1/2009	2,004.42	1,653.60	350.82	50.14	150.30
LHI-15	0709400	Design Consulting (Design Resource Group	7/1/2009	222.23	122.22	100.01	3.75	11.07
LHI-15	0709401	Design Consulting (Design Resource Group	7/1/2009	592.00	325.63	266.37	9.86	29.61
LHI-10	0709360	flooring in 16 patient rooms (Antonio P	8/1/2009	11,718.30	9,667.58	2,050.72	292.98	878.85
LHI-10	0709361	upgrades to the heating system (Perfecte	8/1/2009	2,846.77	2,348.58	498.19	71.20	213.48
LHI-20	0709435	labor on renovation	9/1/2009	1,650.71	680.97	969.74	20.62	61.92
LHI-20	0709436	labor on renovation	9/1/2009	1,240.59	511.75	728.84	15.50	46.53
LHI-20	0709437	labor on renovation	9/1/2009	382.96	158.02	224.94	4.75	14.40
LHI-20	0709438	labor on renovation	9/1/2009	4,964.07	2,047.62	2,916.45	62.08	186.12
LHI-20	0709439	labor on renovation	9/1/2009	515.80	212.78	303.02	6.44	19.35
LHI-15	0709402	Design Consulting (Design Resource Group	9/1/2009	1,424.00	783.17	640.83	23.74	71.19

LHI-10	0709362	boiler repairs (Perfectemp)	9/1/2009	5,950.00	5,347.05	602.95	148.78	446.22
LHI-20	0709440	new roof (M&M Roofing)	10/1/2009	32,272.00	13,312.23	18,959.77	403.37	1,210.23
LHI-20	0709441	roof (M&M Roofing)	10/1/2009	540.00	222.75	317.25	6.75	20.25
LHI-10	0709363	roofing shingles (M&M Roofing)	10/1/2009	5,228.00	4,313.13	914.87	130.67	392.13
LHI-10	0709364	gutters and down spouts (M&M Roofing)	10/1/2009	2,862.00	2,361.15	500.85	71.55	214.65
LHI-25	0709453	Dry Valve - Sprinkler System	2/18/2010	1,945.10	564.02	1,381.08	19.48	58.32
LHI-10	0709454	Repair water damaged ceiling	2/22/2010	900.00	652.50	247.50	22.50	67.50
LHI-10	0709455	Furnace Burner Motor	2/23/2010	920.53	667.36	253.17	23.02	69.03
LHI-25	0709452	Repair Sprinkler Pipe	2/24/2010	2,971.18	861.62	2,109.56	29.75	89.10
LHI-15	0709450	Hardwood Flooring	4/28/2010	7,570.51	3,659.09	3,911.42	126.16	378.54
LHI-15	0709457	AC Compressor for Lower Level Unit	8/2/2010	1,642.80	794.05	848.75	27.35	82.17
LHI-15	0709458	AC Compressor for Upper Level Unit	8/17/2010	2,700.00	1,305.00	1,395.00	45.00	135.00
LHI-10	0709460	Sprinkler System Repairs	8/31/2010	2,933.20	2,126.54	806.66	73.36	219.96
LHI-15	0709465	Design Consulting Services	10/1/2010	640.00	309.39	330.61	10.63	32.04
LHI-15	0709466	Table top and base, silk trees	10/1/2010	328.57	158.82	169.75	5.43	16.47
LHI-10	0709462	Relocate lighting fixture - main hallway	10/4/2010	1,397.48	1,013.22	384.26	34.90	104.85
LHI-15	0709491	Egress Magnetic Lock	11/27/2010	2,385.00	1,152.75	1,232.25	39.75	119.25
LHI-10	0709467	Automatic Door Opener - Lower Level	11/27/2010	1,187.20	860.69	326.51	29.71	89.01
LHI-10	0709468	Automatic Door Opener - Lower Level	11/27/2010	1,335.60	968.31	367.29	33.39	100.17
LHI-10	0709469	Wiring Door Lock System - Lower Level	11/27/2010	1,038.80	753.16	285.64	25.94	77.94
LHI-10	0709470	Wanderguard System Repairs	11/27/2010	1,187.20	860.69	326.51	29.71	89.01
LHI-10	0709486	OS&Y Valve on Water Supply	4/30/2011	1,740.52	1,087.78	652.74	43.55	130.50
LHI-20	0709478	2nd Install. Concrete Patio	5/31/2011	5,473.04	1,710.28	3,762.76	68.45	205.20
LHI-12	0709474	Electric Beds	6/6/2011	7,844.04	4,085.42	3,758.62	163.44	490.23
LHI-15	0709481	Sidings, windows, doors	7/8/2011	7,324.60	3,051.91	4,272.69	122.10	366.21
LHI-15	0709488	Vinyl Siding	7/8/2011	3,759.70	1,566.58	2,193.12	62.64	188.01
LHI-15	0709485	Vinyl Siding	7/15/2011	1,145.25	477.17	668.08	19.11	57.24
LHI-15	0709487	French Doors	7/20/2011	953.03	397.08	555.95	15.93	47.61
LHI-20	0709477	50% Dwnpmt Concrete Patio	7/25/2011	10,946.08	3,420.64	7,525.44	136.81	410.49
LHI-20	0709479	3rd Install. Concrete Patio	8/10/2011	5,473.04	1,710.28	3,762.76	68.45	205.20
LHI-20	0709480	Install posts, gutter pipes, patio seat-	8/18/2011	5,222.25	1,631.95	3,590.30	65.27	195.84
LHI-20	0709482	Excavate for Electrical Conduit	8/30/2011	2,915.05	910.98	2,004.07	36.40	109.35
LHI-12	0709484	Dry Sprinkler System Compressor	9/27/2011	2,507.73	1,306.08	1,201.65	52.29	156.69
LHI-15	0709492	Design Consulting Services	9/30/2011	384.00	159.97	224.03	6.43	19.17
LHI-10	0709510	Hot Water Pump	10/1/2011	1,167.93	729.92	438.01	29.22	87.57
LHI-10	0709511	Air Conditioning Repairs	10/1/2011	1,087.35	679.61	407.74	27.20	81.54
LHI-10	0709512	Aquastat - Hot Water Repairs	10/1/2011	1,068.83	668.03	400.80	26.69	80.19
LHI-10	0709513	Fan Motor	10/1/2011	1,023.76	639.86	383.90	25.61	76.77
LHI-10	0709501	1st Install. Roof	10/17/2011	14,731.37	9,207.11	5,524.26	368.30	1,104.84
LHI-10	0709502	2nd Install. Roof	10/17/2011	12,333.24	7,708.28	4,624.96	308.30	925.02
LHI-10	0709498	Magnetic Door Locks	10/26/2011	5,462.18	3,413.89	2,048.29	136.54	409.68
LHI-10	0709496	Boiler loop replairs	11/1/2011	1,054.45	659.08	395.37	26.34	79.11
LHI-15	0709494	Heat Exchanger for HVAC System	11/10/2011	5,153.00	2,147.09	3,005.91	85.86	257.67
LHI-10	0709503	AC/ Heating Units	11/10/2011	3,187.00	1,991.89	1,195.11	79.66	239.04
LHI-15	0709495	Relocate HVAC piping	11/14/2011	1,765.67	735.70	1,029.97	29.42	88.29
LHI-8	0709504	1st Install. Driveway, potholes, asphalt	11/22/2011	35,811.60	27,977.84	7,833.76	1,119.09	3,357.36
LHI-8	0709505	Install Catch Basin	11/22/2011	797.63	623.14	174.49	24.91	74.79

LHI-25	0709506	Underground Drain Piping	11/22/2011	797.63	199.44	598.19	7.97	23.94
LHI-20	0709514	Ceramic Tiles - Bathroom Walls and Floor	12/7/2011	9,264.68	2,895.17	6,369.51	115.83	347.40
LHI-20	071212	Shower Room Tiles	1/1/2012	5,115.50	1,342.80	3,772.70	63.99	191.79
LHI-20	071214	Renovation Materials - Shower Room	1/1/2012	1,382.56	362.92	1,019.64	17.29	51.84
LHI-20	0712015	Ceramic Tiles - Bathroom Walls and Floor	1/1/2012	360.00	94.50	265.50	4.50	13.50
LHI-15	071211	Design Consulting Services - Shower Room	1/4/2012	1,392.00	487.17	904.83	23.23	69.57
LHI-15	071213	Cabinets, Counter Tops- Ice Cream Parlor	1/4/2012	1,331.70	466.11	865.59	22.18	66.60
LHI-5	071210	Shower rods, towel rings, vanity light	1/24/2012	282.65	282.65	-	14.14	28.26
LHI-10	0712001	White Gutter & 3"x4" Downspout	1/24/2012	7,072.27	3,712.99	3,359.28	176.77	530.46
LHI-10	0712006	50% Dwnpmt Grease Trap	1/30/2012	3,211.77	1,686.15	1,525.62	80.34	240.84
LHI-10	0712007	Final Pmt. Grease Trap	1/30/2012	2,828.23	1,484.82	1,343.41	70.69	212.13
LHI-10	0712005	Grease Trap	1/31/2012	2,558.00	1,342.98	1,215.02	63.92	191.88
LHI-20	0712009	Sink, shower valves, heads - Shower Room	2/6/2012	3,270.44	858.51	2,411.93	40.85	122.67
LHI-15	0712004	Generator Radiator	3/8/2012	3,244.58	1,135.66	2,108.92	54.04	162.27
LHI-15	0712016	2 Roof Top AC Condenser Units	3/23/2012	1,076.42	376.74	699.68	17.94	53.82
LHI-10	0709502A	3rd Install on Roof(M&M Roofing)	5/18/2012	449.20	235.80	213.40	11.26	33.66
LHI-10	071218	Grease traps for kitchen (2)	6/5/2012	2,557.70	1,342.76	1,214.94	63.98	191.79
LHI-5	071222	sewer tank/septic tank repair	6/11/2012	2,913.29	2,913.29	-	145.71	291.32
LHI-12	071216	Air Compressor for rehab/gym	6/14/2012	3,691.00	1,614.78	2,076.22	76.91	230.67
LHI-10	071217	15 ton AC unit	6/28/2012	4,740.00	2,488.50	2,251.50	118.50	355.50
LHI-10	071219	15 ton condensing unit 2nd payment	7/18/2012	4,740.00	2,488.50	2,251.50	118.50	355.50
LHI-10	0713024	Replaced Piping between Hot Water Tanks	2/12/2013	1,405.00	597.14	807.86	35.11	105.39
LHI-10	0713028	vinyl tile (ACI)	8/2/2013	5,742.90	2,440.76	3,302.14	143.55	430.74
LHI-20	0713027	deposit for boiler	9/17/2013	28,111.50	5,973.70	22,137.80	351.41	1,054.17
LHI-20	0713029	Remove & Replace Boiler w/ Nat Gas	10/15/2013	28,116.50	5,974.75	22,141.75	351.48	1,054.35
LHI-20	0713030	Ceramic Flooring	11/21/2013	8,180.09	1,738.22	6,441.87	102.28	306.72
LHI-10	0713031	16 X 16 Vinyl Tile & Wall Base	12/24/2013	1,322.07	561.91	760.16	33.03	99.18
LHI-10	0714032	REPAIR SPRINKLER SYSTEM (FIRE PRO TEST)	1/10/2014	2,390.40	776.88	1,613.52	59.76	179.28
LHI-10	0714037	PUMP INTERIOR SEWER (EASTERN WATER)	4/3/2014	1,357.24	441.09	916.15	33.93	101.79
LHI-10	0714038	AUTO DOOR OPENER (IDN)	4/22/2014	1,033.56	335.89	697.67	25.87	77.49
LHI-10	0714035	ROOFING GAF TIMBERLINE (M&M ROOFING)	5/7/2014	4,000.00	1,299.97	2,700.03	100.03	299.97
LHI-20	0714034	1000 GALLON SKID TANK (PETROLEUM EQUIP)	5/12/2014	4,336.99	704.75	3,632.24	54.22	162.63
LHI-25	0714036	PIPING UNDERGRD for OIL TANK (B&R PLUMB)	6/27/2014	1,400.00	182.03	1,217.97	13.97	42.03
LHI-20	0714044	OIL TANK PAD EXCAVATION (EDWARD J SMITH)	7/30/2014	2,233.35	362.96	1,870.39	27.88	83.79
LHI-10	0715056	Replaced Roofing Shingles-Down Payment	1/1/2015	4,500.00	1,012.50	3,487.50	112.50	337.50
LHI-15	0715045	SHEETROCK CEILINGS PREP&PAINT(THKEIFER)	3/16/2015	899.24	134.92	764.32	14.95	45.00
LHI-12	0715050	Air Compressor for Dry Sprinkler System	4/27/2015	2,507.73	470.16	2,037.57	52.29	156.69
LHI-10	0715052	Sewer Injection Pump Replacement	5/19/2015	5,462.01	1,228.98	4,233.03	136.52	409.68
LHI-10	0715053	Replace 74' of Galvanized Sprinkler Pipe	6/30/2015	4,391.01	987.96	3,403.05	109.79	329.31
LHI-10	0715055	Two 5 Ton A/C Units Install-Lower Level	8/6/2015	3,765.00	847.17	2,917.83	94.08	282.42
LHI-10	0715055A	Two 5 Ton A/C Units Install-Lower Level	8/6/2015	4,595.00	1,033.86	3,561.14	114.89	344.61
LHI-10	0715058	Install of Vinyl Tiling-Materials	9/28/2015	4,750.56	1,068.90	3,681.66	118.75	356.31
LHI-10	0716058A	Install of Vinyl Tiling-Labor	9/28/2015	5,167.01	1,162.59	4,004.42	129.16	387.54
LHI-8	0715059	Driveway Repair-Deposit	10/20/2015	3,227.50	907.74	2,319.76	100.86	302.58
LHI-8	0715059A	Driveway Repair-Final Payment	10/20/2015	3,227.50	907.74	2,319.76	100.86	302.58
LHI-20	0716060	350 Gallon Hot Water Storage Tank	2/24/2016	10,500.00	656.25	9,843.75	77.14	393.75
LHI-20	0716060A	350 Gallon Hot Water Storage Tank	2/24/2016	2,200.00	137.53	2,062.47	16.16	82.53

