

	A	B	C	D	E	F	G	H	I
355		27	Prescription Drugs	0					
356		28	Ambulance/Limousine	0					
357		29	X-rays, etc.	0					
358		30	Laboratory	0					
359		31	Medical Supplies	0					
360		32	Oxygen (not emergency)	0					
361		33	Occupational Therapy	0					
362		34	Other Ancillary Costs	55	-	-	55		
363		Page 22 - Maintenance and Property							
364		35	Excess Movable Equipment Depreciation	0	-	-	-		
365		36	Depreciation on Unallowable Motor Vehicles	4,462			4,462	22	7d
366		37	Unallowable Property and Real Estate Taxes	0					
367		38	Rental of Building Space or Rooms	0					
368		39	Other Property Costs	0	-	-	-		
369		Page 27 - Insurance							
370		40	Mortgage Insurance	0					
371		41	Property Insurance	815			815	27	14b
372		Other - Miscellaneous							
373		42	Research or Experimental Activities	0					
374		43	Radio and Television Revenue	0					
375		44	Vending Machine Revenue	0					
376		45	Purchase Discounts and Allowances	0					
377		46	Duplication of functions or services	0					
378		47	Expenditures for protection, promotion of provider interest	0					
379		48	Interest Income on Account Rec.	0					
380		49	Other Adjustments to Expense	0	-	-	-		
381		Not For Profit Providers Only							
382		50	Building/Non Movable Eq. Depreciation Unallowable Build Int	0	-	-	-		
383		Page 29 Schedule							
384		51	Total Amount of Decrease	9,098	0	0	9,098		
385									

Line #	Description	Total	CCNH	RHNS	Residential Care Home
386					
387	Resident Room, Board & Routine Care Revenue				
388	I1a Medicaid Residents (CT Only)	694,101			694,101
389	I1b Medicaid Room and Board Contractual Allowance	0			
390	I2a Medicaid (All Other States)	0			
391	I2b Other States Room and Board Contractual Allowance	0			
392	I3a Medicare Residents (all inclusive)	0			
393	I3b Medicare Room and Board Contractual Allowance	0			
394	I4a Private-Pay Residents and Other	0			
395	I4b Private-Pay Room and Board Contractual Allowance	0			
396	Other Resident Revenue				
397	II1a Prescription Drugs - Medicare	0			
398	II1b Prescription Drugs - Medicare Contractual Allowance	0			
399	II1c Prescription Drugs - Non-Medicare	0			
400	II1d Prescription Drugs - Non-Medicare Contractual Allowance	0			
401	II2a Medical Supplies - Medicare	0			
402	II2b Medical Supplies - Medicare Contractual Allowance	0			
403	II2c Medical Supplies - Non-Medicare	0			
404	II2d Medical Supplies - Non-Medicare Contractual Allowance	0			
405	II3a Physical Therapy - Medicare	0			
406	II3b Physical Therapy - Medicare Contractual Allowance	0			
407	II3c Physical Therapy - Non-Medicare	0			
408	II3d Physical Therapy - Non-Medicare Contractual Allowance	0			
409	II4a Speech Therapy - Medicare	0			
410	II4b Speech Therapy - Medicare Contractual Allowance	0			
411	II4c Speech Therapy - Non-Medicare	0			
412	II4d Speech Therapy - Non-Medicare Contractual Allowance	0			
413	II5a Occupational Therapy - Medicare	0			
414	II5b Occupational Therapy - Medicare Contractual Allowance	0			
415	II5c Occupational Therapy - Non-Medicare	0			
416	II5d Occupational Therapy - Non-Medicare Contractual Allowance	0			
417	II6a Other (Specify) - Medicare	0	-	-	-
418	II6b Other (Specify) - Non-Medicare	0	-	-	-
419	III Total Resident Revenue	694,101	0	0	694,101
420	Other Revenue				
421	IV1 Meals sold to guests, employees & others	0			
422	IV2 Rental of rooms to non-residents	0			
423	IV3 Telephone and Telegraph	0			
424	IV4 Rental of Televisions and Cable Services	0			
425	IV5 Interest Income (Specify)	0	-	-	-
426	IV6 Private Duty Nurses' Fees	0			
427	IV7 Barber, Coffee, Beauty & Gift shops	0			
428	IV8 Other (Specify)	0	-	-	-
429	See Attached Schedule				
430	V Total Other Revenue	0	0	0	0
431	30 VI Total All Revenue	694,101	0	0	694,101

	B	C	D	E	F	G
46	7A	Physical Therapy - Medicare Part B	0			
47	7B1	Maintenance Treatments	0			
48	7B2	Restorative Treatments	0			
49	7C	Physical Therapy - Other	0			
50	7D	Total Physical Therapy Treatments	0	0	0	0
51	8A	Speech Therapy - Medicare Part B	0			
52	8B1	Maintenance Treatments	0			
53	8B2	Restorative Treatments	0			
54	8C	Speech Therapy - Other	0			
55	8D	Total Speech Therapy Treatments	0	0	0	0
56	9A	Occupational Therapy - Medicare Part B	0			
57	9B1	Maintenance Treatments	0			
58	9B2	Restorative Treatments	0			
59	9C	Occupational Therapy - Other	0			
60	9D	Total Occupational Therapy Treatments	0	0	0	0
61						

Please fill in the Depreciation Schedule as follows:

Asset Addition Schedule

	Historical Cost Exclusive of Land	Less Salvage Value	Cost to be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year
A1 Land Improvements - Acquired prior to report period							
A2 Land Improvements - Disposals	-						-
Land Improvements - Acquired during this report period (attach schedule)							-
B1 Building Improvements - Acquired prior to this report period							
B2 Building Improvements - Disposals	-						-
Building Improvements - Acquired during this report period (attach schedule)							-
C1 Non-Movable Equipment - Acquired prior to this report period	776,444		776,444	725,687	SL	various	9,272
C2 Non-Movable Equipment -Disposals	-						-
C3 Non-Movable Equipment - Acquired during this report period (attach schedule)	31,342						1,520

	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year
	Yes	No	Month	Year							
	D1a 2015 Toyota highlander		X	9							
D1b											
D1c											
D1d											
D2a Movable Equipment - Acquired prior to this report period			varous	various	75,689		75,690	74,179	SL	various	993
D2b Disposals					-						-
D2c Movable Equipment - Acquired during this report period (attach schedule)					2,574						43

Please fill in the Amortization Schedule as follows:

	Date of Acquisition		Length of Amortization	Cost to be Amortized	Accumulated Amortization to Beginning of Year's Operations	Basis for Computing Amortization	Rate %	Amortization for This Year
	Month	Year						
	A1 Organization Expense							
A2								
A3								
B1 Mortgage Expense								
B2								
B3								
C1 Leasehold Improvements and Other - Acquired prior to this report period								
C2 Leasehold Improvements and Other - Disposals				-			-	
C3 Leasehold Improvements and Other - Acquired during this report period (attach schedule)							-	

	A	B	C	D	E
1		Line #	Description	Subtotal	Total
2		<i>Current Assets</i>			
3		A1	Cash (on hand and in banks)		45,325
4		A2	Resident Accounts Receivable		65,055
5		A3	Other Accounts Receivable		
6		A4	Inventories		
7		A5	Prepaid Expenses (itemize)		9,566
8		a	Prepaid insurance	3,566	
9		b	Prepaid RE taxes	4,000	
10		c	Prepaid R&M	2,000	
11		d			
12		A6	Interest Receivable		
13		A7	Medicare Final Settlement Receivable		
14		A8	Other Current Assets (itemize)		0
15					
16					
17					
18					
19		A9	Total Current Assets (Lines A1 thru 8)		119,946
20					
21		<i>Fixed Assets</i>			
22	Page 31	B1	Land		0
23		B2	Land Improvements		0
24			Historical Cost		
25			Accumulated Depreciation		
26		B3	Buildings		0
27			Historical Cost		
28			Accumulated Depreciation		
29		B4	Leasehold Improvements		0
30			Historical Cost		
31			Accumulated Depreciation		
32	B5	Non-Movable Equipment		71,307	
33		Historical Cost	807,786		
34		Accumulated Depreciation	736,479		
35	B6	Movable Equipment		3,048	
36		Historical Cost	78,263		
37		Accumulated Depreciation	75,215		
38	B7	Motor Vehicles		13,728	
39		Historical Cost	27,455		
40		Accumulated Depreciation	13,727		
41	B8	Minor Equipment-Not Depreciable			
42	B9	Other Fixed Assets (itemize)		0	
43					
44					
45		B10	Total Fixed Assets (Lines B1 thru 9)		88,083
46			Total Brought Forward		208,029
47		<i>Leasehold or like property recorded for Equity Purposes</i>			
48		C1	Land		0
49		C2	Land Improvements		0
50			Historical Cost		
51			Accumulated Depreciation		
52		C3	Buildings		0
53			Historical Cost		
54			Accumulated Depreciation		
55		C4	Non-Movable Equipment		0
56			Historical Cost		
57			Accumulated Depreciation		
58		C5	Movable Equipment		0
59			Historical Cost		
60			Accumulated Depreciation		
61		C6	Motor Vehicles		0
62			Historical Cost		
63			Accumulated Depreciation		
64		C7	Minor Equipment -Not Depreciable		
65		C8	Total Leasehold or Like Properties (C1 thru 7)		0
66					
67	Page 32	<i>Investment and Other Assets</i>			
68		D1	Deferred Deposits		
69		D2	Escrow Deposits		

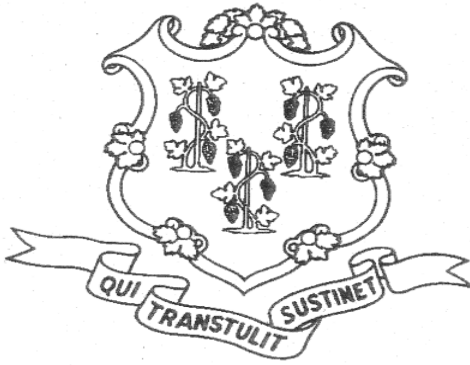
	A	B	C	D	E
70		D3	Organization Expense		0
71			Historical Cost		
72			Accumulated Depreciation		
73		D4	Goodwill		
74		D5	Investments Related to Resident Care		0
75					
76					
77		D6	Loans to Owners or Related Parties		0
78			Name and Address		
79			Amount		
80			Loan Date		
81					
82		D7	Other Assets		2,480
83			Security deposit	2,480	
84					
85					
86		D8	Total Investments and Other Assets (Lines D1 thru 7)		2,480
87		D9	Total All Assets (Lines A9 + B10 + C8 + D8)		210,509
88					
89			<i>Current Liabilities</i>		
90		A1	Trade Accounts Payable		35,077
91		A2	Notes Payable (itemize)		
92					
93					
94					
95					
96		A3	Loans Payable for Equipment		0
97			Name of Lender		
98			Purpose		
99			Amount		
100			Date Due		
101					
102			Name of Lender		
103			Purpose		
104			Amount		
105			Date Due		
106					
107		A4	Accrued Payroll (<i>Exclusive of Owners & Stockholders</i>)		3,588
108		A5	Accrued Payroll (<i>Owners & Stockholders only</i>)		
109		A6	Accrued Payroll Taxes Payable		471
110		A7	Medicare Final Settlement Payable		
111		A8	Medicare Current Financing Payable		
112		A9	Mortgage Payable		
113		A10	Interest Payable		
114		A11	Accrued Income Taxes		250
115		A12	Other Current Liabilities (itemize)		34,225
116			Pension payable	10,394	
117			Due DSS	23,831	
118					
119					
120					
121					
122					
123					
124		A13	Total Current Liabilities Lines A1 thru 12)		73,611
125			Total Brought Forward		73,611
126			<i>Long-Term Liabilities</i>		
127		B1	Loans Payable-Equipment		17,494
128			Name of Lender	Toyota Credit	
129			Purpose	Highlander	
130			Amount	27,355	
131			Date Due	09/30/20	
132					
133			Name of Lender		
134			Purpose		
135			Amount		
136			Date Due		
137					
138		B2	Mortgages Payable		

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	A	B	C	D	E	
139	Page 34	B3	Loans from Owners or Related Parties		133,327	
140			Name and Address of Lender	Amelia Cart		
141			Amount	128,177		
142			Loan Date	open		
143						
144			Name and Address of Lender	Jody Young		
145			Amount	5,150		
146			Loan Date	open		
147						
148			B4	Other Long-Term Liabilities (itemize)		0
149						
150						
151						
152						
153			B5	Total Long-Term Liabilities (Lines B1 thru 4)		150,821
154		C	Total All Liabilities (Lines A13 + B5)		224,432	
155						
156			<i>Reserves</i>			
157		A1	Reserve for value of leased land			
158		A2	Reserve for depreciation value of leased buildings and appurtenances to be amortized			
159		A3	Reserve for depreciation value of leased personal property (Equity)			
160		A4	Reserve for leasehold real properties on which fair rental value is based			
161		A5	Reserve for funds set aside as donor restricted			
162		A6	Total Reserves		0	
163	Page 35		<i>Net Worth</i>			
164			B1	Owner's Capital		
165			B2	Capital Stock		1,000
166			B3	Paid-in Surplus		
167			B4	Treasury Stock		
168			B5	Cumulated Earnings		(74,881)
169			B6	Gain or Loss for Period 10/1/2015 thru 09/30/2016		59,958
170			B7	Total Net Worth		(13,923)
171			C	Total Reserves and Net Worth		(13,923)
172			D	Total Liabilities, Reserves, and Net Worth		210,509
173						
174			A	Balance at End of Prior Period		(74,881)
175			B	Total Revenue		694,101
176			C	Total Expenditures		634,143
177			D	Net Income or Deficit		59,958
178		E	Balance			
179		F1	Additional Capital Contributed (itemize)			
180						
181						
182						
183						
184		F2	Other (itemize)			
185						
186						
187						
188						
189	Page 36	F3	Total Additions		0	
190			G1	Drawings of Owners/Operators/Partners		
191				Name and Address		
192				Title		
193				Amount		
194						
195				Name and Address		
196				Title		
197				Amount		
198			G2	Other Withdrawings		
199				Purpose		
200				Amount		
201						
202				Purpose		
203				Amount		
204		G3	Total Deductions			

	A	B	C	D	E
205		H	<i>Balance at End of Period</i>		0

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Briarcliff Convalescent Corp.	
Address (No. & Street, City, State, Zip Code) 179 Coleman St, New London, CT 06320	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH	RHNS	Residential Care Home 928	Medicare Provider
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Medicaid Provider Numbers:	CCNH	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) Briarcliff Convalescent Corp.	License No. 928	Report for Year Ended 9/30/2016	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Briarcliff Convalescent Corp. [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Briarcliff Convalescent Corp.		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 179 Coleman St, New London, CT 06320				
Report Prepared By Davis, Mascola & Phillips, LLC		Phone Number 203-265-0488	Date	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-443-5376		Report for Year Ended 9/30/2016		Page 2	of 37
Name of Facility (as shown on license) Briarcliff Convalescent Corp.			Address (No. & Street, City, State, Zip) 179 Coleman St, New London, CT 06320		
License Numbers:	CCNH	RHNS	Residential Care Home 928	Medicare Provider No.	
Type of Facility (Check appropriate box(es))					
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input checked="" type="checkbox"/> Residential Care Home	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input 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 10/1/2015	Date Closed 9/30/2016	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator Jody Young			Nursing Home Administrator's License No.:		
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 Briarcliff Convalescent Corp.	License No. 928	Report for Year Ended 9/30/2016	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Briarcliff Convalescent Corp	179 Coleman St, New London, CT 06320	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Amelia Cart	104 Sagamore Terrace West, Westbrook, CT 06498	President		
Robin Ucich	2 Pheasant Hill Rd, Old Saybrook, CT 06475	Secretary		
Jody Young	40 Sagamore Terrace West, Westbrook, CT 06498	Treasurer		
Names of Stockholders Owning at Least 10% of Shares				
Amelia Cart	104 Sagamore Terrace West, Westbrook, CT 06498	President	20	
Jody Young	40 Sagamore Terrace West, Westbrook, CT 06498	Treasurer	80	

**General Information and Questionnaire
Related Parties***

Name of Facility Briarcliff Convalescent Corp.	License No. 928	Report for Year Ended 9/30/2016	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
HH Realty	104 Sagamore Terrace West, Westbrook, CT 06498	<input type="radio"/>	<input checked="" type="radio"/>		Rental of real estate	P 22, L 9	42,000	42,000
Amelia Cart	104 Sagamore Terrace West, Westbrook, CT 06498	<input type="radio"/>	<input checked="" type="radio"/>		Loan - interest	P 27, L 12D	1,066	1,066
Amelia Cart	104 Sagamore Terrace West, Westbrook, CT 06498	<input type="radio"/>	<input checked="" type="radio"/>		Loan	P 34, L B3	128,177	128,177
Jody Young	40 Sagamore Terrace West, Westbrook, CT 06498	<input type="radio"/>	<input checked="" type="radio"/>		Loan	P 34, L B3	5,150	5,150
Jody Young	40 Sagamore Terrace West, Westbrook, CT 06498	<input type="radio"/>	<input checked="" type="radio"/>		Loan - interest	P 27, L 12D	414	414
		<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.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Briarcliff Convalescent Corp.	License No. 928	Report for Year Ended 9/30/2016	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<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.
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Briarcliff Convalescent Corp.			License No. 928			Report for Year Ended 9/30/2016			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"/>								
	<input type="radio"/>	<input type="radio"/>								
Is a Mileage Log Book Maintained for All Leased Vehicles ?								<input type="radio"/> Yes <input type="radio"/> No	Total ***	

* 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 Briarcliff Convalescent Corp.	License No. 928	Report for Year Ended 9/30/2016	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Davis, Mascola & Phillips, LLC 2 3 4	Address (No. & Street, City, State, Zip Code) 1062 Barnes Rd, Ste. 203, Wallingford, CT 06492
--	--

Services Provided by This Firm (*describe fully*)

1 Monthly bookkeeping, preparation of cost report and tax return and assistance with State audit	\$ 10,130
2	\$
3	\$
4	\$
Charge for Services Provided	
\$ 10,130	

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No | P 15, L 1d1

Legal Services Information

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

Address (*No. & Street, City, State, Zip Code*)
 1
2
3
4
5

Services Provided by This Firm (*describe fully*)

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

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

Schedule of Resident Statistics

Name of Facility Briarcliff Convalescent Corp.			License No. 928		Report for Year Ended 9/30/2016				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	25			25	25			25	25				25
B. On last day of THIS report period	25			25	25			25	25				25
2. Number of Residents													
A. As of midnight of PREVIOUS report period	25			25	25			25	24				24
B. As of midnight of THIS report period	25			25	24			24	25				25
3. Total Number of Days Care Provided During Period													
A. Medicare													
B. Medicaid (Conn.)													
C. Medicaid (other states)													
D. Private Pay													
E. State SSI for RCH	9,055			9,055	6,756			6,756	2,299				2,299
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	9,055			9,055	6,756			6,756	2,299				2,299
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	9,055			9,055	6,756			6,756	2,299				2,299

Schedule of Resident Statistics (Cont'd)

Name of Facility Briarcliff Convalescent Corp.			License No. 928			Report for Year Ended 9/30/2016			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(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	Residential Care Home		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay		Other State Assisted						
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents									25				
Per Diem Rate													
a. One bed rm.									77.01				
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Residential Care Home	
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Physical Therapy Treatments													
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Speech Therapy Treatments													
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Occupational Therapy Treatments													

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Briarcliff Convalescent Corp.	928	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)					55,507	2,080
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)					572	55
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers					70,800	5,670
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers					33,795	2,706
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers					40,412	2,127
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers					1,470	118
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses						
b. RN						
1. Direct Care						
2. Administrative**						
c. LPN						
1. Direct Care						
2. Administrative**						
d. Aides and Attendants					62,250	4,985
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers					659	53
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management						
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>					265,465	17,794

* 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	
Briarcliff Convalescent Corp.				928	9/30/2016			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
Mark Young			38,988	health ins & pension	maintenance	2,039	A7B			
Steven Ucich			1,424	none	maintenance	88	A7B	Sunny Lodge, 47 Cedar Grove Ave, New London, CT	2,080	40,238
Devon Young			572	none	aide	55				

* 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	
Briarcliff Convalescent Corp.				928	9/30/2016			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section III - Administrators***										
Jody Young			55,507	Health ins & pension	administrator	2,080				
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Briarcliff Convalescent Corp.	928	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)						
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries						

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

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

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Briarcliff Convalescent Corp.	928	9/30/2016		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 9,156				9,156
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 4,836				4,836
4. Social Security (F.I.C.A.)	\$ 20,117				20,117
5. Health Insurance	\$ 47,943				47,943
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 17,894				17,894
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*	\$				
d. Accounting and Auditing	\$ 10,130				10,130
e. Legal (<i>Services should be fully described on Page 7</i>)	\$				
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 1,640				1,640
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 3,500				3,500
2. Cellular Phones	\$ 1,797				1,797
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	\$				
Subtotal	\$ 117,263				117,263

* 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	
Briarcliff Convalescent Corp.	928	9/30/2016	16	37	
Item		Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:		117,263			117,263
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$				
5. Education Expenses Related to Seminars and Conventions	\$				
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	1,032			1,032
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	\$				
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	\$	231			231
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	80			80
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$	30			30
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$	7,994			7,994
C-14 Total Administrative & General Expenditures	\$	126,630			126,630

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Residential Care Home
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

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

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
BJ's membership			\$ 80
Total Dues	\$ -	\$ -	\$ 80

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
New London Firefighters			\$ 20
New london Police			\$ 10
Total Contributions	\$ -	\$ -	\$ 30

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Payroll processing			\$ 4,484
Pension admin			\$ 1,800
Form 8951 compliance fee			\$ 750
Elevator permit			\$ 240
Ledge Light License			\$ 400
Boiler inspection			\$ 320
Total Other Administrative and General	\$ -	\$ -	\$ 7,994

Schedule C-1 - Management Services*

Name of Facility Briarcliff Convalescent Corp.	License No. 928	Report for Year Ended 9/30/2016	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

*** 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 Briarcliff Convalescent Corp.		License No. 928	Report for Year Ended 9/30/2016	Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 38,211			38,211
2.	Non-Food Supplies	\$ 358			358
3.	Other (<i>Specify</i>) _____	\$			
b. Purchased Services (<i>by contract other than through Management Services (Complete Schedule C-2 att. Page 21)</i>)		\$			
c. Management Services**		\$			
d. Other (<i>Specify</i>) _____		\$			
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 38,569			38,569
2F. Dietary Questionnaire		Total	CCNH	RHNS	Residential Care Home
G.	Resident Meals: Total no. of meals served per day:*	75			75
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 Briarcliff Convalescent Corp.		License No. 928	Report for Year Ended 9/30/2016	Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$ 113			113
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 6,192			6,192
c. Management Services**		\$			
d. Other (Specify)		\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$ 6,305			6,305
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	
Briarcliff Convalescent Corp.	928	9/30/2016	20	37	
Item		Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	11,659			11,659
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
	Amt. \$				
c. Management Services*	\$				
d. Other (<i>Specify</i>)	\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)	\$	11,659			11,659
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$				
b. Medicine Cabinet Drugs	\$	64			64
c. Medical and Therapeutic Supplies	\$				
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$				
f. X-rays and Related Radiological Procedures***	\$				
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$				
i. Recreation	\$	1,320			1,320
j. Other (Specify)**** See Attached Schedule	\$				
5K. Total Resident Care Expenditures (5a - 5j)	\$	1,384			1,384

* 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 Briarcliff Convalescent Corp.			License No. 928	Report for Year Ended 9/30/2016			Page of 21 37			
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line
		<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"/>							
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		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<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
Briarcliff Convalescent Corp.	928	9/30/2016			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 41,602				41,602	
b. Heat	\$ 22,553				22,553	
c. Light & Power	\$ 14,420				14,420	
d. Water	\$ 5,587				5,587	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 84,162				84,162	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 10,792				10,792	
d. Movable Equipment	\$ 7,900				7,900	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 18,692				18,692	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 42,000				42,000	
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 23,164				23,164	
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 2,241				2,241	
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 86,097				86,097	

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

Briarcliff Convalescent Corp.
9/30/2016

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/1/2015	New elevator motor	\$ 5,442	5	\$ 432
6/30/2016	Heat & A.C unit	\$ 25,900	15	\$ 1,088
Total additions for Non-Movable Equipment		\$ 31,342		\$ 1,520 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
8/31/2016	Epsom workforce computer	\$ 2,574	5	\$ 43
Total additions for Movable Equipment		\$ 2,574		\$ 43
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Leasehold Improvement		\$ -		\$ -
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ -

*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 Briarcliff Convalescent Corp.			License No. 928		Report for Year Ended 9/30/2016			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Briarcliff Convalescent Corp.	License No. 928	Report for Year Ended 9/30/2016	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased		05/01/74			
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase		05/01/74			
4. Date of Initial Licensure		05/01/74			
5. Total Licensed Bed Capacity		25			
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of _____					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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
Briarcliff Convalescent Corp.		928	9/30/2016			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page of	
Briarcliff Convalescent Corp.		928		9/30/2016		27 37	
Item				Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	2,376		2,376
CC \$102/A Cart \$1066/J young \$414/Totyota \$794							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	2,376		2,376
14. Insurance							
a. Insurance on Property (buildings only)				\$	10,258		10,258
b. Insurance on Automobiles				\$	1,088		1,088
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	150		150
Surety Bond							
14d. Total Insurance Expenditures (14a + b + c)				\$	11,496		11,496
15. Total All Expenditures (A-13 thru C-14)				\$	634,143		634,143

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Briarcliff Convalescent Corp.				928	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.	10	A2	Salaries not related to Resident Care	\$ 1,021			1,021
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.	15	h2	Cellular Telephone	\$ 1,437			1,437
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.	16	16	Automobile Expense (e.g. personal use)	\$ 671			671
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 30			30
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 607			607
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 3,766			3,766

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	10c	Excess car taxes			\$ 607
Total Other A&G Adjustments			\$ -	\$ -	\$ 607

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Briarcliff Convalescent Corp.			928	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 3,766			3,766
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 55			55
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.	22	7d	Depreciation on Unallowable Motor Vehicles	\$ 4,462			4,462
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14b	Property Insurance	\$ 815			815
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 9,098			9,098

*** 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.

Briarcliff Convalescent Corp.
9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5i	Excess cable			\$ 55
Total Other Ancillary Costs			\$ -	\$ -	\$ 55

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

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

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Briarcliff Convalescent Corp.	928	9/30/2016			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 694,101			694,101		
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$					
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$					
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$					
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$					
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$					
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 694,101			694,101		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$					
V. Total Other Revenue (1 thru 8)	\$					
VI. Total All Revenue (III +V)	\$ 694,101			694,101		

* 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	Residential Care Home
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Revenue		\$ -	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Briarcliff Convalescent Corp.	928	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	45,325
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	65,055
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	9,566
a. Prepaid insurance	3,566			
b. Prepaid RE taxes	4,000			
c. Prepaid R&M	2,000			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	119,946
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost <u>807,786</u>		\$	71,307
	Accum. Depreciation <u>736,479</u>	Net		
6. Movable Equipment	*Historical Cost <u>78,263</u>		\$	3,048
	Accum. Depreciation <u>75,215</u>	Net		
7. Motor Vehicles	*Historical Cost <u>27,455</u>		\$	13,728
	Accum. Depreciation <u>13,727</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	88,083

* 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 Briarcliff Convalescent Corp.	License No. 928	Report for Year Ended 9/30/2016	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	208,029
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
_____			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	2,480
	Security deposit	2,480		

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	2,480
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	210,509

* 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 Briarcliff Convalescent Corp.		License No. 928	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				73,611	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	17,494
Name of Lender	Purpose	Amount	Date Due		
Toyota Credit	Highlander	27,355	9/30/20		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	133,327
Name and Address of Lender	Amount	Loan Date			
Amelia Cart	128,177	open			
Jody Young	5,150	open			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	

B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	150,821
C. Total All Liabilities (Lines A-13 + B-5)				\$	224,432

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

Name of Facility	License No.	Report for Year Ended	Page	of
Briarcliff Convalescent Corp.	928	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(74,881)
6. Gain or Loss for Period			\$	59,958
	10/1/2015	thru	9/30/2016	
7. Total Net Worth			\$	(13,923)
C. Total Reserves and Net Worth			\$	(13,923)
D. Total Liabilities, Reserves, and Net Worth			\$	210,509

H. Changes in Total Net Worth

Name of Facility Briarcliff Convalescent Corp.	License No. 928	Report for Year Ended 9/30/2016	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(74,881)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	694,101
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	634,143
D. Net Income or Deficit			\$	59,958
E. Balance			\$	
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>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	
09/30/16				

I. Preparer's/Reviewer's Certification

Name of Facility Briarcliff Convalescent Corp.	License No. 928	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Davis, Mascola & Phillips, LLC				
Address Address			Phone Number	
1062 Barnes Rd, Ste. 203, Wallingford, CT 06492			203-265-0488	

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Level Item

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