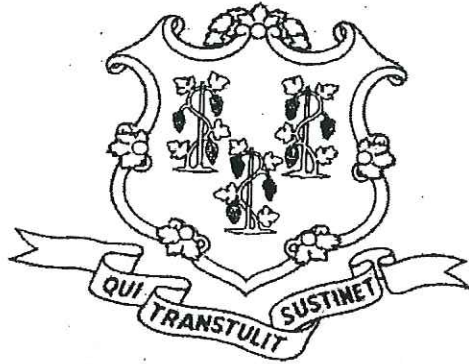


State of Connecticut



15-42

Annual Report of Long-Term Care Facility Cost Year 2015

RECEIVED

FEB 10 2016

DEPT. OF SOCIAL SERVICES
OFFICE OF CON AND RATE SETTINGS

Name of Facility (as licensed) Yale New Haven Care Continuum d/b/a Grimes Center	
Address (No. & Street, City, State, Zip Code) 1354 Chapel Street, New Haven, CT 06511	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2027-C	RHNS	(Specify)	Medicare Provider 07-5275
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Medicaid Provider Numbers:	CCNH 20272	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)	License No.	Report for Year Ended	Page	of
Yale New Haven Care Continuum d/b/a Grimes Center	2027-C	9/30/2015	1	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR 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 Yale New Haven Care Continuum d/b/a Grimes Center [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

{a} Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)		Date
Carol Work		2/4/16			2/4/16
Printed Name (Administrator)			Printed Name (Owner)		
Carol Work			Vincent Tammaro		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
Vincent Tammaro	CT	2/4/16	Lynne Huback	7/31/17	
Address of Notary Public					
Yale New Haven Health 705 Howard Avenue, New Haven					

(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 Yale New Haven Care Continuum d/b/a Grimes Center		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 1354 Chapel Street, New Haven, CT 06511				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 12/3/2015	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-867-8300	Report for Year Ended 9/30/2015	Page 2	of 37
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Name of Facility (as shown on license) Yale New Haven Care Continuum d/b/a Grimes Center	Address (No. & Street, City, State, Zip) 1354 Chapel Street, New Haven, CT 06511
---	---

License Numbers: CCNH 2027-C	RHNS (Specify)	Medicare Provider No. 07-5275
------------------------------------	-------------------	----------------------------------

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 type="radio"/> Profit Corp.	<input checked="" type="radio"/> Non-Profit Corp.	<input type="radio"/> Government
<input type="radio"/> Trust		

If this facility opened or closed during report year provide:	Date Opened	Date Closed

Has there been any change in ownership or operation during this report year?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.
---	---------------------------	-------------------------------------	--------------------------

Administrator

Name of Administrator John Tarutis*	Nursing Home Administrator's License No.:	001494
--	---	--------

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name N/A	License No.:	
-------------	--------------	--

*Administrator of record during fiscal year

General Information and Questionnaire Corporate Owners

Name of Facility Yale New Haven Care Continuum d/b/a Grim	License No. 2027-C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Yale New Haven Care Continuum d/b/a Grimes Center	1354 Chapel Street, New Haven, CT 06511	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See Attached				
Names of Stockholders Owning at Least 10% of Shares				

**Yale New Haven Care Continuum Corporation
Board of Directors
Fiscal Year Ended September 30, 2015**

Gayle Capozzalo
Executive Vice President
Yale New Haven Health Services Corporation
789 Howard Avenue
New Haven, CT 06519

Thomas Balcezak MD
Senior Vice President, Safety & Quality
Yale-New Haven Hospital
789 Howard Avenue
New Haven, CT 06519

Ian Schwartz
Executive Director, Care Management
Yale-New Haven Hospital
789 Howard Avenue
New Haven, CT 06519

Stephen Merz
Vice President, Administration
Yale-New Haven Hospital
789 Howard Avenue
New Haven, CT 06519

Victor Morris MD
Vice President, Physician/Patient Access Services
Yale-New Haven Hospital
789 Howard Avenue
New Haven, CT 06519

Abe Lopman
Senior Vice President, OPS/Smilow Cancer Hospital
Yale-New Haven Hospital
789 Howard Avenue
New Haven, CT 06519

Michael Holmes
Senior Vice President, OPS & Chief Integr Officer
Yale-New Haven Hospital
789 Howard Avenue
New Haven, CT 06519

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Yale New Haven Care Continuum d/b/a Grimes C	2027-C	9/30/2015	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire Related Parties*

Name of Facility Yale New Haven Care Continuum d/b/a Grimes Center	License No. 2027-C	Report for Year Ended 9/30/2015	Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <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 checked="" type="radio"/> Yes <input 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		Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No			
Medical Center Pharmacy and Home Care Center, Inc	50 York Street, New Haven, CT 06511	<input type="radio"/>	<input checked="" type="radio"/>	Pg. 31 / Line A8	852,061	852,061
Yale New Haven Hospital	20 York Street, New Haven, CT 06511	<input type="radio"/>	<input checked="" type="radio"/>	Pg. 34 / Line B3	4,057,836	4,057,836
Yale New Haven Health Services Corporation	789 Howard Avenue, New Haven, CT 06519	<input type="radio"/>	<input checked="" type="radio"/>	Pg. 34 / Line B3	959,448	959,448
Yale New Haven Health Services Corporation	789 Howard Avenue, New Haven, CT 06519	<input type="radio"/>	<input checked="" type="radio"/>	Pg. 34 / Line B3	489	489
		<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.

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

Yale New Haven Care Continuum Corporation
 Miscellaneous Accounts Receivable-Other
 Account #S1000-108210-0000
 As of September 30, 2015

Month	Item	Amount
October 2014	Beginning Balance	\$ (631,884.09)
October 2014	Pharmacy Charges	(47,191.62)
November 2014	Pharmacy Charges	(64,466.27)
December 2014	Pharmacy Charges	(72,115.80)
January 2015	Pharmacy Charges	(69,871.93)
February 2015	Pharmacy Charges	(66,426.60)
March 2015	Pharmacy Charges	(87,490.36)
April 2015	Pharmacy Charges	(69,787.10)
May 2015	Pharmacy Charges	(79,591.39)
June 2015	Pharmacy Charges	(71,763.82)
July 2015	Pharmacy Charges	(99,012.92)
August 2015	Pharmacy Charges	(65,670.26)
August 2015	Payment to Medical Center Pharmacy	630,294.49
September 2015	Pharmacy Charges	(57,083.58)
	Balance @ 09/30/15	<u>\$ (852,061.25)</u>

Entity -
 Medical Center Pharmacy and Home Care Center, Inc.
 50 York Street
 New Haven, CT 06511

Entity -
 Yale-New Haven Hospital
 20 York Street
 New Haven, CT 06510

ACCOUNT-2	SUB-ACCOUNT-2	GLT-FIELDS	GLT-DEBIT-AMT	GLT-CREDIT-AMT
211180	0 01 AP175	AP Auto offset from company 0500 10/01/14 5000001		8,682.90
211180	0 01 PO135	PO Auto offset from company 0500 10/01/14 R 5000002	4,916.61	
211180	0 01 AP175	AP Auto offset from company 0500 10/02/14 5000002		5,213.24
211180	0 01 AP175	AP Auto offset from company 0500 10/03/14 5000003		11,004.89
211180	0 01 AP175	AP Auto offset from company 0500 10/06/14 5000004		2,541.16
211180	0 01 AP175	AP Auto offset from company 0500 10/07/14 5000005		35,275.97
211180	0 01 AP175	AP Auto offset from company 0500 10/08/14 5000006		8,748.20
211180	0 01 AP175	AP Auto offset from company 0500 10/09/14 5000007		13,162.51
211180	0 01 AP175	AP Auto offset from company 0500 10/10/14 5000008		8,916.28
211180	0 01 AP175	AP Auto offset from company 0500 10/12/14 5000009		337.12
211180	0 01 AP175	AP Auto offset from company 0500 10/13/14 5000010		3,123.75
211180	0 01 AP175	AP Auto offset from company 0500 10/14/14 5000011		1,798.98
211180	0 01 AP175	AP Auto offset from company 0500 10/15/14 5000012		5,400.86
211180	0 01 AP175	AP Auto offset from company 0500 10/17/14 5000013		5,984.86
211180	0 01 AP175	AP Auto offset from company 0500 10/20/14 5000015		588.73
211180	0 01 AP175	AP Auto offset from company 0500 10/21/14 5000016		2,541.12
211180	0 01 AP175	AP Auto offset from company 0500 10/22/14 5000017		7,874.29
211180	0 01 AP175	AP Auto offset from company 0500 10/23/14 5000018		14,684.25
211180	0 01 AP175	AP Auto offset from company 0500 10/24/14 5000019		13,130.50
211180	0 01 AP175	AP Auto offset from company 0500 10/25/14 5000020		614.75
211180	0 01 AP175	AP Auto offset from company 0500 10/27/14 5000021		7,828.44
211180	0 01 AP175	AP Auto offset from company 0500 10/28/14 5000022		10,836.95
211180	0 01 AP175	AP Auto offset from company 0500 10/29/14 5000023		24,363.63
211180	0 01 AP175	AP Auto offset from company 0500 10/30/14 5000024		24,308.16
211180	0 01 MA180	PO Auto offset from company 0500 10/31/14 5000001		412.51
211180	0 01 PO135	PO Auto offset from company 0500 10/31/14 5000002		3,455.69
211180	0 01 AP175	AP Auto offset from company 0500 10/31/14 5000025		50,995.31
211180	0 01 001014007	GL GRIMES FITNESS 1014 10/31/14 N 2		48.00
211180	0 01 001014010	GL 1014 PASTORAL CARE 10/31/14 N 2		2,491.54
211180	0 01 001014016	GL 1014 J TARUTIS SALRY 10/31/14 N 2		13,220.30
211180	0 01 001014022	GL 1014 NURSE LIASN SAL 10/31/14 N 2	3,591.30	
211180	0 01 001014019	GL WHITE BLDG RENT 10/31/14 N 2	1,500.00	
211180	0 01 001014020	GL FY 15 WRKS COMP EXP 10/31/14 N 2		9,978.00
211180	0 01 001014030	GL RCL MED SURG SUPP 10/31/14 N 4		1,342.21
211180	0 01 001014030	GL RCL SOLUTION & IV 10/31/14 N 4		623.40
211180	0 01 001014030	GL RCL OFFICE SUPPLIES 10/31/14 N 4		362.50
211180	0 01 001014030	GL RCL CLEANING MTLs 10/31/14 N 4		85.42
211180	0 01 001014030	GL RCL CLEANING MTLs 10/31/14 N 4		15,195.42
211180	0 01 001014030	GL RCL SUPPLIES HRDWARE 10/31/14 N 4		2,044.77
211180	0 01 001014030	GL RCL COMCAST 10/31/14 N 4		5,101.85
211180	0 01 001014030	GL RCL GROCERIES 10/31/14 N 4		1,759.96
211180	0 01 001014030	GL RCL AMR 10/31/14 N 4		679.91
211180	0 01 001014030	GL RCL TELEPHONE 10/31/14 N 4		186.48
211180	0 01 001014030	GL RCL TELEPHONE 10/31/14 N 4		307.36
211180	0 01 001014004	GL TRFS FROM YNH 10/31/14 N 4		654,384.01
211180	0 01 001014004	GL TRFS TO YNH 10/31/14 N 4	1,241,691.05	
211180	0 02 AP175	AP Auto offset from company 0500 11/01/14 5000001		10,527.27
211180	0 02 PO135	PO Auto offset from company 0500 11/01/14 R 5000002	3,455.69	
211180	0 02 AP175	AP Auto offset from company 0500 11/03/14 5000002		4,965.43
211180	0 02 AP175	AP Auto offset from company 0500 11/04/14 5000003		1,293.77
211180	0 02 AP175	AP Auto offset from company 0500 11/05/14 5000004		6,150.40
211180	0 02 AP175	AP Auto offset from company 0500 11/06/14 5000005		12,306.90
211180	0 02 AP175	AP Auto offset from company 0500 11/07/14 5000006		10,974.40
211180	0 02 AP175	AP Auto offset from company 0500 11/08/14 5000007		1,541.75
211180	0 02 AP175	AP Auto offset from company 0500 11/10/14 5000008		640.78
211180	0 02 AP175	AP Auto offset from company 0500 11/11/14 5000009		317.54

211180	0 02 AP175	AP Auto offset from company 0500	11/12/14 5000010		4,817.04
211180	0 02 AP175	AP Auto offset from company 0500	11/13/14 5000011		11,921.25
211180	0 02 AP175	AP Auto offset from company 0500	11/14/14 5000012		6,609.80
211180	0 02 AP175	AP Auto offset from company 0500	11/17/14 5000013		45,634.40
211180	0 02 AP175	AP Auto offset from company 0500	11/18/14 5000014		175.00
211180	0 02 AP175	AP Auto offset from company 0500	11/19/14 5000015		12,852.72
211180	0 02 AP175	AP Auto offset from company 0500	11/20/14 5000016		1,025.89
211180	0 02 AP175	AP Auto offset from company 0500	11/21/14 5000017		16,428.45
211180	0 02 AP175	AP Auto offset from company 0500	11/22/14 5000018		947.05
211180	0 02 AP175	AP Auto offset from company 0500	11/24/14 5000019		4,251.34
211180	0 02 AP175	AP Auto offset from company 0500	11/25/14 5000020		1,479.58
211180	0 02 AP175	AP Auto offset from company 0500	11/26/14 5000021		408.56
211180	0 02 MA180	PO Auto offset from company 0500	11/28/14 5000001		434.40
211180	0 02 AP175	AP Auto offset from company 0500	11/28/14 5000022		2,921.92
211180	0 02 PO135	PO Auto offset from company 0500	11/30/14 5000002		3,490.58
211180	0 02 AP175	AP Auto offset from company 0500	11/30/14 5000023		36,289.34
211180	0 02 001114019	GL WHITE BLDG RENT	11/30/14 N 2	1,500.00	
211180	0 02 001114020	GL FY 15 WRKS COMP EXP	11/30/14 N 2		9,978.00
211180	0 02 001114030	GL RCL PATTERSON MEDIC	11/30/14 N 2		139.14
211180	0 02 001114030	GL RCL OWENS & MINOR	11/30/14 N 2		359.56
211180	0 02 001114030	GL RCL UNIVERSAL HOSP	11/30/14 N 2		1,187.50
211180	0 02 001114030	GL RCL DIRECT SUPPLY	11/30/14 N 2		151.96
211180	0 02 001114030	GL RCL INVENTORY CONTRL	11/30/14 N 2		246.65
211180	0 02 001114030	GL RCL OWENS & MINOR	11/30/14 N 2		29.50
211180	0 02 001114030	GL RCL OWENS & MINOR	11/30/14 N 2		252.06
211180	0 02 001114030	GL RCL WORKFLOWONE	11/30/14 N 2		436.76
211180	0 02 001114030	GL RCL RTD LOGISTICS	11/30/14 N 2		14.50
211180	0 02 001114030	GL RCL RTD LOGISTICS	11/30/14 N 2		144.00
211180	0 02 001114030	GL RCL EASTERN BAG	11/30/14 N 2		188.36
211180	0 02 001114030	GL RCL DIRECT SUPPLY	11/30/14 N 2		2,900.00
211180	0 02 001114030	GL RCL WORKFLOWONE	11/30/14 N 2		2,335.71
211180	0 02 001114030	GL RCL AWNING CLEANING	11/30/14 N 2		242.50
211180	0 02 001114030	GL RCL FLEETWASH INC	11/30/14 N 2		695.00
211180	0 02 001114030	GL RCL PERRELLI ASSOC	11/30/14 N 2		912.26
211180	0 02 001114030	GL RCL GREATER HARTFORD	11/30/14 N 2		383.00
211180	0 02 001114030	GL RCL SO CT GAS CO	11/30/14 N 2		748.47
211180	0 02 001114030	GL RCL GROCERIES	11/30/14 N 2		1,159.79
211180	0 02 001114030	GL RCL TELEPHONE	11/30/14 N 2		85.56
211180	0 02 001114030	GL RCL TELEPHONE	11/30/14 N 2		521.44
211180	0 02 001114007	GL GRIMES FITNESS 1114	11/30/14 N 2		48.00
211180	0 02 001114010	GL 1114 PASTORAL CARE	11/30/14 N 2		2,491.54
211180	0 02 001114016	GL 1114 J TARUTIS SALRY	11/30/14 N 2		19,830.45
211180	0 02 001114022	GL 1114 NURSE LIASN SAL	11/30/14 N 2	5,386.95	
211180	0 02 001114004	GL TRFS FROM YNHH	11/30/14 N 3		656,826.01
211180	0 02 001114004	GL TRFS TO YNHH	11/30/14 N 3	940,826.48	
211180	0 03 AP175	AP Auto offset from company 0500	12/01/14 5000001		20,994.22
211180	0 03 PO135	PO Auto offset from company 0500	12/01/14 R 5000002	3,490.58	
211180	0 03 AP175	AP Auto offset from company 0500	12/02/14 5000002		7,015.64
211180	0 03 AP175	AP Auto offset from company 0500	12/03/14 5000003		9,809.88
211180	0 03 AP175	AP Auto offset from company 0500	12/04/14 5000004		930.87
211180	0 03 AP175	AP Auto offset from company 0500	12/05/14 5000005		23,011.51
211180	0 03 AP175	AP Auto offset from company 0500	12/07/14 5000006		281.44
211180	0 03 AP175	AP Auto offset from company 0500	12/08/14 5000007		21,716.13
211180	0 03 AP175	AP Auto offset from company 0500	12/09/14 5000008		2,197.29
211180	0 03 AP175	AP Auto offset from company 0500	12/10/14 5000009		2,173.90
211180	0 03 AP175	AP Auto offset from company 0500	12/11/14 5000010		48.00
211180	0 03 AP175	AP Auto offset from company 0500	12/12/14 5000011		978.18
211180	0 03 AP175	AP Auto offset from company 0500	12/15/14 5000012		18.50
211180	0 03 AP175	AP Auto offset from company 0500	12/16/14 5000013		1,766.60
211180	0 03 AP175	AP Auto offset from company 0500	12/17/14 5000014		4,667.01
211180	0 03 AP175	AP Auto offset from company 0500	12/18/14 5000015		13,514.54
211180	0 03 AP175	AP Auto offset from company 0500	12/19/14 5000016		11,637.90

211180	0 03 AP175	AP Auto offset from company 0500	12/20/14	5000017			4,355.76
211180	0 03 AP175	AP Auto offset from company 0500	12/22/14	5000018			3,875.74
211180	0 03 AP175	AP Auto offset from company 0500	12/24/14	5000020			5,572.06
211180	0 03 AP175	AP Auto offset from company 0500	12/26/14	5000021			10,324.88
211180	0 03 AP175	AP Auto offset from company 0500	12/29/14	5000023			9,232.39
211180	0 03 MA180	PO Auto offset from company 0500	12/31/14	5000001			21.45
211180	0 03 PO135	PO Auto offset from company 0500	12/31/14	5000002			3,468.87
211180	0 03 AP175	AP Auto offset from company 0500	12/31/14	5000025			57,999.37
211180	0 03 001214202	GL MARSH WIRE 12/27/14	12/31/14	N 2			571.85
211180	0 03 001214202	GL FIDELITY WIRE 12/27/	12/31/14	N 2			14,003.94
211180	0 03 001214202	GL FIDELITY WIRE 12/27/	12/31/14	N 2			5,527.16
211180	0 03 001214016	GL 1214 J TARUTIS SALRY	12/31/14	N 3			13,220.30
211180	0 03 001214010	GL 1214 PASTORAL CARE	12/31/14	N 3			2,566.39
211180	0 03 001214022	GL 1214 NURSE LIASN SAL	12/31/14	N 3		3,672.12	
211180	0 03 001214007	GL GRIMES FITNESS 1214	12/31/14	N 3			108.00
211180	0 03 001214019	GL WHITE BLDG RENT	12/31/14	N 3		1,500.00	
211180	0 03 001214020	GL FY 15 WRKS COMP EXP	12/31/14	N 3			5,500.00
211180	0 03 001214020	GL FY 14 WRKS COMP T/U	12/31/14	N 3		1,803.30	
211180	0 03 001214020	GL ADJ WRKS COMP GRIMES	12/31/14	N 3		8,956.00	
211180	0 03 001214030	GL RCL UNIVERSAL HOSP	12/31/14	N 3			144.05
211180	0 03 001214030	GL RCL PATTERSON MEDIC	12/31/14	N 3			659.58
211180	0 03 001214030	GL RCL MCKESSON MEDICAL	12/31/14	N 3			68.00
211180	0 03 001214030	GL RCL OWENS & MINOR	12/31/14	N 3			1,368.68
211180	0 03 001214030	GL RCL UNIVERSAL HOSP	12/31/14	N 3			280.75
211180	0 03 001214030	GL RCL POSEY COMPANY	12/31/14	N 3			155.92
211180	0 03 001214030	GL RCL ALIMED INC	12/31/14	N 3			409.42
211180	0 03 001214030	GL RCL PATTERSON MEDIC	12/31/14	N 3			62.25
211180	0 03 001214030	GL RCL INVENTORY CNTRL	12/31/14	N 3			232.34
211180	0 03 001214030	GL RCL RTD LOGISTICS	12/31/14	N 3			18,574.50
211180	0 03 001214030	GL RCL MEDLINE INDUST	12/31/14	N 3			200.87
211180	0 03 001214030	GL RCL DENTURE CHARGES	12/31/14	N 3			5,089.00
211180	0 03 001214030	GL RCL MOBILEX USA	12/31/14	N 3			2,416.04
211180	0 03 001214030	GL RCL OWENS & MINOR	12/31/14	N 3			123.06
211180	0 03 001214030	GL RCL RTD LOGISTICS	12/31/14	N 3			29.00
211180	0 03 001214030	GL RCL OWENS & MINOR	12/31/14	N 3			44.57
211180	0 03 001214030	GL RCL DIRECT SUPPLY	12/31/14	N 3			182.99
211180	0 03 001214030	GL RCL INTERLINEBRANDS	12/31/14	N 3			4,370.65
211180	0 03 001214030	GL RCL EASTERN BAG	12/31/14	N 3			168.92
211180	0 03 001214030	GL RCL LOCK CHARGES	12/31/14	N 3			60.00
211180	0 03 001214030	GL RCL DONALD LABANCA	12/31/14	N 3			150.00
211180	0 03 001214030	GL RCL KINSLEY POWER	12/31/14	N 3			1,381.80
211180	0 03 001214030	GL RCL SANITROL SEPTIC	12/31/14	N 3			300.00
211180	0 03 001214030	GL RCL DIRECT SUPPLY	12/31/14	N 3			11.50
211180	0 03 001214030	GL RCL PERRELLI & SON	12/31/14	N 3			1,861.62
211180	0 03 001214030	GL RCL COMCAST	12/31/14	N 3			2,688.10
211180	0 03 001214030	GL RCL GROCERIES	12/31/14	N 3			3,269.59
211180	0 03 001214030	GL RCL MARCUM ADVISORY	12/31/14	N 3			5,800.00
211180	0 03 001214030	GL RCL CENTURY MGMT	12/31/14	N 3			9,145.26
211180	0 03 001214030	GL RCL WALT MEDINA & AS	12/31/14	N 3			18,000.00
211180	0 03 001214030	GL RCL TELEPHONE	12/31/14	N 3			1,003.31
211180	0 03 001214209	GL VALUE OPT INV#191159	12/31/14	N 5		28.82	
211180	0 03 001214209	GL VALUE OPT INV#192158	12/31/14	N 5		28.95	
211180	0 03 001214209	GL VALUE OPT INV#193012	12/31/14	N 5		28.98	
211180	0 03 001214209	GL VALUE OPT INV#191159	12/31/14	N 5			229.83
211180	0 03 001214209	GL VALUE OPT INV#191158	12/31/14	N 5			228.42
211180	0 03 001214209	GL VALUE OPT INV#193012	12/31/14	N 5			227.01
211180	0 03 001214004	GL TRFS FROM YNHH	12/31/14	N 6			947,986.44
211180	0 03 001214004	GL TRFS TO YNHH	12/31/14	N 6		813,876.61	
211180	0 04 AP175	AP Auto offset from company 0500	01/01/15	5000001			13,084.72
211180	0 04 PO135	PO Auto offset from company 0500	01/01/15	R 5000002		3,468.87	
211180	0 04 001214202	GL MARSH WIRE 12/27/14	01/01/15	A 2		571.85	
211180	0 04 001214202	GL FIDELITY WIRE 12/27/	01/01/15	A 2		14,003.94	

211180	0 04 001214202	GL FIDELITY WIRE 12/27/	01/01/15 A	2	5,527.16	
211180	0 04 AP175	AP Auto offset from company 0500	01/02/15	5000002		20,971.04
211180	0 04 AP175	AP Auto offset from company 0500	01/05/15	5000004		1,313.16
211180	0 04 AP175	AP Auto offset from company 0500	01/07/15	5000006		5,488.54
211180	0 04 AP175	AP Auto offset from company 0500	01/08/15	5000007		1,854.22
211180	0 04 AP175	AP Auto offset from company 0500	01/09/15	5000008		2,019.76
211180	0 04 AP175	AP Auto offset from company 0500	01/11/15	5000009		2,246.67
211180	0 04 AP175	AP Auto offset from company 0500	01/12/15	5000010		6,262.83
211180	0 04 AP175	AP Auto offset from company 0500	01/13/15	5000011		2,080.47
211180	0 04 AP175	AP Auto offset from company 0500	01/14/15	5000012		4,229.04
211180	0 04 AP175	AP Auto offset from company 0500	01/15/15	5000013		3,307.67
211180	0 04 AP175	AP Auto offset from company 0500	01/16/15	5000014		4,171.62
211180	0 04 AP175	AP Auto offset from company 0500	01/20/15	5000015		2,291.38
211180	0 04 AP175	AP Auto offset from company 0500	01/21/15	5000016		2,854.50
211180	0 04 AP175	AP Auto offset from company 0500	01/22/15	5000017		40,973.23
211180	0 04 AP175	AP Auto offset from company 0500	01/23/15	5000018		9,469.93
211180	0 04 AP175	AP Auto offset from company 0500	01/26/15	5000019		4,507.10
211180	0 04 AP175	AP Auto offset from company 0500	01/27/15	5000020		8,945.67
211180	0 04 AP175	AP Auto offset from company 0500	01/28/15	5000021		896.76
211180	0 04 AP175	AP Auto offset from company 0500	01/29/15	5000022		15,969.53
211180	0 04 AP175	AP Auto offset from company 0500	01/30/15	5000023		1,937.68
211180	0 04 PO135	PO Auto offset from company 0500	01/31/15	5000001		4,317.17
211180	0 04 AP175	AP Auto offset from company 0500	01/31/15	5000024		42,279.36
211180	0 04 000115019	GL WHITE BLDG RENT	01/31/15 N	2	1,500.00	
211180	0 04 000115020	GL FY 15 WRKS COMP EXP	01/31/15 N	2		5,500.00
211180	0 04 000115022	GL 0115 NURSE LIASN SAL	01/31/15 N	2	3,672.12	
211180	0 04 000115016	GL 0115 J TARUTIS SALRY	01/31/15 N	2		13,220.30
211180	0 04 000115010	GL 0115 PASTORAL CARE	01/31/15 N	2		2,832.76
211180	0 04 000115007	GL GRIMES FITNESS 0115	01/31/15 N	2		60.00
211180	0 04 000115004	GL TRFS FROM YNHH	01/31/15 N	2		471,268.06
211180	0 04 000115004	GL TRFS TO YNHH	01/31/15 N	2	758,251.40	
211180	0 04 000115030	GL RCL PATTERSON MEDIC	01/31/15 N	2		873.10
211180	0 04 000115030	GL RCL OWENS & MINOR	01/31/15 N	2		1,258.82
211180	0 04 000115030	GL RCL BAXTER HEALTHCRE	01/31/15 N	2		302.54
211180	0 04 000115030	GL RCL OSSUR NO AMERICA	01/31/15 N	2		50.34
211180	0 04 000115030	GL RCL ALIMED INC	01/31/15 N	2		1,627.72
211180	0 04 000115030	GL RCL BRIGGS CORP	01/31/15 N	2		91.03
211180	0 04 000115030	GL RCL ULINE	01/31/15 N	2		55.21
211180	0 04 000115030	GL RCL INVENTORY CNTRL	01/31/15 N	2		476.73
211180	0 04 000115030	GL RCL ABILITY NETWORK	01/31/15 N	2		1,018.00
211180	0 04 000115030	GL RCL RTD LOGISTICS	01/31/15 N	2		132.00
211180	0 04 000115030	GL RCL RTD LOGISTICS	01/31/15 N	2		29.00
211180	0 04 000115030	GL RCL EASTERN BAG	01/31/15 N	2		267.03
211180	0 04 000115030	GL RCL INTERLINEBRANDS	01/31/15 N	2		1,027.07
211180	0 04 000115030	GL RCL EASTERN BAG	01/31/15 N	2	699.10	
211180	0 04 000115030	GL RCL COMMERCIAL CONST	01/31/15 N	2		4,071.00
211180	0 04 000115030	GL RCL ANDERSON GLASS	01/31/15 N	2		1,280.00
211180	0 04 000115030	GL RCL CHARMS SECURITY	01/31/15 N	2		12.12
211180	0 04 000115030	GL RCL APOLLO REFRIGER	01/31/15 N	2		185.00
211180	0 04 000115030	GL RCL WW GRAINGER	01/31/15 N	2		620.26
211180	0 04 000115030	GL RCL GOODY'S HARDWARE	01/31/15 N	2		815.85
211180	0 04 000115030	GL RCL SO CT GAS CO	01/31/15 N	2		6,645.31
211180	0 04 000115030	GL RCL GARELICK FARMS	01/31/15 N	2		2,335.80
211180	0 04 000115030	GL RCL GARYS EAST COAST	01/31/15 N	2		872.38
211180	0 04 000115030	GL RCL RTD LOGISTICS	01/31/15 N	2		14.50
211180	0 04 000115030	GL RCL TELEPHONE	01/31/15 N	2		701.48
211180	0 04 000115220	GL YNCC 12/31 CONTR	01/31/15 N	5		500.00
211180	0 05 AP175	AP Auto offset from company 0500	02/01/15	5000001		2,719.62
211180	0 05 PO135	PO Auto offset from company 0500	02/01/15 R	5000001	4,317.17	
211180	0 05 AP175	AP Auto offset from company 0500	02/02/15	5000002		1,735.84
211180	0 05 AP175	AP Auto offset from company 0500	02/04/15	5000003		10,698.82
211180	0 05 AP175	AP Auto offset from company 0500	02/05/15	5000004		12,609.44

211180	0 05 AP175	AP Auto offset from company 0500	02/06/15	5000005			1,873.51
211180	0 05 AP175	AP Auto offset from company 0500	02/09/15	5000007			2,368.48
211180	0 05 AP175	AP Auto offset from company 0500	02/11/15	5000009			7,512.87
211180	0 05 AP175	AP Auto offset from company 0500	02/12/15	5000010			1,717.97
211180	0 05 AP175	AP Auto offset from company 0500	02/13/15	5000011			416.56
211180	0 05 AP175	AP Auto offset from company 0500	02/16/15	5000012			1,611.86
211180	0 05 AP175	AP Auto offset from company 0500	02/17/15	5000013			1,266.60
211180	0 05 AP175	AP Auto offset from company 0500	02/18/15	5000014			238.37
211180	0 05 AP175	AP Auto offset from company 0500	02/19/15	5000015			13,322.44
211180	0 05 AP175	AP Auto offset from company 0500	02/20/15	5000016			1,534.25
211180	0 05 AP175	AP Auto offset from company 0500	02/21/15	5000017			177.02
211180	0 05 AP175	AP Auto offset from company 0500	02/24/15	5000018			27,352.46
211180	0 05 AP175	AP Auto offset from company 0500	02/25/15	5000019			7,345.80
211180	0 05 AP175	AP Auto offset from company 0500	02/26/15	5000020			1,239.12
211180	0 05 MA180	PO Auto offset from company 0500	02/27/15	5000001			2.73
211180	0 05 AP175	AP Auto offset from company 0500	02/27/15	5000021			13,981.08
211180	0 05 PO135	PO Auto offset from company 0500	02/28/15	5000002			3,329.59
211180	0 05 AP175	AP Auto offset from company 0500	02/28/15	5000022			64,238.67
211180	0 05 000215010	GL 0215 PASTORAL CARE	02/28/15	N 2			2,832.76
211180	0 05 000215022	GL 0215 NURSE LIASN SAL	02/28/15	N 2		3,672.12	
211180	0 05 000215019	GL WHITE BLDG RENT	02/28/15	N 2		1,500.00	
211180	0 05 000215020	GL FY 15 WRKS COMP EXP	02/28/15	N 2			5,500.00
211180	0 05 000215004	GL TRFS FROM YNHH	02/28/15	N 2			534,403.03
211180	0 05 000215004	GL TRFS TO YNHH	02/28/15	N 2		623,418.31	
211180	0 05 000215016	GL 0215 J TARUTIS SALRY	02/28/15	N 2			13,220.30
211180	0 05 000215030	GL RCL PATTERSON MEDIC	02/28/15	N 2			342.52
211180	0 05 000215030	GL RCL OWENS & MINOR	02/28/15	N 2			806.05
211180	0 05 000215030	GL RCL DIRECT SUPPLY	02/28/15	N 2			607.57
211180	0 05 000215030	GL RCL ALIMED INC	02/28/15	N 2			165.62
211180	0 05 000215030	GL RCL CARDINAL HEALTH	02/28/15	N 2			133.35
211180	0 05 000215030	GL RCL CONVATEC	02/28/15	N 2			74.96
211180	0 05 000215030	GL RCL INVENTORY CNTRL	02/28/15	N 2			49.19
211180	0 05 000215030	GL RCL OWENS & MINOR	02/28/15	N 2		27.46	
211180	0 05 000215030	GL RCL RTD LOGISTICS	02/28/15	N 2			123.78
211180	0 05 000215030	GL RCL EASTERN BAG	02/28/15	N 2			129.00
211180	0 05 000215030	GL RCL F PERRELLI & SON	02/28/15	N 2			425.25
211180	0 05 000215030	GL RCL INPRO CORP	02/28/15	N 2			500.07
211180	0 05 000215030	GL RCL RTD LOGISTICS	02/28/15	N 2			104.94
211180	0 05 000215030	GL RCL RED HAWK FIRE	02/28/15	N 2			300.00
211180	0 05 000215030	GL RCL BG MECHANICAL	02/28/15	N 2			4,632.78
211180	0 05 000215030	GL RCL JAMES KENNEDY	02/28/15	N 2			491.93
211180	0 05 000215030	GL RCL JAMES KENNEDY	02/28/15	N 2			2,385.14
211180	0 05 000215030	GL RCL SO CT GAS CO	02/28/15	N 2			7,030.06
211180	0 05 000215030	GL RCL F PERRELLI & SON	02/28/15	N 2			3,319.19
211180	0 05 000215030	GL RCL US FOODS	02/28/15	N 2			35,868.17
211180	0 05 000215030	GL RCL GARELICK FARMS	02/28/15	N 2			1,006.76
211180	0 05 000215030	GL RCL HERSHEY CREAMERY	02/28/15	N 2			303.36
211180	0 05 000215030	GL RCL RJ MASE	02/28/15	N 2			16.00
211180	0 05 000215030	GL RCL DOVER FOODS	02/28/15	N 2			325.08
211180	0 05 000215030	GL RCL EAST BAKING CO	02/28/15	N 2			1,367.32
211180	0 05 000215030	GL RCL TELEPHONE	02/28/15	N 2			116.28
211180	0 05 000215030	GL RCL TELEPHONE	02/28/15	N 2			379.89
211180	0 05 000215055	GL EE#156617 PTO TRANSF	02/28/15	N 4			326.56
211180	0 05 000215030	GL RCL FICA TAX	02/28/15	N 5		68.24	
211180	0 05 000215030	GL RCL FED WITHHOLD TAX	02/28/15	N 5		111.51	
211180	0 05 000215030	GL RCL UNION DUES WTHLD	02/28/15	N 5			1,249.70
211180	0 05 000215030	GL RCL UNION DUES WTHLD	02/28/15	N 5		13,302.44	
211180	0 06 AP175	AP Auto offset from company 0500	03/01/15	5000001			5,736.66
211180	0 06 PO135	PO Auto offset from company 0500	03/01/15	R 5000002		3,329.59	
211180	0 06 AP175	AP Auto offset from company 0500	03/02/15	5000002			9,672.32
211180	0 06 AP175	AP Auto offset from company 0500	03/03/15	5000003			1,112.79
211180	0 06 AP175	AP Auto offset from company 0500	03/04/15	5000004			15,903.90

211180	0 06 AP175	AP Auto offset from company 0500	03/05/15	5000005			850.05
211180	0 06 AP175	AP Auto offset from company 0500	03/06/15	5000006			441.24
211180	0 06 AP175	AP Auto offset from company 0500	03/09/15	5000007			9,330.28
211180	0 06 AP175	AP Auto offset from company 0500	03/10/15	5000008			5,422.29
211180	0 06 AP175	AP Auto offset from company 0500	03/11/15	5000009			10,821.42
211180	0 06 AP175	AP Auto offset from company 0500	03/12/15	5000010			5,813.80
211180	0 06 AP175	AP Auto offset from company 0500	03/13/15	5000011			1,676.91
211180	0 06 AP175	AP Auto offset from company 0500	03/14/15	5000012			372.74
211180	0 06 AP175	AP Auto offset from company 0500	03/17/15	5000014			9,726.08
211180	0 06 AP175	AP Auto offset from company 0500	03/18/15	5000015			11,881.19
211180	0 06 AP175	AP Auto offset from company 0500	03/19/15	5000016			20.00
211180	0 06 AP175	AP Auto offset from company 0500	03/20/15	5000017			1,109.40
211180	0 06 AP175	AP Auto offset from company 0500	03/23/15	5000018			7,404.94
211180	0 06 AP175	AP Auto offset from company 0500	03/24/15	5000019			17,070.08
211180	0 06 AP175	AP Auto offset from company 0500	03/25/15	5000020			23,494.36
211180	0 06 AP175	AP Auto offset from company 0500	03/26/15	5000021			7,896.17
211180	0 06 AP175	AP Auto offset from company 0500	03/27/15	5000022			496.25
211180	0 06 PD135	PO Auto offset from company 0500	03/31/15	5000001			3,778.22
211180	0 06 AP175	AP Auto offset from company 0500	03/31/15	5000024			62,071.39
211180	0 06 000315019	GL WHITE BLDG RENT	03/31/15	N 2	1,500.00		
211180	0 06 000315020	GL FY 15 WRKS COMP EXP	03/31/15	N 2			5,500.00
211180	0 06 000315010	GL 0315 PASTORAL CARE	03/31/15	N 2			2,832.76
211180	0 06 000315016	GL 0315 J TARUTIS SALRY	03/31/15	N 2			13,220.30
211180	0 06 000315022	GL 0315 NURSE LIASN SAL	03/31/15	N 2	3,672.12		
211180	0 06 000315007	GL GRIMES FITNESS 0315	03/31/15	N 2			24.00
211180	0 06 000315030	GL RCL STANDARD REGISTR	03/31/15	N 2			29.64
211180	0 06 000315030	GL RCL PATTERSON MEDIC	03/31/15	N 2			56.14
211180	0 06 000315030	GL RCL OWENS & MINOR	03/31/15	N 2			1,787.80
211180	0 06 000315030	GL RCL PATTERSON MEDIC	03/31/15	N 2			30.73
211180	0 06 000315030	GL RCL CAREFUSION 2200	03/31/15	N 2			490.00
211180	0 06 000315030	GL RCL DIRECT SUPPLY	03/31/15	N 2			883.02
211180	0 06 000315030	GL RCL DIRECT SUPPLY	03/31/15	N 2	1,827.59		
211180	0 06 000315030	GL RCL ALIMED INC	03/31/15	N 2			26.64
211180	0 06 000315030	GL RCL INVENTORY CNTRL	03/31/15	N 2			440.05
211180	0 06 000315030	GL RCL OWENS & MINOR	03/31/15	N 2			25.87
211180	0 06 000315030	GL RCL OWENS & MINOR	03/31/15	N 2			182.97
211180	0 06 000315030	GL RCL UNIVERSAL HOSP	03/31/15	N 2			173.31
211180	0 06 000315030	GL RCL OWENS & MINOR	03/31/15	N 2			61.53
211180	0 06 000315030	GL RCL RTD LOGISTICS	03/31/15	N 2			138.60
211180	0 06 000315030	GL RCL OWENS & MINOR	03/31/15	N 2			89.14
211180	0 06 000315030	GL RCL EASTERN BAG	03/31/15	N 2			133.51
211180	0 06 000315030	GL RCL EASTERN BAG	03/31/15	N 2			538.82
211180	0 06 000315030	GL RCL EASTERN BAG	03/31/15	N 2			84.46
211180	0 06 000315030	GL RCL INTERLINEBRANDS	03/31/15	N 2			3,242.60
211180	0 06 000315030	GL RCL RAINTTECH	03/31/15	N 2			1,605.00
211180	0 06 000315030	GL RCL EASTRN FIRE DOOR	03/31/15	N 2			1,605.00
211180	0 06 000315030	GL RCL WW GRAINGER	03/31/15	N 2	54.00		
211180	0 06 000315030	GL RCL CASTERS AND PART	03/31/15	N 2			529.47
211180	0 06 000315030	GL RCL JP MORGAN CHASE	03/31/15	N 2			1,039.23
211180	0 06 000315030	GL RCL SO CT GAS CO	03/31/15	N 2			5,092.58
211180	0 06 000315030	GL RCL F PERRELLI & SON	03/31/15	N 2			4,263.37
211180	0 06 000315030	GL RCL COMCAST	03/31/15	N 2			8,333.14
211180	0 06 000315030	GL RCL US FOODS	03/31/15	N 2			25,935.56
211180	0 06 000315030	GL RCL GARELICK FARMS	03/31/15	N 2			1,253.00
211180	0 06 000315030	GL RCL HERSHEY CREAMERY	03/31/15	N 2			193.92
211180	0 06 000315030	GL RCL RJ MASE	03/31/15	N 2			64.00
211180	0 06 000315030	GL RCL DOVER FOODS	03/31/15	N 2			491.95
211180	0 06 000315030	GL RCL EAST BAKING CO	03/31/15	N 2			1,662.65
211180	0 06 000315030	GL RCL US FOODS	03/31/15	N 2			32,049.54
211180	0 06 000315030	GL RCL GARELICK FARMS	03/31/15	N 2			719.57
211180	0 06 000315030	GL RCL GARYS EAST COAST	03/31/15	N 2			637.74
211180	0 06 000315030	GL RCL PARKING CHARGE	03/31/15	N 2			14.00

211180	0 06 000315030	GL RCL TELEPHONE	03/31/15 N	2		231.22
211180	0 06 000315030	GL RCL TELEPHONE	03/31/15 N	2		315.06
211180	0 06 000315004	GL TRFS FROM YNHH	03/31/15 N	5		475,930.90
211180	0 06 000315004	GL TRFS TO YNHH	03/31/15 N	5	1,290,688.41	
211180	0 07 AP175	AP Auto offset from company 0500	04/01/15	I 5000001		38,172.86
211180	0 07 PO135	PO Auto offset from company 0500	04/01/15	R 5000001	3,778.22	
211180	0 07 AP175	AP Auto offset from company 0500	04/02/15	I 5000002		8,313.89
211180	0 07 AP175	AP Auto offset from company 0500	04/03/15	I 5000003		332.47
211180	0 07 AP175	AP Auto offset from company 0500	04/06/15	I 5000004		734.19
211180	0 07 AP175	AP Auto offset from company 0500	04/07/15	I 5000005		3,703.50
211180	0 07 AP175	AP Auto offset from company 0500	04/08/15	I 5000006		2,354.26
211180	0 07 AP175	AP Auto offset from company 0500	04/09/15	I 5000007		28,357.19
211180	0 07 AP175	AP Auto offset from company 0500	04/10/15	I 5000008		6,160.81
211180	0 07 AP175	AP Auto offset from company 0500	04/11/15	I 5000009		1,214.17
211180	0 07 AP175	AP Auto offset from company 0500	04/13/15	I 5000010		3,226.49
211180	0 07 AP175	AP Auto offset from company 0500	04/14/15	I 5000011		8,741.19
211180	0 07 AP175	AP Auto offset from company 0500	04/15/15	I 5000012		2,629.33
211180	0 07 AP175	AP Auto offset from company 0500	04/16/15	I 5000013		5.64
211180	0 07 AP175	AP Auto offset from company 0500	04/17/15	I 5000014		877.42
211180	0 07 AP175	AP Auto offset from company 0500	04/20/15	I 5000015		15,035.97
211180	0 07 AP175	AP Auto offset from company 0500	04/21/15	I 5000016		347.68
211180	0 07 AP175	AP Auto offset from company 0500	04/22/15	I 5000017		5,325.50
211180	0 07 AP175	AP Auto offset from company 0500	04/23/15	I 5000018		1,383.05
211180	0 07 AP175	AP Auto offset from company 0500	04/24/15	I 5000019		1,530.89
211180	0 07 AP175	AP Auto offset from company 0500	04/27/15	I 5000020		166.70
211180	0 07 AP175	AP Auto offset from company 0500	04/28/15	I 5000021		640.00
211180	0 07 MA180	PO Auto offset from company 0500	04/29/15	I 5000001		59.88
211180	0 07 AP175	AP Auto offset from company 0500	04/29/15	I 5000022		101.05
211180	0 07 PO135	PO Auto offset from company 0500	04/30/15	I 5000002		1,819.79
211180	0 07 AP175	AP Auto offset from company 0500	04/30/15	I 5000023		52,804.24
211180	0 07 000415010	GL 0415 PASTORAL CARE	04/30/15 N	4		2,832.76
211180	0 07 000415016	GL 0415 J TARUTIS SALRY	04/30/15 N	4		18,428.27
211180	0 07 000415022	GL 0415 NURSE LIASN SAL	04/30/15 N	4	3,672.12	
211180	0 07 000415007	GL GRIMES FITNESS 0415	04/30/15 N	4		48.00
211180	0 07 000415019	GL WHITE BLDG RENT	04/30/15 N	4	1,500.00	
211180	0 07 000415020	GL FY 15 WRKS COMP EXP	04/30/15 N	4		5,500.00
211180	0 07 000415004	GL TRFS FROM YNHH	04/30/15 N	4		759,582.18
211180	0 07 000415004	GL TRFS TO YNHH	04/30/15 N	4	1,046,537.40	
211180	0 07 000415030	GL RCLS QAIYUM MUJTABA	04/30/15 N	4		150.00
211180	0 07 000415030	GL RCLS ANTHONY SCIALLA	04/30/15 N	4		150.00
211180	0 07 000415030	GL RCLS FRANK MONGILLO	04/30/15 N	4		150.00
211180	0 07 000415030	GL RCL PATTERSON MEDIC	04/30/15 N	4		297.44
211180	0 07 000415030	GL RCL UNIVERSAL HOSP	04/30/15 N	4		576.20
211180	0 07 000415030	GL RCL PATTERSON MEDIC	04/30/15 N	4		50.71
211180	0 07 000415030	GL RCL OWENS & MINOR	04/30/15 N	4		555.15
211180	0 07 000415030	GL RCLS MEDLINE INDUST	04/30/15 N	4		8,981.31
211180	0 07 000415030	GL RCL DIRECT SUPPLY	04/30/15 N	4		349.09
211180	0 07 000415030	GL RCL MCKESSON MEDICAL	04/30/15 N	4		26.75
211180	0 07 000415030	GL RCL CONVATEC	04/30/15 N	4		251.70
211180	0 07 000415030	GL RCL INVENTORY CNTRL	04/30/15 N	4		38.73
211180	0 07 000415030	GL RCL PATTERSON MEDIC	04/30/15 N	4		25.35
211180	0 07 000415030	GL RCL OWENS & MINOR	04/30/15 N	4		35.32
211180	0 07 000415030	GL RCL UNIVERSAL HOSP	04/30/15 N	4		1,498.08
211180	0 07 000415030	GL RCL OWENS & MINOR	04/30/15 N	4		144.09
211180	0 07 000415030	GL RCL RTD LOGISTICS	04/30/15 N	4		255.78
211180	0 07 000415030	GL RCL STORE SUPPLIES	04/30/15 N	4	2.73	
211180	0 07 000415030	GL RCL EASTERN BAG	04/30/15 N	4		445.10
211180	0 07 000415030	GL RCL INTERLINEBRANDS	04/30/15 N	4		3,132.66
211180	0 07 000415030	GL RCL EASTERN BAG	04/30/15 N	4		189.34
211180	0 07 000415030	GL RCL EASTERN BAG	04/30/15 N	4		408.18
211180	0 07 000415030	GL RCL DIRECT SUPPLY	04/30/15 N	4		3,000.00
211180	0 07 000415030	GL RCL INTERLINEBRANDS	04/30/15 N	4		2,134.67

211180	0 07 000415030	GL RCL US ELECTRICAL	04/30/15 N 4		60.17
211180	0 07 000415030	GL RCL EASTERN BAG	04/30/15 N 4		318.21
211180	0 07 000415030	GL RCL JAMES A KENNEDY	04/30/15 N 4		475.00
211180	0 07 000415030	GL RCL KINSLEY POWER SY	04/30/15 N 4		2,344.50
211180	0 07 000415030	GL RCL WHALLEY GLASS	04/30/15 N 4		340.00
211180	0 07 000415030	GL RCL REITMAN PERSONNE	04/30/15 N 4		1,569.20
211180	0 07 000415030	GL RCL GOODY'S HARDWARE	04/30/15 N 4		1,312.90
211180	0 07 000415030	GL RCL CASTERS AND PART	04/30/15 N 4		252.58
211180	0 07 000415030	GL RCL WW GRAINGER	04/30/15 N 4		168.22
211180	0 07 000415030	GL RCL SO CT GAS CO	04/30/15 N 4		3,702.18
211180	0 07 000415030	GL RCL F PERRELLI & SON	04/30/15 N 4		554.95
211180	0 07 000415030	GL RCL GARELICK FARMS	04/30/15 N 4		1,473.02
211180	0 07 000415030	GL RCL US FOODS	04/30/15 N 4		32,379.91
211180	0 07 000415030	GL RCL RJ MASE	04/30/15 N 4		48.00
211180	0 07 000415030	GL RCL EAST BAKING CO	04/30/15 N 4		1,129.50
211180	0 07 000415030	GL RCL NATIONAL NUTRITI	04/30/15 N 4		1,400.00
211180	0 07 000415030	GL RCL HERSHEY CREAMERY	04/30/15 N 4		381.84
211180	0 07 000415030	GL RCL DOVER FOODS	04/30/15 N 4		296.28
211180	0 07 000415030	GL RCL GARYS EAST COAST	04/30/15 N 4		2,406.31
211180	0 07 000415030	GL RCL LOCKSMITH CHGS	04/30/15 N 4		96.00
211180	0 07 000415030	GL RCL COPIER CHGS	04/30/15 N 4		177.02
211180	0 07 000415030	GL RCL J P MORGAN CHASE	04/30/15 N 4		600.00
211180	0 07 000415030	GL RCL TELEPHONE	04/30/15 N 4		116.28
211180	0 07 000415030	GL RCL TELEPHONE	04/30/15 N 4		356.48
211180	0 08 AP175	AP Auto offset from company 0500	05/01/15 5000001		11,419.06
211180	0 08 PO135	PO Auto offset from company 0500	05/01/15 R 5000002	1,819.79	
211180	0 08 AP175	AP Auto offset from company 0500	05/02/15 5000002		461.84
211180	0 08 AP175	AP Auto offset from company 0500	05/05/15 5000003		11,061.38
211180	0 08 AP175	AP Auto offset from company 0500	05/06/15 5000004		15,369.81
211180	0 08 AP175	AP Auto offset from company 0500	05/07/15 5000005		1,414.68
211180	0 08 AP175	AP Auto offset from company 0500	05/08/15 5000006		5,951.77
211180	0 08 AP175	AP Auto offset from company 0500	05/11/15 5000007		6,522.66
211180	0 08 AP175	AP Auto offset from company 0500	05/12/15 5000008		1,563.92
211180	0 08 AP175	AP Auto offset from company 0500	05/13/15 5000009		6,688.04
211180	0 08 AP175	AP Auto offset from company 0500	05/15/15 5000011		46,764.13
211180	0 08 AP175	AP Auto offset from company 0500	05/18/15 5000012		135.96
211180	0 08 AP175	AP Auto offset from company 0500	05/19/15 5000013		16,766.26
211180	0 08 AP175	AP Auto offset from company 0500	05/20/15 5000014		9,601.97
211180	0 08 AP175	AP Auto offset from company 0500	05/21/15 5000015		2,754.65
211180	0 08 AP175	AP Auto offset from company 0500	05/22/15 5000016		1,426.75
211180	0 08 AP175	AP Auto offset from company 0500	05/26/15 5000017		46,340.40
211180	0 08 AP175	AP Auto offset from company 0500	05/27/15 5000018		7,306.99
211180	0 08 AP175	AP Auto offset from company 0500	05/28/15 5000019		295.00
211180	0 08 MA180	PO Auto offset from company 0500	05/31/15 5000001		793.55
211180	0 08 PO135	PO Auto offset from company 0500	05/31/15 5000002		999.17
211180	0 08 AP175	AP Auto offset from company 0500	05/31/15 5000020		4,741.75
211180	0 08 000515055	GL EE#155751 PTO TRANSF	05/31/15 N 4		684.25
211180	0 08 000515055	GL EE#147493 PTO TRANSF	05/31/15 N 4		2,362.60
211180	0 08 000515019	GL WHITE BLDG RENT	05/31/15 N 5	1,500.00	
211180	0 08 000515020	GL FY 15 WRKS COMP EXP	05/31/15 N 5		5,500.00
211180	0 08 000515007	GL GRIMES FITNESS 0515	05/31/15 N 5		24.00
211180	0 08 000515010	GL 0515 PASTORAL CARE	05/31/15 N 5		4,249.13
211180	0 08 000515016	GL 0515 J TARUTIS SALRY	05/31/15 N 5		19,830.46
211180	0 08 000515022	GL 0515 NURSE LIASN SAL	05/31/15 N 5	5,508.18	
211180	0 08 000515030	GL RCLS ANTHONY SCIALLA	05/31/15 N 5		150.00
211180	0 08 000515030	GL RCLS FRANK MONGILLO	05/31/15 N 5		150.00
211180	0 08 000515030	GL RCL PATTERSON MEDIC	05/31/15 N 5		341.06
211180	0 08 000515030	GL RCL OWENS & MINOR	05/31/15 N 5		76.33
211180	0 08 000515030	GL RCLS MEDLINE INDUST	05/31/15 N 5		3,283.00
211180	0 08 000515030	GL RCL OWENS & MINOR	05/31/15 N 5		7,599.02
211180	0 08 000515030	GL RCLS NEW ENGLAND O &	05/31/15 N 5		150.00
211180	0 08 000515030	GL RCL ALIMED INC	05/31/15 N 5		216.84

211180	0 08 000515030	GL RCL ARJOHUNTLEIGH IN	05/31/15 N	5		260.52
211180	0 08 000515030	GL RCL FISHER SCIENTIFI	05/31/15 N	5		143.37
211180	0 08 000515030	GL RCL INVENTORY CNTRL	05/31/15 N	5		556.31
211180	0 08 000515030	GL RCL OWENS & MINOR	05/31/15 N	5		13.30
211180	0 08 000515030	GL RCL OWENS & MINOR	05/31/15 N	5		51.58
211180	0 08 000515030	GL RCL OWENS & MINOR	05/31/15 N	5		180.51
211180	0 08 000515030	GL RCL RTD LOGISTICS	05/31/15 N	5		14.94
211180	0 08 000515030	GL RCL OWENS & MINOR	05/31/15 N	5		180.40
211180	0 08 000515030	GL RCL INTERLINEBRANDS	05/31/15 N	5		749.43
211180	0 08 000515030	GL RCL INTERLINEBRANDS	05/31/15 N	5		3,276.99
211180	0 08 000515030	GL RCL EASTERN FIRE DR	05/31/15 N	5		630.00
211180	0 08 000515030	GL RCL FIRE PROTECTION	05/31/15 N	5		683.00
211180	0 08 000515030	GL RCL DIRECT SUPPLY	05/31/15 N	5		275.00
211180	0 08 000515030	GL RCL HILL-ROM	05/31/15 N	5		412.52
211180	0 08 000515030	GL RCL MARK LAMANO	05/31/15 N	5		3,600.00
211180	0 08 000515030	GL RCL KINSLEY POWER SY	05/31/15 N	5		405.00
211180	0 08 000515030	GL RCL YANKEE EQUIP	05/31/15 N	5		706.14
211180	0 08 000515030	GL RCL B-G MECHANICAL	05/31/15 N	5	241.29	
211180	0 08 000515030	GL RCL FLEETWASH INC	05/31/15 N	5		1,075.00
211180	0 08 000515030	GL RCL CASTERS AND PART	05/31/15 N	5		233.07
211180	0 08 000515030	GL RCL JAMES A KENNEDY	05/31/15 N	5		2,203.00
211180	0 08 000515030	GL RCL MED-PAT INC	05/31/15 N	5		224.90
211180	0 08 000515030	GL RCL REITMAN PERSONNE	05/31/15 N	5		1,004.80
211180	0 08 000515030	GL RCL MED-PAT INC	05/31/15 N	5		204.90
211180	0 08 000515030	GL RCL GOODY'S HARDWARE	05/31/15 N	5		44.86
211180	0 08 000515030	GL RCL SO CT GAS CO	05/31/15 N	5		4,383.05
211180	0 08 000515030	GL RCL SO CT GAS CO	05/31/15 N	5		2,723.25
211180	0 08 000515030	GL RCL US FOODS	05/31/15 N	5		25,815.03
211180	0 08 000515030	GL RCL DOVER FOODS	05/31/15 N	5		194.40
211180	0 08 000515030	GL RCL GARELICK FARMS	05/31/15 N	5		1,347.72
211180	0 08 000515030	GL RCL EAST BAKING CO	05/31/15 N	5		617.10
211180	0 08 000515030	GL RCL TELEPHONE	05/31/15 N	5		118.85
211180	0 08 000515030	GL RCL TELEPHONE	05/31/15 N	5		421.28
211180	0 08 000515030	GL RCL GRAFIX TRAFFIC	05/31/15 N	5		1,095.00
211180	0 08 000515004	GL TRFS FROM YNHH	05/31/15 N	6		599,890.23
211180	0 08 000515004	GL TRFS TO YNHH	05/31/15 N	6	707,256.73	
211180	0 09 AP175	AP Auto offset from company 0500	06/01/15	I 5000001		6,250.97
211180	0 09 PO135	PO Auto offset from company 0500	06/01/15	R 5000002	999.17	
211180	0 09 AP175	AP Auto offset from company 0500	06/02/15	I 5000002		13,281.83
211180	0 09 AP175	AP Auto offset from company 0500	06/03/15	I 5000003		38,791.42
211180	0 09 AP175	AP Auto offset from company 0500	06/04/15	I 5000004		2,745.12
211180	0 09 AP175	AP Auto offset from company 0500	06/05/15	I 5000005		1,416.15
211180	0 09 AP175	AP Auto offset from company 0500	06/08/15	I 5000006		1,200.00
211180	0 09 AP175	AP Auto offset from company 0500	06/09/15	I 5000007		7,954.75
211180	0 09 AP175	AP Auto offset from company 0500	06/10/15	I 5000008		4,273.80
211180	0 09 AP175	AP Auto offset from company 0500	06/11/15	I 5000009		4,366.05
211180	0 09 AP175	AP Auto offset from company 0500	06/12/15	I 5000010		6,455.70
211180	0 09 AP175	AP Auto offset from company 0500	06/15/15	I 5000012		1,295.50
211180	0 09 AP175	AP Auto offset from company 0500	06/16/15	I 5000013		276.00
211180	0 09 AP175	AP Auto offset from company 0500	06/17/15	I 5000014		10,204.01
211180	0 09 AP175	AP Auto offset from company 0500	06/18/15	I 5000015		9,493.42
211180	0 09 AP175	AP Auto offset from company 0500	06/19/15	I 5000016		20.00
211180	0 09 AP175	AP Auto offset from company 0500	06/22/15	I 5000017		8,580.38
211180	0 09 AP175	AP Auto offset from company 0500	06/23/15	I 5000018		1,420.89
211180	0 09 AP175	AP Auto offset from company 0500	06/24/15	I 5000019		5,420.20
211180	0 09 AP175	AP Auto offset from company 0500	06/25/15	I 5000020		167.34
211180	0 09 AP175	AP Auto offset from company 0500	06/26/15	I 5000021		1,851.82
211180	0 09 MA180	PO Auto offset from company 0500	06/30/15	I 5000001		94.62
211180	0 09 PO135	PO Auto offset from company 0500	06/30/15	I 5000002		609.52
211180	0 09 AP175	AP Auto offset from company 0500	06/30/15	I 5000023		66,229.08
211180	0 09 000615019	GL WHITE BLDG RENT	06/30/15 N	3	1,500.00	
211180	0 09 000615020	GL FY 15 WRKS COMP EXP	06/30/15 N	3		5,500.00

211180	0 09 000615010	GL 0615 PASTORAL CARE	06/30/15 N	3		2,832.76
211180	0 09 000615016	GL 0615 J TARUTIS SALRY	06/30/15 N	3		13,220.30
211180	0 09 000615022	GL 0615 NURSE LIASN SAL	06/30/15 N	3	3,672.12	
211180	0 09 000615007	GL GRIMES FITNESS 0615	06/30/15 N	3		24.00
211180	0 09 000615004	GL TRFS FROM YNHH	06/30/15 N	3		296,967.02
211180	0 09 000615004	GL TRFS TO YNHH	06/30/15 N	3	1,182,281.50	
211180	0 09 000615030	GL RCL PATTERSON MEDIC	06/30/15 N	6		659.58
211180	0 09 000615030	GL RCL MCKESSON MEDICAL	06/30/15 N	6		48.12
211180	0 09 000615030	GL RCL OWENS & MINOR	06/30/15 N	6		3,002.87
211180	0 09 000615030	GL RCL ARJOHUNTLEIGH IN	06/30/15 N	6		1,119.53
211180	0 09 000615030	GL RCL PATTERSON MEDIC	06/30/15 N	6		128.01
211180	0 09 000615030	GL RCL CONVATEC	06/30/15 N	6		182.32
211180	0 09 000615030	GL RCL DIRECT SUPPLY	06/30/15 N	6		697.26
211180	0 09 000615030	GL RCL ALIMED	06/30/15 N	6		509.90
211180	0 09 000615030	GL RCL INVENTORY CNTRL	06/30/15 N	6		56.32
211180	0 09 000615030	GL RCL OWENS & MINOR	06/30/15 N	6		106.52
211180	0 09 000615030	GL RCL OWENS & MINOR	06/30/15 N	6	725.71	
211180	0 09 000615030	GL RCL RTD LOGISTICS	06/30/15 N	6		183.41
211180	0 09 000615030	GL RCL OWENS & MINOR	06/30/15 N	6		90.20
211180	0 09 000615030	GL RCL WW GRAINGER	06/30/15 N	6		2.73
211180	0 09 000615030	GL RCL EASTERN BAG	06/30/15 N	6		1,345.48
211180	0 09 000615030	GL RCL WW GRAINGER	06/30/15 N	6		837.92
211180	0 09 000615030	GL RCL INTERLINEBRANDS	06/30/15 N	6		932.31
211180	0 09 000615030	GL RCL OWENS & MINOR	06/30/15 N	6	162.54	
211180	0 09 000615030	GL RCL MARK LAMANO	06/30/15 N	6		2,200.00
211180	0 09 000615030	GL RCL KINSLEY POWER SY	06/30/15 N	6		1,038.94
211180	0 09 000615030	GL RCL YANKEE EQUIP	06/30/15 N	6		1,204.64
211180	0 09 000615030	GL RCL AWNING CLEANING	06/30/15 N	6		5,200.00
211180	0 09 000615030	GL CORR EASTERN FIRE DR	06/30/15 N	6	1,242.30	
211180	0 09 000615030	GL RCL FLEETWASH INC	06/30/15 N	6	35.90	
211180	0 09 000615030	GL RCL CASTERS AND PART	06/30/15 N	6		888.57
211180	0 09 000615030	GL RCL GOODY'S HARDWARE	06/30/15 N	6		265.63
211180	0 09 000615030	GL RCL WW GRAINGER	06/30/15 N	6		609.10
211180	0 09 000615030	GL RCL MED-PAT INC	06/30/15 N	6		345.20
211180	0 09 000615030	GL RCL SO CT GAS CO	06/30/15 N	6		1,334.95
211180	0 09 000615030	GL RCL F PERELLI & SON	06/30/15 N	6		295.57
211180	0 09 000615030	GL RCL COMCAST	06/30/15 N	6		5,446.50
211180	0 09 000615030	GL RCL RJ MASE INC	06/30/15 N	6		48.00
211180	0 09 000615030	GL RCL GARELICK FARMS	06/30/15 N	6		2,102.81
211180	0 09 000615030	GL RCL HERSHEY CREAMERY	06/30/15 N	6		110.88
211180	0 09 000615030	GL RCL US FOODS	06/30/15 N	6		19,988.66
211180	0 09 000615030	GL RCL EAST BAKING CO	06/30/15 N	6		1,448.18
211180	0 09 000615030	GL RCL DOVER FOODS	06/30/15 N	6		440.64
211180	0 09 000615030	GL RCL ECOLAB FOOD	06/30/15 N	6		110.25
211180	0 09 000615030	GL RCL NATIONAL NUTRITI	06/30/15 N	6		700.00
211180	0 09 000615030	GL RCL R BADRIGIAN DDS	06/30/15 N	6		1,225.00
211180	0 09 000615030	GL RCL GE CAPITAL	06/30/15 N	6		177.02
211180	0 09 000615030	GL RCL PARKING CHARGE	06/30/15 N	6		16.00
211180	0 09 000615030	GL RCL TELEPHONE	06/30/15 N	6		155.54
211180	0 10 AP175	AP Auto offset from company 0500 07/01/15 5000001				7,600.77
211180	0 10 PO135	PO Auto offset from company 0500 07/01/15 R 5000002			609.52	
211180	0 10 AP175	AP Auto offset from company 0500 07/02/15 5000002				900.81
211180	0 10 AP175	AP Auto offset from company 0500 07/06/15 5000004				17,998.97
211180	0 10 AP175	AP Auto offset from company 0500 07/07/15 5000005				5,584.20
211180	0 10 AP175	AP Auto offset from company 0500 07/08/15 5000006				40,761.41
211180	0 10 AP175	AP Auto offset from company 0500 07/09/15 5000007				2,393.00
211180	0 10 AP175	AP Auto offset from company 0500 07/10/15 5000008				900.49
211180	0 10 AP175	AP Auto offset from company 0500 07/11/15 5000009				551.11
211180	0 10 AP175	AP Auto offset from company 0500 07/13/15 5000010				6,148.20
211180	0 10 AP175	AP Auto offset from company 0500 07/14/15 5000011				555.73
211180	0 10 AP175	AP Auto offset from company 0500 07/15/15 5000012				76,893.11
211180	0 10 AP175	AP Auto offset from company 0500 07/16/15 5000013				546.00

211180	0 10 AP175	AP Auto offset from company 0500	07/17/15	5000014			5,524.75
211180	0 10 AP175	AP Auto offset from company 0500	07/20/15	5000015			3,813.86
211180	0 10 AP175	AP Auto offset from company 0500	07/22/15	5000017			1,546.80
211180	0 10 AP175	AP Auto offset from company 0500	07/23/15	5000018			3,073.34
211180	0 10 AP175	AP Auto offset from company 0500	07/24/15	5000019			8,987.77
211180	0 10 AP175	AP Auto offset from company 0500	07/27/15	5000020			6,836.60
211180	0 10 AP175	AP Auto offset from company 0500	07/28/15	5000021			2,995.34
211180	0 10 AP175	AP Auto offset from company 0500	07/29/15	5000022			41.19
211180	0 10 AP175	AP Auto offset from company 0500	07/30/15	5000023			6,780.62
211180	0 10 PO135	PO Auto offset from company 0500	07/31/15	5000001			1,128.85
211180	0 10 AP175	AP Auto offset from company 0500	07/31/15	5000024			4,821.16
211180	0 10 000715010	GL 0715 PASTORAL CARE	07/31/15	N 2			2,832.76
211180	0 10 000715016	GL 0715 J TARUTIS SALRY	07/31/15	N 2			13,220.30
211180	0 10 000715022	GL 0715 NURSE LIASN SAL	07/31/15	N 2		3,672.12	
211180	0 10 000715019	GL WHITE BLDG RENT	07/31/15	N 2		1,500.00	
211180	0 10 000715020	GL FY 15 WRKS COMP EXP	07/31/15	N 2			5,500.00
211180	0 10 000715007	GL GRIMES FITNESS 0715	07/31/15	N 2			48.00
211180	0 10 000715030	GL RCL PATTERSON MEDIC	07/31/15	N 2			196.03
211180	0 10 000715030	GL RCL UNIVERSAL HOSP	07/31/15	N 2			720.25
211180	0 10 000715030	GL RCL MEDLINE INDUST	07/31/15	N 2			493.62
211180	0 10 000715030	GL RCL OWENS & MINOR	07/31/15	N 2			1,545.80
211180	0 10 000715030	GL RCL ALIMED INC	07/31/15	N 2			543.48
211180	0 10 000715030	GL RCL INVENTORY CNTRL	07/31/15	N 2			277.74
211180	0 10 000715030	GL RCL UNIVERSAL HOSP	07/31/15	N 2			1,248.40
211180	0 10 000715030	GL RCL UNIVERSAL HOSP	07/31/15	N 2			48.03
211180	0 10 000715030	GL RCL RTD LOGISTICS	07/31/15	N 2			14.94
211180	0 10 000715030	GL RCL RTD LOGISTICS	07/31/15	N 2			135.96
211180	0 10 000715030	GL RCL EASTERN BAG	07/31/15	N 2			80.00
211180	0 10 000715030	GL RCL EASTERN BAG	07/31/15	N 2		258.00	
211180	0 10 000715030	GL RCL DIRECT SUPPLY	07/31/15	N 2			305.97
211180	0 10 000715030	GL RCL YANKEE EQUIP	07/31/15	N 2		125.33	
211180	0 10 000715030	GL RCL MARK LAMANO	07/31/15	N 2			1,100.00
211180	0 10 000715030	GL RCL B-G MECHANICAL	07/31/15	N 2			6,960.60
211180	0 10 000715030	GL RCL STATE OF CT BOIL	07/31/15	N 2			640.00
211180	0 10 000715030	GL RCL REITMAN PERSONEL	07/31/15	N 2			2,700.40
211180	0 10 000715030	GL RCL GOODY'S HARDWARE	07/31/15	N 2			241.94
211180	0 10 000715030	GL RCL NOBILE AMERICAS	07/31/15	N 2			114.90
211180	0 10 000715030	GL RCL SO CT GAS CO	07/31/15	N 2			1,957.96
211180	0 10 000715030	GL RCL EAST BAKING CO	07/31/15	N 2			894.00
211180	0 10 000715030	GL RCL GARELICK FARMS	07/31/15	N 2			1,657.39
211180	0 10 000715030	GL RCL US FOODS	07/31/15	N 2			27,623.83
211180	0 10 000715030	GL RCL DOVER FOODS	07/31/15	N 2			261.48
211180	0 10 000715030	GL RCL RJ MASE INC	07/31/15	N 2			32.00
211180	0 10 000715030	GL RCL NATIONAL NUTRITI	07/31/15	N 2			700.00
211180	0 10 000715030	GL RCL GE CAPITAL	07/31/15	N 2			177.02
211180	0 10 000715030	GL RCL JP MORGAN CHASE	07/31/15	N 2			50.00
211180	0 10 000715030	GL RCL TELEPHONE	07/31/15	N 2			237.70
211180	0 10 000715030	GL RCL TELEPHONE	07/31/15	N 2			230.34
211180	0 10 000715004	GL TRFS FROM YNHH	07/31/15	N 4			707,418.67
211180	0 10 000715004	GL TRFS TO YNHH	07/31/15	N 4		709,049.81	
211180	0 10 000715055	GL EE#146258 PTO TRANSF	07/31/15	N 5			1,097.12
211180	0 10 000715055	GL EE#132031 PTO TRANSF	07/31/15	N 5			1,599.09
211180	0 11 AP175	AP Auto offset from company 0500	08/01/15	5000001			5,901.57
211180	0 11 PO135	PO Auto offset from company 0500	08/01/15	R 5000001		1,128.85	
211180	0 11 AP175	AP Auto offset from company 0500	08/03/15	5000002			4,791.68
211180	0 11 AP175	AP Auto offset from company 0500	08/04/15	5000003			30,611.16
211180	0 11 AP175	AP Auto offset from company 0500	08/05/15	5000004			4,796.25
211180	0 11 AP175	AP Auto offset from company 0500	08/06/15	5000005			632,242.43
211180	0 11 AP175	AP Auto offset from company 0500	08/07/15	5000006			41,800.38
211180	0 11 AP175	AP Auto offset from company 0500	08/10/15	5000008			13,279.62
211180	0 11 AP175	AP Auto offset from company 0500	08/12/15	5000010			2,641.83
211180	0 11 AP175	AP Auto offset from company 0500	08/13/15	5000011			660.59

211180	0 11 AP175	AP Auto offset from company 0500	08/14/15		5000012		3,913.66
211180	0 11 AP175	AP Auto offset from company 0500	08/17/15		5000013		14,674.89
211180	0 11 AP175	AP Auto offset from company 0500	08/18/15		5000014		2,384.60
211180	0 11 AP175	AP Auto offset from company 0500	08/19/15		5000015		5,749.85
211180	0 11 AP175	AP Auto offset from company 0500	08/21/15		5000017		9,798.36
211180	0 11 AP175	AP Auto offset from company 0500	08/25/15		5000019		29,478.02
211180	0 11 AP175	AP Auto offset from company 0500	08/26/15		5000020		7,979.18
211180	0 11 AP175	AP Auto offset from company 0500	08/27/15		5000021		9,927.70
211180	0 11 AP175	AP Auto offset from company 0500	08/28/15		5000022		826.81
211180	0 11 PO135	PO Auto offset from company 0500	08/31/15		5000001		721.21
211180	0 11 AP175	AP Auto offset from company 0500	08/31/15		5000024		60,599.01
211180	0 11 000815204	GL RCLS 062715 PYMT	08/31/15	N	1	14,316.65	
211180	0 11 000815204	GL RCLS 062715 PYMT	08/31/15	N	1		1,282.56
211180	0 11 000815004	GL TRFS FROM YNHH	08/31/15	N	3		468,294.45
211180	0 11 000815004	GL TRFS TO YNHH	08/31/15	N	3	813,695.47	
211180	0 11 000815007	GL GRIMES FITNESS 0815	08/31/15	N	4		96.00
211180	0 11 000815010	GL 0815 PASTORAL CARE	08/31/15	N	4		5,665.51
211180	0 11 000815016	GL 0815 J TARUTIS SALRY	08/31/15	N	5		14,636.87
211180	0 11 000815022	GL 0815 NURSE LIASN SAL	08/31/15	N	5	3,672.12	
211180	0 11 000815019	GL WHITE BLDG RENT	08/31/15	N	5	1,500.00	
211180	0 11 000815020	GL FY 15 WRKS COMP EXP	08/31/15	N	5		5,500.00
211180	0 11 000815030	GL RCL MINOR EQUIPENT	08/31/15	N	6		275.13
211180	0 11 000815030	GL RCL MEDLINE INDUST	08/31/15	N	6		34.23
211180	0 11 000815030	GL RCL OWENS & MINOR	08/31/15	N	6		2,384.18
211180	0 11 000815030	GL RCL POSEY INC	08/31/15	N	6		156.24
211180	0 11 000815030	GL RCL INVENTORY CNTRL	08/31/15	N	6		243.41
211180	0 11 000815030	GL RCL KAUFMAN	08/31/15	N	6		320.00
211180	0 11 000815030	GL RCL KCI	08/31/15	N	6		1,168.94
211180	0 11 000815030	GL RCL EASTERN BAG	08/31/15	N	6		359.12
211180	0 11 000815030	GL RCL MCKESSON	08/31/15	N	6		37.27
211180	0 11 000815030	GL RCL RTD LOGISTICS	08/31/15	N	6		160.90
211180	0 11 000815030	GL RCL RTD OWENS MINOR	08/31/15	N	6		91.22
211180	0 11 000815030	GL RCL EASTERN BAG	08/31/15	N	6		322.80
211180	0 11 000815030	GL RCL EASTERN BAG	08/31/15	N	6		778.63
211180	0 11 000815030	GL RCL EASTERN BAG	08/31/15	N	6		1,155.04
211180	0 11 000815030	GL RCL EASTERN BAG	08/31/15	N	6		429.50
211180	0 11 000815030	GL RCL EASTERN BAG	08/31/15	N	6		47.76
211180	0 11 000815030	GL RCL DIRECT SUPPLY	08/31/15	N	6		6,024.09
211180	0 11 000815030	GL RCL MARK LAMANO	08/31/15	N	6		3,449.81
211180	0 11 000815030	GL RCL REITMAN PERSONEL	08/31/15	N	6		2,272.53
211180	0 11 000815030	GL RCL GOODY'S HARDWARE	08/31/15	N	6		546.48
211180	0 11 000815030	GL RCL COMCAST	08/31/15	N	6		2,886.88
211180	0 11 000815030	GL RCL SO CT GAS CO	08/31/15	N	6		1,702.23
211180	0 11 000815030	GL RCL EAST BAKING CO	08/31/15	N	6		1,752.41
211180	0 11 000815030	GL RCL GE CAPITAL	08/31/15	N	6		341.00
211180	0 11 000815030	GL RCL GE CAPITAL	08/31/15	N	6		4,438.76
211180	0 11 000815030	GL RCL TELEPHONE	08/31/15	N	6		119.81
211180	0 11 000815030	GL RCL TELEPHONE	08/31/15	N	6		234.82
211180	0 11 000815055	GL EE#148215 PTO TRANSF	08/31/15	N	14		1,214.00
211180	0 12 AP175	AP Auto offset from company 0500	09/01/15		5000001		24,291.89
211180	0 12 PO135	PO Auto offset from company 0500	09/01/15	R	5000001	721.21	
211180	0 12 AP175	AP Auto offset from company 0500	09/02/15		5000002		19,310.71
211180	0 12 AP175	AP Auto offset from company 0500	09/03/15		5000003		1,265.34
211180	0 12 AP175	AP Auto offset from company 0500	09/04/15		5000004		347.43
211180	0 12 AP175	AP Auto offset from company 0500	09/09/15		5000006		18,668.44
211180	0 12 AP175	AP Auto offset from company 0500	09/10/15		5000007		600.61
211180	0 12 AP175	AP Auto offset from company 0500	09/11/15		5000008		13,047.70
211180	0 12 AP175	AP Auto offset from company 0500	09/14/15		5000009		1,207.23
211180	0 12 AP175	AP Auto offset from company 0500	09/15/15		5000010		1,217.00
211180	0 12 AP175	AP Auto offset from company 0500	09/16/15		5000011		15,455.18
211180	0 12 AP175	AP Auto offset from company 0500	09/18/15		5000013		118.33
211180	0 12 AP175	AP Auto offset from company 0500	09/21/15		5000014		318.16

211180	0 12 AP175	AP Auto offset from company 0500	09/23/15	15000016		4,198.90
211180	0 12 AP175	AP Auto offset from company 0500	09/24/15	15000017		12,233.67
211180	0 12 AP175	AP Auto offset from company 0500	09/25/15	15000018		21,902.33
211180	0 12 AP175	AP Auto offset from company 0500	09/28/15	15000019		1,566.73
211180	0 12 AP175	AP Auto offset from company 0500	09/29/15	15000020		397.46
211180	0 12 PO135	PO Auto offset from company 0500	09/30/15	15000001		701.29
211180	0 12 AP175	AP Auto offset from company 0500	09/30/15	15000021		54,240.40
211180	0 12 000915055	GL EE#146268 PTO TRANSF	09/30/15	N 2		8,895.63
211180	0 12 000915030	GL CORR 999 TRANSIT	09/30/15	N 4		2,205.00
211180	0 12 000915030	GL CORR 999 CAFETERIA	09/30/15	N 4		333.86
211180	0 12 000915007	GL GRIMES FITNESS 0915	09/30/15	N 4		96.00
211180	0 12 000915010	GL 0915 PASTORAL CARE	09/30/15	N 4		2,889.50
211180	0 12 000915010	GL 0815 PASTORAL CARE	09/30/15	N 4		2,832.76
211180	0 12 000915010	GL REV 0815 PASTOR ERR	09/30/15	N 4	5,665.51	
211180	0 12 000915016	GL 0915 J TARUTIS SALRY	09/30/15	N 4		13,220.30
211180	0 12 000915019	GL WHITE BLDG RENT	09/30/15	N 4	1,500.00	
211180	0 12 000915020	GL FY 15 WRKS COMP EXP	09/30/15	N 4		5,500.00
211180	0 12 000915022	GL 0915 NURSE LIASN SAL	09/30/15	N 4	3,672.12	
211180	0 12 000915030	GL RCL PATTERSON MEDIC	09/30/15	N 4		459.00
211180	0 12 000915030	GL RCL PEOPLES HOME HEA	09/30/15	N 4		500.00
211180	0 12 000915030	GL RCL OWENS & MINOR	09/30/15	N 4		192.48
211180	0 12 000915030	GL RCL OWENS & MINOR	09/30/15	N 4		2,148.83
211180	0 12 000915030	GL RCL OWENS & MINOR	09/30/15	N 4		647.30
211180	0 12 000915030	GL RCL MEDLINE INDUS	09/30/15	N 4		1,455.99
211180	0 12 000915030	GL RCL ALIMED	09/30/15	N 4		83.90
211180	0 12 000915030	GL RCL CONVATEC	09/30/15	N 4		1,075.25
211180	0 12 000915030	GL RCL KCI	09/30/15	N 4		724.93
211180	0 12 000915030	GL RCL INVENTORY CNTRL	09/30/15	N 4		490.00
211180	0 12 000915030	GL RCL CAREFUSION	09/30/15	N 4		0.10
211180	0 12 000915030	GL ADJ RCL EASTERN BAG	09/30/15	N 4		25.87
211180	0 12 000915030	GL RCL OWENS & MINOR	09/30/15	N 4		51.78
211180	0 12 000915030	GL RCL OWENS & MINOR	09/30/15	N 4		298.02
211180	0 12 000915030	GL RCL RTD LOGISTICS	09/30/15	N 4		10.00
211180	0 12 000915030	GL RCL EASTERN BAG	09/30/15	N 4		134.16
211180	0 12 000915030	GL RCL OWENS & MINOR	09/30/15	N 4		1,633.39
211180	0 12 000915030	GL RCL INTERLINEBRANDS	09/30/15	N 4		163.08
211180	0 12 000915030	GL RCL EASTERN BAG	09/30/15	N 4		1,145.19
211180	0 12 000915030	GL RCL INTERLINEBRANDS	09/30/15	N 4		1,077.86
211180	0 12 000915030	GL RCL YANKEE EQUIP	09/30/15	N 4		987.66
211180	0 12 000915030	GL RCL LUCIBELLO ELECT	09/30/15	N 4		1,361.00
211180	0 12 000915030	GL RCL B-G MECHANICAL	09/30/15	N 4		350.00
211180	0 12 000915030	GL RCL FLEETWASH INC	09/30/15	N 4		376.79
211180	0 12 000915030	GL RCL KONE INC	09/30/15	N 4		326.80
211180	0 12 000915030	GL RCL JOHNSON CONTROLS	09/30/15	N 4		800.00
211180	0 12 000915030	GL RCL WHITE OWL CONST	09/30/15	N 4		6,430.00
211180	0 12 000915030	GL RCL DIRECT SUPPLY	09/30/15	N 4		2,200.00
211180	0 12 000915030	GL RCL MARK LAMANO	09/30/15	N 4		250.00
211180	0 12 000915030	GL RCL CONNECTICUT PEST	09/30/15	N 4		110.00
211180	0 12 000915030	GL RCL ARTECH WATER SYS	09/30/15	N 4		119.10
211180	0 12 000915030	GL RCL EASTERN BAG	09/30/15	N 4		22.08
211180	0 12 000915030	GL RCL CHARMS SECURITY	09/30/15	N 4		16,482.29
211180	0 12 000915030	GL RCL REITMAN PERSONEL	09/30/15	N 4		754.75
211180	0 12 000915030	GL RCL RAINTTECH	09/30/15	N 4		148.96
211180	0 12 000915030	GL RCL CAPSA SOLUTIONS	09/30/15	N 4		40.02
211180	0 12 000915030	GL RCL TORRINGTON SUPP	09/30/15	N 4		457.73
211180	0 12 000915030	GL RCL GOODY'S HARDWARE	09/30/15	N 4		624.01
211180	0 12 000915030	GL RCL CASTERS AND PART	09/30/15	N 4		1,548.03
211180	0 12 000915030	GL RCL J P MORGAN CHASE	09/30/15	N 4		121.34
211180	0 12 000915030	GL RCL NOBILE AMERICAS	09/30/15	N 4		1,549.83
211180	0 12 000915030	GL RCL SO CT GAS CO	09/30/15	N 4		5,620.37
211180	0 12 000915030	GL RCL COMCAST	09/30/15	N 4		72,659.19
211180	0 12 000915030	GL RCL US FOODS	09/30/15	N 4		2,872.36
211180	0 12 000915030	GL RCL GARELICK FARMS	09/30/15	N 4		

211180	0 12 000915030	GL RCL EAST BAKING CO	09/30/15 N	4	1,290.64
211180	0 12 000915030	GL RCL RJ MASE INC	09/30/15 N	4	32.00
211180	0 12 000915030	GL RCL HERSHEY CREAMERY	09/30/15 N	4	748.76
211180	0 12 000915030	GL RCL NATIONAL NUTRITI	09/30/15 N	4	700.00
211180	0 12 000915030	GL RCL GE CAPITAL	09/30/15 N	4	176.62
211180	0 12 000915030	GL RCL FAVORITE HLTHCR	09/30/15 N	4	332.50
211180	0 12 000915030	GL RCL PARKING CHG	09/30/15 N	4	18.00
211180	0 12 000915030	GL RCL TELEPHONE	09/30/15 N	4	118.56
211180	0 12 000915030	GL RCL TELEPHONE	09/30/15 N	4	308.89
211180	0 12 000915030	GL CORR 999 HARDSHIP	09/30/15 N	4	480.00
211180	0 12 000915030	GL CORR 999 DONATIONS	09/30/15 N	4	366.00
211180	0 12 000915004	GL TRFS FROM YNHH	09/30/15 N	5	276,212.93
211180	0 12 000915004	GL TRFS TO YNHH	09/30/15 N	5	
211180	0 12 000915030	GL RCL REITMAN PERSONEL	09/30/15 N	7	
					758,815.71
					<u>125.60</u>
					11,053,774.96
					11,030,044.77

Beginning Balance @ 10/01/14
 Total debits - 10/01/14 thru 09/30/15
 Total credits - 10/01/14 thru 09/30/15
 Ending Balance @ 09/30/15

11,053,774.96	11,030,044.77
\$ (4,081,566.49)	
11,053,774.96	
(11,030,044.77)	
<u>\$ (4,057,836.30)</u>	

Entity -
 Yale New Haven Health Services Corporation
 789 Howard Avenue
 New Haven, CT 06519

ACCOUNT-2	GLT-FIELDS		GLT-DEBIT-AMT	GLT-CREDIT-AMT
211190	01 000914115	GL CC S54 SAL AND BENEF 10/01/14 A 7	2,355.89	
211190	01 AP175	AP Auto offset from company 0900 10/10/14 9000006		76.95
211190	01 AP175	AP Auto offset from company 0900 10/21/14 9000013		74.80
211190	01 AP175	AP Auto offset from company 0900 10/23/14 9000015		140.80
211190	01 CA190	CA Auto offset from company 0900 10/31/14 9000002		24.18
211190	01 001014009	GL ACR GRIMES LEGAL EXP 10/31/14 N 2		1,300.00
211190	01 001014112	GL CC S54 SAL AND BENEF 10/31/14 N 3		6,597.29
211190	01 001014112	GL CC S54 SAL AND BENEF 10/31/14 N 3		3,062.78
211190	02 001014112	GL CC S54 SAL AND BENEF 11/01/14 A 3	3,062.78	
211190	02 AP175	AP Auto offset from company 0900 11/14/14 9000008		53.00
211190	02 AP175	AP Auto offset from company 0900 11/17/14 9000009		151.76
211190	02 AP175	AP Auto offset from company 0900 11/20/14 9000012		301.36
211190	02 CA190	CA Auto offset from company 0900 11/30/14 9000002	0.80	
211190	02 001114020	GL RECORD MARCH INVOICE 11/30/14 N 2		4,779.18
211190	02 001114121	GL CC S54 SAL AND BENEF 11/30/14 N 4		9,895.93
211190	02 001114121	GL CC S54 SAL AND BENEF 11/30/14 N 4		235.50
211190	02 001114020	GL MARSH 100814 INVOICE 11/30/14 N 5		955.82
211190	02 001114020	GL BEECHER 110414 INV 11/30/14 N 5		6,517.00
211190	03 001114121	GL CC S54 SAL AND BENEF 12/01/14 A 4	235.50	
211190	03 AP175	AP Auto offset from company 0900 12/17/14 9000012		305.44
211190	03 AP175	AP Auto offset from company 0900 12/18/14 9000013		30,240.00
211190	03 CA190	CA Auto offset from company 0900 12/31/14 9000002		24.18
211190	03 001214009	GL REV ACR LEGAL EXP 12/31/14 N 3	1,300.00	
211190	03 001214009	GL W&D LEGAL EXP TO HSC 12/31/14 N 3		1,134.90
211190	03 001214009	GL MURTHA LEGAL TO HSC 12/31/14 N 3		9,790.50
211190	03 001214111	GL CC S54 SAL AND BENEF 12/31/14 N 4		6,795.19
211190	03 001214111	GL CC S54 SAL AND BENEF 12/31/14 N 4		970.65
211190	03 001214120	GL FY14 SSF GRIMES 12/31/14 N 8	164.14	
211190	03 001214121	GL FY15 SSF GRIMES 12/31/14 N 9		28,325.00
211190	04 001214111	GL CC S54 SAL AND BENEF 01/01/15 A 4	970.65	
211190	04 AP175	AP Auto offset from company 0900 01/15/15 9000008		92.37
211190	04 AP175	AP Auto offset from company 0900 01/26/15 9000013		74.80
211190	04 CA190	CA Auto offset from company 0900 01/31/15 9000002		24.47
211190	04 000115106	GL CC S54 SAL AND BENEF 01/31/15 N 3		6,795.18
211190	04 000115106	GL CC S54 SAL AND BENEF 01/31/15 N 3		1,698.78
211190	04 000115050	GL JAN 15 TSR 55035 01/31/15 N 4		112.00
211190	04 000115123	GL FY15 SSF GRIMES 01/31/15 N 8		12,097.99
211190	05 AP175	AP Auto offset from company 0900 02/01/15 9000001		70.40
211190	05 000115106	GL CC S54 SAL AND BENEF 02/01/15 A 3	1,698.78	
211190	05 AP175	AP Auto offset from company 0900 02/12/15 9000009		51.35
211190	05 CA190	CA Auto offset from company 0900 02/28/15 9000002		24.47
211190	05 000215114	GL CC S54 SAL AND BENEF 02/28/15 N 3		6,795.18
211190	05 000215114	GL CC S54 SAL AND BENEF 02/28/15 N 3		1,698.78
211190	05 000215122	GL FY15 SSF GRIMES 02/28/15 N 6		16,023.77
211190	06 000215114	GL CC S54 SAL AND BENEF 03/01/15 A 3	1,698.78	
211190	06 AP175	AP Auto offset from company 0900 03/04/15 9000003		11,119.20
211190	06 AP175	AP Auto offset from company 0900 03/19/15 9000012		51.35

211190	06	CA190	CA Auto offset from company	0900	03/31/15	I9000002		25.39
211190	06	000315002	GL DEP - CARDINAL HEALT		03/31/15	N 3	227.01	
211190	06	000315019	GL WIGGIN & DANA GRIMES		03/31/15	N 4		270.00
211190	06	000315114	GL CC S54 SAL AND BENEF		03/31/15	N 6		6,795.18
211190	06	000315114	GL CC S54 SAL AND BENEF		03/31/15	N 6		2,426.53
211190	06	000315121	GL FY15 SSF GRIMES		03/31/15	N 7		12,874.71
211190	07	000315114	GL CC S54 SAL AND BENEF		04/01/15	A 6	2,426.53	
211190	07	AP175	AP Auto offset from company	0900	04/02/15	I9000002		204.85
211190	07	AP175	AP Auto offset from company	0900	04/03/15	I9000003		20.00
211190	07	AP175	AP Auto offset from company	0900	04/20/15	I9000010		121.75
211190	07	AP175	AP Auto offset from company	0900	04/29/15	I9000017		10.32
211190	07	CA190	CA Auto offset from company	0900	04/30/15	I9000002		29.10
211190	07	000415108	GL CC S54 SAL AND BENEF		04/30/15	N 2		6,795.20
211190	07	000415108	GL CC S54 SAL AND BENEF		04/30/15	N 2		2,912.08
211190	07	000415111	GL FY15 SSF GRIMES		04/30/15	N 3		15,201.56
211190	08	000415108	GL CC S54 SAL AND BENEF		05/01/15	A 2	2,912.08	
211190	08	AP175	AP Auto offset from company	0900	05/20/15	I9000012		70.40
211190	08	AP175	AP Auto offset from company	0900	05/26/15	I9000014		125.28
211190	08	CA190	CA Auto offset from company	0900	05/31/15	I9000002		25.39
211190	08	000515106	GL CC S54 SAL AND BENEF		05/31/15	N 2		10,192.78
211190	08	000515106	GL CC S54 SAL AND BENEF		05/31/15	N 2		242.58
211190	08	000515114	GL FY15 SSF GRIMES		05/31/15	N 3		13,984.98
211190	09	000515106	GL CC S54 SAL AND BENEF		06/01/15	A 2	242.58	
211190	09	AP175	AP Auto offset from company	0900	06/02/15	I9000003		1,954.86
211190	09	AP175	AP Auto offset from company	0900	06/08/15	I9000006		909.53
211190	09	AP175	AP Auto offset from company	0900	06/24/15	I9000018		51.38
211190	09	CA190	CA Auto offset from company	0900	06/30/15	I9000002		29.99
211190	09	000615107	GL CC S54 SAL AND BENEF		06/30/15	N 1		6,795.20
211190	09	000615107	GL CC S54 SAL AND BENEF		06/30/15	N 1		727.77
211190	09	000615002	GL ACCT ANALYSIS FEE		06/30/15	N 4		29.63
211190	09	000615113	GL FY15 SSF GRIMES		06/30/15	N 5		14,687.69
211190	10	000615107	GL CC S54 SAL AND BENEF		07/01/15	A 1	727.77	
211190	10	AP175	AP Auto offset from company	0900	07/23/15	I9000016		89.40
211190	10	AP175	AP Auto offset from company	0900	07/24/15	I9000017		122.06
211190	10	CA190	CA Auto offset from company	0900	07/31/15	I9000002		25.39
211190	10	000715002	GL ACCT ANALYSIS FEE		07/31/15	N 3		43.23
211190	10	000715106	GL CC S54 SAL AND BENEF		07/31/15	N 6		6,795.18
211190	10	000715106	GL CC S54 SAL AND BENEF		07/31/15	N 6		1,455.86
211190	10	000715113	GL FY15 SSF GRIMES		07/31/15	N 10		13,891.41
211190	11	000715106	GL CC S54 SAL AND BENEF		08/01/15	A 6	1,455.86	
211190	11	AP175	AP Auto offset from company	0900	08/17/15	I9000010		124.62
211190	11	000815002	GL ACCT ANALYSIS FEE		08/31/15	N 7		42.89
211190	11	000815107	GL CC S54 SAL AND BENEF		08/31/15	N 8		6,795.19
211190	11	000815107	GL CC S54 SAL AND BENEF		08/31/15	N 8		2,183.95
211190	11	000815108	GL FY15 SSF GRIMES		08/31/15	N 9		13,876.35
211190	11	000815027	GL MARSH # 207559857611		08/31/15	N 15		5,478.00
211190	12	AP175	AP Auto offset from company	0900	09/01/15	I9000001		70.40
211190	12	000815107	GL CC S54 SAL AND BENEF		09/01/15	A 8	2,183.95	
211190	12	AP175	AP Auto offset from company	0900	09/03/15	I9000003		89.40
211190	12	AP175	AP Auto offset from company	0900	09/23/15	I9000014		154.70
211190	12	CA190	CA Auto offset from company	0900	09/30/15	I9000002		50.78
211190	12	000915112	GL CC S54 SAL AND BENEF		09/30/15	N 3		6,795.18
211190	12	000915112	GL CC S54 SAL AND BENEF		09/30/15	N 3		2,669.46

211190 12 000915114 GL FY15 SSF GRIMES
 211190 12 000915020 GL MARSH REFUND
 211190 12 000915117 GL FY15 SSF GRIMES

09/30/15 N 6
 09/30/15 N 7
 09/30/15 N 10

Beginning Balance @ 10/01/14
 Total debits - 10/01/14 thru 09/30/15
 Total credits - 10/01/14 thru 09/30/15
 Ending Balance @ 09/30/15

		13,914.05
	464.33	
		14,944.27
<hr/>		
	22,127.43	355,608.20
	\$ (625,967.44)	
	22,127.43	
	(355,608.20)	
<hr/>		
	\$ (959,448.21)	
<hr/>		

Entity -
 Yale New Haven Health Services Corporation
 789 Howard Avenue
 New Haven, CT 06519

ACCOUNT-2 GLT-FIELDS

	GLT-DEBIT-AMT	GLT-CREDIT-AMT
211195 01 000914030 GL CORR STLT DISABILITY 10/01/14 A 4	37.74	
211195 01 PR198 PR Auto offset from company 0999 10/09/14 9990006		131.00
211195 01 PR198 PR Auto offset from company 0999 10/23/14 9990016		149.41
211195 02 PR198 PR Auto offset from company 0999 11/06/14 9990004		126.00
211195 02 PR198 PR Auto offset from company 0999 11/20/14 9990013		114.75
211195 03 PR198 PR Auto offset from company 0999 12/04/14 9990002		135.80
211195 03 PR198 PR Auto offset from company 0999 12/18/14 9990014		179.03
211195 03 PR198 PR Auto offset from company 0999 12/31/14 9990024		53.23
211195 04 PR198 PR Auto offset from company 0999 01/15/15 9990010		146.83
211195 04 PR198 PR Auto offset from company 0999 01/29/15 9990021		164.01
211195 04 PR198 PR Auto offset from company 0999 01/30/15 9990023		550.24
211195 05 PR198 PR Auto offset from company 0999 02/12/15 9990006		172.69
211195 05 PR198 PR Auto offset from company 0999 02/26/15 9990016		134.19
211195 06 PR198 PR Auto offset from company 0999 03/12/15 9990008		133.25
211195 06 PR198 PR Auto offset from company 0999 03/26/15 9990019		135.32
211195 07 PR198 PR Auto offset from company 0999 04/09/15 9990005		171.77
211195 07 PR198 PR Auto offset from company 0999 04/23/15 9990015		122.00
211195 08 PR198 PR Auto offset from company 0999 05/07/15 9990006		149.03
211195 08 PR198 PR Auto offset from company 0999 05/21/15 9990016		129.40
211195 09 PR198 PR Auto offset from company 0999 06/04/15 9990002		102.58
211195 09 PR198 PR Auto offset from company 0999 06/18/15 9990013		179.46
211195 10 PR198 PR Auto offset from company 0999 07/02/15 9990001		123.69
211195 10 PR198 PR Auto offset from company 0999 07/16/15 9990010		105.75
211195 10 PR198 PR Auto offset from company 0999 07/30/15 9990020		54.97
211195 11 PR198 PR Auto offset from company 0999 08/13/15 9990008		105.75
211195 11 PR198 PR Auto offset from company 0999 08/27/15 9990018		117.00
211195 12 PR198 PR Auto offset from company 0999 09/10/15 9990006		117.00
211195 12 PR198 PR Auto offset from company 0999 09/24/15 9990016		110.29
211195 12 000915030 GL CORR FUTA TAX 09/30/15 N 4	2.68	
211195 12 000915030 GL CORR CO 999 KICKOUTS 09/30/15 N 4	3,384.86	
	3,425.28	3,914.44

Beginning Balance @ 10/01/14
 Total debits - 10/01/14 thru 09/30/15
 Total credits - 10/01/14 thru 09/30/15
 Ending Balance @ 09/30/15

	2.68	
	3,384.86	
	3,425.28	3,914.44
\$	-	
	3,425.28	
	(3,914.44)	
\$	(489.16)	

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Yale New Haven Care Continuum d/b/a Grimes	License No. 2027-C	Report for Year Ended 9/30/2015	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (See listing page 13)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> 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.)				
<input checked="" type="radio"/> Yes <input type="radio"/> 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		License No.		Report for Year Ended		Page of		
Yale New Haven Care Continuum d/b/a Grimes Center		2027-C		9/30/2015		6 37		
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<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"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
							Total ***	

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 Yale New Haven Care Continuum	License No. 2027-C	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Ernst & Young 2 Marcum LLP 3 KPMG 4	Address (No. & Street, City, State, Zip Code) 225 Asylum Street #14, Hartford, CT 06103 555 Long Wharf Drive, New Haven, CT 06511 300 Summer Street, Stamford, CT 06905
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Services Provided by This Firm (*describe fully*)

1 Annual Audit	\$ 9,955
2 Medicaid cost report and reimbursement advisory services	\$ 41,180
3 Annual Audit	\$ 35,000
4	\$
	Charge for Services Provided
	\$ 86,135

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

- Yes No Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Wiggin & Dana LLP 2 Murtha Cullina LLP 3 Tobin & Melien 4 5	Telephone Number 203-498-4400 203-772-7700 203-777-6660
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Address (*No. & Street, City, State, Zip Code*)

- 1 265 Church Street #14, New Haven, CT 06510
2 265 Church Street, New Haven, CT 06510
3 45 Court Street #1, New Haven, CT 06511
4
5

Services Provided by This Firm (*describe fully*)

1 Regulatory Advice	\$ 1,405
2 Arbitration Settlement (Disallowed 50% on Pg. 28)	\$ 9,790
3 Patient Related Collections (Disallowed on Pg. 28)	\$ 14,960
4	\$
5	\$
	Charge for Services Provided
	\$ 26,155

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

- Yes No Page 15, Line 1e

Schedule of Resident Statistics

Name of Facility Yale New Haven Care Continuum d/b/a Grimes Center	Total All Levels	Total CCNH Level	Total RHNS Level	License No. 2027-C	Report for Year Ended 9/30/2015			Page 8	of 37			
					Period 10/1 Thru 6/30					Period 7/1 Thru 9/30		
					Total	CCNH	RHNS (Specify)			Total	CCNH	RHNS (Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	120			120	120		120				
B. On last day of THIS report period	120	120			120	120		120				
2. Number of Residents												
A. As of midnight of PREVIOUS report period	100	100			100	100		110				
B. As of midnight of THIS report period	109	109			110	110		109				
3. Total Number of Days Care Provided During Period												
A. Medicare	13,318	13,318			10,179	10,179		3,139				
B. Medicaid (Conn.)	20,094	20,094			14,910	14,910		5,184				
C. Medicaid (other states)												
D. Private Pay	4,308	4,308			3,173	3,173		1,135				
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	37,720	37,720			28,262	28,262		9,458				
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	932	932			668	668		264				
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	38,652	38,652			28,930	28,930		9,722				

Schedule of Resident Statistics (Cont'd)

Name of Facility Yale New Haven Care Continuum d/b/a Grim	License No. 2027-C	Report for Year Ended 9/30/2015	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	29	65		15				
Per Diem Rate								
a. One bed rm.	Various	259.29		500.00				
b. Two bed rms.	Various	259.29		470.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	1,676	1,676		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	5,750	5,750		
C. Other	33,299	33,299		
D. Total Physical Therapy Treatments	40,725	40,725		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	170	170		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	355	355		
C. Other	1,387	1,387		
D. Total Speech Therapy Treatments	1,912	1,912		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	943	943		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	2,912	2,912		
C. Other	20,580	20,580		
D. Total Occupational Therapy Treatments	24,435	24,435		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Yale New Haven Care Continuum d/b/a Grimes Center	2027-C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	130,883	1,248				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	151,120	6,598				
5. Dietary Service						
a. Head Dietitian	42,164	1,138				
b. Food Service Supervisor	53,826	2,210				
c. Dietary Workers	453,192	25,353				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	278,083	18,573				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	60,453	2,238				
b. Other Maintenance Workers	73,970	3,630				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	97,716	6,673				
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	154,584	2,720				
b. RN						
1. Direct Care	1,760,924	41,256				
2. Administrative**	332,210	7,845				
c. LPN						
1. Direct Care	1,077,237	38,741				
2. Administrative**						
d. Aides and Attendants	1,714,157	97,239				
e. Physical Therapists	719,551	17,820				
f. Speech Therapists	44,231	1,180				
g. Occupational Therapists	425,034	10,014				
h. Recreation Workers	44,433	2,094				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***	78,902	2,392				
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	135,652	4,400				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	133,232	7,078				
<i>A-13. Total Salary Expenditures</i>	<i>7,961,554</i>	<i>300,440</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 of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Medical Records	\$ 38,009	2,066				
Nursing Supply Coordinator	\$ 44,341	2,105				
Unit Secretary	\$ 50,882	2,907				
Total	\$ 133,232	7,078	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Audiology - Hearing Tests	\$ 1,354	Contract				
Total	\$ 1,354	-	\$ -	-	\$ -	-

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		
Yale New Haven Care Continuum d/b/a Grimes Center		2027-C		9/30/2015		11	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section I - Operators/Owners									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

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

Name of Facility (as licensed) Yale New Haven Care Continuum d/b/a Grimes Center		License No. 2027-C	Report for Year Ended 9/30/2015		Page 12	of 37			
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
John Tarutis	130,883		Non Discrim	Administrator	1,248	A2			
Section IV - Assistant Administrators									

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Yale New Haven Care Continuum d/b/a Grimes Cer	2027-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	11,312	Monthly Fee				
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)	750	8				
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	1,155	17				
b. Other						
10. Occupational Therapist						
a. Resident Care	9,035	139				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	226,251	4,553				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	1,354					
B-13 Total Fees Paid in Lieu of Salaries	249,857	4,717				

* 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 Yale New Haven Care Continuum d/b/a Grimes Center		License No. 2027-C	Report for Year Ended 9/30/2015		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Healthdrive Dental Group, One Prestige Drive, Meriden, CT 06450	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Foremost Rehab of CT, LLC, 1157 Highland Avenue, Suite 101, Cheshire, CT 06410	Occupational and Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Anthony V. Scialla, MD, 100 York Street, #8D, New Haven, CT 06511	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Qaiyum Mujtaba, MD, 750 Savin Avenue, West Haven, CT 06516	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Frank J. Mongillo III, MD, 26 Elm Street, New Haven, CT 06510	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Nursefinders, Inc., P.O. Box 910738, Dallas, TX 75391-0738	Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Maxim Staffing Solutions, 12588 Collections Center Drive, Chicago, IL 60693	Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Favorite Healthcare Staffing, P.O. Box 803356, Kansas City, MO 64180-3356	Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Ready Nurse Staffing, P.O. Box 200528, Houston, TX 77216-0528	Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
AAA Nursing Care LLC, 3303 Main Street, Stratford, CT 06614	Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Lonestar Audiology Group DBA Healthdrive Audiology Group, 888 Worcester Street,	Audiology	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
		<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"/>			
		<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
Yale New Haven Care Continuum d/b/a Grimes C	2027-C	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 126,059	126,059		
2. Disability Insurance	\$ 19,907	19,907		
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 574,613	574,613		
5. Health Insurance	\$ 1,063,700	1,063,700		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$ 3,387	3,387		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 4,477	4,477		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 902,387	902,387		
d. Accounting and Auditing	\$ 86,135	86,135		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 26,155	26,155		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 47,602	47,602		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 7,472	7,472		
2. Cellular Phones	\$ 1,150	1,150		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 576,595	576,595		
Subtotal	\$ 3,439,639	3,439,639		

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

(Carry Subtotals forward to next page)

***** DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Yale New Haven Care Continuum d/b/a Grimes Center
9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
	-		
Tuition Assistance	\$ 4,477		
Total	\$ 4,477	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Yale New Haven Care Continuum d/b/a Grimes Center	2027-C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		3,439,639	3,439,639		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 19,697	19,697			
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 4,052	4,052			
5. Education Expenses Related to Seminars and Conventions	\$ 3,155	3,155			
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>)	\$ 22,831	22,831			
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)***	\$ 14,392	14,392			
7. Postage	\$ 2,076	2,076			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 8,189	8,189			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
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>)	\$ 557,509	557,509			
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 42,744	42,744			
C-14 Total Administrative & General Expenditures	\$ 4,114,284	4,114,284			

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

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

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
CT Association of Healthcare Facilities	\$ 8,189		
Total Dues	\$ 8,189	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Assessment and Fees	\$ 3,212		
Catholic Chaplain	\$ 75		
Computer Supplies	\$ 4,033		
Resident Bus Transportation	\$ 6,615		
Religious Supplies	\$ 43		
Miscellaneous Expense	\$ 250		
UB Foundation Activities Fee	\$ 5,700		
Billing Solutions	\$ (584)		
Courier Service	\$ 18,593		
Employee Survey	\$ 1,152		
Sign Language Services	\$ 3,655		
Total Other Administrative and General	\$ 42,744	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Yale New Haven Care Continuum d/b/a G	License No. 2027-C	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Yale New Haven Care Continuum d/b/a Grimes Center		2027-C	9/30/2015		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 417,043	417,043			
2.	Non-Food Supplies	\$ 313	313			
3.	Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 150	150			
c. Management Services**		\$				
d. Other (Specify) _____		\$				
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 417,506	417,506			
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
G.	Resident Meals: Total no. of meals served per day:*					
H.	Is cost of employee meals included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
I.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
J.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
L.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
M.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
O.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
P.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Yale New Haven Care Continuum d/b/a Grimes Center		2027-C	9/30/2015		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	32,486	32,486		
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)		\$				
c. Management Services**		\$				
d. Other (Specify)		\$				
3E. Total Laundry Expenditures (3a + b + c + d)		\$	32,486	32,486		
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
Yale New Haven Care Continuum d/b/a Grimes		2027-C	9/30/2015		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	47,033	47,033		
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. \$	24,676	24,676		
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	71,709	71,709		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$	850,472	850,472		
	2. Purchased from	\$				
b.	Medicine Cabinet Drugs	\$	376,195	376,195		
c.	Medical and Therapeutic Supplies	\$				
d.	Ambulance/Limousine***	\$	4,163	4,163		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	60,605	60,605		
f.	X-rays and Related Radiological Procedures***	\$	4,261	4,261		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	60,150	60,150		
i.	Recreation	\$	33,797	33,797		
j.	Other (<i>Specify</i>)**** See Attached Schedule	\$	131,889	131,889		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	1,521,532	1,521,532		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
	-		
Solutions & IV	\$ 130,339		
Spd Med/Surg Supplies	\$ 560		
Medical Waste	\$ 990		
Total Other Resident Care	\$ 131,889	\$ -	\$ -

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

Name of Facility Yale New Haven Care Continuum d/b/a Grimes Center		License No. 2027-C	Report for Year Ended 9/30/2015	Page of 21 37						
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
		Yes	No							
Reitman Personnel Services	163 Cedar Street, Branford, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Housekeeping	24,676			20	4b
Yale New Haven Hospital	20 York Street, New Haven, CT 06510	<input checked="" type="radio"/>	<input type="radio"/>	Affiliate	Corporate Allocation of Overhead	169,471			16	m11
Century Management	Lane, North Haven, CT 06473	<input type="radio"/>	<input checked="" type="radio"/>	N/A	A/R Collections	172,599			16	m11
Yale New Haven Hospital	20 York Street, New Haven, CT 06510	<input checked="" type="radio"/>	<input type="radio"/>	Affiliate	Pastor	34,517			16	m11
Yale New Haven Hospital	20 York Street, New Haven, CT 06510	<input checked="" type="radio"/>	<input type="radio"/>	Affiliate	Bookkeeper	88,156			16	m11
Wescom Solutions	P.O. Box 674802, Detroit, MI 48267-4802	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Computer Supplies	39,810			16	m11
B-G Mechanical Service, Inc.	12 Second Avenue, Chicopee, MA 01020	<input type="radio"/>	<input checked="" type="radio"/>	N/A	HVAC	50,768			20	6f
RTD Logistics LLC	Suite 101, Allston, MA 02134	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Courier Service	18,593			16	m13
Fire Protection Testing	1701 Highland Avenue #4, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Fire Alarm Testing	20,867			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"/>							

* 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
Yale New Haven Care Continuum d/b/a Grims	2027-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 151,456	151,456				
b. Heat	\$ 50,480	50,480				
c. Light & Power	\$ 175,352	175,352				
d. Water	\$ 55,251	55,251				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 101,496	101,496				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 534,035	534,035				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 14,928	14,928				
b. Building & Building Improvements	\$ 426,191	426,191				
c. Non-Movable Equipment	\$ 66,027	66,027				
d. Movable Equipment	\$ 99,985	99,985				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 607,131	607,131				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 7,686	7,686				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 7,686	7,686				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 614,817	614,817				

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

Yale New Haven Care Continuum d/b/a Grimes Center
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Amortization Schedule*

Name of Facility Yale New Haven Care Continuum d/b/a Grimes Center	License No. 2027-C		Report for Year Ended 9/30/2015		Page 24	of 37			
	Date of Acquisition Month Year	Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations			Basis for Computing Amortization**	Rate %	Amortization for This 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	Var		72,467	10,018	S/L	Var	7,686		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									7,686
D. Total Amortization									7,686

* 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.

Yale New Haven Care Continuum d/b/a Grimes Center
DEPRECIATION SCHEDULES
September 30, 2015

Description	Date of Acquisitions	Historical Cost	Useful Life (in years)	Method	2014 Depr	2014 ACC Depr	2015 Depr	2015 ACC Depr	Net Book Value
Land Improvements									
Land Improvements	Prior to 2011	257,642	Various	S/L	14,928	204,657	14,928	219,585	38,057
Write-Off Americal Appraisal	Various	(26,158)	Various	S/L	-	(26,158)	-	(26,158)	-
Total		<u>231,484</u>			<u>14,928</u>	<u>178,499</u>	<u>14,928</u>	<u>193,427</u>	<u>38,057</u>
Building Improvements									
Building Improvements	Prior to 2011	10,645,252	Various	S/L	410,758	7,900,654	410,758	8,311,412	2,333,840
CJLC Audit AJE	2011	(6,098)	Various	S/L	-	(155)	(615)	(770)	(5,328)
Replace 14 3rd floor lights	5/1/2011	1,050	10	S/L	105	315	105	420	630
Electrical Installations	8/16/2012	9,580	20	S/L	479	1,437	479	1,916	7,664
Write-Off Americal Appraisal	Various	(381,252)	Various	S/L	-	(381,252)	-	(381,252)	-
Building Renovations	9/30/2013	20,000	30		667	667	667	1,334	18,666
Building Renovations	11/1/2013	426,200	30		14,207	14,207	14,207	28,414	397,786
Refurbish Renovations	1/1/2014	16,662	30	S/L	555	555	555	1,110	15,552
Building Renovations	6/1/2014	1,058	30		35	35	35	70	988
Total		<u>10,732,451</u>			<u>426,806</u>	<u>7,536,463</u>	<u>426,191</u>	<u>7,962,654</u>	<u>2,769,798</u>
Non-Movable Equipment									
Non-Moveable Equipment	Prior to 2011	929,602	Various	S/L	66,027	803,944	66,027	869,971	59,631
Write-Off Americal Appraisal	Various	(92,308)	Various	S/L	-	(92,308)	-	(92,308)	-
Total		<u>837,294</u>			<u>66,027</u>	<u>711,636</u>	<u>66,027</u>	<u>777,663</u>	<u>59,631</u>
Movable Equipment									
Moveable Equipment	Prior to 2011	1,940,358	Various	S/L	60,824	1,819,754	60,824	1,880,578	59,780
CJLC Audit AJE	2011	6,098	Various	S/L	-	770	-	770	5,328
Hot Food Table w/ Sheild	5/1/2011	5,839	15	S/L	389	1,168	389	1,557	4,282
4 Beds	5/1/2011	8,000	15	S/L	533	1,600	533	2,133	5,867
20 Beds	5/1/2011	34,899	15	S/L	2,327	6,980	2,327	9,306	25,593
4 Computers	5/1/2011	5,392	5	S/L	1,078	3,235	1,078	4,314	1,078
Bed	1/31/2012	7,012	15	S/L	467	1,402	467	1,870	5,142
Recliner	1/31/2012	3,290	15	S/L	219	658	219	877	2,413
Bari-Advantage Chair	1/31/2012	1,625	15	S/L	108	325	108	433	1,192
Commode	1/31/2012	677	10	S/L	68	203	68	271	406
Maximove with Scale	2/29/2012	7,281	15	S/L	485	1,456	485	1,942	5,339
Computers	6/30/2012	10,360	5	S/L	2,072	6,216	2,072	8,288	2,072
Write-Off American Appraisal	Various	(762,264)	Various	S/L	-	(762,264)	-	(762,264)	-
Misc. Furniture	9/11/2013	114,802	7	S/L	16,400	32,800	16,400	49,201	65,602
Misc. Furniture	9/11/2013	29,975	7	S/L	4,282	8,564	4,282	12,846	17,129
10 Refrigerators	8/28/2013	2,000	7	S/L	286	572	286	857	1,143
Exercise Machine	9/30/2013	6,430	3	S/L	2,143	4,286	2,143	6,430	0
Beds	9/27/2013	21,735	10	S/L	2,174	4,348	2,174	6,521	15,214
TV's (Quantity = 10)	9/27/2013	4,000	3	S/L	1,333	2,666	1,333	4,000	0
TV Mounts & Remotes (Q=10)	9/27/2013	574	3	S/L	191	382	191	574	0
Art - 24 Images	8/29/2013	5,000	7	S/L	714	1,428	714	2,143	2,857
Various Signs	9/11/2013	2,926	5	S/L	585	1,170	585	1,755	1,171
Overbed Tables	2/1/2014	3,502	15	S/L	233	233	233	466	3,036
Overbed Table	2/1/2014	140	15	S/L	9	9	9	18	122
Bedside Cabinet	4/1/2014	4,560	15	S/L	304	304	304	608	3,952
Bariatric Parallel Bars	4/1/2014	1,375	15	S/L	92	92	92	184	1,191
Art / Installation	5/1/2014	1,500	7	S/L	214	214	214	428	1,072
Misc. Furniture	6/1/2014	590	7	S/L	84	84	84	168	422
Spectrum IV Pumps	10/8/2014	23,680	10	S/L	-	-	2,368	2,368	21,312
Total		<u>1,491,356</u>			<u>97,617</u>	<u>1,138,656</u>	<u>99,985</u>	<u>1,238,642</u>	<u>252,715</u>
Leasehold Improvements									
Floors	4/1/2013	32,541	7	S/L	2,324	4,649	4,649	9,298	23,243
Floors	4/1/2013	4,926	7	S/L	352	704	704	1,408	3,519
Interior Design Services and Exp	9/4/2013	35,000	15	S/L	2,333	4,666	2,333	6,999	28,001
Total		<u>72,467</u>			<u>5,009</u>	<u>10,018</u>	<u>7,686</u>	<u>17,704</u>	<u>54,763</u>
Grand Total		<u>13,365,053</u>			<u>\$ 610,387</u>	<u>\$ 9,575,273</u>	<u>\$ 614,817</u>	<u>\$ 10,190,090</u>	<u>\$ 3,174,963</u>
TB Amount		3,254,177					251,892	702,334	2,551,843
Less: Assets Before Inception of SAVG		12,605,876							
Add: Building		2,127,000							
Add: Personal Property		368,000							
Variance		-			<u>\$ 610,387</u>	<u>\$ 9,575,273</u>	<u>\$ 362,925</u>	<u>\$ 9,487,756</u>	<u>\$ 623,120</u>

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

Name of Facility		License No.	Report for Year Ended			Page	of
Yale New Haven Care Continuum d/b/		2027-C	9/30/2015			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Yale New Haven Care Continuum c		2027-C		9/30/2015		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)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 2,018	2,018		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$ 62,400	62,400		
Malpractice Insurance							
14d. Total Insurance Expenditures (14a + b + c)				\$ 64,418	64,418		
15. Total All Expenditures (A-13 thru C-14)				\$ 15,582,198	15,582,198		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Yale New Haven Care Continuum d/b/a Grimes Center				2027-C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 425,034	425,034		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 9,035	9,035		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 902,387	902,387		
10.	15	1e	Accounting & Legal	\$ 19,855	19,855		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	15	1a9	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 4,477	4,477		
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.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.	16	m6	Barber and Beauty	\$ 14,392	14,392		
23.			Other - See attached Schedule	\$ 219,364	219,364		
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)				\$ 1,594,544	1,594,544		

(Carry Subtotal forward to next page)

* All except "Help Wanted".

** 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)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m11	Purchased Service - Pastor	\$ 36,127		
16	m11	A/R Collection Agency	\$ 172,599		
16	m13	Catholic Chaplain	\$ 75		
16	m13	Religious Supplies	\$ 43		
16	m13	Sign Language Service	\$ 3,655		
16	m13	Miscellaneous Expense	\$ 250		
16	m13	Resident Bus Transportation	\$ 6,615		
Total Other A&G Adjustments			\$ 219,364	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Yale New Haven Care Continuum d/b/a Grimes Center				2027-C	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,594,544	1,594,544		
Page 20 - Resident Care Supplies***							
27.	20	5a1	Prescription Drugs	\$ 850,472	850,472		
28.	20	5d	Ambulance/Limousine	\$ 4,163	4,163		
29.	20	5f	X-rays, etc	\$ 4,261	4,261		
30.	20	5h	Laboratory	\$ 60,150	60,150		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 60,605	60,605		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 156,816	156,816		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 10,160	10,160		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.	30	IV 8	Vending Machine Revenue	\$ 3,756	3,756		
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	\$ 5,732	5,732		
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)				\$ 2,750,659	2,750,659		

*** 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.

Yale New Haven Care Continuum d/b/a Grimes Center
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable Television (See attached)	\$ 26,477		
20	5j	Solutions & IV	\$ 130,339		
Total Other Ancillary Costs			\$ 156,816	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 8	Electricity (See Property Disallowance Attachment)	\$ 5,151		
30	IV 8	Fues/Gas (See Property Disallowance Attachment)	\$ 1,483		
30	IV 8	Water (See Property Disallowance Attachment)	\$ 924		
30	IV 8	Sewer (See Property Disallowance Attachment)	\$ 699		
30	IV 8	Depreciation (See Property Disallowance Attachment)	\$ 1,903		
Total Other Property Adjustments			\$ 10,160	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 8	Gift Shop Income	\$ 246		
30	IV 8	Medical Records	\$ 3,187		
30	IV 8	Television Rentals	\$ (25)		
30	IV 8	Gift Shop Income	\$ 2,324		
Total Other Adjustments			\$ 5,732	\$ -	\$ -

Schedule of Unallowable Building Interest

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

**Yale New Haven Care Continuum d/b/a Grimes Center
Cable TV Disallowance
September 30, 2015**

Pg. 29b

Total Monthly Fee Allowed	\$	300	
Total Months		<u>12</u>	
Total Allowable Expense	\$	3,600	
Total Cable TV Expense	\$	30,077	TB Linked
Allowable Expense		<u>3,600</u>	
Disallowed Expense	\$	<u><u>26,477</u></u>	

White Building Rented to Hospital for Child Psych program

<u>Account #</u>	<u>Description</u>	<u>Total Expenses</u>	<u>% Allocated</u>	<u>Amount Allocated to White Building</u>
534010.0	Electricity	175,352	2.94%	\$ 5,151
534020.0 & 534030.0	Fuel/Gas	50,480	2.94%	\$ 1,483
534070	Water	31,453	2.94%	\$ 924
534070.3001	Sewer	23,798	2.94%	\$ 699
534040.0	General Utilities	-	2.94%	\$ -
				\$ 8,257
				\$ 1,903 {a}
Total Disallowance				\$ 10,160

	<u>Square Footage</u>	<u>% of Total</u>
White Building	2,300	2.94%
Original Building	44,000	56.19%
New Building	32,000	40.87%
Total	78,300	100%

{a} Allocated Depreciation per Client

F. Statement of Revenue

Name of Facility Yale New Haven Care Continuum d/b/a C 2027-C		License No.		Report for Year Ended 9/30/2015		Page 30	of 37
Item				Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue							
1.	a. Medicaid Residents (CT only)	①	\$	10,613,454	10,613,454		
	b. Medicaid Room and Board Contractual Allowance **		\$	(5,295,722)	(5,295,722)		
2.	a. Medicaid (All other states)		\$				
	b. Other States Room and Board Contractual Allowance **		\$				
3.	a. Medicare Residents (all inclusive)		\$	7,893,937	7,893,937		
	b. Medicare Room and Board Contractual Allowance **		\$	(2,250,717)	(2,250,717)		
4.	a. Private-Pay Residents and Other		\$	2,005,604	2,005,604		
	b. Private-Pay Room and Board Contractual Allowance **	∇	\$	(500,902)	(500,902)		
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 (Specify) - Medicare		\$	439,336	439,336		
	b. Other (Specify) - Non-Medicare		\$	411,902	411,902		
III. Total Resident Revenue (Section I. thru Section II.)				\$	13,316,892	13,316,892	
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 (Specify)		\$				
6.	Private Duty Nurses' Fees		\$				
7.	Barber, Coffee, Beauty and Gift shops		\$	14,221	14,221		
8.	Other (Specify)		\$	27,242	27,242		
V. Total Other Revenue (1 thru 8)				\$	41,463	41,463	
VI. Total All Revenue (III + V)				\$	13,358,355	13,358,355	

* 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.

① Includes Ancillary Income

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6a	Lab Revenue	\$ 231,165		
30 II 6a	X-Ray Revenue	\$ 217,211		
30 II 6a	Cont Adj Lab Revenue	\$ (145,270)		
30 II 6a	Cont Adj X-Ray Revenue	\$ (25,131)		
30 II 6a	Cont Allow Med B	\$ (21,554)		
30 II 6a	DME Revenue	\$ 2,336		
30 II 6a	Revenue MED B	\$ 103,832		
30 II 6a	Revenue MED A	\$ 76,747		
Total Other Resident Revenue - Medicare		\$ 439,336	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6b	Revenue HMO	\$ 411,902		
Total Other Resident Revenue		\$ 411,902	\$ -	\$ -

Interest Income

Account

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

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Medical Records	\$ 3,187		
30 IV 8	Television Rental	\$ (25)		
30 IV 8	Vending Machines	\$ 3,756		
30 IV 8	Gift Shop Income	\$ 2,324		
30 IV 8	Rental Income	\$ 18,000		
Total Other Revenue		\$ 27,242	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Yale New Haven Care Continuum d/b/a	2027-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash <i>(on hand and in banks)</i>			\$	66,870
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,020,621
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4 Inventories			\$	
5. Prepaid Expenses			\$	3,739
a. Prepaid Expenses - Other	3,739			
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets <i>(itemize)</i>			\$	(852,061)
Due From MCO - Current	(852,061)			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,239,169
B. Fixed Assets				
1. Land			\$	1,580,000
2. Land Improvements	*Historical Cost	231,484	\$	38,057
	Accum. Depreciation	193,427		Net
3. Buildings	*Historical Cost	10,732,452	\$	2,769,798
	Accum. Depreciation	7,962,654		Net
4. Leasehold Improvements	*Historical Cost	72,467	\$	54,763
	Accum. Depreciation	17,704		Net
5. Non-Movable Equipment	*Historical Cost	837,294	\$	59,631
	Accum. Depreciation	777,663		Net
6. Movable Equipment	*Historical Cost	1,491,356	\$	252,714
	Accum. Depreciation	1,238,642		Net
7. Motor Vehicles	*Historical Cost	4,173	\$	
	Accum. Depreciation	4,173		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets <i>(itemize)</i>			\$	(623,120)
F/S vs C/R NBV	(623,120)			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	4,131,843

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Yale New Haven Care Continuum d/b/a	2027-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	5,371,012
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>)			\$	701,000
Intangible Assets		701,000		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	701,000
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	6,072,012

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Yale New Haven Care Continuum d/b/a Grimes		2027-C	9/30/2015	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	
2. Notes Payable (<i>itemize</i>)				\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	667,019
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	429
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	1,202,783
Flex Spending Medical	(850)	Gift Shop PR Deduction	38		
Flex Dependent Care	(1,606)	Accrued Taxes	180,095		
Union Dues/Union Way	(1,012)	Other Accrued Expenses	606,618		
Patient Trust Fund	22,438	Third Party Payable HSR	397,062		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,870,231

* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Yale New Haven Care Continuum d/b/a Gri		License No. 2027-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,870,231	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 5,017,773	
Name and Address of Lender	Amount	Loan Date			
Due to YNHH/YNHHSC/YNHH S	5,017,773				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 4,000,000	
Long Term Liability Due to YNH		4,000,000			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 9,017,773	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 10,888,004	


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

Name of Facility	License No.	Report for Year Ended	Page	of
Yale New Haven Care Continuum d/b/a	2027-C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,955,074)
6. Gain or Loss for Period			\$	(1,860,918)
7. Total Net Worth			\$	(4,815,992)
C. Total Reserves and Net Worth			\$	(4,815,992)
D. Total Liabilities, Reserves, and Net Worth			\$	6,072,012

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Yale New Haven Care Continuum d/b/a C	2027-C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(2,955,074)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	13,358,355
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	15,219,273
D. Net Income or Deficit			\$	(1,860,918)
E. Balance			\$	(4,815,992)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Expenses Per Page 27	\$15,582,198			
(Less) F/S vs C/R Depreciation	(362,925)			
Total Expenses Per F/S	\$15,219,273			
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			\$	(4,815,992)

I. Preparer's/Reviewer's Certification

Name of Facility Yale New Haven Care Continuum d/b/a		License No. 2027-C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)			
Preparer/Reviewer Certification					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer 		Title PRINCIPAL	Date Signed 1/29/16		
Printed Name of Preparer Matthew S. Bavalack					
Address Address 555 Long Wharf Drive, New Haven, CT 06511			Phone Number 203-781-9600		

Annual Report of Long-Term Care Facility Cost Year 2015 Checklist

Facility Name Yale New Haven Care Continuum d/b/a Grimes Center

Complete the following check list. **Provide an explanation for any "No" answers.** Attach additional sheets to explain further, if necessary.

Yes No

1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

Explanation: _____

Yes No

2. Are the methods of allocating costs consistent with cost year 2014? If not, explain the reporting change.

Explanation: _____

Yes No

3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.

Explanation: _____

Yes No

4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Explanation: _____

Yes No

5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?

Explanation: _____

Yes No

6. During cost year 2015, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?

Explanation: _____

Yes No

7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?

Explanation: _____

Yes No

8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.

Explanation: _____

Yes No

9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation: _____

Yes No

10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation: _____

Yes No

11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?

Explanation: _____

Yes No

12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?

Explanation: _____

Yes No

13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from cost year 2014?

Explanation: _____

Yes No

14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?

Explanation: _____

Yes No

15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation: _____

Yes No

16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation: _____

Yes No

17. Have all contractual allowances been properly reported on Page 30?

Explanation: _____

Yes No

18. If the automated cost report was used, were all discrepancies on the Error Page addressed? If not addressed, explain why.

Explanation: _____

Yes No

19. Have Pages 1 and 37 been signed? *Cost reports without a signed Page 1 and 37 will not be accepted.*

Explanation: _____

Yes No

20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? *If detail is not provided, appropriate disallowances will be made.*

Explanation: _____

Yes No

21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?

Explanation: _____

Yes No

22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Explanation: _____

Client: **Sister Anne Virginie Grimes Health Center**
 Engagement: **Medicaid - Yale New Haven Care Continuum d/b/a Grimes Center 2015**
 Period Ending: **9/30/2015**
 Trial Balance: **A.01 - TB-CCNH**

Account	Description	UNADJ 9/30/2015	JE Ref #	AJE	FINAL 9/30/2015
101010.0	Cash - Operating Fund	151.00			151.00
101125.0	Cash - Payroll Lawson	(1,351.00)			(1,351.00)
101410.5700	Patient Security Deposits	68,070.00			68,070.00
104010.5701	Accounts Receivable Private	407,835.00			407,835.00
104010.5702	Accounts Receivable Medicare	826,492.00			826,492.00
104010.5703	Accounts Receivable Medicaid	1,069,844.00			1,069,844.00
104010.5704	Accounts Receivable Private In	164,746.00			164,746.00
104410.0	Reserve For Bad Debts	(448,296.00)			(448,296.00)
108210.0	Due From MCP - Current	(852,061.00)			(852,061.00)
111020.0	Prepaid Expenses - Other	3,739.00			3,739.00
131230.3005	Intangible Assets	701,000.00			701,000.00
181010.0	Land	1,580,000.00			1,580,000.00
182010.0	Building & Fixtures Owned	2,864,442.00			2,864,442.00
184010.5001	Equipment Major Movable	389,735.00			389,735.00
186010.5003	Accum Depr Major Movable Equip	(702,334.00)			(702,334.00)
203110.0	Accrued Salaries	(253,864.00)			(253,864.00)
203110.5001	Accrued Expense-PTO	(413,155.00)			(413,155.00)
203210.10	FICA Taxes Payable	(1,180.00)			(1,180.00)
203210.15	FIT	296.00			296.00
203210.5107	SUI Taxes Payable	455.00			455.00
203220.15	Flex Spending Medical	850.00			850.00
203220.17	Flex Dependent Care	1,606.00			1,606.00
203220.35	Union Dues	1,167.00			1,167.00
203220.80	United Way	(155.00)			(155.00)
203220.91	Gift Shop PR Deduction	(38.00)			(38.00)
203340.0	Accrued Taxes	(180,095.00)			(180,095.00)
203360.0	Other Accrued Expenses	(606,618.00)			(606,618.00)
205010.5022	Third Party Payable HSR	(397,062.00)			(397,062.00)
211180.0	Due To YNHH - Current	(4,057,836.00)			(4,057,836.00)
211190.0	Due To YNHHS - Current	(959,448.00)			(959,448.00)
211195.1	Due To YNHHS HR Co-Curr(PRsys)	(489.00)			(489.00)
230020.0	Long Term Liability due to YNH	(4,000,000.00)			(4,000,000.00)
239090.5700	Patient Trust Fund	(22,438.00)			(22,438.00)
281010.0	Accumulated Gains/Losses	2,955,074.00			2,955,074.00
407010.1000	Basic Care-Private SNF	(1,639,538.00)			(1,639,538.00)
407010.1001	Basic Care-Medicare SNF	(6,138,359.00)			(6,138,359.00)
407010.1002	Basic Care-Medicaid	(10,295,372.00)			(10,295,372.00)
407010.1003	Lab Revenue	(231,165.00)			(231,165.00)
407010.1004	X-Ray Revenue	(217,211.00)			(217,211.00)
421010.1000	Cont Allow Private	500,902.00			500,902.00
421010.1001	Cont Allow Medicare	2,250,717.00			2,250,717.00
421010.1002	Cont Allow Medicaid	5,295,722.00			5,295,722.00
421010.1003	Bed Tax Non Medicare Days	576,595.00			576,595.00
421010.1004	Cont Adj Lab Revenue	145,270.00			145,270.00
421010.1005	Cont Adj X-Ray Revenue	25,131.00			25,131.00
421010.1010	Cont Allow Med B	21,554.00			21,554.00
431020.0	Revenue Private	(366,066.00)			(366,066.00)
431021.0	Revenue Medicare	(1,755,578.00)			(1,755,578.00)
431022.0	Revenue Medicaid	(318,082.00)			(318,082.00)
431023.0	DME Revenue	(2,336.00)			(2,336.00)
431024.0	Revenue HMO	(411,902.00)			(411,902.00)
431025.0	Revenue MED B	(103,832.00)			(103,832.00)
431026.0	Revenue MED A	(76,747.00)			(76,747.00)
441640.0	Other Operating Income	(5,385.00)		2,223.00	(3,162.00)
441640.3059	Oth Op Inc Vending Machines	(3,611.00)		(145.00)	(3,756.00)
441640.5700	Barber & Beauty Income	(14,221.00)			(14,221.00)
441640.5701	Gift Shop Income	(246.00)		(2,078.00)	(2,324.00)
441660.0	Rental Income	(18,000.00)			(18,000.00)
501010.0	Regular Salaries	7,027,735.00		(7,027,735.00)	0.00
501020.0	Overtime	643,432.00		(643,432.00)	0.00
501045.0	Premiums	284,760.00		(284,760.00)	0.00
501050.0	Vacation/PTO Accrual	1,580.00		(1,580.00)	0.00
501062.0	Other Compensation	4,104.00		(4,104.00)	0.00
504010.0	Health & Dental Insurance	1,178,206.00			1,178,206.00
504010.3104	Insurance HC Recoveries	(258,777.00)			(258,777.00)
504030.0	Disability	19,907.00			19,907.00
504040.0	F.I.C.A. & Other Payroll Taxes	574,613.00			574,613.00

Account	Description	UNADJ 9/30/2015	JE Ref #	AJE	FINAL 9/30/2015
504200.0	TSA Mgmt Match	147,551.00			147,551.00
504210.0	Tuition Assistance	4,477.00			4,477.00
504910.0	Other Employee Benefits	126,059.00			126,059.00
504910.3210	Employee Wellness	(3,280.00)			(3,280.00)
510120.0	Assessment And Fees	3,212.00			3,212.00
510130.0	Audit Fees	75,435.00		10,700.00	86,135.00
510160.0	Consulting Fees	49,355.00			49,355.00
510170.0	Legal Fees	11,345.00		14,810.00	26,155.00
510230.0	Professional Fees	141.00			141.00
510230.5700	Catholic Chaplain	75.00			75.00
510260.0	System Support Fee	169,471.00		57.00	169,528.00
513075.0	Chem & Clean	7,663.00			7,663.00
513230.0	Medical & Surgical Supplies	196,423.00			196,423.00
513230.3210	M/S Supply & Equip	89,496.00			89,496.00
513290.0	Oxygen & Other Gases	60,605.00			60,605.00
513330.0	Professional Medical Supplies	16,149.00			16,149.00
513350.0	Solutions & I V	128,319.00			128,319.00
513355.0	Spd Med/Surg Supplies	560.00			560.00
515110.0	Patient Charge Items	74,127.00			74,127.00
516030.0	Solutions & I V	2,020.00			2,020.00
516031.0	OP Drug Transfers	850,472.00			850,472.00
519006.0	Store Supplies	6.00			6.00
519010.0	Office Supplies	15,286.00		3,904.00	19,190.00
519015.0	Computer Supplies	10,507.00			10,507.00
519030.0	Paper Products	9,037.00			9,037.00
519050.0	Printed Forms & Stationery	8,862.00			8,862.00
519110.0	Postage	2,076.00			2,076.00
519210.0	Housekeeping Supplies	16,450.00			16,450.00
519220.0	Cleaning Materials	22,920.00			22,920.00
519233.0	Barber and Beauty Supplies	14,392.00			14,392.00
519310.0	Food Service Supplies	313.00			313.00
519410.0	Computer Supplies	4,033.00			4,033.00
519501.0	All Groceries	408,510.00			408,510.00
519502.0	Convenience Food	8,533.00			8,533.00
519880.0	Uniforms	1,345.00		2,042.00	3,387.00
519910.0	Minor Equipment	12,179.00		1,005.00	13,184.00
525290.0	Laundry & Linen Services	32,486.00			32,486.00
525690.0	Outside Contractual Services	552,281.00		(552,281.00)	0.00
525690.5010	Outside Contractual Television	30,077.00			30,077.00
525810.0	Recruitment Expenses	22,831.00			22,831.00
525840.0	Temporary Help	232,435.00		(232,435.00)	0.00
525920.0	X-Ray Service	4,261.00			4,261.00
525930.0	Lab Charges	60,000.00		150.00	60,150.00
531080.0	Repairs And Maintenance	84,066.00		34,569.00	118,635.00
531310.0	Supplies - Hardware	32,821.00			32,821.00
531380.0	Trash Removal	627.00			627.00
534010.0	Electricity	175,352.00			175,352.00
534020.0	Fuel	12,010.00			12,010.00
534030.0	Gas	38,470.00			38,470.00
534050.0	Telephone	7,361.00		111.00	7,472.00
534065.0	Telecom - Wireless/Pagers/Cell	1,150.00			1,150.00
534070.0	Water	31,453.00			31,453.00
534070.3001	Sewer Usage	23,798.00			23,798.00
537020.0	Leases/Rent - Equipment	13,537.00		18,460.00	31,997.00
540120.0	Malpractice Insurance	62,400.00			62,400.00
540140.0	Property & Liability Insurance	2,018.00			2,018.00
543010.0	Depreciation	251,892.00			251,892.00
549010.0	Bad Debt Expense	902,387.00			902,387.00
559175.0	Dues Fees & Membership	14,089.00		(5,900.00)	8,189.00
559280.0	Misc Expenses	8,138.00		(1,480.00)	6,658.00
559340.0	Profession Training	3,155.00			3,155.00
559420.0	Travel Meetings & Conferences	19,864.00		(4,052.00)	15,812.00
559420.5221	Food & Entertainment	3,885.00			3,885.00
559426.0	Dietary Services	150.00			150.00
60001	Administrator Salaries	0.00		130,883.00	130,883.00
60002	Other Administrator Salaries	0.00		151,120.00	151,120.00
60003	Head Dietician	0.00		42,164.00	42,164.00
60004	Dietary Supervisor	0.00		53,826.00	53,826.00
60005	Dietary Workers	0.00		453,192.00	453,192.00
60006	Other Housekeeping Workers	0.00		278,083.00	278,083.00
60007	Head of Maintenance	0.00		60,453.00	60,453.00

Account	Description	UNADJ 9/30/2015	JE Ref #	AJE	FINAL 9/30/2015
60008	Other Maintenance Workers	0.00		73,970.00	73,970.00
60009	Other Laundry Workers	0.00		97,716.00	97,716.00
60010	Director of Nursing	0.00		154,584.00	154,584.00
60011	Assistant Director of Nursing	0.00			0.00
60012	RNs	0.00		1,307,033.00	1,307,033.00
60013	LPNs	0.00		1,077,237.00	1,077,237.00
60014	Aides and Attendants	0.00		1,714,157.00	1,714,157.00
60015	Physical Therapy Workers	0.00		719,551.00	719,551.00
60016	Speech Therapy Workers	0.00		44,231.00	44,231.00
60017	Occupational Therapy Workers	0.00		425,034.00	425,034.00
60018	Recreation Workers	0.00		44,433.00	44,433.00
60019	Social Service Workers	0.00		135,652.00	135,652.00
60020	Resident Services	0.00		78,902.00	78,902.00
60021	RNs Administrative	0.00		332,210.00	332,210.00
60023	Nursing Supervisor	0.00		453,891.00	453,891.00
60024	Miscellaneous Salaries	0.00			0.00
60025	Medical Records	0.00		38,009.00	38,009.00
60026	Other	0.00		95,223.00	95,223.00
61308	A/R Collection Agency	0.00		172,599.00	172,599.00
63557	TRANSPORTATION	0.00		4,163.00	4,163.00
63567.76000	RESIDENT ENTERTAINMENT	0.00		2,420.00	2,420.00
64233	PURCHASED SERVICE EXTERMINATION	0.00		3,710.00	3,710.00
64241.74000	PURCHASED SERVICE	0.00		24,676.00	24,676.00
64312	HVAC	0.00		50,768.00	50,768.00
Marcum 102	Contracted Labor - Nursing	0.00		226,251.00	226,251.00
Marcum 104	Purchased Services - IT Support	0.00		41,320.00	41,320.00
Marcum 105	Contracted Labor - Dentist	0.00		11,312.00	11,312.00
Marcum 108	Purchased Service - Medical Waste	0.00		990.00	990.00
Marcum 109	Purchased Service - Water Systems	0.00		1,210.00	1,210.00
Marcum 112	Purchased Service - Payroll Fee Allocation	0.00		283.00	283.00
Marcum 113	Bookkeeper	0.00		88,156.00	88,156.00
Marcum 118	Miscellaneous	0.00		250.00	250.00
Marcum 119	Purchased Service - PT Services	0.00			0.00
Marcum 120	Purchased Service - OT Services	0.00		9,035.00	9,035.00
Marcum 121	Purchased Service - ST Services	0.00		1,155.00	1,155.00
Marcum 122	MD Coverage	0.00		750.00	750.00
Marcum 127	UB Foundation Activities, Inc Fee	0.00		5,700.00	5,700.00
Marcum 128	Billing Solutions	0.00		(584.00)	(584.00)
Marcum 129	Audiology - Hearing Tests	0.00		1,354.00	1,354.00
Marcum 130	Courier Service	0.00		18,593.00	18,593.00
Marcum 131	Therapeutic Recreation / Music Therapy	0.00		1,300.00	1,300.00
Marcum 132	Employee Survey	0.00		1,152.00	1,152.00
Marcum 133	Sign Language Services	0.00		3,655.00	3,655.00
Marcum 134	Purchased Service - Pastor/Minister	0.00		36,127.00	36,127.00
Marcum 135	Employee Travel	0.00		4,052.00	4,052.00
Total		0.00		0.00	0.00
Net (Income) Loss		1,860,918.00		0.00	1,860,918.00

Client: *Sister Anne Virginie Grimes Health Center*
 Engagement: *Medicaid - Yale New Haven Care Continuum d/b/a Grimes Center 2015*
 Period Ending: *9/30/2015*
 Trial Balance: *A.01 - TB-CCNH*
 Workpaper: *A.03 - Grouping Report*

Account	Description	UNADJ 9/30/2015	JE Ref #	AJE	FINAL 9/30/2015
Group : [10-A]	Salaries and Wages				
Subgroup : [2]	Administrators				
60001	Administrator Salaries	0.00		130,883.00	130,883.00
			AJE - 1	130,857.00	
			AJE - 2	26.00	
Subtotal [2] Administrators		0.00		130,883.00	130,883.00
Subgroup : [4]	Other Administrative Salaries				
60002	Other Administrator Salaries	0.00		151,120.00	151,120.00
			AJE - 1	151,090.00	
			AJE - 2	30.00	
Subtotal [4] Other Administrative Salaries		0.00		151,120.00	151,120.00
Subgroup : [5A]	Head Dietitian				
60003	Head Dietician	0.00		42,164.00	42,164.00
			AJE - 1	42,156.00	
			AJE - 2	8.00	
Subtotal [5A] Head Dietitian		0.00		42,164.00	42,164.00
Subgroup : [5B]	Food Service Supervisor				
60004	Dietary Supervisor	0.00		53,826.00	53,826.00
			AJE - 1	53,815.00	
			AJE - 2	11.00	
Subtotal [5B] Food Service Supervisor		0.00		53,826.00	53,826.00
Subgroup : [5C]	Dietary Workers				
60005	Dietary Workers	0.00		453,192.00	453,192.00
			AJE - 1	453,102.00	
			AJE - 2	90.00	
Subtotal [5C] Dietary Workers		0.00		453,192.00	453,192.00
Subgroup : [6B]	Other Housekeeping Workers				
60006	Other Housekeeping Workers	0.00		278,083.00	278,083.00
			AJE - 1	278,028.00	
			AJE - 2	55.00	
Subtotal [6B] Other Housekeeping Workers		0.00		278,083.00	278,083.00
Subgroup : [7A]	Engineer or Chief of Maintenance				
60007	Head of Maintenance	0.00		60,453.00	60,453.00
			AJE - 1	60,441.00	
			AJE - 2	12.00	
Subtotal [7A] Engineer or Chief of Maintenance		0.00		60,453.00	60,453.00
Subgroup : [7B]	Other Maintenance Workers				
60008	Other Maintenance Workers	0.00		73,970.00	73,970.00
			AJE - 1	73,955.00	
			AJE - 2	15.00	
Subtotal [7B] Other Maintenance Workers		0.00		73,970.00	73,970.00
Subgroup : [8B]	Other Laundry Workers				
60009	Other Laundry Workers	0.00		97,716.00	97,716.00
			AJE - 1	97,697.00	
			AJE - 2	19.00	
Subtotal [8B] Other Laundry Workers		0.00		97,716.00	97,716.00
Subgroup : [12A]	Director of Nurses/Assistant Director				
60010	Director of Nursing	0.00		154,584.00	154,584.00
			AJE - 1	154,553.00	
			AJE - 2	31.00	
60011	Assistant Director of Nursing	0.00		0.00	0.00
			AJE - 1	(0.00)	
			AJE - 2	(0.00)	
Subtotal [12A] Director of Nurses/Assistant Director		0.00		154,584.00	154,584.00
Subgroup : [12B1]	RNs - Direct Care				
60012	RNs	0.00		1,307,033.00	1,307,033.00
			AJE - 1	1,306,774.00	
			AJE - 2	259.00	
60023	Nursing Supervisor	0.00		453,891.00	453,891.00
			AJE - 1	453,801.00	
			AJE - 2	90.00	

Client: **Sister Anne Virginie Grimes Health Center**
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 Workpaper: **A.03 - Grouping Report**

Account	Description	UNADJ	JE Ref #	AJE	FINAL
		9/30/2015			9/30/2015
Subtotal [12B1] RNs - Direct Care		<u>0.00</u>		<u>1,760,924.00</u>	<u>1,760,924.00</u>
Subgroup : [12B2] RNs - Administrative					
60021	RNs Administrative	0.00		332,210.00	332,210.00
			AJE - 1	332,144.00	
			AJE - 2	66.00	
Subtotal [12B2] RNs - Administrative		<u>0.00</u>		<u>332,210.00</u>	<u>332,210.00</u>
Subgroup : [12C1] LPNs - Direct Care					
60013	LPNs	0.00		1,077,237.00	1,077,237.00
			AJE - 1	1,077,023.00	
			AJE - 2	214.00	
Subtotal [12C1] LPNs - Direct Care		<u>0.00</u>		<u>1,077,237.00</u>	<u>1,077,237.00</u>
Subgroup : [12D] Aides and Attendants					
60014	Aides and Attendants	0.00		1,714,157.00	1,714,157.00
			AJE - 1	1,713,818.00	
			AJE - 2	339.00	
Subtotal [12D] Aides and Attendants		<u>0.00</u>		<u>1,714,157.00</u>	<u>1,714,157.00</u>
Subgroup : [12E] Physical Therapists					
60015	Physical Therapy Workers	0.00		719,551.00	719,551.00
			AJE - 1	764,728.00	
			AJE - 2	152.00	
			AJE - 3	(45,329.00)	
Subtotal [12E] Physical Therapists		<u>0.00</u>		<u>719,551.00</u>	<u>719,551.00</u>
Subgroup : [12F] Speech Therapists					
60016	Speech Therapy Workers	0.00		44,231.00	44,231.00
			AJE - 1	40,934.00	
			AJE - 2	8.00	
			AJE - 3	3,289.00	
Subtotal [12F] Speech Therapists		<u>0.00</u>		<u>44,231.00</u>	<u>44,231.00</u>
Subgroup : [12G] Occupational Therapists					
60017	Occupational Therapy Workers	0.00		425,034.00	425,034.00
			AJE - 1	382,918.00	
			AJE - 2	76.00	
			AJE - 3	42,040.00	
Subtotal [12G] Occupational Therapists		<u>0.00</u>		<u>425,034.00</u>	<u>425,034.00</u>
Subgroup : [12H] Recreation Workers					
60018	Recreation Workers	0.00		44,433.00	44,433.00
			AJE - 1	44,424.00	
			AJE - 2	9.00	
Subtotal [12H] Recreation Workers		<u>0.00</u>		<u>44,433.00</u>	<u>44,433.00</u>
Subgroup : [12I3] Resident Care					
60020	Resident Services	0.00		78,902.00	78,902.00
			AJE - 1	78,886.00	
			AJE - 2	16.00	
Subtotal [12I3] Resident Care		<u>0.00</u>		<u>78,902.00</u>	<u>78,902.00</u>
Subgroup : [12M] Social Workers/Case Management					
60019	Social Service Workers	0.00		135,652.00	135,652.00
			AJE - 1	135,625.00	
			AJE - 2	27.00	
Subtotal [12M] Social Workers/Case Management		<u>0.00</u>		<u>135,652.00</u>	<u>135,652.00</u>
Subgroup : [12O] Other					
60024	Miscellaneous Salaries	0.00		0.00	0.00
			AJE - 1	(0.00)	
			AJE - 2	(0.00)	
60025	Medical Records	0.00		38,009.00	38,009.00
			AJE - 1	38,001.00	
			AJE - 2	8.00	
60026	Other	0.00		95,223.00	95,223.00
			AJE - 1	95,204.00	
			AJE - 2	19.00	
Subtotal [12O] Other		<u>0.00</u>		<u>133,232.00</u>	<u>133,232.00</u>
Subgroup : [12Z] Accounts needing adjustment					

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 Workpaper: **A.03 - Grouping Report**

Account	Description	UNADJ	JE Ref #	AJE	FINAL
		9/30/2015			9/30/2015
501010.0	Regular Salaries	7,027,735.00		(7,027,735.00)	0.00
			AJE - 1	(7,027,735.00)	
501020.0	Overtime	643,432.00		(643,432.00)	0.00
			AJE - 1	(643,432.00)	
501045.0	Premiums	284,760.00		(284,760.00)	0.00
			AJE - 1	(284,760.00)	
501050.0	Vacation/PTO Accrual	1,580.00		(1,580.00)	0.00
			AJE - 1	(0.00)	
			AJE - 2	(1,580.00)	
501062.0	Other Compensation	4,104.00		(4,104.00)	0.00
			AJE - 1	(4,104.00)	
Subtotal [12Z] Accounts needing adjustment		7,961,611.00		(7,961,611.00)	0.00
Total [10-A] Salaries and Wages		7,961,611.00		(57.00)	7,961,554.00
Group : [13-B] Professional Fees					
Subgroup : [2] Dentist					
Marcum 105	Contracted Labor - Dentist	0.00		11,312.00	11,312.00
			AJE - 8	11,312.00	
Subtotal [2] Dentist		0.00		11,312.00	11,312.00
Subgroup : [5A] PT - Resident Care					
Marcum 119	Purchased Service - PT Services	0.00		0.00	0.00
			AJE - 8	(0.00)	
Subtotal [5A] PT - Resident Care		0.00		0.00	0.00
Subgroup : [8A] Medical Director					
Marcum 122	MD Coverage	0.00		750.00	750.00
			AJE - 8	750.00	
Subtotal [8A] Medical Director		0.00		750.00	750.00
Subgroup : [9A] ST - Resident Care					
Marcum 121	Purchased Service - ST Services	0.00		1,155.00	1,155.00
			AJE - 8	1,155.00	
Subtotal [9A] ST - Resident Care		0.00		1,155.00	1,155.00
Subgroup : [10A] OT - Resident Care					
Marcum 120	Purchased Service - OT Services	0.00		9,035.00	9,035.00
			AJE - 8	9,035.00	
Subtotal [10A] OT - Resident Care		0.00		9,035.00	9,035.00
Subgroup : [11B1] LPN's - Direct Care					
Marcum 102	Contracted Labor - Nursing	0.00		226,251.00	226,251.00
			AJE - 6	211,438.00	
			AJE - 8	14,813.00	
Subtotal [11B1] LPN's - Direct Care		0.00		226,251.00	226,251.00
Subgroup : [12] Other					
525640.0	Temporary Help	232,435.00		(232,435.00)	0.00
			AJE - 6	(232,435.00)	
Marcum 129	Audiology - Hearing Tests	0.00		1,354.00	1,354.00
			AJE - 8	1,354.00	
Subtotal [12] Other		232,435.00		(231,081.00)	1,354.00
Total [13-B] Professional Fees		232,435.00		17,422.00	249,857.00
Group : [15] Expenditures Other than Salaries					
Subgroup : [1A1] Workmen's Compensation					
504910.0	Other Employee Benefits	126,059.00		0.00	126,059.00
Subtotal [1A1] Workmen's Compensation		126,059.00		0.00	126,059.00
Subgroup : [1A2] Disability Insurance					
504030.0	Disability	19,907.00		0.00	19,907.00
Subtotal [1A2] Disability Insurance		19,907.00		0.00	19,907.00
Subgroup : [1A4] Social Security (FICA)					
504040.0	F.I.C.A. & Other Payroll Taxes	574,613.00		0.00	574,613.00
Subtotal [1A4] Social Security (FICA)		574,613.00		0.00	574,613.00

Client: **Sister Anne Virginie Grimes Health Center**
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 Trial Balance: **A.01 - TB-CCNH**
 Workpaper: **A.03 - Grouping Report**

Account	Description	UNADJ 9/30/2015	JE Ref #	AJE	FINAL 9/30/2015
Subgroup : [1A5] Health Insurance					
504010.0	Health & Dental Insurance	1,178,206.00		0.00	1,178,206.00
504010.3104	Insurance HC Recoveries	(258,777.00)		0.00	(258,777.00)
504200.0	TSA Mgmt Match	147,551.00		0.00	147,551.00
504910.3210	Employee Wellness	(3,280.00)		0.00	(3,280.00)
Subtotal [1A5] Health Insurance		1,063,700.00		0.00	1,063,700.00
Subgroup : [1A8] Uniform Allowance					
519880.0	Uniforms	1,345.00		2,042.00	3,387.00
			AJE - 8	1,542.00	
			AJE - 9	500.00	
Subtotal [1A8] Uniform Allowance		1,345.00		2,042.00	3,387.00
Subgroup : [1A9] Other					
504210.0	Tuition Assistance	4,477.00		0.00	4,477.00
Subtotal [1A9] Other		4,477.00		0.00	4,477.00
Subgroup : [1C] Bad Debts					
549010.0	Bad Debt Expense	902,387.00		0.00	902,387.00
Subtotal [1C] Bad Debts		902,387.00		0.00	902,387.00
Subgroup : [1D] Accounting and Auditing					
510130.0	Audit Fees	75,435.00		10,700.00	86,135.00
			AJE - 8	10,700.00	
Subtotal [1D] Accounting and Auditing		75,435.00		10,700.00	86,135.00
Subgroup : [1E] Legal					
510170.0	Legal Fees	11,345.00		14,810.00	26,155.00
			AJE - 4	(150.00)	
			AJE - 8	14,960.00	
Subtotal [1E] Legal		11,345.00		14,810.00	26,155.00
Subgroup : [1G] Office Supplies					
519006.0	Store Supplies	6.00		0.00	6.00
519010.0	Office Supplies	15,286.00		3,904.00	19,190.00
			AJE - 8	3,904.00	
519015.0	Computer Supplies	10,507.00		0.00	10,507.00
519030.0	Paper Products	9,037.00		0.00	9,037.00
519050.0	Printed Forms & Stationery	8,862.00		0.00	8,862.00
Subtotal [1G] Office Supplies		43,698.00		3,904.00	47,602.00
Subgroup : [1H1] Telephone and Telegraph					
534050.0	Telephone	7,361.00		111.00	7,472.00
			AJE - 8	111.00	
Subtotal [1H1] Telephone and Telegraph		7,361.00		111.00	7,472.00
Subgroup : [1H2] Cellular Phones and Beepers					
534065.0	Telecom - Wireless/Pagers/Cell	1,150.00		0.00	1,150.00
Subtotal [1H2] Cellular Phones and Beepers		1,150.00		0.00	1,150.00
Subgroup : [1K3] Resident Day User Fee					
421010.1003	Bed Tax Non Medicare Days	576,595.00		0.00	576,595.00
Subtotal [1K3] Resident Day User Fee		576,595.00		0.00	576,595.00
Total [15] Expenditures Other than Salaries		3,408,072.00		31,567.00	3,439,639.00
Group : [16] Expenditures Other than Salaries (cont'd) - Admin. and General					
Subgroup : [1] Resident Travel and Entertainment					
559420.0	Travel Meetings & Conferences	19,864.00		(4,052.00)	15,812.00
			AJE - 10	(4,052.00)	
559420.5221	Food & Entertainment	3,885.00		0.00	3,885.00
Subtotal [1] Resident Travel and Entertainment		23,749.00		(4,052.00)	19,697.00
Subgroup : [4] Employee Travel					
Marcum 135	Employee Travel	0.00		4,052.00	4,052.00
			AJE - 10	4,052.00	
Subtotal [4] Employee Travel		0.00		4,052.00	4,052.00

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 Workpaper: *A.03 - Grouping Report*

Account	Description	UNADJ 9/30/2015	JE Ref #	AJE	FINAL 9/30/2015
Subgroup : [5] Education Expense					
559340.0	Profession Training	3,155.00		0.00	3,155.00
Subtotal [5] Education Expense		3,155.00		0.00	3,155.00
Subgroup : [M1] Advertising Help Wanted					
525810.0	Recruitment Expenses	22,831.00		0.00	22,831.00
Subtotal [M1] Advertising Help Wanted		22,831.00		0.00	22,831.00
Subgroup : [M6] Barber and Beauty Supplies					
519233.0	Barber and Beauty Supplies	14,392.00		0.00	14,392.00
Subtotal [M6] Barber and Beauty Supplies		14,392.00		0.00	14,392.00
Subgroup : [M7] Postage					
519110.0	Postage	2,076.00		0.00	2,076.00
Subtotal [M7] Postage		2,076.00		0.00	2,076.00
Subgroup : [M8] Dues and Membership Fees to Professional Associations					
559175.0	Dues Fees & Membership	14,089.00		(5,900.00)	8,189.00
			AJE - 5	(5,900.00)	
Subtotal [M8] Dues and Membership Fees to Professional Associations		14,089.00		(5,900.00)	8,189.00
Subgroup : [M11] Services Provided by Contract					
510160.0	Consulting Fees	49,355.00		0.00	49,355.00
510230.0	Professional Fees	141.00		0.00	141.00
510260.0	System Support Fee	169,471.00		57.00	169,528.00
			AJE - 1	57.00	
525690.0	Outside Contractual Services	552,281.00		(552,281.00)	0.00
			AJE - 8	(552,281.00)	
61308	A/R Collection Agency	0.00		172,599.00	172,599.00
			AJE - 8	172,599.00	
Marcum 104	Purchased Services - IT Support	0.00		41,320.00	41,320.00
			AJE - 8	41,320.00	
Marcum 112	Purchased Service - Payroll Fee Allocation	0.00		283.00	283.00
			AJE - 8	283.00	
Marcum 113	Bookkeeper	0.00		88,156.00	88,156.00
			AJE - 8	88,156.00	
Marcum 134	Purchased Service - Pastor/Minister	0.00		36,127.00	36,127.00
			AJE - 8	35,147.00	
			AJE - 9	980.00	
Subtotal [M11] Services Provided by Contract		771,248.00		(213,739.00)	557,509.00
Subgroup : [M13] Other					
510120.0	Assessment And Fees	3,212.00		0.00	3,212.00
510230.5700	Catholic Chaplain	75.00		0.00	75.00
519410.0	Computer Supplies	4,033.00		0.00	4,033.00
559280.0	Misc Expenses	8,138.00		(1,480.00)	6,658.00
			AJE - 9	(1,480.00)	
Marcum 118	Miscellaneous	0.00		250.00	250.00
			AJE - 5	200.00	
			AJE - 8	50.00	
Marcum 127	UB Foundation Activities, Inc Fee	0.00		5,700.00	5,700.00
			AJE - 5	5,700.00	
Marcum 128	Billing Solutions	0.00		(584.00)	(584.00)
			AJE - 6	(584.00)	
Marcum 130	Courier Service	0.00		18,593.00	18,593.00
			AJE - 8	18,593.00	
Marcum 132	Employee Survey	0.00		1,152.00	1,152.00
			AJE - 8	1,152.00	
Marcum 133	Sign Language Services	0.00		3,655.00	3,655.00
			AJE - 8	3,655.00	
Subtotal [M13] Other		15,458.00		27,286.00	42,744.00
Total [16] Expenditures Other than Salaries (cont'd) - Admin. and General		866,998.00		(192,353.00)	674,645.00
Group : [18] Dietary Basis for Allocation of Costs					
Subgroup : [2A1] Raw Food					
519501.0	All Groceries	408,510.00		0.00	408,510.00
519502.0	Convenience Food	8,533.00		0.00	8,533.00

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 Workpaper: **A.03 - Grouping Report**

Account	Description	UNADJ	JE Ref #	AJE	FINAL
		9/30/2015			9/30/2015
Subtotal [2A1] Raw Food		<u>417,043.00</u>		<u>0.00</u>	<u>417,043.00</u>
Subgroup : [2A2] Non-Food Supplies				<u>0.00</u>	<u>313.00</u>
519310.0	Food Service Supplies	<u>313.00</u>		<u>0.00</u>	<u>313.00</u>
Subtotal [2A2] Non-Food Supplies		<u>313.00</u>		<u>0.00</u>	<u>313.00</u>
Subgroup : [2B] Purchased Services				<u>0.00</u>	<u>150.00</u>
559426.0	Dietary Services	<u>150.00</u>		<u>0.00</u>	<u>150.00</u>
Subtotal [2B] Purchased Services		<u>150.00</u>		<u>0.00</u>	<u>150.00</u>
Total [18] Dietary Basis for Allocation of Costs		<u>417,506.00</u>		<u>0.00</u>	<u>417,506.00</u>
Group : [19] Laundry-Basis for Allocation of Costs					
Subgroup : [3A1] Bed Linens, etc...washed, ironed..				<u>0.00</u>	<u>32,486.00</u>
525290.0	Laundry & Linen Services	<u>32,486.00</u>		<u>0.00</u>	<u>32,486.00</u>
Subtotal [3A1] Bed Linens, etc...washed, ironed..		<u>32,486.00</u>		<u>0.00</u>	<u>32,486.00</u>
Total [19] Laundry-Basis for Allocation of Costs		<u>32,486.00</u>		<u>0.00</u>	<u>32,486.00</u>
Group : [20] Housekeeping and Resident Care Basis for Allocation of Costs					
Subgroup : [4A1] In-House Care Supplies				<u>0.00</u>	<u>7,663.00</u>
513075.0	Chem & Clean	<u>7,663.00</u>		<u>0.00</u>	<u>7,663.00</u>
519210.0	Housekeeping Supplies	<u>16,450.00</u>		<u>0.00</u>	<u>16,450.00</u>
519220.0	Cleaning Materials	<u>22,920.00</u>		<u>0.00</u>	<u>22,920.00</u>
Subtotal [4A1] In-House Care Supplies		<u>47,033.00</u>		<u>0.00</u>	<u>47,033.00</u>
Subgroup : [4B] Purchased Services				<u>24,676.00</u>	<u>24,676.00</u>
64241.74000	PURCHASED SERVICE	<u>0.00</u>	AJE - 6	<u>21,581.00</u>	
			AJE - 8	<u>3,095.00</u>	
Subtotal [4B] Purchased Services		<u>0.00</u>		<u>24,676.00</u>	<u>24,676.00</u>
Subgroup : [5A1] Own Pharmacy				<u>0.00</u>	<u>850,472.00</u>
516031.0	OP Drug Transfers	<u>850,472.00</u>		<u>0.00</u>	<u>850,472.00</u>
Subtotal [5A1] Own Pharmacy		<u>850,472.00</u>		<u>0.00</u>	<u>850,472.00</u>
Subgroup : [5B] Medicine Cabinet Drugs				<u>0.00</u>	<u>196,423.00</u>
513230.0	Medical & Surgical Supplies	<u>196,423.00</u>		<u>0.00</u>	<u>196,423.00</u>
513230.3210	M/S Supply & Equip	<u>89,496.00</u>		<u>0.00</u>	<u>89,496.00</u>
513330.0	Professional Medical Supplies	<u>16,149.00</u>		<u>0.00</u>	<u>16,149.00</u>
515110.0	Patient Charge Items	<u>74,127.00</u>		<u>0.00</u>	<u>74,127.00</u>
Subtotal [5B] Medicine Cabinet Drugs		<u>376,195.00</u>		<u>0.00</u>	<u>376,195.00</u>
Subgroup : [5D] Ambulance/Limousine				<u>4,163.00</u>	<u>4,163.00</u>
63557	TRANSPORTATION	<u>0.00</u>	AJE - 8	<u>4,163.00</u>	
Subtotal [5D] Ambulance/Limousine		<u>0.00</u>		<u>4,163.00</u>	<u>4,163.00</u>
Subgroup : [5E2] Oxygen - Other				<u>0.00</u>	<u>60,605.00</u>
513290.0	Oxygen & Other Gases	<u>60,605.00</u>		<u>0.00</u>	<u>60,605.00</u>
Subtotal [5E2] Oxygen - Other		<u>60,605.00</u>		<u>0.00</u>	<u>60,605.00</u>
Subgroup : [5F] X-Rays and related radiological				<u>0.00</u>	<u>4,261.00</u>
525920.0	X-Ray Service	<u>4,261.00</u>		<u>0.00</u>	<u>4,261.00</u>
Subtotal [5F] X-Rays and related radiological		<u>4,261.00</u>		<u>0.00</u>	<u>4,261.00</u>
Subgroup : [5H] Laboratory				<u>150.00</u>	<u>60,150.00</u>
525930.0	Lab Charges	<u>60,000.00</u>	AJE - 4	<u>150.00</u>	
Subtotal [5H] Laboratory		<u>60,000.00</u>		<u>150.00</u>	<u>60,150.00</u>
Subgroup : [5I] Recreation				<u>0.00</u>	<u>30,077.00</u>
525690.5010	Outside Contractual Television	<u>30,077.00</u>		<u>0.00</u>	<u>30,077.00</u>
63567.76000	RESIDENT ENTERTAINMENT	<u>0.00</u>	AJE - 8	<u>2,420.00</u>	<u>2,420.00</u>
Marcum 131	Therapeutic Recreation / Music Therapy	<u>0.00</u>	AJE - 8	<u>1,300.00</u>	<u>1,300.00</u>
Subtotal [5I] Recreation		<u>30,077.00</u>		<u>3,720.00</u>	<u>33,797.00</u>

Client: *Sister Anne Virginie Grimes Health Center*
 Engagement: *Medicaid - Yale New Haven Care Continuum d/b/a Grimes Center 2015*
 Period Ending: *9/30/2015*
 Trial Balance: *A.01 - TB-CCNH*
 Workpaper: *A.03 - Grouping Report*

Account	Description	UNADJ 9/30/2015	JE Ref #	AJE	FINAL 9/30/2015
Subgroup : [5J] Other				0.00	128,319.00
513350.0	Solutions & I V	128,319.00		0.00	560.00
513355.0	Spd Med/Surg Supplies	560.00		0.00	2,020.00
516030.0	Solutions & I V	2,020.00		990.00	990.00
Marcum 108	Purchased Service - Medical Waste	0.00		990.00	
		<u>130,899.00</u>	AJE - 8	<u>990.00</u>	<u>131,889.00</u>
Subtotal [5J] Other				<u>990.00</u>	<u>131,889.00</u>
Total [20] Housekeeping and Resident Care Basis for Allocation of Costs		<u>1,559,542.00</u>		<u>33,699.00</u>	<u>1,593,241.00</u>
Group : [22] Maintenance and Property					
Subgroup : [6A] Repairs and Maintenance				34,569.00	118,635.00
531080.0	Repairs And Maintenance	84,066.00	AJE - 8	34,569.00	
		<u>32,821.00</u>		<u>0.00</u>	<u>32,821.00</u>
531310.0	Supplies - Hardware	32,821.00		34,569.00	151,456.00
Subtotal [6A] Repairs and Maintenance		<u>116,887.00</u>		<u>34,569.00</u>	<u>151,456.00</u>
Subgroup : [6B] Heat				0.00	12,010.00
534020.0	Fuel	12,010.00		0.00	38,470.00
534030.0	Gas	38,470.00		0.00	50,480.00
Subtotal [6B] Heat		<u>50,480.00</u>		<u>0.00</u>	<u>50,480.00</u>
Subgroup : [6C] Light & Power				0.00	175,352.00
534010.0	Electricity	175,352.00		0.00	175,352.00
Subtotal [6C] Light & Power		<u>175,352.00</u>		<u>0.00</u>	<u>175,352.00</u>
Subgroup : [6D] Water				0.00	31,453.00
534070.0	Water	31,453.00		0.00	23,798.00
534070.3001	Sewer Usage	23,798.00		0.00	55,251.00
Subtotal [6D] Water		<u>55,251.00</u>		<u>0.00</u>	<u>55,251.00</u>
Subgroup : [6F] Other				1,005.00	13,184.00
519910.0	Minor Equipment	12,179.00	AJE - 8	1,005.00	
		627.00		0.00	627.00
531380.0	Trash Removal	627.00		18,460.00	31,997.00
537020.0	Leases/Rent - Equipment	13,537.00	AJE - 8	18,460.00	
		0.00		3,710.00	3,710.00
64233	PURCHASED SERVICE EXTERMINATION	0.00	AJE - 8	3,710.00	
		0.00		50,768.00	50,768.00
64312	HVAC	0.00	AJE - 8	50,768.00	
		0.00		1,210.00	1,210.00
Marcum 109	Purchased Service - Water Systems	0.00	AJE - 8	1,210.00	
Subtotal [6F] Other		<u>26,343.00</u>		<u>75,153.00</u>	<u>101,496.00</u>
Subgroup : [7D] Movable Equipment				0.00	251,892.00
543010.0	Depreciation	251,892.00		0.00	251,892.00
Subtotal [7D] Movable Equipment		<u>251,892.00</u>		<u>0.00</u>	<u>251,892.00</u>
Total [22] Maintenance and Property		<u>676,205.00</u>		<u>109,722.00</u>	<u>785,927.00</u>
Group : [27] Interest and Insurance					
Subgroup : [14A] Insurance on Property				0.00	2,018.00
540140.0	Property & Liability Insurance	2,018.00		0.00	2,018.00
Subtotal [14A] Insurance on Property		<u>2,018.00</u>		<u>0.00</u>	<u>2,018.00</u>
Subgroup : [14C3] Other				0.00	62,400.00
540120.0	Malpractice Insurance	62,400.00		0.00	62,400.00
Subtotal [14C3] Other		<u>62,400.00</u>		<u>0.00</u>	<u>62,400.00</u>
Total [27] Interest and Insurance		<u>64,418.00</u>		<u>0.00</u>	<u>64,418.00</u>
Group : [30] Statement of Revenue					
Subgroup : [1A] Medicaid Residents (CT only)				0.00	(10,295,372.00)
407010.1002	Basic Care-Medicaid	(10,295,372.00)		0.00	(10,295,372.00)

Client: **Sister Anne Virginie Grimes Health Center**
 Engagement: **Medicaid - Yale New Haven Care Continuum d/b/a Grimes Center 2015**
 Period Ending: **9/30/2015**
 Trial Balance: **A.01 - TB-CCNH**
 Workpaper: **A.03 - Grouping Report**

Account	Description	UNADJ	JE Ref #	AJE	FINAL
		9/30/2015			9/30/2015
431022.0	Revenue Medicaid	(318,082.00)		0.00	(318,082.00)
Subtotal [1A] Medicaid Residents (CT only)		(10,613,454.00)		0.00	(10,613,454.00)
Subgroup : [1B] Medicaid room and board contractual allowance		5,295,722.00		0.00	5,295,722.00
421010.1002	Cont Allow Medicaid	5,295,722.00		0.00	5,295,722.00
Subtotal [1B] Medicaid room and board contractual allowance		5,295,722.00		0.00	5,295,722.00
Subgroup : [3A] Medicare Residents (All Inclusive)		(6,138,359.00)		0.00	(6,138,359.00)
407010.1001	Basic Care-Medicare SNF	(1,755,578.00)		0.00	(1,755,578.00)
431021.0	Revenue Medicare	(7,893,937.00)		0.00	(7,893,937.00)
Subtotal [3A] Medicare Residents (All Inclusive)		(7,893,937.00)		0.00	(7,893,937.00)
Subgroup : [3B] Medicare room and board contractual allowance		2,250,717.00		0.00	2,250,717.00
421010.1001	Cont Allow Medicare	2,250,717.00		0.00	2,250,717.00
Subtotal [3B] Medicare room and board contractual allowance		2,250,717.00		0.00	2,250,717.00
Subgroup : [4A] Private-pay residents and other		(1,639,538.00)		0.00	(1,639,538.00)
407010.1000	Basic Care-Private SNF	(366,066.00)		0.00	(366,066.00)
431020.0	Revenue Private	(2,005,604.00)		0.00	(2,005,604.00)
Subtotal [4A] Private-pay residents and other		(2,005,604.00)		0.00	(2,005,604.00)
Subgroup : [4B] Private-pay room and board contractual allowance		500,902.00		0.00	500,902.00
421010.1000	Cont Allow Private	500,902.00		0.00	500,902.00
Subtotal [4B] Private-pay room and board contractual allowance		500,902.00		0.00	500,902.00
Subgroup : [10A] Other - Medicare		(231,165.00)		0.00	(231,165.00)
407010.1003	Lab Revenue	(217,211.00)		0.00	(217,211.00)
407010.1004	X-Ray Revenue	145,270.00		0.00	145,270.00
421010.1004	Cont Adj Lab Revenue	25,131.00		0.00	25,131.00
421010.1005	Cont Adj X-Ray Revenue	21,554.00		0.00	21,554.00
421010.1010	Cont Allow Med B	(2,336.00)		0.00	(2,336.00)
431023.0	DME Revenue	(103,832.00)		0.00	(103,832.00)
431025.0	Revenue MED B	(76,747.00)		0.00	(76,747.00)
431026.0	Revenue MED A	(439,336.00)		0.00	(439,336.00)
Subtotal [10A] Other - Medicare		(439,336.00)		0.00	(439,336.00)
Subgroup : [10B] Other - Non-medicare		(411,902.00)		0.00	(411,902.00)
431024.0	Revenue HMO	(411,902.00)		0.00	(411,902.00)
Subtotal [10B] Other - Non-medicare		(411,902.00)		0.00	(411,902.00)
Subgroup : [17] Barber, Coffee, Beauty & Gift Shops		(14,221.00)		0.00	(14,221.00)
441640.5700	Barber & Beauty Income	(14,221.00)		0.00	(14,221.00)
Subtotal [17] Barber, Coffee, Beauty & Gift Shops		(14,221.00)		0.00	(14,221.00)
Subgroup : [18] Other Revenue		(5,385.00)		2,223.00	(3,162.00)
441640.0	Other Operating Income	(3,611.00)	AJE - 7	2,223.00	(3,756.00)
441640.3059	Oth Op Inc Vending Machines	(246.00)	AJE - 7	(145.00)	(2,324.00)
441640.5701	Gift Shop Income	(18,000.00)	AJE - 7	(2,078.00)	(18,000.00)
441660.0	Rental Income	(27,242.00)		0.00	(27,242.00)
Subtotal [18] Other Revenue		(27,242.00)		0.00	(27,242.00)

Client: **Sister Anne Virginie Grimes Health Center**
 Engagement: **Medicaid - Yale New Haven Care Continuum d/b/a Grimes Center 2015**
 Period Ending: **9/30/2015**
 Trial Balance: **A.01 - TB-CCNH**
 Workpaper: **A.03 - Grouping Report**

Account	Description	UNADJ 9/30/2015	JE Ref #	AJE	FINAL 9/30/2015
Total [30] Statement of Revenue		<u>(13,358,355.00)</u>		<u>0.00</u>	<u>(13,358,355.00)</u>
Group : [31] Balance Sheet Accounts					
Subgroup : [31.A] Assets					
101010.0	Cash - Operating Fund	151.00		0.00	151.00
101125.0	Cash - Payroll Lawson	(1,351.00)		0.00	(1,351.00)
101410.5700	Patient Security Deposits	68,070.00		0.00	68,070.00
104010.5701	Accounts Receivable Private	407,835.00		0.00	407,835.00
104010.5702	Accounts Receivable Medicare	826,492.00		0.00	826,492.00
104010.5703	Accounts Receivable Medicaid	1,069,844.00		0.00	1,069,844.00
104010.5704	Accounts Receivable Private In	164,746.00		0.00	164,746.00
104410.0	Reserve For Bad Debts	(448,296.00)		0.00	(448,296.00)
108210.0	Due From MCP - Current	(852,061.00)		0.00	(852,061.00)
111020.0	Prepaid Expenses - Other	3,739.00		0.00	3,739.00
131230.3005	Intangible Assets	701,000.00		0.00	701,000.00
181010.0	Land	1,580,000.00		0.00	1,580,000.00
182010.0	Building & Fixtures Owned	2,864,442.00		0.00	2,864,442.00
184010.5001	Equipment Major Movable	389,735.00		0.00	389,735.00
186010.5003	Accum Depr Major Movable Equip	(702,334.00)		0.00	(702,334.00)
Subtotal [31.A] Assets		<u>6,072,012.00</u>		<u>0.00</u>	<u>6,072,012.00</u>
Subgroup : [31.L] Liabilities					
203110.0	Accrued Salaries	(253,864.00)		0.00	(253,864.00)
203110.5001	Accrued Expense-PTO	(413,155.00)		0.00	(413,155.00)
203210.10	FICA Taxes Payable	(1,180.00)		0.00	(1,180.00)
203210.15	FIT	296.00		0.00	296.00
203210.5107	SUI Taxes Payable	455.00		0.00	455.00
203220.15	Flex Spending Medical	850.00		0.00	850.00
203220.17	Flex Dependent Care	1,606.00		0.00	1,606.00
203220.35	Union Dues	1,167.00		0.00	1,167.00
203220.80	United Way	(155.00)		0.00	(155.00)
203220.91	Gift Shop PR Deduction	(38.00)		0.00	(38.00)
203340.0	Accrued Taxes	(180,095.00)		0.00	(180,095.00)
203360.0	Other Accrued Expenses	(606,618.00)		0.00	(606,618.00)
205010.5022	Third Party Payable HSR	(397,062.00)		0.00	(397,062.00)
211180.0	Due To YNH - Current	(4,057,836.00)		0.00	(4,057,836.00)
211190.0	Due To YNHHS - Current	(959,448.00)		0.00	(959,448.00)
211195.1	Due To YNHHS HR Co-Curr(PRsys)	(489.00)		0.00	(489.00)
230020.0	Long Term Liability due to YNH	(4,000,000.00)		0.00	(4,000,000.00)
239090.5700	Patient Trust Fund	(22,438.00)		0.00	(22,438.00)
Subtotal [31.L] Liabilities		<u>(10,888,004.00)</u>		<u>0.00</u>	<u>(10,888,004.00)</u>
Subgroup : [31.E] Equity					
281010.0	Accumulated Gains/Losses	2,955,074.00		0.00	2,955,074.00
Subtotal [31.E] Equity		<u>2,955,074.00</u>		<u>0.00</u>	<u>2,955,074.00</u>
Total [31] Balance Sheet Accounts		<u>(1,860,918.00)</u>		<u>0.00</u>	<u>(1,860,918.00)</u>
Sum of Account Groups		1,860,918.00		0.00	1,860,918.00
Net (Income) Loss		1,860,918.00		0.00	1,860,918.00

Client: **Sister Anne Virginie Grimes Health Center**
 Engagement: **Medicaid - Yale New Haven Care Continuum d/b/a Grimes Center 2015**
 Period Ending: **9/30/2015**
 Trial Balance: **A.01 - TB-CCNH**
 Workpaper: **H.01 - Adjusting Journal Entries Report**

Account	Description	WIP Ref	Debit	Credit
Adjusting Journal Entries JE # 1		I.01		
Per Client: Reclass Salary Expenses for Page 10				
510260.0	System Support Fee		57.00	
60001	Administrator Salaries		130,857.00	
60002	Other Administrator Salaries		151,090.00	
60003	Head Dietician		42,156.00	
60004	Dietary Supervisor		53,815.00	
60005	Dietary Workers		453,102.00	
60006	Other Housekeeping Workers		278,028.00	
60007	Head of Maintenance		60,441.00	
60008	Other Maintenance Workers		73,955.00	
60009	Other Laundry Workers		97,697.00	
60010	Director of Nursing		154,553.00	
60012	RNs		1,306,774.00	
60013	LPNs		1,077,023.00	
60014	Aides and Attendants		1,713,818.00	
60015	Physical Therapy Workers		764,728.00	
60016	Speech Therapy Workers		40,934.00	
60017	Occupational Therapy Workers		382,918.00	
60018	Recreation Workers		44,424.00	
60019	Social Service Workers		135,625.00	
60020	Resident Services		78,886.00	
60021	RNs Administrative		332,144.00	
60023	Nursing Supervisor		453,801.00	
60025	Medical Records		38,001.00	
60026	Other		95,204.00	
501010.0	Regular Salaries			7,027,735.00
501020.0	Overtime			643,432.00
501045.0	Premiums			284,760.00
501050.0	Vacation/PTO Accrual			
501062.0	Other Compensation			4,104.00
60011	Assistant Director of Nursing			
60024	Miscellaneous Salaries			
Total			7,960,031.00	7,960,031.00

Adjusting Journal Entries JE # 2		E.01		
To allocated vacation/PTO based on total salaries				
60001	Administrator Salaries		26.00	
60002	Other Administrator Salaries		30.00	
60003	Head Dietician		8.00	
60004	Dietary Supervisor		11.00	
60005	Dietary Workers		90.00	
60006	Other Housekeeping Workers		55.00	
60007	Head of Maintenance		12.00	
60008	Other Maintenance Workers		15.00	
60009	Other Laundry Workers		19.00	
60010	Director of Nursing		31.00	
60012	RNs		259.00	
60013	LPNs		214.00	
60014	Aides and Attendants		339.00	
60015	Physical Therapy Workers		162.00	
60016	Speech Therapy Workers		8.00	
60017	Occupational Therapy Workers		76.00	
60018	Recreation Workers		9.00	
60019	Social Service Workers		27.00	
60020	Resident Services		16.00	
60021	RNs Administrative		66.00	
60023	Nursing Supervisor		90.00	
60025	Medical Records		8.00	
60026	Other		19.00	
501050.0	Vacation/PTO Accrual			1,580.00
60011	Assistant Director of Nursing			
60024	Miscellaneous Salaries			
Total			1,580.00	1,580.00

Adjusting Journal Entries JE # 3		E.02		
To allocated the Director of Rehab between PT, OT and ST based on Therapy Treatments				
60016	Speech Therapy Workers		3,289.00	
60017	Occupational Therapy Workers		42,040.00	
60015	Physical Therapy Workers			45,329.00
Total			45,329.00	45,329.00

Client: **Sister Anne Virginie Grimes Health Center**
 Engagement: **Medicaid - Yale New Haven Care Continuum d/b/a Grimes Center 2015**
 Period Ending: **9/30/2015**
 Trial Balance: **A.01 - TB-CCNH**
 Workpaper: **H.01 - Adjusting Journal Entries Report**

Account	Description	W/P Ref	Debit	Credit
Adjusting Journal Entries JE # 4		E.03		
To reclass CLIA Lab charges to the Laboratory line as they should be disallowed				
525930.0	Lab Charges		150.00	
510170.0	Legal Fees			150.00
Total			150.00	150.00
Adjusting Journal Entries JE # 5		E.04		
To reclass Fees from the Dues line				
Marcum 118	Miscellaneous		200.00	
Marcum 127	UB Foundation Activities, Inc Fee		5,700.00	
559175.0	Dues Fees & Membership			5,900.00
Total			5,900.00	5,900.00
Adjusting Journal Entries JE # 6		E.07		
To reclass expenses from temporaryhelp to the appropriate cost report lines				
64241.74000	PURCHASED SERVICE		21,581.00	
Marcum 102	Contracted Labor - Nursing		211,438.00	
525840.0	Temporary Help			232,435.00
Marcum 128	Billing Solutions			584.00
Total			233,019.00	233,019.00
Adjusting Journal Entries JE # 7		F.01		
To other operating income to the proper account				
441640.0	Other Operating Income		2,223.00	
441640.3059	Oth Op Inc Vending Machines			145.00
441640.5701	Gift Shop Income			2,078.00
Total			2,223.00	2,223.00
Adjusting Journal Entries JE # 8		E.06		
To reclass expenses from Outside Contractual Services account to appropriate lines of the cost report				
510130.0	Audit Fees		10,700.00	
510170.0	Legal Fees		14,960.00	
519010.0	Office Supplies		3,904.00	
519880.0	Uniforms		1,542.00	
519910.0	Minor Equipment		1,005.00	
531080.0	Repairs And Maintenance		34,569.00	
534050.0	Telephone		111.00	
537020.0	Leases/Rent - Equipment		18,460.00	
61308	A/R Collection Agency		172,599.00	
63557	TRANSPORTATION		4,163.00	
63567.76000	RESIDENT ENTERTAINMENT		2,420.00	
64233	PURCHASED SERVICE EXTERMINATION		3,710.00	
64241.74000	PURCHASED SERVICE		3,095.00	
64312	HVAC		50,768.00	
Marcum 102	Contracted Labor - Nursing		14,813.00	
Marcum 104	Purchased Services - IT Support		41,320.00	
Marcum 105	Contracted Labor - Dentist		11,312.00	
Marcum 108	Purchased Service - Medical Waste		990.00	
Marcum 109	Purchased Service - Water Systems		1,210.00	
Marcum 112	Purchased Service - Payroll Fee Allocation		283.00	
Marcum 113	Bookkeeper		88,156.00	
Marcum 118	Miscellaneous		50.00	
Marcum 120	Purchased Service - OT Services		9,035.00	
Marcum 121	Purchased Service - ST Services		1,155.00	
Marcum 122	MD Coverage		750.00	
Marcum 129	Audiology - Hearing Tests		1,354.00	
Marcum 130	Courier Service		18,593.00	
Marcum 131	Therapeutic Recreation / Music Therapy		1,300.00	
Marcum 132	Employee Survey		1,152.00	
Marcum 133	Sign Language Services		3,655.00	
Marcum 134	Purchased Service - Pastor/Minister		35,147.00	
525690.0	Outside Contractual Services			552,281.00
Marcum 119	Purchased Service - PT Services			
Total			552,281.00	552,281.00
Adjusting Journal Entries JE # 9		E.08		
To reclass expenses from Misc. Expenses				
519880.0	Uniforms		500.00	
Marcum 134	Purchased Service - Pastor/Minister		980.00	

Client: *Sister Anne Virginie Grimes Health Center*
 Engagement: *Medicaid - Yale New Haven Care Continuum d/b/a Grimes Center 2015*
 Period Ending: *9/30/2015*
 Trial Balance: *A.01 - TB-CCNH*
 Workpaper: *H.01 - Adjusting Journal Entries Report*

Account	Description	W/P Ref	Debit	Credit
559280.0	Misc Expenses			1,480.00
Total			<u>1,480.00</u>	<u>1,480.00</u>
Adjusting Journal Entries JE # 10		E.09		
To reclass employee travel expenses from resident travel				
Marcum 135	Employee Travel		4,052.00	
559420.0	Travel Meetings & Conferences			4,052.00
Total			<u>4,052.00</u>	<u>4,052.00</u>



Workpaper Index: 400.2
 Prepared By:
 Reviewed By:
 Workpaper Date: 1/20/2016
 Run Date: 1/20/2016

Provider Name: Yale New Haven Care Continuum D/B/A Grimes Center
 Provider Number: 20272
 Period Ended: 9/30/15

Name of Workpaper: VHCL CKLST

VEHICLE COMPLIANCE CHECKLIST

PURPOSE: To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? <i>Request insurance cards and current vehicle registration.</i>				
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?				
5	Was personal use of the facility vehicles determined?				
6	Has the maximum cost allowed for depreciation purposes or the maximum allowable monthly lease expense been determined?				
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?				
8	Were all motor vehicle additions physically inspected?				

Conclusion: