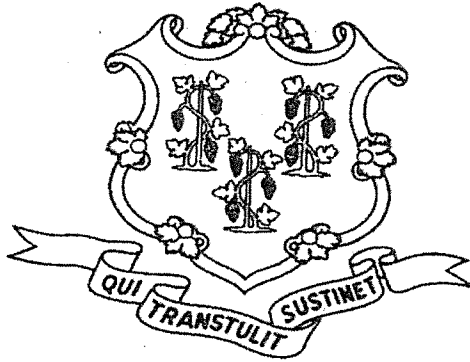


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Name of Facility (as licensed) Mystic Healthcare & Rehabilitation Center, LLC | |
| Address (No. & Street, City, State, Zip Code) 475 High Street, Mystic, CT 06355 | |
| Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify) | |
| Report for Year Beginning 10/1/2015 | Report for Year Ending 9/30/2016 |

| | | | | |
|------------------|---------------|------|-----------|------------------------------|
| License Numbers: | CCNH 839-C | RHNS | (Specify) | Medicare Provider 07-5271 |
|------------------|---------------|------|-----------|------------------------------|

| | | | |
|----------------------------|--------------|------|---------|
| Medicaid Provider Numbers: | CCNH 8391 | RHNS | ICF-IID |
|----------------------------|--------------|------|---------|

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) Mystic Healthcare & Rehabilitation Center, LLC | License No. 839-C | Report for Year Ended 9/30/2016 | Page 1 | of 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.

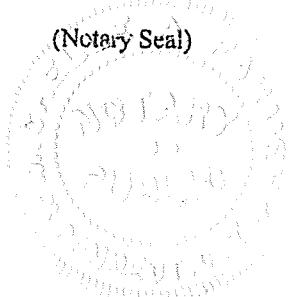
I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Mystic Healthcare & Rehabilitation Center, LLC [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, and that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

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

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

| | | | | | |
|-----------------------------------------------------------------|----------------|-----------------|-----------------------------------------------------|--|------------------------------------|
| Signed (Administrator) <i>Kenneth Kopchik</i> | | Date 2/13/17 | Signed (Owner) <i>Martin Sbriglio</i> | | Date 2/13/2017 |
| Printed Name (Administrator) Kenneth Kopchik | | | Printed Name (Owner) Martin Sbriglio | | |
| Subscribed and Sworn to before me: <i>Michelle A. Farmer</i> | State of CT | Date 2/13/17 | Signed (Notary Public) <i>Michelle A. Farmer</i> | | Comm. Expires December 31, 2017 |
| Address of Notary Public 189 Orange St. Stratford, CT 06615 | | | | | |

MICHELLE A. FARMER
 NOTARY PUBLIC - State of Connecticut
 My Commission Expires
 December 31, 2017



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 Mystic Healthcare & Rehabilitation Center, LLC | | Period Covered: | From 10/1/2015 | To 9/30/2016 |
| Address of Facility 475 High Street, Mystic, CT 06355 | | | | |
| Report Prepared By Ryders Health Management | | Phone Number 203-381-1327 | Date 1/27/2017 | |
| Item | Total | CCNH | RHNS | (Specify) |
| 1. Dietary wages paid | \$ | | | |
| 2. Laundry wages paid | \$ | | | |
| 3. Housekeeping wages paid | \$ | | | |
| 4. Nursing wages paid | \$ | | | |
| 5. All other wages paid | \$ | | | |
| 6. 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 203-381-1327 | Report for Year Ended 9/30/2016 | Page 2 | of 37 |
|---------------------------------------|------------------------------------|-----------|----------|

| | |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Name of Facility (as shown on license) Mystic Healthcare & Rehabilitation Center, LLC | Address (No. & Street, City, State, Zip) 475 High Street, Mystic, CT 06355 |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|

| | | | | |
|------------------|---------------|------|-----------|----------------------------------|
| License Numbers: | CCNH 839-C | RHNS | (Specify) | Medicare Provider No. 07-5271 |
|------------------|---------------|------|-----------|----------------------------------|

| | | | |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------|--|
| Type of Facility (Check appropriate box(es)) | | | |
| <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) | <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) | <input type="checkbox"/> (Specify) | |

| | | | |
|-------------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------------------|
| Type of Ownership (Check appropriate box) | | | |
| <input type="checkbox"/> Proprietorship | <input type="checkbox"/> LLC | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Profit Corp. |
| <input type="checkbox"/> Non-Profit Corp. | <input type="checkbox"/> Government | <input type="checkbox"/> Trust | |

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

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

Administrator

| | | |
|------------------------------------------|-------------------------------------------------|--------|
| Name of Administrator Kenneth Kopchik | Nursing Home Administrator's License No.: | 001904 |
|------------------------------------------|-------------------------------------------------|--------|

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

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

**General Information and Questionnaire
Corporate Owners**

| | | | | |
|------------------------------------------------------------------|----------------------|------------------------------------|------------|----------|
| Name of Facility Mystic Healthcare & Rehabilitation Center, I | License No. 839-C | Report for Year Ended 9/30/2016 | Page 3A | of 37 |
|------------------------------------------------------------------|----------------------|------------------------------------|------------|----------|

If this facility is owned or operated as a corporation, provide the following information:

| Legal Name of Corporation | Business Address | State(s) in Which Incorporated | |
|---------------------------|------------------|--------------------------------|--|
| | | | |

| Name of Directors, Officers | Business Address | Title | No. Shares Held by Each |
|-----------------------------|------------------|-------|-------------------------|
| N/A | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Names of Stockholders Owning at Least 10% of Shares | | | |
|-----------------------------------------------------|--|--|--|
| N/A | | | |

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

General Information and Questionnaire Individual Proprietorship

| | | | | |
|------------------------------------------------|-------------|-----------------------|------|----|
| Name of Facility | License No. | Report for Year Ended | Page | of |
| Mystic Healthcare & Rehabilitation Center, LLC | 839-C | 9/30/2016 | 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 Mystic Healthcare & Rehabilitation Center, LLC | License No. 839-C | Report for Year Ended 9/30/2016 | Page 4 | of 37 |
|--------------------------------------------------------------------|----------------------|------------------------------------|-----------|----------|

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

If "Yes," provide the following information:

| Name of Related Individual or Company | Business Address | Also Provides Goods/Services to Non-Related Parties | | Description of Goods/Services Provided | Indicate Where Costs are Included in Annual Report Page # / Line # | Cost Reported | Actual Cost to the Related Party |
|----------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------|--------------------------------------------------------------------|---------------|----------------------------------|
| | | Yes | No %** | | | | |
| Ryders Health Management Mystic Manor Properties, LLC | 88 Ryders Lane, Suite 208, Stratford, CT | <input type="radio"/> | <input checked="" type="radio"/> | Financial and Managerial Support | 16,m12 | 259,128 | 259,128 |
| Ryders Health Management (CT Healthcare W/C Trust) | 475 High Street, Mystic, CT 06355 | <input type="radio"/> | <input checked="" type="radio"/> | Rental Real Estate | 22/9 | 600,000 | 600,000 |
| AFCO | PO Box 30393, Hartford, CT 06150 | <input type="radio"/> | <input checked="" type="radio"/> | Workers Comp Insurance | 15/1a1 | 185,077 | 185,077 |
| Innovative Health Plan | 5600 North River Road, Suite 400, Rosemont, IL 60018-5187 | <input type="radio"/> | <input checked="" type="radio"/> | Auto, Property and Liability Insurance | 27/14c1, 27/14a, 27/14 | 50,674 | 50,674 |
| | 80 Iron Point Circle, Suite 200, Folsom, CA | <input type="radio"/> | <input checked="" type="radio"/> | Health Insurance | 15/1a5 | 348,427 | 348,427 |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | | | |

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

| | | | | |
|-------------------------------------------------------------------|----------------------|------------------------------------|-----------|----------|
| Name of Facility Mystic Healthcare & Rehabilitation Center, LL | License No. 839-C | Report for Year Ended 9/30/2016 | 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 (<i>See listing page 13</i>) |
| Maintenance and operation of plant | Square feet |
| Property costs (depreciation) | Square feet |
| Employee health and welfare | Gross salaries |
| Management services | Appropriate cost center involved |
| All other General Administrative expenses | Total of Direct and Allocated Costs |

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

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

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

General Information and Questionnaire Leases (Excluding Real Property)

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

| Name of Facility | | License No. | Report for Year Ended | | Page | of | |
|------------------------------------------------|---------------------------------------------------|----------------------------------|-----------------------------|--------------------|------------------|------------------------------|-------------------|
| Mystic Healthcare & Rehabilitation Center, LLC | | 839-C | 9/30/2016 | | 6 | 37 | |
| Name and Address of Lessor | Related * to Owners, Operators, Officers | | Description of Items Leased | Date of Lease** | Term of Lease | Annual Amount of Lease | Amount Claimed |
| | Yes | No | | | | | |
| BBI Technologies, Inc. | <input type="radio"/> | <input checked="" type="radio"/> | Copier | 03/24/15 | 60 Months | 8,758 | 8,758 |
| | <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 *** | | | | | | | 8,758 |

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 Mystic Healthcare & Rehabilitation | License No. 839-C | Report for Year Ended 9/30/2016 | Page 7 | of 37 |
|--------------------------------------------------------|----------------------|------------------------------------|-----------|----------|

The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

| | |
|---------------------------------------------------------|--------------------------------------------------------------------------------------|
| Name of Accounting Firm 1 Marcum, LLP 2 3 4 | Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, New Haven, CT |
|---------------------------------------------------------|--------------------------------------------------------------------------------------|

Services Provided by This Firm (*describe fully*)

| | |
|----------------------------------------------------------------------------------|------------------------------|
| 1 Medicare Cost Reports, Corp Tax Returns, annual review of financial statements | \$ 14,346 |
| 2 | \$ |
| 3 | \$ |
| 4 | \$ |
| | Charge for Services Provided |
| | \$ 14,346 |

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

Legal Services Information

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Name of Legal Firm or Independent Attorney 1 Pullman & Comley, LLC 2 Joe D'Agostino 3 Murtha Cullina, LLP 4 Suisman, Shapiro 5 Various Related to the Rice Case | Telephone Number 203-330-2000 860-240-6000 860-442-4416 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|

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

- 1 850 Main Street, Bridgeport, CT 06601
 2 88 Ryders Lane, Stratford, CT
 3 CityPlace I 185 Asylum Street, Hartford, CT
 4 2 Union Plaza, Suite 200, New London, CT
 5

Services Provided by This Firm (*describe fully*)

| | |
|-----------------------------------------------|------------------------------|
| 1 Julia Rice Case - disallowed | \$ 73,285 |
| 2 Contract Review | \$ 8,308 |
| 3 Collections, Partners Pharmacy - disallowed | \$ 7,790 |
| 4 Julia Rice Case - disallowed | \$ 8,530 |
| 5 Julia Rice Case - disallowed | \$ 82,707 |
| | Charge for Services Provided |
| | \$ 180,620 |

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

Schedule of Resident Statistics

| Name of Facility | Total All Levels | Total CCNH Level | Total RHNS Level | Total (Specify) | Report for Year Ended 9/30/2016 | | | Page 8 | of 37 |
|--------------------------------------------------------------------------------------------------------|------------------|------------------|------------------|-----------------|---------------------------------|----------------------|-------|--------|-------|
| | | | | | License No. 839-C | | | | |
| | | | | | Period 10/1 Thru 6/30 | Period 7/1 Thru 9/30 | | | |
| 1. Certified Bed Capacity | | | | | | | | | |
| A. On last day of PREVIOUS report period | 100 | 100 | | | 100 | 100 | 100 | 100 | |
| B. On last day of THIS report period | 100 | 100 | | | 100 | 100 | 100 | 100 | |
| 2. Number of Residents | | | | | | | | | |
| A. As of midnight of PREVIOUS report period | 85 | 85 | | | 85 | 85 | 80 | 80 | |
| B. As of midnight of THIS report period | 85 | 85 | | | 80 | 80 | 85 | 85 | |
| 3. Total Number of Days Care Provided During Period | | | | | | | | | |
| A. Medicare | 4,374 | 4,374 | | | 3,425 | 3,425 | 949 | 949 | |
| B. Medicaid (Conn.) | 18,584 | 18,584 | | | 13,821 | 13,821 | 4,763 | 4,763 | |
| C. Medicaid (other states) | | | | | | | | | |
| D. Private Pay | 5,212 | 5,212 | | | 4,028 | 4,028 | 1,184 | 1,184 | |
| E. State SSI for RCH | | | | | | | | | |
| F. Other (Specify) Hospice, VA, Managed Care | 2,027 | 2,027 | | | 1,390 | 1,390 | 637 | 637 | |
| G. Total Care Days During Period (3A thru F) | 30,197 | 30,197 | | | 22,664 | 22,664 | 7,533 | 7,533 | |
| 4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds | | | | | | | | | |
| A. Medicaid Bed Reserve Days | 145 | 145 | | | 114 | 114 | 31 | 31 | |
| B. Other Bed Reserve Days | 47 | 47 | | | 27 | 27 | 20 | 20 | |
| 5. Total Resident Days (3G + 4A + 4B) | 30,389 | 30,389 | | | 22,805 | 22,805 | 7,584 | 7,584 | |

Schedule of Resident Statistics (Cont'd)

| | | | | |
|------------------------------------------------------------------|----------------------|------------------------------------|-----------|----------|
| Name of Facility Mystic Healthcare & Rehabilitation Center, L | License No. 839-C | Report for Year Ended 9/30/2016 | Page 9 | of 37 |
|------------------------------------------------------------------|----------------------|------------------------------------|-----------|----------|

4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

| Date of Change | Place of Change | | | Change in Beds | | | | | | Capacity After Change | | | Reason for Change |
|----------------|-----------------|------|-----------|----------------|-----|-----|--------|-----|-----|-----------------------|------|-----------|-------------------|
| | CCNH | RHNS | (Specify) | Lost | | | Gained | | | CCNH | RHNS | (Specify) | |
| | (1) | (2) | (3) | (1) | (2) | (3) | (1) | (2) | (3) | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

| Change in Resident Days | CCNH | RHNS | (Specify) |
|-------------------------|------|------|-----------|
| 1st change | | | |
| 2nd change | | | |
| 3rd change | | | |
| 4th change | | | |

6. Number of Residents and Rates on September 30 of Cost Year

| Item | Medicare | | Medicaid | | Self-Pay | | | Other State Assisted | |
|---------------------------|----------|------|----------|------|-------------|------|-----------|----------------------|--------|
| | CCNH | RHNS | CCNH | RHNS | CCNH | RHNS | (Specify) | R.C.H. | ICF-MR |
| No. of Residents | 12 | | 52 | | 21 | | | | |
| Per Diem Rate | | | | | | | | | |
| a. One bed rm. | See | | | | \$436/\$414 | | | | |
| b. Two bed rms. | Attached | | 224.43 | | \$418/\$368 | | | | |
| c. Three or more bed rms. | | | | | | | | | |

7. Total Number of Physical Therapy Treatments

| | TOTAL | CCNH | RHNS | (Specify) |
|---------------------------------------------|---------------|---------------|------|-----------|
| A. Medicare - Part B | 1,766 | 1,766 | | |
| B. Medicaid (Exclusive of Part B) | | | | |
| 1. Maintenance Treatments | | | | |
| 2. Restorative Treatments | | | | |
| C. Other | 15,381 | 15,381 | | |
| D. Total Physical Therapy Treatments | 17,147 | 17,147 | | |

8. Total Number of Speech Therapy Treatments

| | | | | |
|-------------------------------------------|--------------|--------------|--|--|
| A. Medicare - Part B | 496 | 496 | | |
| B. Medicaid (Exclusive of Part B) | | | | |
| 1. Maintenance Treatments | | | | |
| 2. Restorative Treatments | | | | |
| C. Other | 737 | 737 | | |
| D. Total Speech Therapy Treatments | 1,233 | 1,233 | | |

9. Total Number of Occupational Therapy Treatments

| | | | | |
|-------------------------------------------------|----------|----------|--|--|
| A. Medicare - Part B | 1,421 | 1,421 | | |
| B. Medicaid (Exclusive of Part B) | | | | |
| 1. Maintenance Treatments | | | | |
| 2. Restorative Treatments | | | | |
| C. Other | 13,935 | 13,935 | | |
| D. Total Occupational Therapy Treatments | 8 | 8 | | |



7540 North 19th Avenue
 Phoenix, Arizona 85021
 (888) 873-4221
 fax (888) 543-2289
 www.SYNERTX.com

SYNERTX, a national provider of contract rehabilitation services and an industry leader in regulatory expertise, brings you the 2017 SNF Prospective Payment System (PPS) rates effective October 1, 2016.

2017 Prospective Payment System (PPS) RUG IV Rates Effective October 1, 2016
 These are the URBAN rates effective for New London county in CT. (Wage Factor: 1.1762)

| Rate Class | Payment Amount |
|------------|----------------|
| RUX | \$901.87 |
| RUL | \$882.21 |
| RUC | \$683.72 |
| RUB | \$683.72 |
| RUA | \$571.70 |
| RVX | \$802.73 |
| RVL | \$720.19 |
| RVC | \$586.55 |
| RVB | \$507.94 |
| RVA | \$505.98 |
| RHX | \$727.28 |
| RHL | \$648.67 |
| RHC | \$511.11 |
| RHB | \$460.01 |
| RHA | \$404.98 |
| RMX | \$667.15 |
| RML | \$612.12 |
| RMC | \$449.01 |
| RMB | \$421.49 |
| RMA | \$346.82 |
| RLX | \$585.91 |
| RLB | \$436.55 |
| RLA | \$281.29 |
| ES3 | \$823.37 |
| ES2 | \$644.54 |
| ES1 | \$575.75 |
| HE2 | \$556.09 |
| HD2 | \$520.72 |
| HC2 | \$491.24 |
| HB2 | \$485.34 |
| HE1 | \$461.77 |
| HD1 | \$434.25 |
| HC1 | \$410.66 |

| Rate Class | Payment Amount |
|------------|----------------|
| HB1 | \$406.74 |
| LE2 | \$505.00 |
| LD2 | \$485.34 |
| LC2 | \$426.39 |
| LB2 | \$404.77 |
| LE1 | \$422.46 |
| LD1 | \$406.74 |
| LC1 | \$359.57 |
| LB1 | \$343.85 |
| CE2 | \$449.97 |
| CD2 | \$426.39 |
| CC2 | \$373.32 |
| CB2 | \$345.81 |
| CA2 | \$292.75 |
| CE1 | \$414.60 |
| CD1 | \$391.02 |
| CC1 | \$345.81 |
| CB1 | \$320.27 |
| CA1 | \$273.10 |
| BB2 | \$310.43 |
| BA2 | \$257.38 |
| BB1 | \$296.68 |
| BA1 | \$245.58 |
| PE2 | \$414.60 |
| PD2 | \$391.02 |
| PC2 | \$335.99 |
| PB2 | \$284.89 |
| PA2 | \$235.76 |
| PE1 | \$394.94 |
| PD1 | \$371.36 |
| PC1 | \$320.27 |
| PB1 | \$273.10 |
| PA1 | \$225.93 |

*Liberty
 Mary Elizabeth
 Orchard Grove*

SYNERTX makes no expressed or implied warranty on the accuracy of the calculated rates. Your use of these rates and the information it provides is therefore undertaken at your own risk, and you hereby agree to hold SYNERTX harmless for any losses or damages that may result from error or omission.

These rates are based on the Federal Register Vol. 81, No. 151 dated August 5, 2016 - Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2017; Notice.

The information provided should be verified by your own Accountant or Medicare Administrative Contractor (MAC) for accuracy.



Mystic Healthcare

& Rehabilitation Center
475 High Street, Mystic, CT 06355
Tel: (860) 536-6070 Fax: (860) 536-9480
www.rvdershealth.com



GOVERNING BOARD MEMBERS
Dr. R. Stroglio, MD/DAIPM, CHM Medical Director
Mr. M. Stroglio, RPHSA, Administrative Consultant
Mr. K. Kopchik, MBA/BSA



CHARTING YOUR COURSE TO HEALTH

May 31, 2016

Dear Families and Responsible Parties:

Mystic Healthcare & Rehabilitation Center prides itself in providing high quality patient care to our residents and the local community. We strive to continue to meet and exceed our quality standards and expectations and yours.

These quality standards, along with our increasing cost of operations and cuts in state funding, make it necessary to adjust our room rates accordingly. Effective July 1, 2016 our new room rates will be as follows:

| | |
|--------------------------|--------------|
| Private Room w/shower | \$436.00/day |
| Private Room | \$414.00/day |
| Deluxe Semi-Private Room | \$418.00/day |
| Semi Private Room | \$368.00/day |

These rates are very competitive and offer residents a tremendous value for the services and level of care we provide. We are very proud of our accomplishments here this past year and look forward to further improvements in the coming year.

Thank you for your continued support of our center. If you have any questions or would like additional information, please do not hesitate to contact us directly.

Sincerely,

Kenneth Kopchik, MBA, NHA
Administrator



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

#1264 P.001/004

Telephone
(860) 424-5693

Facsimile
(860) 424-4860

TDD
1-800-842-4524

KATHLEEN M. BRENNAN
Deputy Commissioner

September 29, 2016

Mystic Manor, Inc.
475 High Street
Mystic CT 06355

Provider Number: CCNH 000008391

Dear Provider:

For the rate period of July 1, 2016 through June 30, 2017, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

| <u>Rate Period</u> | <u>Licensure</u> | <u>Per Diem</u> |
|---------------------|------------------|-----------------|
| 7/1/2016- 6/30/2017 | CCNH | \$224.43 |

Pursuant to Public Act (PA) 15-5, rates shall not exceed those in effect for the period ending June 30, 2016, except pro rata fair rent increases for additions placed in service in cost year ended September 30, 2015. Notwithstanding any provisions of this section, the Department shall also provide increases, within available appropriations, to reflect reasonable costs mandated by collective bargaining agreement or otherwise provided by a facility to its employees.

If your facility chose to participate in the Wage and Benefit Enhancement Program, an interim rate add-on calculation is attached to this letter for your facility. If your facility implemented a Part 3 new pension plan benefit you have been issued a rate for the one month period ending July 31, 2016 to include 49.7% of total Part 3 funding. Effective August 1, 2016, 100% of requested Part 3 funding is included in your Medicaid rate.

Please note, the wage/benefit rate add-on is interim subject to further adjustment for after-discovered differences in cost data as reported in the 2016 cost report, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; AND
- (2) Send a detailed, written description of all items of grievance within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov.

Report of Expenditures - Salaries & Wages

| Name of Facility | License No. | Report for Year Ended | Page | of | | |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|------|-------|-----------|-------|
| Mystic Healthcare & Rehabilitation Center, LLC | 839-C | 9/30/2016 | 10 | 37 | | |
| Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No | | | | | | |
| | Total Cost and Hours | | | | | |
| Item | CCNH | Hours | RHNS | Hours | (Specify) | Hours |
| A. Salaries and Wages* | | | | | | |
| 1. Operators/Owners (Complete also Sec. I of Schedule A1) | | | | | | |
| 2. Administrator(s) (Complete also Sec. III of Schedule A1) | 114,358 | 2,184 | | | | |
| 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) | | | | | | |
| 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) | 241,368 | 13,176 | | | | |
| 5. Dietary Service | | | | | | |
| a. Head Dietitian | 359 | 34 | | | | |
| b. Food Service Supervisor | 6,771 | 258 | | | | |
| c. Dietary Workers | 305,268 | 23,258 | | | | |
| 6. Housekeeping Service | | | | | | |
| a. Head Housekeeper | | | | | | |
| b. Other Housekeeping Workers | 193,996 | 15,649 | | | | |
| 7. Repairs & Maintenance Services | | | | | | |
| a. Engineer or Chief of Maintenance | 51,475 | 531 | | | | |
| b. Other Maintenance Workers | | | | | | |
| 8. Laundry Service | | | | | | |
| a. Supervisor | | | | | | |
| b. Other Laundry Workers | 83,492 | 7,107 | | | | |
| 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 | 135,434 | 3,653 | | | | |
| b. RN | | | | | | |
| 1. Direct Care | 812,216 | 25,029 | | | | |
| 2. Administrative** | 153,641 | 4,499 | | | | |
| c. LPN | | | | | | |
| 1. Direct Care | 674,285 | 25,199 | | | | |
| 2. Administrative** | | | | | | |
| d. Aides and Attendants | 1,232,446 | 83,836 | | | | |
| e. Physical Therapists | 231,520 | 6,172 | | | | |
| f. Speech Therapists | 41,942 | 793 | | | | |
| g. Occupational Therapists | 255,037 | 6,945 | | | | |
| h. Recreation Workers | 97,919 | 5,285 | | | | |
| i. Physicians | | | | | | |
| 1. Medical Director | | | | | | |
| 2. Utilization Review | | | | | | |
| 3. Resident Care*** | | | | | | |
| 4. Other (Specify) | | | | | | |
| j. Dentists | | | | | | |
| k. Pharmacists | | | | | | |
| l. Podiatrists | | | | | | |
| m. Social Workers/Case Management | 111,244 | 3,998 | | | | |
| n. Marketing | | | | | | |
| o. Other (Specify) | | | | | | |
| See Attached Schedule | | | | | | |
| <i>A-13. Total Salary Expenditures</i> | 4,742,769 | 227,603 | | | | |

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

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

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

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

| Name of Facility | | License No. | | Report for Year Ended | | Page | of | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|--------------------------------------------------------|---------------------------------------|--------------------|-------------------------------|--------------------------------------------------------------------------|--------------------|-----------------------|
| Mystic Healthcare & Rehabilitation Center, LLC | | 839-C | | 9/30/2016 | | 11 | 37 | | |
| Name | Salary Paid | | Fringe Benefits and/or Other Payments (describe fully) | Full Description of Services Rendered | Total Hours Worked | Line Where Claimed on Page 10 | Name and Address of All Other Employment** | Total Hours Worked | Compensation Received |
| | CCNH | RHNS (Specify) | | | | | | | |
| Section I - Operators/Owners | | | | | | | | | |
| Martin Sbriglio, RN, NHA | | | | | | | Ryders Health Management, 88 Ryders Lane, Suite 208, Stratford, CT 06614 | 2,080 | 130,000 |
| Kenneth Kopchik, MBA, NHA | 114,358 | | Health, Dental & 401k | Administrator | 2,184 | A2 | | | |
| 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). | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

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

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

| Name of Facility (as licensed) | | License No. | | Report for Year Ended | | Page | | of | | |
|------------------------------------------------|-------------|-------------|-----------|--------------------------------------------------------|---------------------------------------|--------------------|-------------------------------|--------------------------------------------|--------------------|-----------------------|
| Mystic Healthcare & Rehabilitation Center, LLC | | 839-C | | 9/30/2016 | | 12 | | 37 | | |
| Name | Salary Paid | | | Fringe Benefits and/or Other Payments (describe fully) | Full Description of Services Rendered | Total Hours Worked | Line Where Claimed on Page 10 | Name and Address of All Other Employment** | Total Hours Worked | Compensation Received |
| | CCNH | RHNS | (Specify) | | | | | | | |
| Section III - Administrators*** | | | | | | | | | | |
| Kenneth Kopchik, MBA, NHA | 114,358 | | | Health, Dental & 401k | Administrator | 2,184 | A2 | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Section IV - Assistant Administrators | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all other employment worked during the cost year.
 *** If more than one Administrator is reported, include dates of employment for each.

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

| Name of Facility | License No. | Report for Year Ended | Page | of | | |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|------|-------|-----------|-------|
| Mystic Healthcare & Rehabilitation Center, LLC | 839-C | 9/30/2016 | 13 | 37 | | |
| Total Cost and Hours | | | | | | |
| Item | CCNH | Hours | RHNS | Hours | (Specify) | Hours |
| *B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1) | | | | | | |
| 1. Dietitian | 35,676 | 714 | | | | |
| 2. Dentist | 9,909 | 206 | | | | |
| 3. Pharmacist | 12,582 | 252 | | | | |
| 4. Podiatrist | | | | | | |
| 5. Physical Therapy | | | | | | |
| a. Resident Care | | | | | | |
| b. Other | | | | | | |
| 6. Social Worker | | | | | | |
| 7. Recreation Worker | | | | | | |
| 8. Physicians | | | | | | |
| a. Medical Director (entire facility) | 73,200 | 732 | | | | |
| 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) Medical Staff | 544 | 5 | | | | |
| 9. Speech Therapist | | | | | | |
| a. Resident Care | | | | | | |
| b. Other | | | | | | |
| 10. Occupational Therapist | | | | | | |
| a. Resident Care | | | | | | |
| b. Other | | | | | | |
| 11. Nurses and aides and attendants | | | | | | |
| a. RN | | | | | | |
| 1. Direct Care | | | | | | |
| 2. Administrative*** | | | | | | |
| b. LPN | | | | | | |
| 1. Direct Care | | | | | | |
| 2. Administrative*** | | | | | | |
| c. Aides | | | | | | |
| d. Other | | | | | | |
| 12. Other (Specify) See Attached Schedule | 65,534 | 1,301 | | | | |
| B-13 Total Fees Paid in Lieu of Salaries | 197,444 | 3,210 | | | | |

* 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 Mystic Healthcare & Rehabilitation Center, LLC | | License No. 839-C | Report for Year Ended 9/30/2016 | Page 14 | of 37 |
|-----------------------------------------------------------------------------|-------------------------------|------------------------------------------|------------------------------------|-----------------------------|----------|
| Name & Address of Individual | Full Explanation of Service | Related** to Owners, Operators, Officers | | Explanation of Relationship | |
| | | Yes | No | | |
| Healthdrive Medical and Dental Practices, 25 Needham St., Newton, MA 02461 | Dental Consultant | <input type="radio"/> | <input checked="" type="radio"/> | | |
| IPC Hospitalists of New England, PC 819 Worcester St, Springfield, MA 01151 | Medical Director | <input type="radio"/> | <input checked="" type="radio"/> | | |
| Partners Pharmacy of CT, PO Box 9689, Uniondale, NY 11555 | Pharmacy Consultant | <input type="radio"/> | <input checked="" type="radio"/> | | |
| Dr. Douglas Brandt, 20 Research Parkway, Old Saybrook, CT 06475 | Medical Staff | <input type="radio"/> | <input checked="" type="radio"/> | | |
| Dr. Bruce Cooper, 365 Montauk Ave, New London, CT 06320 | Medical Staff | <input type="radio"/> | <input checked="" type="radio"/> | | |
| Dr. Neer Zeevi, 365 Montauk Ave, New Londong, CT 06320 | Medical Staff | <input type="radio"/> | <input checked="" type="radio"/> | | |
| Kathleen S LaBella, 12 Wadsworth Lane, Waterford, CT 06385 | Dietician Consultant | <input type="radio"/> | <input checked="" type="radio"/> | | |
| Patty Whitten | MDS Consultant | <input type="radio"/> | <input checked="" type="radio"/> | | |
| HealthPro, 307 International Circle, Suite 100, Hunt Valley, MD 21030 | Therapy Management Consultant | <input type="radio"/> | <input checked="" type="radio"/> | | |
| Harmony Healthcare, 430 Boston St., Suite 104, Topsfield, MA 01983 | Compliance Consultant | <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 |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------|------|-----------|
| Mystic Healthcare & Rehabilitation Center, LLC | 839-C | 9/30/2016 | 15 | 37 |
| Item | Total | CCNH | RHNS | (Specify) |
| 1. Administrative and General | | | | |
| a. Employee Health & Welfare Benefits | | | | |
| 1. Workmen's Compensation | \$ 185,077 | 185,077 | | |
| 2. Disability Insurance | \$ | | | |
| 3. Unemployment Insurance | \$ | | | |
| 4. Social Security (F.I.C.A.) | \$ 491,498 | 491,498 | | |
| 5. Health Insurance | \$ 348,427 | 348,427 | | |
| 6. Life Insurance (employees only) (not-owners and not-operators) | \$ | | | |
| 7. Pensions (Non-Discriminatory) (not-owners and not-operators) | \$ 5,865 | 5,865 | | |
| 8. Uniform Allowance | \$ 22,529 | 22,529 | | |
| 9. Other (<i>Specify</i>) See Attached Schedule | \$ | | | |
| b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* | \$ | | | |
| c. Bad Debts* | \$ 20,123 | 20,123 | | |
| d. Accounting and Auditing | \$ 14,346 | 14,346 | | |
| e. Legal (<i>Services should be fully described on Page 7</i>) | \$ 180,620 | 180,620 | | |
| f. Insurance on Lives of Owners and Operators (<i>Specify</i>)* | \$ 842 | 842 | | |
| g. Office Supplies | \$ 15,396 | 15,396 | | |
| h. Telephone and Cellular Phones | | | | |
| 1. Telephone & Pagers | \$ 11,536 | 11,536 | | |
| 2. Cellular Phones | \$ 1,868 | 1,868 | | |
| i. Appraisal (<i>Specify purpose and attach copy</i>)* | \$ | | | |
| j. Corporation Business Taxes (<i>franchise tax</i>) | \$ 304 | 304 | | |
| 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 | \$ 534,203 | 534,203 | | |
| Subtotal | \$ 1,832,634 | 1,832,634 | | |

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

(Carry Subtotals forward to next page)

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

| Name of Facility | License No. | Report for Year Ended | Page | of |
|---------------------------------------------------------------------------------------------------------------------|--------------|-----------------------|------|-----------|
| Mystic Healthcare & Rehabilitation Center, LLC | 839-C | 9/30/2016 | 16 | 37 |
| Item | Total | CCNH | RHNS | (Specify) |
| Subtotals Brought Forward: | 1,832,634 | 1,832,634 | | |
| l. Travel and Entertainment | | | | |
| 1. Resident Travel and Entertainment | \$ | | | |
| 2. Holiday Parties for Staff | \$ 7,322 | 7,322 | | |
| 3. Gifts to Staff and Residents | \$ | | | |
| 4. Employee Travel | \$ 12,004 | 12,004 | | |
| 5. Education Expenses Related to Seminars and Conventions | \$ 1,431 | 1,431 | | |
| 6. Automobile Expense (<i>not purchase or depreciation</i>) | \$ 2,163 | 2,163 | | |
| 7. Other (<i>Specify</i>) See Attached Schedule | \$ 1,720 | 1,720 | | |
| m. Other Administrative and General Expenses | | | | |
| 1. Advertising Help Wanted (<i>all such expenses</i>) | \$ 1,998 | 1,998 | | |
| 2. Advertising Telephone Directory (<i>all such expenses</i>)*** | \$ | | | |
| 3. Advertising Other (<i>Specify</i>)*** See Attached Schedule | \$ 10,620 | 10,620 | | |
| 4. Fund-Raising*** | \$ | | | |
| 5. Medical Records | \$ | | | |
| 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** | \$ | | | |
| 7. Postage | \$ 4,704 | 4,704 | | |
| * 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule | \$ 7,379 | 7,379 | | |
| 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** | \$ 290 | 290 | | |
| 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>) | \$ 77,724 | 77,724 | | |
| 12. Administrative Management Services** | \$ 259,128 | 259,128 | | |
| 13. Other (<i>Specify</i>) See Attached Schedule | \$ 17,138 | 17,138 | | |
| C-14 Total Administrative & General Expenditures | \$ 2,236,254 | 2,236,254 | | |

* 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) |
|---------------------------------------------|-----------------|-------------|-------------|
| Meals & Entertainment | \$ 1,720 | | |
| | | | |
| | | | |
| | | | |
| Total Other Travel and Entertainment | \$ 1,720 | \$ - | \$ - |

Schedule of Other Advertising

| Description | CCNH | RHNS | (Specify) |
|--------------------------------|------------------|-------------|-------------|
| Adv. & Pub. Rel. Donations | \$ 10,620 | | |
| | | | |
| Total Other Advertising | \$ 10,620 | \$ - | \$ - |

Schedule of Dues

| Description | CCNH | RHNS | (Specify) |
|-------------------|-----------------|-------------|-------------|
| CAHCF | \$ 7,174 | | |
| The Lambs | \$ 125 | | |
| ALTCFM | \$ 80 | | |
| | | | |
| | | | |
| | | | |
| Total Dues | \$ 7,379 | \$ - | \$ - |

Schedule of Contributions

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

Schedule of Other Administrative and General

| Description | CCNH | RHNS | (Specify) |
|-----------------------------------------------|------------------|-------------|-------------|
| Physician Care - Employees | \$ 7,895 | | |
| Bank Charges | \$ 4,341 | | |
| Bank Charges - Lease | \$ 202 | | |
| Fines & Penalties | \$ 1,020 | | |
| Unemployment Tax Management | \$ 1,213 | | |
| Sales & Use Tax | \$ 383 | | |
| A/R Solutions - A/R Billing | \$ 110 | | |
| CLIA - Laboratory User Fee | \$ 150 | | |
| License Renewals | \$ 1,145 | | |
| Food Service License | \$ 280 | | |
| Boiler Inspection Fee | \$ 400 | | |
| Total Other Administrative and General | \$ 17,138 | \$ - | \$ - |

Schedule C-1 - Management Services*

| Name of Facility Mystic Healthcare & Rehabilitation Center | License No. 839-C | Report for Year Ended 9/30/2016 | Page of 17 37 |
|------------------------------------------------------------------|----------------------------|--------------------------------------------|------------------------------------------------------------------|
| Name & Address of Individual or Company Supplying Service | Cost of Management Service | Full Description of Mgmt. Service Provided | Indicate Where Costs are Included in Annual Report Page #/Line # |
| Ryders Health Management, 88 Ryders Landing, Stratford, CT 06614 | 259,128 | Financial and Managerial Support | 16/m12 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

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

| Name of Facility | | License No. | Report for Year Ended | | Page | of |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|-----------------------|------|-----------|-----------------------|
| Mystic Healthcare & Rehabilitation Center, LLC | | 839-C | 9/30/2016 | | 18 | 37 |
| Item | | Total | CCNH | RHNS | (Specify) | |
| 2. Dietary | | | | | | |
| a. In-House Preparation & Service | | | | | | |
| 1. | Raw Food | \$ 187,033 | 187,033 | | | |
| 2. | Non-Food Supplies | \$ 41,743 | 41,743 | | | |
| 3. | Other (Specify) _____ | \$ | | | | |
| b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) | | \$ | | | | |
| c. Management Services** | | \$ | | | | |
| d. Other (Specify) _____ Dietary Equipment | | \$ 1,785 | 1,785 | | | |
| 2E. Total Dietary Expenditures (2a + b + c + d) | | \$ 230,561 | 230,561 | | | |
| 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 |
|----------------------------------------------------------------------------------------------------------------------|--|---------------------------|-------------------------------------|-----------------------|-----------|----|
| Mystic Healthcare & Rehabilitation Center, LLC | | 839-C | 9/30/2016 | | 19 | 37 |
| Item | | Total | CCNH | RHNS | (Specify) | |
| 3. Laundry | | | | | | |
| a. In-House Processing* | | Lbs. | | | | |
| 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.*** | | Amt. \$ | | | | |
| 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. \$ | 3,203 | 3,203 | | |
| b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) | | \$ | | | | |
| c. Management Services** | | \$ | | | | |
| d. Other (Specify) Laundry Supplies | | \$ | 4,400 | 4,400 | | |
| 3E. Total Laundry Expenditures (3a + b + c + d) | | \$ | 7,603 | 7,603 | | |
| 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 |
|--------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|-----------------------|---------|------|-----------|
| Mystic Healthcare & Rehabilitation Center, LL | | 839-C | 9/30/2016 | | 20 | 37 |
| Item | | | Total | CCNH | RHNS | (Specify) |
| 4. Housekeeping | | Sq. Ft. Serviced by Personnel | | | | |
| a. In-House Care | | | | | | |
| 1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>) | | Amt. \$ | 34,250 | 34,250 | | |
| b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>) | | Sq. Ft. Serviced by Personnel | | | | |
| | | Amt. \$ | | | | |
| c. Management Services* | | \$ | | | | |
| d. Other (<i>Specify</i>) | | \$ | | | | |
| 4E. Total Housekeeping Expenditures (4a + b + c + d) | | | \$ 34,250 | 34,250 | | |
| 5. Resident Care (Supplies)** | | | | | | |
| a. Prescription Drugs*** | | | | | | |
| 1. Own Pharmacy | | \$ | | | | |
| 2. Purchased from Partners Pharmacy | | \$ | 166,510 | 166,510 | | |
| b. Medicine Cabinet Drugs | | \$ | 36,273 | 36,273 | | |
| c. Medical and Therapeutic Supplies | | \$ | | | | |
| d. Ambulance/Limousine*** | | \$ | 17,294 | 17,294 | | |
| e. Oxygen | | | | | | |
| 1. For Emergency Use | | \$ | | | | |
| 2. Other*** | | \$ | 20,393 | 20,393 | | |
| f. X-rays and Related Radiological Procedures*** | | \$ | 27,319 | 27,319 | | |
| g. Dental (<i>Not dentists who should be included under salaries or fees</i>) | | \$ | | | | |
| h. Laboratory*** | | \$ | 43,667 | 43,667 | | |
| i. Recreation | | \$ | 19,037 | 19,037 | | |
| j. Other (<i>Specify</i>)**** See Attached Schedule | | \$ | 306,696 | 306,696 | | |
| 5K. Total Resident Care Expenditures (5a - 5j) | | | \$ 637,189 | 637,189 | | |

* 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.

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

| Name of Facility | License No. | Report for Year Ended | | | Page | of |
|----------------------------------------------------------------------------------------|-------------|-----------------------|----------------|------|-----------|----|
| Mystic Healthcare & Rehabilitation Center, LLC | 839-C | 9/30/2016 | | | 22 | 37 |
| Item | | Total | CCNH | RHNS | (Specify) | |
| 6. Maintenance & Operation of Plant | | | | | | |
| a. Repairs & Maintenance | \$ | 169,540 | 169,540 | | | |
| b. Heat | \$ | 61,590 | 61,590 | | | |
| c. Light & Power | \$ | 74,847 | 74,847 | | | |
| d. Water | \$ | 34,972 | 34,972 | | | |
| e. Equipment Lease (<i>Provide detail on page 6</i>) | \$ | 8,758 | 8,758 | | | |
| f. Other (<i>itemize</i>) | \$ | | | | | |
| See Attached Schedule | | | | | | |
| 6g. Total Maint. & Operating Expense (6a - 6f) | \$ | 349,707 | 349,707 | | | |
| 7. Depreciation (<i>complete schedule page 23*</i>) | | | | | | |
| a. Land Improvements | \$ | | | | | |
| b. Building & Building Improvements | \$ | 205,158 | 205,158 | | | |
| c. Non-Movable Equipment | \$ | 19,542 | 19,542 | | | |
| d. Movable Equipment | \$ | 4,402 | 4,402 | | | |
| *7e. Total Depreciation Costs (7a + b + c + d) | \$ | 229,102 | 229,102 | | | |
| 8. Amortization (<i>Complete att. Schedule Page 24*</i>) | | | | | | |
| a. Organization Expense | \$ | | | | | |
| b. Mortgage Expense | \$ | | | | | |
| c. Leasehold Improvements | \$ | | | | | |
| d. Other (<i>Specify</i>) | \$ | | | | | |
| *8e. Total Amortization Costs (8a + b + c + d) | \$ | | | | | |
| 9. Rental payments on leased real property less real estate taxes included in item 10b | \$ | 600,000 | 600,000 | | | |
| 10. Property Taxes | | | | | | |
| a. Real estate taxes paid by owner | \$ | | | | | |
| b. Real estate taxes paid by lessor | \$ | 75,692 | 75,692 | | | |
| c. Personal property taxes | \$ | 9,637 | 9,637 | | | |
| 11. Total Property Expenses (7e + 8e + 9 + 10) | \$ | 914,432 | 914,432 | | | |

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

Depreciation Schedule

| Name of Facility | | License No. | | Report for Year Ended | | | | | Page | of |
|------------------------------------------------------------------|--|-----------------------------------|--------------------|------------------------|------------------------------------------------------------|----------------------------------|-------------|----------------------------|---------|----|
| Mystic Healthcare & Rehabilitation Center, LLC | | 839-C | | 9/30/2016 | | | | | 23 | 37 |
| Property Item | | Historical Cost Exclusive of Land | Less Salvage Value | Cost to Be Depreciated | Accumulated Depreciation to Beginning of Year's Operations | Method of Computing Depreciation | Useful Life | Depreciation for This Year | Totals | |
| A. Land Improvements | | | | | | | | | | |
| 1. Acquired prior to this report period | | | | | | | | | | |
| 2. Disposals (attach schedule) | | | | | | | | | | |
| 3. Acquired during this report period (attach schedule) | | | | | | | | | | |
| A-4. Subtotal | | | | | | | | | | |
| B. Building and Building Improvements | | | | | | | | | | |
| 1. Acquired prior to this report period | | | | | | | | | | |
| 2. Disposals (attach schedule) | | | | | | | | | | |
| 3. Acquired during this report period (attach schedule) | | | | | | | | | | |
| B-4. Subtotal | | | | | | | | | | |
| C. Non-Movable Equipment | | | | | | | | | | |
| 1. Acquired prior to this report period | | | | | | | | | | |
| 2. Disposals (attach schedule) | | | | | | | | | | |
| 3. Acquired during this report period (attach schedule) | | | | | | | | | | |
| C-4. Subtotal | | | | | | | | | | |
| D. Movable Equipment | | | | | | | | | | |
| 1. Motor Vehicles (Specify name, model and year of each vehicle) | | | | | | | | | | |
| a. Value at 8/11/2006 | | 8,158 | | 8,158 | 8,158 | S/L | | | | |
| b. | | | | | | | | | | |
| c. | | | | | | | | | | |
| d. | | | | | | | | | | |
| 2. Movable Equipment | | | | | | | | | | |
| a. Acquired prior to this report period | | | | | | | | | | |
| b. Disposals (attach schedule) | | | | | | | | | | |
| c. Acquired during this report period (attach schedule) | | | | | | | | | | |
| D-3. Subtotal | | 3,566 | | | | | | 713 | | |
| E. Total Depreciation | | | | | | | | | | |
| E-3. Subtotal | | | | | | | | | 4,403 | |
| E-4. Total | | | | | | | | | 229,103 | |

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

Schedule of Movable Equipment Acquired during this report period

| Acquisition Date | Description of Item | Cost | Useful Life | Depreciation |
|----------------------------------------------|---------------------|----------|-------------|--------------|
| Additions: | | | | |
| 10/1/2015 | Refridgerator | \$ 3,566 | 5 | \$ 713 |
| | | | | |
| | | | | |
| | | | | |
| Total additions for Movable Equipment | | \$ 3,566 | | \$ 713 * |
| Deletions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total deletions for Movable Equipment | | \$ - | | \$ - ** |

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Book Group Summary 10/01/15 - 9/30/16

| Group | Cost Beginning | Cost Acquisitions | Cost Disposals | Cost Ending | Depreciation Prior | Depreciation Additions | Depreciation Reductions | Depreciation Ending |
|----------------------|---------------------|-------------------|----------------|---------------------|---------------------|------------------------|-------------------------|---------------------|
| Automobiles | 8,157.98 | 0.00 | 0.00 | 8,157.98 | 8,157.98 | 0.00 | 0.00 | 8,157.98 ✓ |
| Computer Software | 7,077.70 | 0.00 | 0.00 | 7,077.70 | 3,333.16 | 2,376.76 | 0.00 | 5,709.92 ① |
| Equipment - SNF | 268,091.27 | 3,566.24 | 0.00 | 271,657.51 | 262,851.66 | 4,402.61 | 0.00 | 267,254.27 ✓ |
| Improvements - SNF | 2,154,073.75 | 316,093.46 | 0.00 | 2,470,167.21 | 923,764.84 | 205,157.60 | 0.00 | 1,128,922.44 ✓ |
| Non Movable Equipmer | 271,962.24 | 0.00 | 0.00 | 271,962.24 | 183,645.14 | 17,165.73 | 0.00 | 200,810.87 ① |
| Grand Total | <u>2,709,362.94</u> | <u>319,659.70</u> | <u>0.00</u> | <u>3,029,022.64</u> | <u>1,381,752.78</u> | <u>229,102.70</u> | <u>0.00</u> | <u>1,610,855.48</u> |
| | PY | | | J.00 | | 200 | | |

① 206,520.79 J.00

✓ Ties to WP J.00

| Asset Id | Property Description | Date In Service | Book Cost | Book Sec 179 Exp c | Book Sal Value | Book Prior Depreciation | Book Current Depreciation | Book End Depr | Book Net Book Value | Book Method | Book Period |
|---------------------------------|------------------------------------|-----------------|-----------------|--------------------|----------------|-------------------------|---------------------------|-----------------|---------------------|-------------|-------------|
| Group: Automobiles | | | | | | | | | | | |
| 1 | Auto | 9/01/06 | 8,157.98 | 0.00 | 0.00 | 8,157.98 | 0.00 | 8,157.98 | 0.00 | S/L | 1.80 |
| | Automobiles | | 8,157.98 | 0.00c | 0.00 | 8,157.98 | 0.00 | 8,157.98 | 0.00 | | |
| Group: Computer Software | | | | | | | | | | | |
| 103 | February '14 Additions | 2/28/14 | 5,012.19 | 0.00 | 0.00 | 2,645.32 | 1,670.73 | 4,316.05 | 696.14 | S/L | 3.00 |
| 104 | March '14 Additions | 3/31/14 | 1.94 | 0.00 | 0.00 | 1.94 | 0.00 | 1.94 | 0.00 | S/L | 3.00 |
| 105 | April '14 Additions | 4/30/14 | 688.95 | 0.00 | 0.00 | 325.34 | 229.65 | 554.99 | 133.96 | S/L | 3.00 |
| 106 | May '14 Additions | 5/31/14 | 519.64 | 0.00 | 0.00 | 230.95 | 173.21 | 404.16 | 115.48 | S/L | 3.00 |
| 107 | June '14 Additions | 6/30/14 | 17.91 | 0.00 | 0.00 | 7.46 | 5.97 | 13.43 | 4.48 | S/L | 3.00 |
| 108 | Ash Creek Enterprises | 6/30/14 | -54.51 | 0.00 | 0.00 | -54.51 | 0.00 | -54.51 | 0.00 | S/L | 3.00 |
| 109 | July '14 Additions | 7/31/14 | 44.78 | 0.00 | 0.00 | 17.42 | 14.93 | 32.35 | 12.43 | S/L | 3.00 |
| 125 | Rydere Health Mgt - Ash Creek Ent | 1/31/15 | 283.07 | 0.00 | 0.00 | 62.90 | 94.36 | 157.26 | 125.81 | S/L | 3.00 |
| 126 | Rydere Health Mgt - Ash Creek Ent | 4/30/15 | 347.21 | 0.00 | 0.00 | 48.22 | 115.74 | 163.96 | 183.25 | S/L | 3.00 |
| 127 | Rydere Health Mgt - Qtr Monitoring | 1/31/15 | 216.52 | 0.00 | 0.00 | 48.12 | 72.17 | 120.29 | 96.23 | S/L | 3.00 |
| | Computer Software | | 7,077.70 | 0.00c | 0.00 | 3,333.16 | 2,376.76 | 5,709.92 | 1,367.78 | | |

Group: Equipment - SNF

| | | | | | | | | | | | |
|-----|---------------------------------------|----------|-----------|-------|------|-----------|----------|-----------|----------|-----|-------|
| 2 | Equipment | 9/01/06 | 25,587.42 | 0.00 | 0.00 | 25,587.42 | 0.00 | 25,587.42 | 0.00 | S/L | 1.00 |
| 3 | Sonitrol Phone System | 9/29/06 | 17,808.00 | 0.00 | 0.00 | 16,027.20 | 1,780.80 | 17,808.00 | 0.00 | S/L | 10.00 |
| 6 | MSC - 18 Beds and Rails | 12/22/06 | 14,310.00 | 0.00 | 0.00 | 14,310.00 | 0.00 | 14,310.00 | 0.00 | S/L | 5.00 |
| 7 | MSC - Furniture | 12/31/06 | 11,610.00 | 0.00 | 0.00 | 11,610.00 | 0.00 | 11,610.00 | 0.00 | S/L | 5.00 |
| 8 | Sonitrol - telephone system | 12/31/06 | 2,153.92 | 0.00 | 0.00 | 2,153.92 | 0.00 | 2,153.92 | 0.00 | S/L | 5.00 |
| 9 | Dell - Computer | 12/31/06 | 3,332.62 | 0.00 | 0.00 | 3,332.62 | 0.00 | 3,332.62 | 0.00 | S/L | 5.00 |
| 10 | MMS - Beds and Rails | 3/31/07 | 25,512.88 | 0.00 | 0.00 | 25,512.88 | 0.00 | 25,512.88 | 0.00 | S/L | 5.00 |
| 11 | MMS - Furniture | 3/20/07 | 29,732.20 | 0.00 | 0.00 | 29,732.20 | 0.00 | 29,732.20 | 0.00 | S/L | 5.00 |
| 15 | Sonitrol - Telephone system | 3/20/07 | 3,292.36 | 0.00 | 0.00 | 3,292.36 | 0.00 | 3,292.36 | 0.00 | S/L | 5.00 |
| 19 | Arjo Inc - bath and disinfectant syst | 11/30/07 | 16,852.00 | 0.00 | 0.00 | 16,852.00 | 0.00 | 16,852.00 | 0.00 | S/L | 5.00 |
| 20 | MMS - Beds and rails | 2/29/08 | 9,714.20 | 0.00 | 0.00 | 9,714.20 | 0.00 | 9,714.20 | 0.00 | S/L | 5.00 |
| 21 | MMS - furniture, beds and rails | 4/30/08 | 37,133.80 | 0.00 | 0.00 | 37,133.80 | 0.00 | 37,133.80 | 0.00 | S/L | 5.00 |
| 22 | MMS - bariatric bed | 7/31/08 | 1,220.40 | 0.00 | 0.00 | 1,220.40 | 0.00 | 1,220.40 | 0.00 | S/L | 5.00 |
| 23 | Casey - aquaclean extractor | 9/30/08 | 3,519.15 | 0.00 | 0.00 | 3,519.15 | 0.00 | 3,519.15 | 0.00 | S/L | 5.00 |
| 33 | Furniture | 10/31/08 | 43,010.30 | 0.00 | 0.00 | 42,498.28 | 512.02 | 43,010.30 | 0.00 | S/L | 7.00 |
| 34 | Mattress | 10/31/08 | 1,532.62 | 0.00 | 0.00 | 1,532.62 | 0.00 | 1,532.62 | 0.00 | S/L | 7.00 |
| 35 | Patient Lift | 9/30/09 | 2,943.09 | 0.00 | 0.00 | 2,522.64 | 420.45 | 2,943.09 | 0.00 | S/L | 7.00 |
| 36 | Dishwasher Motor | 10/18/08 | 2,213.98 | 0.00 | 0.00 | 1,531.35 | 221.40 | 1,752.75 | 461.23 | S/L | 10.00 |
| 37 | Dishwasher Motor | 10/31/08 | 233.87 | 0.00 | 0.00 | 161.78 | 23.39 | 185.17 | 48.70 | S/L | 10.00 |
| 38 | Dishwasher Motor | 11/16/08 | 331.26 | 0.00 | 0.00 | 226.39 | 33.13 | 259.52 | 71.74 | S/L | 10.00 |
| 47 | MMS Overbed Table Base | 12/31/09 | 3,520.82 | 0.00 | 0.00 | 3,520.82 | 0.00 | 3,520.82 | 0.00 | S/L | 5.00 |
| 48 | New England Coin Laundry | 2/23/10 | 3,725.00 | 0.00 | 0.00 | 3,725.00 | 0.00 | 3,725.00 | 0.00 | S/L | 5.00 |
| 50 | Portable Wheelchair Scale | 9/30/10 | 2,700.82 | 0.00 | 0.00 | 2,700.82 | 0.00 | 2,700.82 | 0.00 | S/L | 5.00 |
| 51 | Portable Wheelchair Scale | 9/30/10 | 2,700.82 | 0.00 | 0.00 | 2,700.82 | 0.00 | 2,700.82 | 0.00 | S/L | 5.00 |
| 59 | Sept 2011 move from WIP | 9/30/11 | 2,024.00 | 0.00 | 0.00 | 1,619.20 | 404.80 | 2,024.00 | 0.00 | S/L | 5.00 |
| 84 | *TRUE Up* | 9/30/12 | 187.00 | 0.00 | 0.00 | 112.20 | 37.40 | 149.60 | 37.40 | S/L | 5.00 |
| 124 | Refrigerator 1 of 4 payments | 9/03/15 | 1,188.74 | 0.00 | 0.00 | 19.81 | 237.75 | 257.56 | 931.18 | S/L | 5.00 |
| 136 | Refrigerator | 10/01/15 | 3,566.24 | 0.00c | 0.00 | 0.00 | 713.25 | 713.25 | 2,852.99 | S/L | 5.00 |

Book Asset Detail 10/01/15 - 9/30/16

| Asset # | Property Description | Date In Service | Book Cost | Book Sec 179 Exp c | Book Sal Value | Book Prior Depreciation | Book Current Depreciation | Book End Depr | Book Net Book Value | Book Method | Book Period |
|------------------------------------|-------------------------------------|-----------------|-------------------|--------------------|----------------|-------------------------|---------------------------|-------------------|---------------------|-------------|-------------|
| Equipment - SNF (continued) | | | | | | | | | | | |
| Equipment - SNF | | | <u>271,657.51</u> | <u>0.00c</u> | <u>0.00</u> | <u>262,851.66</u> | <u>4,402.61</u> | <u>267,254.27</u> | <u>4,403.24</u> | | |
| 4 | Improvements | 9/01/06 | 137,254.60 | 0.00 | 0.00 | 137,254.60 | 0.00 | 137,254.60 | 0.00 | S/L | 6.00 |
| 5 | CTVS - Electrical outlets | 10/31/06 | 4,713.80 | 0.00 | 0.00 | 1,077.75 | 120.87 | 1,198.62 | 3,515.18 | S/L | 39.00 |
| 16 | Pawtucket Roofing - roof eval | 11/30/07 | 350.00 | 0.00 | 0.00 | 274.17 | 35.00 | 309.17 | 40.83 | S/L | 10.00 |
| 17 | SMD - Door Kit | 1/31/08 | 2,317.50 | 0.00 | 0.00 | 455.56 | 59.42 | 514.98 | 1,802.52 | S/L | 39.00 |
| 18 | HFP Corp - pipe repair & fire sprin | 9/30/08 | 2,210.13 | 0.00 | 0.00 | 1,031.38 | 147.34 | 1,178.72 | 1,031.41 | S/L | 15.00 |
| 29 | Bowman Sign | 7/31/09 | 2,500.00 | 0.00 | 0.00 | 1,541.67 | 250.00 | 1,791.67 | 708.33 | S/L | 10.00 |
| 30 | Bowman Sign | 9/22/09 | 3,819.72 | 0.00 | 0.00 | 2,291.82 | 381.97 | 2,673.79 | 1,145.93 | S/L | 10.00 |
| 31 | Prints | 9/30/09 | 2,330.94 | 0.00 | 0.00 | 1,398.54 | 233.09 | 1,631.63 | 699.31 | S/L | 10.00 |
| 32 | Reclass From WIP | 9/30/09 | 220,133.26 | 0.00 | 0.00 | 132,079.98 | 22,013.33 | 154,093.31 | 66,039.95 | S/L | 10.00 |
| 45 | Mary Gray Interiors | 10/31/09 | 275.00 | 0.00 | 0.00 | 162.71 | 27.50 | 190.21 | 84.79 | S/L | 10.00 |
| 46 | Mary Gray Interiors | 11/09/09 | 100.00 | 0.00 | 0.00 | 59.17 | 10.00 | 69.17 | 30.83 | S/L | 10.00 |
| 54 | November 2010 | 11/30/10 | 179.82 | 0.00 | 0.00 | 86.91 | 17.98 | 104.89 | 74.93 | S/L | 10.00 |
| 55 | December 2010 | 12/31/10 | 649.57 | 0.00 | 0.00 | 260.68 | 38.89 | 299.57 | 350.00 | 150DB | 15.00 |
| 56 | October Additions | 10/31/10 | 850.79 | 0.00 | 0.00 | 418.31 | 85.08 | 503.39 | 347.40 | S/L | 10.00 |
| 57 | September Activity | 9/30/11 | 1,531,254.56 | 0.00 | 0.00 | 612,501.84 | 153,125.46 | 765,627.30 | 765,627.26 | S/L | 10.00 |
| 60 | Sept Post Close Invoice | 9/30/11 | 2,790.00 | 0.00 | 0.00 | 1,116.00 | 279.00 | 1,395.00 | 1,395.00 | S/L | 10.00 |
| 61 | Sept 2011 post close invoice | 9/30/11 | 510.00 | 0.00 | 0.00 | 204.00 | 51.00 | 255.00 | 255.00 | S/L | 10.00 |
| 63 | NorthEast Electrical - Supplies | 11/23/11 | 4,254.00 | 0.00 | 0.00 | 1,630.70 | 425.40 | 2,056.10 | 2,197.90 | S/L | 10.00 |
| 66 | Parking Lights | 10/07/11 | 14,700.00 | 0.00 | 0.00 | 5,880.00 | 1,470.00 | 7,350.00 | 7,350.00 | S/L | 10.00 |
| 67 | Hardware | 10/10/11 | 175.00 | 0.00 | 0.00 | 70.00 | 17.50 | 87.50 | 87.50 | S/L | 10.00 |
| 68 | Landscaping | 10/31/11 | 9,288.00 | 0.00 | 0.00 | 3,637.80 | 928.80 | 4,566.60 | 4,721.40 | S/L | 10.00 |
| 69 | Pavement Markings | 10/01/11 | 1,871.76 | 0.00 | 0.00 | 748.72 | 187.18 | 935.90 | 935.86 | S/L | 10.00 |
| 70 | Perr Mechanical - Heating | 11/30/11 | 9,987.96 | 0.00 | 0.00 | 3,828.75 | 998.80 | 4,827.53 | 5,160.43 | S/L | 10.00 |
| 71 | Trucking Fees | 12/21/11 | 255.24 | 0.00 | 0.00 | 95.70 | 25.52 | 121.22 | 134.02 | S/L | 10.00 |
| 72 | Lumber | 1/31/12 | 1,233.01 | 0.00 | 0.00 | 452.10 | 123.30 | 575.40 | 657.61 | S/L | 10.00 |
| 73 | Planning/Engineering Services | 2/29/12 | 1,755.00 | 0.00 | 0.00 | 628.88 | 175.50 | 804.38 | 950.62 | S/L | 10.00 |
| 74 | Shed Relocation | 2/29/12 | 2,240.00 | 0.00 | 0.00 | 802.67 | 224.00 | 1,026.67 | 1,213.33 | S/L | 10.00 |
| 76 | Copies | 10/30/11 | 10.64 | 0.00 | 0.00 | 8.34 | 2.30 | 10.64 | 0.00 | S/L | 5.00 |
| 77 | Retainer | 1/31/12 | 350.00 | 0.00 | 0.00 | 256.67 | 70.00 | 326.67 | 23.33 | S/L | 5.00 |
| 78 | Copies | 1/31/12 | 52.64 | 0.00 | 0.00 | 38.61 | 10.53 | 49.14 | 3.50 | S/L | 5.00 |
| 79 | Hartman | 3/31/12 | 1,380.00 | 0.00 | 0.00 | 483.00 | 138.00 | 621.00 | 759.00 | S/L | 10.00 |
| 80 | | 4/30/12 | 620.00 | 0.00 | 0.00 | 423.67 | 124.00 | 547.67 | 72.33 | S/L | 5.00 |
| 81 | REVERSALS FROM PRIOR YEAI | 10/01/11 | -31,500.34 | 0.00 | 0.00 | -18,000.20 | -4,500.05 | -22,500.25 | -9,000.09 | S/L | 7.00 |
| 82 | North East Electrical Lighting Supp | 1/31/12 | 4,254.00 | 0.00 | 0.00 | 2,228.27 | 607.71 | 2,835.98 | 1,418.02 | S/L | 7.00 |
| 83 | Backhoe Rental | 9/30/12 | 10,528.34 | 0.00 | 0.00 | 6,317.01 | 2,105.67 | 8,422.68 | 2,105.66 | S/L | 5.00 |
| 86 | February additions | 2/28/13 | 6,521.96 | 0.00 | 0.00 | 6,545.88 | 652.20 | 7,198.06 | 4,184.91 | S/L | 10.00 |
| 87 | March additions | 3/31/13 | 26,183.53 | 0.00 | 0.00 | 6,545.88 | 2,618.35 | 9,164.23 | 17,019.30 | S/L | 10.00 |
| 88 | April additions | 4/30/13 | 8,210.90 | 0.00 | 0.00 | 1,984.30 | 821.09 | 2,805.39 | 5,405.51 | S/L | 10.00 |
| 89 | May additions | 5/31/13 | 3,557.61 | 0.00 | 0.00 | 830.11 | 355.76 | 1,185.87 | 2,371.74 | S/L | 10.00 |
| 90 | September additions | 9/30/13 | 11.17 | 0.00 | 0.00 | 2.24 | 1.12 | 3.36 | 7.81 | S/L | 10.00 |
| 92 | Jan '14 Additions | 1/31/14 | 4,206.61 | 0.00 | 0.00 | 701.10 | 420.66 | 1,121.76 | 3,084.85 | S/L | 10.00 |
| 93 | February '14 Additions | 2/28/14 | 7,595.60 | 0.00 | 0.00 | 1,202.64 | 759.56 | 1,962.20 | 5,633.40 | S/L | 10.00 |
| 94 | March '14 Additions | 3/31/14 | 7,522.22 | 0.00 | 0.00 | 1,128.33 | 752.22 | 1,880.55 | 5,641.67 | S/L | 10.00 |
| 95 | April '14 Additions | 4/30/14 | 11,625.91 | 0.00 | 0.00 | 1,647.00 | 1,162.59 | 2,809.59 | 8,816.32 | S/L | 10.00 |

| Asset # | Property Description | Date In Service | Book Cost | Book Sec 179 Exp c | Book Sal Value | Book Prior Depreciation | Book Current Depreciation | Book End Depr | Book Net Book Value | Book Method | Book Period |
|----------------------------------------------|--------------------------------------|-----------------|---------------------|--------------------|----------------|-------------------------|---------------------------|---------------------|---------------------|-------------|-------------|
| Group: Improvements - SNF (continued) | | | | | | | | | | | |
| 96 | May '14 Additions | 5/31/14 | 14,470.93 | 0.00 | 0.00 | 1,929.45 | 1,447.09 | 3,376.54 | 11,094.39 | S/L | 10.00 |
| 97 | June '14 Additions | 6/30/14 | 10,258.31 | 0.00 | 0.00 | 1,282.29 | 1,025.83 | 2,308.12 | 7,950.19 | S/L | 10.00 |
| 98 | July '14 Additions | 7/31/14 | 8,637.05 | 0.00 | 0.00 | 1,007.66 | 863.71 | 1,871.37 | 6,765.68 | S/L | 10.00 |
| 99 | August '14 Additions | 8/31/14 | 4,920.84 | 0.00 | 0.00 | 533.09 | 492.08 | 1,025.17 | 3,895.67 | S/L | 10.00 |
| 100 | September '14 Additions | 9/30/14 | 774.40 | 0.00 | 0.00 | 77.44 | 77.44 | 154.88 | 619.52 | S/L | 10.00 |
| 110 | C Wing Misc. | 1/30/15 | 2,160.00 | 0.00 | 0.00 | 144.00 | 216.00 | 360.00 | 1,800.00 | S/L | 10.00 |
| 111 | A Wing Painting and Misc. | 6/25/15 | 10,667.52 | 0.00 | 0.00 | 266.69 | 1,066.75 | 1,333.44 | 9,334.08 | S/L | 10.00 |
| 112 | A Wing Shower Room | 7/16/15 | 16,338.62 | 0.00 | 0.00 | 272.31 | 1,633.86 | 1,906.17 | 14,432.45 | S/L | 10.00 |
| 113 | A Wing Bathroom | 5/06/15 | 4,130.56 | 0.00 | 0.00 | 172.11 | 413.06 | 585.17 | 3,545.39 | S/L | 10.00 |
| 114 | C Wing Shower room | 9/30/15 | 22,404.56 | 0.00 | 0.00 | 0.00 | 2,240.46 | 2,240.46 | 20,164.10 | S/L | 10.00 |
| 115 | D Wing Hallway | 6/30/15 | 3,635.11 | 0.00 | 0.00 | 90.88 | 363.51 | 454.39 | 3,180.72 | S/L | 10.00 |
| 116 | A111 Bathroom | 9/23/15 | 14,209.38 | 0.00 | 0.00 | 0.00 | 1,420.94 | 1,420.94 | 12,788.44 | S/L | 10.00 |
| 117 | A112 Shower Room | 6/24/15 | 11,125.33 | 0.00 | 0.00 | 278.13 | 1,112.53 | 1,390.66 | 9,734.67 | S/L | 10.00 |
| 118 | Raintech - Shower and toilet | 4/21/15 | 887.70 | 0.00 | 0.00 | 36.99 | 88.77 | 125.76 | 761.94 | S/L | 10.00 |
| 119 | Ryders - Business Card Services | 8/31/15 | 2,657.99 | 0.00 | 0.00 | 22.15 | 265.80 | 287.95 | 2,370.04 | S/L | 10.00 |
| 120 | Stebbin Electric cut 14 wall heaters | 2/28/15 | 4,663.45 | 0.00 | 0.00 | 272.03 | 466.35 | 738.38 | 3,925.07 | S/L | 10.00 |
| 121 | Stebbins Electric Installed Exhaust | 9/06/15 | 3,552.09 | 0.00 | 0.00 | 29.60 | 355.21 | 384.81 | 3,167.28 | S/L | 10.00 |
| 122 | Three Guys Masonry - Concrete Cur | 8/18/15 | 2,977.80 | 0.00 | 0.00 | 24.82 | 297.78 | 322.60 | 2,655.20 | S/L | 10.00 |
| 123 | Willow Spring Farm Credit | 5/12/15 | -3,528.34 | 0.00 | 0.00 | -147.01 | -352.83 | -499.84 | -3,028.50 | S/L | 10.00 |
| 128 | Paving Lower Lot | 11/06/15 | 8,508.00 | 0.00c | 0.00 | 0.00 | 779.90 | 779.90 | 7,728.10 | S/L | 10.00 |
| 129 | A-Wing Heating re-piping | 11/06/15 | 11,607.04 | 0.00c | 0.00 | 0.00 | 1,063.98 | 1,063.98 | 10,543.06 | S/L | 10.00 |
| 130 | Air Conditioner - C Wing Shower r | 11/27/15 | 5,232.42 | 0.00c | 0.00 | 0.00 | 436.04 | 436.04 | 4,796.38 | S/L | 10.00 |
| 131 | Sales and Use Tax | 12/31/15 | 1,996.00 | 0.00c | 0.00 | 0.00 | 149.70 | 149.70 | 1,846.30 | S/L | 10.00 |
| 132 | Roof Replacement | 1/12/16 | 8,500.00 | 0.00c | 0.00 | 0.00 | 637.50 | 637.50 | 7,862.50 | S/L | 10.00 |
| 133 | Sprinkler System | 4/08/16 | 4,350.00 | 0.00c | 0.00 | 0.00 | 217.50 | 217.50 | 4,132.50 | S/L | 10.00 |
| 134 | Sprinkler System | 6/21/16 | 33,000.00 | 0.00c | 0.00 | 0.00 | 825.00 | 825.00 | 32,175.00 | S/L | 10.00 |
| 135 | Spray Foam Insulation | 9/16/16 | 242,900.00 | 0.00c | 0.00 | 0.00 | 0.00 | 0.00 | 242,900.00 | S/L | 15.00 |
| | | | 2,470,167.21 | 0.00c | 0.00 | 923,764.84 | 205,157.60 | 1,128,922.44 | 1,341,244.77 | | |
| Group: Non Movable Equipment | | | | | | | | | | | |
| 13 | Raintech - Communications System | 9/30/07 | 24,631.57 | 0.00 | 0.00 | 24,631.57 | 0.00 | 24,631.57 | 0.00 | S/L | 5.00 |
| 14 | Boiler tanks | 9/30/07 | 1,835.00 | 0.00 | 0.00 | 1,835.00 | 0.00 | 1,835.00 | 0.00 | S/L | 5.00 |
| 24 | Raintech - communication system | 10/31/07 | 49,263.15 | 0.00 | 0.00 | 49,263.15 | 0.00 | 49,263.15 | 0.00 | S/L | 5.00 |
| 25 | Sam Bliven Plumbing | 11/16/07 | 1,830.00 | 0.00 | 0.00 | 1,830.00 | 0.00 | 1,830.00 | 0.00 | S/L | 5.00 |
| 26 | Sonitrol - phones and wiring | 2/29/08 | 2,940.44 | 0.00 | 0.00 | 2,940.44 | 0.00 | 2,940.44 | 0.00 | S/L | 5.00 |
| 27 | Sonitrol - telephone add on | 9/30/08 | 6,589.49 | 0.00 | 0.00 | 6,589.49 | 0.00 | 6,589.49 | 0.00 | S/L | 5.00 |
| 28 | Dunkle - compressor | 9/30/08 | 2,650.53 | 0.00 | 0.00 | 2,650.53 | 0.00 | 2,650.53 | 0.00 | S/L | 5.00 |
| 39 | New Water Heater | 5/31/09 | 7,788.88 | 0.00 | 0.00 | 4,932.97 | 778.89 | 5,711.86 | 2,077.02 | S/L | 10.00 |
| 40 | Air Comp. | 6/30/09 | 5,916.92 | 0.00 | 0.00 | 3,698.06 | 591.69 | 4,289.75 | 1,627.17 | S/L | 10.00 |
| 41 | Pendant Heads | 6/30/09 | 3,034.78 | 0.00 | 0.00 | 1,896.75 | 303.48 | 2,200.23 | 834.55 | S/L | 10.00 |
| 42 | Water Heater | 7/24/09 | 1,681.16 | 0.00 | 0.00 | 1,036.74 | 168.12 | 1,204.86 | 476.30 | S/L | 10.00 |
| 43 | Generator | 9/18/09 | 66,000.00 | 0.00 | 0.00 | 39,600.00 | 6,600.00 | 46,200.00 | 19,800.00 | S/L | 10.00 |
| 44 | WIP Reclass | 9/30/09 | 3,766.71 | 0.00 | 0.00 | 2,260.02 | 376.67 | 2,636.69 | 1,130.02 | S/L | 10.00 |
| 52 | Triple Sink Pre Rinse | 6/30/10 | 3,714.65 | 0.00 | 0.00 | 3,714.65 | 0.00 | 3,714.65 | 0.00 | S/L | 5.00 |
| 53 | Dunklee | 9/15/10 | 6,728.88 | 0.00 | 0.00 | 6,728.88 | 0.00 | 6,728.88 | 0.00 | S/L | 5.00 |
| 58 | September Activity | 9/30/11 | 76,952.80 | 0.00 | 0.00 | 30,781.12 | 7,695.28 | 38,476.40 | 38,476.40 | S/L | 10.00 |
| 75 | Dunklee, Inc | 7/31/12 | 3,902.00 | 0.00 | 0.00 | 2,471.27 | 780.40 | 3,251.67 | 650.33 | S/L | 5.00 |

Book Asset Detail 10/01/15 - 9/30/16

| Asset | d | t | Property Description | Date In Service | Book Cost | Book Sec 179 Exp | Book Sal Value | Book Prior Depreciation | Book Current Depreciation | Book End Depr | Book Net Book Value | Book Method | Book Period |
|-------------------------------------------------|---|---|--------------------------------------|-----------------|---------------------|------------------|----------------|-------------------------|---------------------------|---------------------|---------------------|-------------|-------------|
| Group: Non Movable Equipment (continued) | | | | | | | | | | | | | |
| 85 | | | *TRUE UP* | 9/30/12 | -10,893.00 | 0.00 | 0.00 | -6,535.80 | -2,178.60 | -8,714.40 | -2,178.60 | S/L | 5.00 |
| 91 | | | Perri Mechanical - water heater inst | 6/30/13 | 6,758.54 | 0.00 | 0.00 | 1,520.66 | 675.85 | 2,196.51 | 4,562.03 | S/L | 10.00 |
| 101 | | | January '14 Additions | 1/31/14 | 1,967.00 | 0.00 | 0.00 | 655.67 | 393.40 | 1,049.07 | 917.93 | S/L | 5.00 |
| 102 | | | July '14 Additions | 7/31/14 | 4,902.74 | 0.00 | 0.00 | 1,143.97 | 980.55 | 2,124.52 | 2,778.22 | S/L | 5.00 |
| | | | Non Movable Equipment | | 271,962.24 | 0.00c | 0.00 | 183,645.14 | 17,165.73 | 200,810.87 | 71,151.37 | | |
| | | | Grand Total | | 3,029,022.64 | 0.00c | 0.00 | 1,381,752.78 | 229,102.70 | 1,610,855.48 | 1,418,167.16 | | |

Amortization Schedule*

| Name of Facility | | License No. | | Report for Year Ended | | Page | of | | |
|---------------------------------------------------------|---------------------|-------------|------------------------|-----------------------|------------------------------------------------------|------------------------------------|--------|----------------------------|--------|
| Mystic Healthcare & Rehabilitation Center, LLC | | 839-C | | 9/30/2016 | | 24 | 37 | | |
| Item | Date of Acquisition | | Length of Amortization | Cost to Be Amortized | Accumulated Amort. to Beginning of Year's Operations | Basis for Computing Amortization** | Rate % | Amortization for This Year | Totals |
| | Month | Year | | | | | | | |
| A. Organization Expense | | | | | | | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| A-4. Subtotal | | | | | | | | | |
| B. Mortgage Expense | | | | | | | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| B-4. Subtotal | | | | | | | | | |
| C. Leasehold Improvements and Other | | | | | | | | | |
| 1. Acquired prior to this report period | | | | | | | | | |
| 2. Disposals (attach schedule) | | | | | | | | | |
| 3. Acquired during this report period (attach schedule) | | | | | | | | | |
| C-4. Subtotal | | | | | | | | | |
| D. Total Amortization | | | | | | | | | |

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------|-------------------------------------------|--------------|--------------|--------------|--------------|--------------|--|--|--|--|----------------------------------------------|--|--|--|--|---------------------------|----------|--|--|--|------------------------------------|---------|--|--|--|---------------------------------------|---|--|--|--|---------------------------------|-----------|--|--|--|--------------------------------------------------|--|--|--|--|---------------------------------------------------------------------|--|--|--|--|----------------------------------------------|--|--|--|--|------------------------|--|--|--|--|----------------------|--|--|--|--|---------------------------------------|--|--|--|--|---------------------------------|--|--|--|--|-------------------------------------------|--|--|--|--|
| Name of Facility Mystic Healthcare & Rehabilitation Ce | License No. 839-C | Report for Year Ended 9/30/2016 | Page 25 | of 37 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Property Questionnaire | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Part A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the property either owned by the Facility or leased from a Related Party?* | | <input checked="" type="radio"/> Yes | <input type="radio"/> No | If "Yes," complete Part B. If "No," complete Part C. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description | Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Date Land Purchased | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Date Structure Completed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. If NOT Original Owner, Date of Purchase | 08/11/06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Date of Initial Licensure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Total Licensed Bed Capacity | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Square Footage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Acquisition Cost | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Land | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Part B - Owner and Related Parties</td> <td style="text-align: center;">1st Mortgage</td> <td style="text-align: center;">2nd Mortgage</td> <td style="text-align: center;">3rd Mortgage</td> <td style="text-align: center;">4th Mortgage</td> </tr> <tr> <td>1. Financing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> a. Type of Financing (e.g., fixed, variable)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> b. Date Mortgage Obtained</td> <td style="text-align: center;">08/11/06</td> <td></td> <td></td> <td></td> </tr> <tr> <td> c. Interest Rate for the Cost Year</td> <td style="text-align: center;">400.00%</td> <td></td> <td></td> <td></td> </tr> <tr> <td> d. Term of Mortgage (number of years)</td> <td style="text-align: center;">7</td> <td></td> <td></td> <td></td> </tr> <tr> <td> e. Amount of Principal Borrowed</td> <td style="text-align: center;">6,650,000</td> <td></td> <td></td> <td></td> </tr> <tr> <td> f. Principal balance outstanding as of 9/30/2016</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Complete if Mortgage was Refinanced During Current Cost Year</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> g. Type of Financing (e.g., fixed, variable)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> h. Date of Refinancing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> i. New Interest Rate</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> j. Term of Mortgage (number of years)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> k. Amount of Principal Borrowed</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> l. Principal Outstanding on Note Paid-Off</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | Part B - Owner and Related Parties | 1st Mortgage | 2nd Mortgage | 3rd Mortgage | 4th Mortgage | 1. Financing | | | | | a. Type of Financing (e.g., fixed, variable) | | | | | b. Date Mortgage Obtained | 08/11/06 | | | | c. Interest Rate for the Cost Year | 400.00% | | | | d. Term of Mortgage (number of years) | 7 | | | | e. Amount of Principal Borrowed | 6,650,000 | | | | f. Principal balance outstanding as of 9/30/2016 | | | | | Complete if Mortgage was Refinanced During Current Cost Year | | | | | g. Type of Financing (e.g., fixed, variable) | | | | | h. Date of Refinancing | | | | | i. New Interest Rate | | | | | j. Term of Mortgage (number of years) | | | | | k. Amount of Principal Borrowed | | | | | l. Principal Outstanding on Note Paid-Off | | | | |
| Part B - Owner and Related Parties | 1st Mortgage | | | | 2nd Mortgage | 3rd Mortgage | 4th Mortgage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Financing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Type of Financing (e.g., fixed, variable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Date Mortgage Obtained | 08/11/06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Interest Rate for the Cost Year | 400.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Term of Mortgage (number of years) | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Amount of Principal Borrowed | 6,650,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Principal balance outstanding as of 9/30/2016 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete if Mortgage was Refinanced During Current Cost Year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Type of Financing (e.g., fixed, variable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Date of Refinancing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. New Interest Rate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j. Term of Mortgage (number of years) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. Amount of Principal Borrowed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| l. Principal Outstanding on Note Paid-Off | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Part C - Arms-Length Leases for Real Property Improvements Only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and Address of Lessor | Property Leased | Date of Lease | Term of Lease | Annual Amount of Lease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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

| Name of Facility | | License No. | Report for Year Ended | | Page | of |
|--------------------------------------------------------------|--|-------------|-----------------------|------|------|-----------|
| Mystic Healthcare & Rehabilitation C | | 839-C | 9/30/2016 | | 26 | 37 |
| Item | | | Total | CCNH | RHNS | (Specify) |
| 12. Interest | | | | | | |
| A. Building, Land Improvement & Non-Movable Equipment | | | | | | |
| 1. First Mortgage | | | \$ | | | |
| Name of Lender | | Rate | | | | |
| Address of Lender | | | | | | |
| 2. Second Mortgage | | | \$ | | | |
| Name of Lender | | Rate | | | | |
| Address of Lender | | | | | | |
| 3. Third Mortgage | | | \$ | | | |
| Name of Lender | | Rate | | | | |
| Address of Lender | | | | | | |
| 4. Fourth Mortgage | | | \$ | | | |
| Name of Lender | | Rate | | | | |
| Address of Lender | | | | | | |
| B. CHEFA Loan Information | | | | | | |
| 1. Original Loan Amount | | | \$ | | | |
| 2. Loan Origination Date | | | | | | |
| 3. Interest Rate % | | | | | | |
| 4. Term | | | | | | |
| 5. CHEFA Interest Expense | | | | | | |
| 12 B7. Total Building Interest Expense (A1 - A4 + B5) | | | \$ | | | |

(Carry Subtotals forward to next page)

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

| Name of Facility | | License No. | | Report for Year Ended | | Page | of |
|-------------------------------------------------------------|--|-------------|--------|-----------------------|-----------|-----------|-----------|
| Mystic Healthcare & Rehabilitation | | 839-C | | 9/30/2016 | | 27 | 37 |
| Item | | | | Total | CCNH | RHNS | (Specify) |
| Subtotals Brought Forward: | | | | | | | |
| 12. C. Movable Equipment | | | | | | | |
| 1. Automotive Equipment | | | | \$ | | | |
| A. Item | | Rate | Amount | | | | |
| Lender | | | | | | | |
| Address of Lender | | | | | | | |
| 2. Other (Specify) | | | | \$ | | | |
| A. Item | | Rate | Amount | | | | |
| Lender | | | | | | | |
| Address of Lender | | | | | | | |
| B. Item | | Rate | Amount | | | | |
| Lender | | | | | | | |
| Address of Lender | | | | | | | |
| 12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) | | | | \$ | | | |
| 12. D. Other Interest Expense (Specify) | | | | \$ | 18,425 | 18,425 | |
| Interest Expense \$16,479, Interest/Finance Charges \$2,416 | | | | | | | |
| 13. Total All Interest Expense (12B7 + 12C3 + 12D) | | | | \$ | 18,425 | 18,425 | |
| 14. Insurance | | | | | | | |
| a. Insurance on Property (buildings only) | | | | \$ | 9,523 | 9,523 | |
| b. Insurance on Automobiles | | | | \$ | 2,416 | 2,416 | |
| c. Insurance other than Property (as specified above) | | | | | | | |
| 1. Umbrella (Blanket Coverage) | | | | \$ | 38,735 | 38,735 | |
| 2. Fire and Extended Coverage | | | | \$ | | | |
| 3. Other (Specify) | | | | \$ | | | |
| 14d. Total Insurance Expenditures (14a + b + c) | | | | \$ | 50,674 | 50,674 | |
| 15. Total All Expenditures (A-13 thru C-14) | | | | \$ | 9,419,308 | 9,419,308 | |

D. Adjustments to Statement of Expenditures

| Name of Facility | | | | License No. | Report for Year Ended | Page | of |
|-------------------------------------------------------|----------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------|------|-----------|
| Mystic Healthcare & Rehabilitation Center, LLC | | | | 839-C | 9/30/2016 | 28 | 37 |
| Item No. | Page No. | Line No. | Item Description | Total Amount of Decrease | CCNH | RHNS | (Specify) |
| Page 10 - Salaries and Wages | | | | | | | |
| 1. | | | Outpatient Service Costs | \$ | | | |
| 2. | | | Salaries not related to Resident Care | \$ | | | |
| 3. | 10 | A12g | Occupational Therapy | \$ 255,037 | 255,037 | | |
| 4. | | | Other - See attached Schedule | \$ | | | |
| Page 13 - Professional Fees | | | | | | | |
| 5. | | | Resident Care Physicians ** | \$ | | | |
| 6. | | | Occupational Therapy | \$ | | | |
| 7. | | | Other - See attached Schedule | \$ | | | |
| Pages 15 & 16 - Administrative and General | | | | | | | |
| 8. | | | Discriminatory Benefits | \$ | | | |
| 9. | 15 | 1c | Bad Debts | \$ 20,123 | 20,123 | | |
| 10. | 15 | 1e | Accounting & Legal | \$ 172,312 | 172,312 | | |
| 11. | | | Telephone | \$ | | | |
| 12. | | | Cellular Telephone | \$ | | | |
| 13. | 15 | 1f | Life insurance premiums on the life of Owners, Partners, Operators | \$ 842 | 842 | | |
| 14. | | | Gifts, flowers and coffee shops | \$ | | | |
| 15. | | | Education expenditures to colleges or universities for tuition and related costs for owners and employees | \$ | | | |
| 16. | 16 | 17 | Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative | \$ 1,720 | 1,720 | | |
| 17. | | | Automobile Expense (e.g. personal use) | \$ | | | |
| 18. | 16 | m3 | Unallowable Advertising * | \$ 10,620 | 10,620 | | |
| 19. | | | Income Tax / Corporate Business Tax | \$ | | | |
| 20. | | | Fund Raising / Contributions | \$ | | | |
| 21. | | | Unallowable Management Fees | \$ | | | |
| 22. | | | Barber and Beauty | \$ | | | |
| 23. | | | Other - See attached Schedule | \$ 1,310 | 1,310 | | |
| 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) | | | | \$ 461,964 | 461,964 | | |

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|----------------------------------------|----------|-------------|------|------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 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 | m8a | Chamber of Commerce | \$ 290 | | |
| 16 | m13 | Fines & Penalties | \$ 1,020 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Other A&G Adjustments | | | \$ 1,310 | \$ - | \$ - |

Mystic Manor

2016 Outpatient Cost report Disallowance calculation

Facility Sq. Ft. -

41,630

Outpatient Square footage(Pt room)

815

| | GRAND TOTAL | Inpatient Total | Outpatient Total | as % of total |
|-------|-------------|-----------------|------------------|---------------|
| Total | 17,431 | 17,147 | 284 | 1.6% |
| PT | 15,582 | 15,356 | 226 | 1.5% |
| OT | 1,328 | 1,233 | 95 | 7.2% |
| SLP | 34,341 | 33,736 | 605 | 1.8% |

This year's number

| | MED A | MED B | MC & Medicaid | Out Patient |
|-------|--------|-------|---------------|-------------|
| Total | 10,825 | 1,766 | 4,556 | 284 |
| PT | 9,875 | 1,421 | 4,060 | 226 |
| OT | 592 | 496 | 145 | 95 |
| SLP | 21,292 | 3,683 | 8,761 | 605 |

Sq. Ft used for Outpatient (815 X 1.8%)
14 (Formula is total Outpatient SF (815) times % of outpatient as %, this year is 1.8%)

Sq. Ft. % of facility is 0.03% (Formula is above number times total facility sq footage) divided by total 41,630

| Cost Report | Dis allow Amount | Page & item # | Disallow on Page |
|-------------------|------------------|---------------|------------------|
| PT salaries | \$231,520 | pg10 12e | 28 1 |
| PT services | \$0 | pg13 B5a | |
| PT Supplies | \$21,900 | pg20 5j | 29 34 |
| OT Supplies | \$0 | pg20 5j | 29 34 |
| Heat | \$61,590 | 22 6b | 29 39 |
| Electricity | \$74,847 | 22 6c | 29 39 |
| Water | \$34,972 | 22 6d | 29 39 |
| Real Estate taxes | \$75,692 | 22 10b | 29 37 |
| Property ins. | \$9,523 | 27 14a | 29 39 |
| Umbrella | \$38,735 | 27 14c1 | 29 39 |

Use this amount and not the full amount

Use the full amount since it is an OT expense

Use this amount and not the full amount

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

| Name of Facility | | | | License No. | Report for Year Ended | Page | of |
|----------------------------------------------------|----------|----------|----------------------------------------------------------------------------------------------------|--------------------------|-----------------------|------|-----------|
| Mystic Healthcare & Rehabilitation Center, LLC | | | | 839-C | 9/30/2016 | 29 | 37 |
| Item No. | Page No. | Line No. | Item Description | Total Amount of Decrease | CCNH | RHNS | (Specify) |
| Subtotals Brought Forward | | | | \$ 461,964 | 461,964 | | |
| Page 20 - Resident Care Supplies*** | | | | | | | |
| 27. | 20 | 5a2 | Prescription Drugs | \$ 166,510 | 166,510 | | |
| 28. | 20 | 5d | Ambulance/Limousine | \$ 17,294 | 17,294 | | |
| 29. | 20 | 5f | X-rays, etc | \$ 27,319 | 27,319 | | |
| 30. | 20 | 5h | Laboratory | \$ 43,667 | 43,667 | | |
| 31. | | | Medical Supplies | \$ | | | |
| 32. | 20 | 500 | Oxygen (non emergency) | \$ 20,393 | 20,393 | | |
| 33. | | | Occupational Therapy | \$ | | | |
| 34. | | | Other - See Attached Schedule | \$ | | | |
| Page 22 - Maintenance and Property | | | | | | | |
| 35. | | | Excess Movable Equipment Depreciation See Attached Schedule | \$ | | | |
| 36. | | | Depreciation on Unallowable Motor Vehicles | \$ | | | |
| 37. | 22 | 10b | Unallowable Property and Real Estate Taxes | \$ 26 | 26 | | |
| 38. | | | Rental of Building Space or Rooms | \$ | | | |
| 39. | | | Other - See Attached Schedule | \$ 59 | 59 | | |
| Page 27 - Insurance | | | | | | | |
| 40. | | | Mortgage Insurance | \$ | | | |
| 41. | 27 | 14a | Property Insurance | \$ 16 | 16 | | |
| Other - Miscellaneous | | | | | | | |
| 42. | | | Research or Experimental Activities | \$ | | | |
| 43. | | | Radio and Television Revenue | \$ | | | |
| 44. | | | Vending Machine Revenue | \$ | | | |
| 45. | | | Purchase Discounts and Allowances | \$ | | | |
| 46. | | | Duplications of functions or services | \$ | | | |
| 47. | | | Expenditures made for the protection, enhancement or promotion of the providers interest | \$ | | | |
| 48. | | | Interest Income on Accounts Rec | \$ 77 | 77 | | |
| 49. | | | Other (include personnel and other costs unrelated to resident care) - See Attached Schedule | \$ | | | |
| Not For Profit Providers Only | | | | | | | |
| 50. | | | Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule | \$ | | | |
| 51. Total Amount of Decrease (Items 1 - 50) | | | | \$ 737,325 | 737,325 | | |

*** 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.

Mystic Healthcare & Rehabilitation Center, LLC
9/30/2016

Schedule of Other Ancillary Costs

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|------------------------------------|----------|-------------|------|------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Other Ancillary Costs | | | \$ - | \$ - | \$ - |

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|-----------------------------------------|----------|------------------------------------------|-------|------|-----------|
| 22 | 6b | Heat (associated with outpatient) | \$ 21 | | |
| 22 | 6c | Electricity (associated with outpatient) | \$ 26 | | |
| 22 | 6d | Water (associated with outpatient) | \$ 12 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Other Property Adjustments | | | \$ 59 | \$ - | \$ - |

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

| Name of Facility | | License No. | Report for Year Ended | | Page | of |
|------------------------------------------------------------------|---------------------|------------------|-----------------------|-----------|------|----|
| Mystic Healthcare & Rehabilitation Centre 839-C | | | 9/30/2016 | | 30 | 37 |
| Item | Total | CCNH | RHNS | (Specify) | | |
| I. Resident Room, Board & Routine Care Revenue | | | | | | |
| 1. a. Medicaid Residents (CT only) | \$ 6,386,418 | 6,386,418 | | | | |
| b. Medicaid Room and Board Contractual Allowance ** | \$ (2,514,806) | (2,514,806) | | | | |
| 2. a. Medicaid (All other states) | \$ | | | | | |
| b. Other States Room and Board Contractual Allowance ** | \$ | | | | | |
| 3. a. Medicare Residents (all inclusive) | \$ 1,541,063 | 1,541,063 | | | | |
| b. Medicare Room and Board Contractual Allowance ** | \$ 752,644 | 752,644 | | | | |
| 4. a. Private-Pay Residents and Other | \$ 3,028,614 | 3,028,614 | | | | |
| b. Private-Pay Room and Board Contractual Allowance ** | \$ (420,338) | (420,338) | | | | |
| II. Other Resident Revenue | | | | | | |
| 1. a. Prescription Drugs - Medicare | \$ 155,295 | 155,295 | | | | |
| b. Prescription Drugs - Medicare Contractual Allowance ** | \$ (155,295) | (155,295) | | | | |
| c. Prescription Drugs - Non-Medicare | \$ 43,191 | 43,191 | | | | |
| d. Prescription Drugs - Non-Medicare Contractual Allowance ** | \$ | | | | | |
| 2. a. Medical Supplies - Medicare | \$ | | | | | |
| b. Medical Supplies - Medicare Contractual Allowance ** | \$ | | | | | |
| c. Medical Supplies - Non-Medicare | \$ 173 | 173 | | | | |
| d. Medical Supplies - Non-Medicare Contractual Allowance ** | \$ | | | | | |
| 3. a. Physical Therapy - Medicare | \$ 379,952 | 379,952 | | | | |
| b. Physical Therapy - Medicare Contractual Allowance ** | \$ (379,952) | (379,952) | | | | |
| c. Physical Therapy - Non-Medicare | \$ 246,126 | 246,126 | | | | |
| d. Physical Therapy - Non-Medicare Contractual Allowance ** | \$ | | | | | |
| 4. a. Speech Therapy - Medicare | \$ 53,533 | 53,533 | | | | |
| b. Speech Therapy - Medicare Contractual Allowance ** | \$ (53,533) | (53,533) | | | | |
| c. Speech Therapy - Non-Medicare | \$ 57,253 | 57,253 | | | | |
| d. Speech Therapy - Non-Medicare Contractual Allowance ** | \$ | | | | | |
| 5. a. Occupational Therapy - Medicare | \$ 362,052 | 362,052 | | | | |
| b. Occupational Therapy - Medicare Contractual Allowance ** | \$ (362,052) | (362,052) | | | | |
| c. Occupational Therapy - Non-Medicare | \$ 221,469 | 221,469 | | | | |
| d. Occupational Therapy - Non-Medicare Contractual Allowance ** | \$ | | | | | |
| 6. a. Other (Specify) - Medicare | \$ | | | | | |
| b. Other (Specify) - Non-Medicare | \$ 59,289 | 59,289 | | | | |
| III. Total Resident Revenue (Section I. thru Section II.) | \$ 9,401,095 | 9,401,095 | | | | |
| 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) | \$ 77 | 77 | | | | |
| 6. Private Duty Nurses' Fees | \$ | | | | | |
| 7. Barber, Coffee, Beauty and Gift shops | \$ | | | | | |
| 8. Other (Specify) | \$ 10 | 10 | | | | |
| V. Total Other Revenue (1 thru 8) | \$ 87 | 87 | | | | |
| VI. Total All Revenue (III +V) | \$ 9,401,182 | 9,401,182 | | | | |

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

| Page Ref | Description | CCNH | RHNS | (Specify) |
|------------------------------------------------|--------------|--------------|------|-----------|
| | Oxygen | \$ 9,111 | | |
| | C/A - Oxygen | \$ (9,111) | | |
| | X-Ray | \$ 24,782 | | |
| | C/A - X-Ray | \$ (24,782) | | |
| | Lab | \$ 218,682 | | |
| | C/A - Lab | \$ (218,682) | | |
| Total Other Resident Revenue - Medicare | | \$ - | \$ - | \$ - |

Schedule of Other Non-Medicare Resident Revenue

Related Exp

| Page Ref | Description | CCNH | RHNS | (Specify) |
|-------------------------------------|-----------------------|-----------|------|-----------|
| | Oxygen - Managed Care | \$ 603 | | |
| | X-Ray - Managed Car | \$ 1,901 | | |
| | Pharmacy - Medicaid | \$ 12,606 | | |
| | Lab - Managed Care | \$ 44,178 | | |
| Total Other Resident Revenue | | \$ 59,289 | \$ - | \$ - |

Interest Income

Account

| Page Ref | Account | Balance | CCNH | RHNS | (Specify) |
|------------------------------|-----------------|---------|-------|------|-----------|
| | Interest Income | | \$ 77 | | |
| Total Interest Income | | | \$ 77 | \$ - | \$ - |

Schedule of Other Revenue

| Page Ref | Description | CCNH | RHNS | (Specify) |
|----------------------------|-------------------|-------|------|-----------|
| | Bad Debt Recovery | \$ 10 | | |
| Total Other Revenue | | \$ 10 | \$ - | \$ - |

G. Balance Sheet

| Name of Facility | License No. | Report for Year Ended | Page | of |
|--------------------------------------------------------------------|--------------------------------------|-----------------------|-----------|------------------|
| Mystic Healthcare & Rehabilitation Center | 839-C | 9/30/2016 | 31 | 37 |
| Account | | | Amount | |
| Assets | | | | |
| A. Current Assets | | | | |
| 1. Cash (<i>on hand and in banks</i>) | | | \$ | 148,638 |
| 2. Resident Accounts Receivable (Less Allowance for Bad Debts) | | | \$ | 1,188,522 |
| 3. Other Accounts Receivable (Excluding Owners or Related Parties) | | | \$ | |
| 4. Inventories | | | \$ | |
| 5. Prepaid Expenses | | | \$ | |
| a. _____ | | | | |
| b. _____ | | | | |
| c. _____ | | | | |
| d. _____ | | | | |
| 6. Interest Receivable | | | \$ | |
| 7. Medicare Final Settlement Receivable | | | \$ | |
| 8. Other Current Assets (<i>itemize</i>) | | | \$ | 1,931 |
| Loans & Exchanges | | (15,892) | | |
| Refunds | | 17,819 | | |
| Prepaid Insurance | | 3 | | |
| A-9. Total Current Assets (Lines A1 thru 8) | | | \$ | 1,339,091 |
| B. Fixed Assets | | | | |
| 1. Land | | | \$ | |
| 2. Land Improvements | *Historical Cost _____ | | \$ | |
| | Accum. Depreciation _____ | Net | | |
| 3. Buildings | *Historical Cost <u>2,470,167</u> | | \$ | 1,341,245 |
| | Accum. Depreciation <u>1,128,922</u> | Net | | |
| 4. Leasehold Improvements | *Historical Cost _____ | | \$ | |
| | Accum. Depreciation _____ | Net | | |
| 5. Non-Movable Equipment | *Historical Cost <u>271,962</u> | | \$ | 65,442 |
| | Accum. Depreciation <u>206,521</u> | Net | | |
| 6. Movable Equipment | *Historical Cost <u>278,736</u> | | \$ | 11,482 |
| | Accum. Depreciation <u>267,254</u> | Net | | |
| 7. Motor Vehicles | *Historical Cost <u>8,158</u> | | \$ | |
| | Accum. Depreciation <u>8,158</u> | Net | | |
| 8. Minor Equipment-Not Depreciable | | | \$ | |
| 9. Other Fixed Assets (<i>itemize</i>) | | | \$ | |
| _____ | | | | |
| B-10. Total Fixed Assets (Lines B1 thru 9) | | | \$ | 1,418,168 |

* 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 |
|--------------------------------------------------------------------|-------------|-----------------------|-----------|-----------|
| Mystic Healthcare & Rehabilitation Center | 839-C | 9/30/2016 | 32 | 37 |
| Account | | | Amount | |
| Total Brought Forward: | | | \$ | 2,757,259 |
| 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>) | | | | |
| Due from Aaron Manor | | | 2,372 | \$ |
| Due from Greentree | | | 12,310 | |
| Due from Lighthouse Home Care | | | 3,875 | |
| | | | | 18,557 |
| D-8. Total Investments and Other Assets (Lines D1 thru 7) | | | | |
| | | | \$ | 18,557 |
| D-9. Total All Assets (Lines A9 + B10 + C8 + D8) | | | | |
| | | | \$ | 2,775,816 |

* 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 |
|------------------------------------------------------------------------------|-------------|-----------------------|-----------|------------------|
| Mystic Healthcare & Rehabilitation Center, LI | 839-C | 9/30/2016 | 33 | 37 |
| Account | | | Amount | |
| Liabilities | | | | |
| A. Current Liabilities | | | | |
| 1. Trade Accounts Payable | | | \$ | 985,731 |
| 2. Notes Payable (<i>itemize</i>) | | | \$ | 107,018 |
| Partners Pharmacy | | 107,018 | | |
| | | | | |
| | | | | |
| 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>) | | | \$ | 75,982 |
| 5. Accrued Payroll (<i>Owners and/or Stockholders only</i>) | | | \$ | |
| 6. Accrued Payroll Taxes Payable | | | \$ | |
| 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>) | | | \$ | 286,255 |
| Patient Fund | 33,033 | Accrued PTO | 107,590 | |
| Accrued Expenses | 1,731 | Accrued User Fee | 128,580 | |
| Aflac - Individual | 16,944 | Property Tax Payable | (2,426) | |
| Aflac - Group | 802 | | | |
| A-13. Total Current Liabilities (Lines A1 thru 12) | | | \$ | 1,454,985 |

* 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 Mystic Healthcare & Rehabilitation Center, | | License No. 839-C | Report for Year Ended 9/30/2016 | Page 34 | of 37 |
| Account | | | | Amount | |
| Total Brought Forward: | | | | 1,454,985 | |
| Liabilities (cont'd) | | | | | |
| B. Long-Term Liabilities | | | | | |
| 1. Loans Payable-Equipment (<i>itemize</i>) | | | | | |
| \$ | | | | | |
| Name of Lender | | Purpose | Amount | Date Due | |
| | | | | | |
| 2. Mortgages Payable | | | | | |
| \$ | | | | | |
| 3. Loans from Owners or Related Parties (<i>itemize</i>) | | | | | |
| \$ | | | | | |
| Name and Address of Lender | | Amount | Loan Date | | |
| | | | | | |
| 4. Other Long-Term Liabilities (<i>itemize</i>) | | | | | |
| | | | | \$ | 3,506,406 |
| Due to Martin Sbriglio | | | 307,000 | | |
| Due to Aaron Manor | | | 20,000 | | |
| Due to Bel-Air Manor | | | 214,833 | | |
| See Attached | | | 2,964,573 | | |
| B-5. Total Long-Term Liabilities (Lines B1 thru 4) | | | | \$ | 3,506,406 |
| C. Total All Liabilities (Lines A-13 + B-5) | | | | \$ | 4,961,391 |

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

| Name of Facility | License No. | Report for Year Ended | Page | of |
|-----------------------------------------------------------------------------------------|-------------|-----------------------|--------|-------------|
| Mystic Healthcare & Rehabilitation C | 839-C | 9/30/2016 | 35 | 37 |
| Account | | | Amount | |
| A. Reserves | | | | |
| 1. Reserve for value of leased land | | | \$ | |
| 2. Reserve for depreciation value of leased buildings and appurtenances to be amortized | | | \$ | |
| 3. Reserve for depreciation value of leased personal property (<i>Equity</i>) | | | \$ | |
| 4. Reserve for leasehold real properties on which fair rental value is based | | | \$ | |
| 5. Reserve for funds set aside as donor restricted | | | \$ | |
| 6. Total Reserves | | | \$ | |
| B. Net Worth | | | | |
| 1. Owner's Capital | | | \$ | 100,000 |
| 2. Capital Stock | | | \$ | |
| 3. Paid-in Surplus | | | \$ | |
| 4. Treasury Stock | | | \$ | |
| 5. Cumulated Earnings | | | \$ | (2,267,449) |
| 6. Gain or Loss for Period | | | \$ | (18,126) |
| 10/1/2015 thru 9/30/2016 | | | | |
| 7. Total Net Worth | | | \$ | (2,185,575) |
| C. Total Reserves and Net Worth | | | \$ | (2,185,575) |
| D. Total Liabilities, Reserves, and Net Worth | | | \$ | 2,775,816 |

H. Changes in Total Net Worth

| Name of Facility | License No. | Report for Year Ended | Page | of |
|-------------------------------------------------------------------------|-------------|-----------------------|--------|-------------|
| Mystic Healthcare & Rehabilitation Cent | 839-C | 9/30/2016 | 36 | 37 |
| Account | | | Amount | |
| A. Balance at End of Prior Period as shown on Report of 09/30/2015 | | | \$ | (2,167,449) |
| B. Total Revenue (<i>From Statement of Revenue Page 30</i>) | | | \$ | 9,401,182 |
| C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>) | | | \$ | 9,419,308 |
| D. Net Income or Deficit | | | \$ | (18,126) |
| E. Balance | | | \$ | (2,185,575) |
| F. Additions | | | | |
| 1. Additional Capital Contributed (<i>itemize</i>) | | | | |
| 2. Other (<i>itemize</i>) | | | | |
| F-3. Total Additions | | | \$ | |
| G. Deductions | | | | |
| 1. Drawings of Owners/Operators/Partners (<i>Specify</i>) | | | \$ | |
| Name and Address (<i>No., City, State, Zip</i>) | | Title | Amount | |
| | | | | |
| 2. Other Withdrawings (<i>Specify</i>) | | | \$ | |
| Purpose | | Amount | | |
| | | | | |
| 3. Total Deductions | | | \$ | |
| H. Balance at End of Period | | 09/30/16 | \$ | (2,185,575) |

I. Preparer's/Reviewer's Certification

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------|------------------------------|-------------------------------|
| Name of Facility Mystic Healthcare & Rehabilitation | License No. 839-C | Report for Year Ended 9/30/2016 | Page 37 | of 37 |
| <i>Check appropriate category</i> | | | | |
| <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) | <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) | <input type="checkbox"/> (Specify) | | |
| Preparer/Reviewer Certification | | | | |
| <p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p> | | | | |
| Signature of Preparer <i>Elizabeth Maglio</i> | | Title <i>Controller</i> | | Date Signed <i>2/14/17</i> |
| Printed Name of Preparer Elizabeth Maglio | | | | |
| Address Address 88 Ryders Landing, Suite 208, Stratford, CT 06614 | | | Phone Number 203-381-1327 | |

Mystic Healthcare
 Trial Balance - Coded to Cost Report
 10/1/15 - 9/30/16

| Cost Report Page | Cost Report Line | Account Number | Account Name | 2016 Amount |
|------------------|------------------|----------------|----------------------------------|----------------|
| 31 A1 | | 1000 | Cash - Peoples Bank | 54,846.90 |
| 31 A1 | | 1005 | Cash - Webster Bank | 56,424.73 |
| 31 A1 | | 1010 | Cash - Payroll | 1,118.99 |
| 31 A1 | | 1015 | Cash - Peoples PMA | 2,713.70 |
| 31 A1 | | 1020 | Cash - Webster Money Market | |
| 31 A1 | | 1025 | Cash - Resident Funds | 33,033.32 |
| 31 A1 | | 1030 | Cash - Petty Cash | 500.00 |
| 31 A2 | | 1110 | A/R - Private Pay | 118,041.91 |
| 31 A2 | | 1115 | A/R - Applied Income | (154,860.24) |
| 31 A2 | | 1120 | A/R - Med A Coins from Private | 19,021.79 |
| 31 A2 | | 1125 | A/R - Med B Coins from Private | 894.19 |
| 31 A2 | | 1130 | A/R - Medicaid Pending | 118,655.36 |
| 31 A2 | | 1135 | A/R - Medicaid | 547,269.50 |
| 31 A2 | | 1140 | A/R-Med A Coins from Medicaid | 11,336.37 |
| 31 A2 | | 1145 | A/R-Med B Coins from Medicaid | (78.59) |
| 31 A2 | | 1150 | A/R - Medicare A | 253,509.79 |
| 31 A2 | | 1155 | A/R - Medicare B | 14,101.89 |
| 31 A2 | | 1157 | A/R - Managed Medicare A | 81,255.38 |
| 31 A2 | | 1160 | A/R-Medicare A coins from Ins | 56,017.68 |
| 31 A2 | | 1165 | A/R-Medicare B coins from Ins | (819.42) |
| 31 A2 | | 1170 | A/R - Private Insurance | (13,526.34) |
| 31 A2 | | 1175 | A/R - Veterans Administration | |
| 31 A2 | | 1180 | A/R - Managed Care | 86,993.10 |
| 31 A2 | | 1185 | A/R - Hospice | 67,542.95 |
| 31 A2 | | 1190 | A/R - Hospice Medicaid | 31,347.42 |
| 31 A2 | | 1195 | A/R - Resident AL | |
| 31 A2 | | 1198 | A/R - Coinsurance | |
| 31 A2 | | 1200 | Refunds | 17,819.41 |
| 31 A2 | | 1212 | Due from Medicaid | 11,819.59 |
| 31 | | 1215 | Medicaid Advances | |
| 31 | | 1245 | Allowance for Doubtful Accts | (60,000.00) |
| 31 A8 | | 1250 | Loans & Exchanges | (15,892.09) |
| 31 A8 | | 1430 | Prepaid Insurance | 3.32 |
| 31 A5a | | 1460 | Prepaid Corporate Taxes | |
| 31 B9 | | 1600 | Work in Progress | |
| 31 B7 | | 1650 | Autos | |
| 31 B7 | | 1655 | AD - Auto | 8,157.98 |
| 31 B4 | | 1700 | Improvements | (8,157.98) |
| 31 B3 | | 1705 | AD - Improvements | 2,470,167.21 |
| 31 B3 | | 1710 | Building Improvements - Phase 1 | (1,128,922.44) |
| 31 B3 | | 1715 | A/D Bldgs Improvements - Phase 1 | |

Mystic Healthcare
 Trial Balance - Coded to Cost Report
 10/1/15 - 9/30/16

| Cost Report Page | Cost Report Line | Account Number | Account Name | 2016 Amount |
|------------------|------------------|----------------|--------------------------------------|--------------|
| 31 B3 | | 1720 | Building Improvements - Phase 2 | |
| 31 B3 | | 1725 | A/D Bldgs Improvements - Phase 2 | |
| | | 1750 | Improvements ICF | |
| 31 B4 | | 1790 | Allow. Deprec. LHI | |
| 31 B6 | | 1810 | Equipment - Movable | 271,658.35 |
| 31 B6 | | 1815 | AD - Movable Equipment | (267,254.27) |
| 31 B5 | | 1820 | Non-Movable Equipment | 271,962.34 |
| 31 B5 | | 1825 | AD - Non-Movable Equipment | (206,520.79) |
| | | 1837 | Computer Software | 7,077.70 |
| 32 D3 | | 1910 | Goodwill | |
| 32 D3 | | 1915 | Accumulated Amortization - GW | |
| 32 D7 | | 1950 | Due from Aaron Manor | 2,372.20 |
| 32 D7 | | 1955 | Due from Bel-Air Manor | |
| 32 D7 | | 1960 | Due from Cheshire House | |
| 32 D7 | | 1965 | Due from Chamberlain Manor | |
| 32 D7 | | 1970 | Due from Greentree Manor | 12,309.54 |
| 32 D7 | | 1975 | Due from Lord Chamberlain | |
| 32 D7 | | 1980 | Due from Mystic Manor | |
| 32 D7 | | 1985 | Due from Ryders Health Management | |
| 32 D7 | | 1988 | Due from Lighthouse Home Care | 3,875.20 |
| 32 D7 | | 1989 | Due from Light House Homehealth care | |
| 32 D7 | | 1991 | Due From AM Realty | |
| 32 D7 | | 1992 | Due From BA Realty | |
| 32 D7 | | 1193 | Due From CH Realty | |
| 32 D7 | | 1994 | Due From GT Realty | |
| 32 D7 | | 1995 | Due From LC Realty | |
| 32 D7 | | 1996 | Due From MM Realty | |
| 33 A1 | | 2020 | Accounts Payable | (985,731.06) |
| 33 A2 | | 2030 | Note Payable - Pharmacy | (107,017.59) |
| 33 A3 | | 2051 | Notes Payable - Auto | |
| 33 A12 | | 2080 | Sales Tax Payable | |
| 33 A12 | | 2200 | Patient Fund | (33,033.32) |
| | | 2210 | FSA Liability | |
| 33 A12 | | 2212 | Aflac - Individual | (16,943.82) |
| 33 A12 | | 2213 | Aflac - Group | (801.98) |
| 33 A12 | | 2240 | Accrued ADP Fees | |
| 33 A12 | | 2250 | Accrued Expenses | (1,730.86) |
| 33 A12 | | 2255 | Accrued User Fee | (128,580.00) |
| 33 A12 | | 2260 | Accrued 401K Withholding | |
| 33 A12 | | 2265 | Accrued Pension | |
| 33 A4 | | 2270 | Accrued Payroll | (75,982.04) |

Mystic Healthcare
 Trial Balance - Coded to Cost Report
 10/1/15 - 9/30/16

| Cost Report Page | Cost Report Line | Account Number | Account Name | 2016 Amount |
|------------------|------------------|----------------|------------------------------|----------------|
| 33 | A12 | 2280 | Accrued PTO | |
| 33 | A12 | 2330 | Property Tax Payable | (107,590.28) |
| 33 | A12 | 2350 | Corporate Taxes Payable | 2,425.65 |
| 33 | A12 | 2360 | Deferred Corporate Taxes | |
| 33 | A12 | 2380 | Accrued Rate Adjustment | |
| 34 | B4 | 2400 | Due From/To Officers | |
| | | 2404 | Due to M. Sbriglio, CEO | (307,000.00) |
| 34 | B4 | 2410 | Due to Aaron Manor | (20,000.00) |
| 34 | B4 | 2415 | Due to Bel-Air Manor | (214,832.94) |
| 34 | B4 | 2420 | Due to Chamberlain Manor | (329,267.01) |
| 34 | B4 | 2425 | Due to Cheshire House | |
| 34 | B4 | 2430 | Due to Greentree Manor | (254,508.86) |
| 34 | B4 | 2435 | Due to Lord Chamberlain | (535,774.98) |
| 34 | B4 | 2440 | Due to Mystic Healthcare | |
| 34 | B4 | 2445 | Due To Ryders Health | (94,668.51) |
| 34 | B4 | 2450 | Due to AM Realty | |
| 34 | B4 | 2455 | Due to BA Realty | |
| 34 | B4 | 2460 | Due to CH Realty | |
| 34 | B4 | 2465 | Due to Cham Manor Realty | |
| 34 | B4 | 2470 | Due to GT Realty | (640,000.00) |
| 34 | B4 | 2475 | Due to LC Realty | |
| 34 | B4 | 2480 | Due to MM Realty | (1,110,353.28) |
| 34 | B1 | 2510 | Note Payable / Car Long Term | |
| 35 | | 2910 | Capital Stock | (100,000.00) |
| 35 | | 2940 | Retained Earnings | 2,725,904.92 |
| 35 | | 2950 | Profit/Loss - Past Period | (458,455.84) |
| 30 | I 4a | 3000 | R&B - Private Pay | (1,937,827.00) |
| 30 | I 1a | 3010 | R&B - Medicaid | (6,386,418.31) |
| 30 | I 3a | 3020 | R&B - Medicare A | (1,541,063.24) |
| 30 | I 4a | 3030 | R&B - Private Insurance | |
| 30 | I 4a | 3060 | R&B - Managed Care | (218,304.00) |
| 30 | I 4a | 3070 | R&B - Hospice | (245,632.00) |
| 30 | I 4a | 3080 | R&B - Managed Medicare | (417,885.05) |
| 30 | I 4a | 3090 | R&B - Hospice Medicaid | (208,966.00) |
| 30 | I 1b | 3100 | C/A - Medicaid | 2,514,805.96 |
| 30 | I 3b | 3110 | C/A - Medicare A - R & B | (774,769.28) |
| 30 | I 4b | 3115 | C/A - Managed Medicare A | (51,012.25) |
| 30 | I 4b | 3118 | C/A - Hospice | 2,424.61 |
| 30 | I 4b | 3120 | C/A - Managed Care | 394,089.70 |
| 30 | Zero Out | 3130 | C/A - Medicare A Ancillary | 1,203,406.14 |
| 30 | I 3b | 3140 | C/A - Medicare B | 22,125.44 |

Mystic Healthcare
 Trial Balance - Coded to Cost Report
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| Cost Report Page | Cost Report Line | Account Number | Account Name | 2016 Amount |
|-----------------------|------------------|----------------|--------------------------------|--------------|
| 30 | Zero Out | 3145 | C/A Therapies - A | |
| 30 | I 4b | 3150 | C/A - Hospice Medicaid | 74,836.34 |
| 30 | I 4a | 3200 | HMO Rate Adjustments | |
| 30 | I 1a | 3210 | Medicaid Rate Adjustment | |
| 30 | I 1a | 3220 | Medicaid Prior Period Rate Adj | |
| 30 | I 1a | 3230 | Medicare Rate Adjustment | |
| 30 | I 3a | 3240 | Medicare Prior Period Rate Adj | |
| 30 | I 4a | 3280 | BCBS Discount | |
| 30 | I 4a | 3300 | Misc Private Charges | |
| 30 | IV 8 | 3305 | Misc Income | |
| 30 | II 6 b | 3310 | Physiatrist Services - Med B | |
| 30 | II 6 b | 3320 | Outpatient Therapy Revenue | |
| | | 3340 | Finance Charge | |
| 30 | IV 7 | 3350 | Beauty Care Revenue | |
| 30 | IV 8 | 3400 | Bad Debt Recovery | (10.00) |
| 30 | II 2 c | 3410 | Incont Supply-Private Pay | |
| 30 | Zero Out | 3430 | Incont Supplies-Med A | |
| 30 | Zero Out | 3450 | Incont Supplies-Managed Care | |
| Will not show up next | | | | |
| 30 | IV 5 | 3480 | Interest Income | (77.16) |
| 30 | II 3 c | 3500 | PT - Private Pay | (283.75) |
| 30 | II 3 c | 3510 | PT - Medicaid | (24,529.38) |
| 30 | Zero Out | 3520 | PT - Medicare A | (379,951.58) |
| 30 | II 3 c | 3530 | PT - Medicare B | (60,528.89) |
| 30 | II 3 c | 3540 | PT - Private Insurance | |
| 30 | II 3 c | 3600 | PT - Managed Care | (160,783.66) |
| 30 | II 5 c | 3610 | OT - Private Pay | (295.06) |
| 30 | II 5 c | 3620 | OT - Medicaid | (19,773.43) |
| 30 | Zero Out | 3630 | OT - Medicare A | (362,051.50) |
| 30 | II 5 c | 3640 | OT - Medicare B | (47,987.64) |
| 30 | II 5 c | 3650 | OT - Private Insurance | |
| 30 | II 5 c | 3660 | OT - Managed Care | (153,412.54) |
| 30 | II 4 c | 3700 | ST - Private Pay | |
| 30 | II 4 c | 3710 | ST - Medicaid | |
| 30 | Zero Out | 3720 | ST - Medicare A | (3,729.98) |
| 30 | II 4 c | 3730 | ST - Medicare B | (53,532.67) |
| 30 | II 4 c | 3750 | ST - Managed Care | (36,949.07) |
| 30 | II 2 c | 3800 | Medical Supply-Private pay | (16,573.75) |
| 30 | Zero Out | 3820 | Medical Supply-Med A | (173.40) |
| 30 | II 2 c | 3830 | Medical Supply-Priv Insurance | |
| 30 | II 2 c | 3840 | Medical Supply-Managed Care | |

Mystic Healthcare
 Trial Balance - Coded to Cost Report
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| Cost Report Page | Cost Report Line | Account Number | Account Name | 2016 Amount |
|------------------|------------------|----------------|--------------------------------------|--------------|
| | | 3870 | Oxygen - Medicare A | (9,111.40) |
| | | 3895 | Oxygen - Managed Care | (603.20) |
| 30 II 1 c | | 3900 | Pharmacy - Private Pay | |
| 30 II 6 b | | 3905 | Pharmacy - Medicaid | (12,605.85) |
| 30 Zero Out | | 3910 | Pharmacy - Medicare A | (155,294.56) |
| 30 II 1 c | | 3915 | Pharmacy - Private Insurance | |
| 30 II 1 c | | 3920 | Pharmacy - Managed Care | |
| 30 II 6 b | | 3930 | X-Ray - Medicaid | (43,191.00) |
| 30 Zero Out | | 3935 | X-ray - Medicare A | (24,782.43) |
| 30 II 6 b | | 3945 | X-ray - Managed Care | (1,901.37) |
| 30 II 6 b | | 3950 | Lab - Private Pay | |
| 30 Zero Out | | 3955 | Lab - Medicaid | |
| 30 Zero Out | | 3960 | Lab - Medicare A | (218,682.00) |
| 30 II 6 b | | 3965 | Lab - Private Insurance | |
| 30 II 6 b | | 3970 | Lab - Managed Care | (44,178.10) |
| 10 A2 | | 4110 | Administrator | 114,358.33 |
| 10 A4 | | 4120 | Salaries - Office | 241,350.97 |
| 10 A4 | | 4200 | Chauffeur | 16.90 |
| 16 m11 | | 4220 | Data Processing | 72,033.98 |
| 16 m11 | | 4225 | Data Processing - Computer Equipment | 5,689.95 |
| 15 1a7 | | 4230 | Pension Expense | 5,865.00 |
| 16 m13 | | 4240 | Bank Charges | 4,340.96 |
| 16 m13 | | 4245 | Bank Charges - Lease | 201.55 |
| 15 1g | | 4250 | Office Supplies | 15,386.75 |
| 15 1g | | 4255 | Office Equipment | 9.17 |
| 15 1h | | 4260 | Telephone | 11,535.78 |
| 15 1h2 | | 4265 | Telephone - Mobile | 1,868.09 |
| 16 m7 | | 4267 | Lease Postage Meter | 1,099.45 |
| 16 M13 | | 4268 | Beepers | |
| 16 I6 | | 4270 | Travel - Motor Vehicles | 2,162.64 |
| 16 I6 | | 4271 | Repair/Maint Auto | |
| 16 m3 | | 4290 | Adv. & Pub. Rel. Donations | 10,619.86 |
| 16 m3 | | 4291 | Charitable Donations | |
| 16 m2 | | 4292 | Adv. Tel. Directory | |
| 16 m9 | | 4295 | Subscriptions - Facility | |
| 16 m13 | | 4300 | Fees & License Exp. | 1,975.00 |
| 16 m8 | | 4301 | Dues | 7,669.04 |
| 16 m7 | | 4310 | Postage | 3,604.50 |
| 16 I5 | | 4320 | Educational & Seminars | 1,430.67 |
| 16 m13 | | 4325 | Physician Care - Employees | 7,894.58 |
| 15 1a8 | | 4340 | Uniform Allowance | 22,529.09 |

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 Trial Balance - Coded to Cost Report
 10/1/15 - 9/30/16

| Cost Report Page | Cost Report Line | Account Number | Account Name | 2016 Amount |
|------------------|------------------|----------------|----------------------------------|-------------|
| 15 1d | | 4350 | Accounting | |
| 15 1e | | 4360 | Legal | 14,345.60 |
| 16 1i | | 4370 | Patient Gifts & Parties | 180,619.73 |
| 16 1j | | 4380 | Employee Party & Awards | |
| 16 1k | | 4385 | Meals & Entertainment | 7,322.22 |
| 16 1l | | 4390 | Employee Travel | 1,720.35 |
| 16 1m | | 4392 | Patient Travel | 12,004.28 |
| 15 1a2,3,4 | | 4400 | Payroll Taxes | 17,294.30 |
| 22 6d | | 4410 | Sewer Use Tax | 491,498.32 |
| 27 14b | | 4418 | Insurance - Auto | 16,329.13 |
| 27 14c1 | | 4419 | Insurance - Liability | 2,415.75 |
| 27 14a | | 4420 | Insurance - Property | 38,735.49 |
| 15 1a1 | | 4421 | Insurance - WC | 9,522.63 |
| 15 1f | | 4422 | Insurance - Officers | 185,077.39 |
| 16 m13 | | 4450 | Miscellaneous Expense | 842.16 |
| 15 1c | | 4460 | Bad Debts | |
| 16 m1 | | 4470 | Help Wanted | 20,123.06 |
| 15 1a5 | | 4480 | Group Insurance | 1,997.56 |
| 16 m12 | | 4500 | Management Fee | 348,426.64 |
| 22 10c | | 4520 | Personal Property Expense | 259,127.94 |
| 22 10b | | 4530 | Real Estate Taxes | 9,637.21 |
| 27 12C1 | | 4532 | Interest - Auto | 75,692.36 |
| 15 1k3 | | 4535 | Provider User Fee Tax | |
| 27 12D | | 4540 | Interest Expense | 534,203.42 |
| 22 9 | | 4550 | Rent - Related Party | 16,478.59 |
| 22 7d | | 4590 | Depreciation - Auto | 600,000.00 |
| 22 7b | | 4610 | Depreciation - Land Improvements | |
| 22 7d | | 4620 | Deprec. Leasehold Improvements | 205,157.78 |
| 22 7c | | 4630 | Deprec. Movable Equipment | 4,402.33 |
| 22 8a | | 4635 | Depr. Non-Movable Equipment | 19,542.08 |
| 10 A7a | | 4640 | Amortization | |
| 10 A7b | | 5100 | Maintenance Supervisor | 51,475.14 |
| 22 6b | | 5110 | Maintenance Asst. Wages | |
| 22 6b | | 5120 | Fuel | 51,187.75 |
| 22 6c | | 5130 | Gas | 10,402.72 |
| 22 6d | | 5140 | Electricity | 74,847.23 |
| 22 6d | | 5150 | Water | 18,642.45 |
| 22 6d | | 5155 | Sewer | |
| 22 6a | | 5160 | Maint. & Repair Supplies | 35,164.42 |
| 22 6a | | 5180 | Repair & Maint. Service | 134,375.33 |
| 22 6e | | 5185 | Copier Expense | 8,758.04 |

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 Trial Balance - Coded to Cost Report
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| Cost Report Page | Cost Report Line | Account Number | Account Name | 2016 Amount |
|------------------|------------------|----------------|------------------------------|--------------|
| 10 A5c | | 5210 | Dietary Wages | 305,267.93 |
| 18 2a1 | | 5220 | Food | 187,032.90 |
| 10 A5a | | 5250 | Dietician -Payroll | 359.13 |
| 13 B1 | | 5255 | Dietician - Consultant | 35,675.66 |
| 10 A5b | | 5260 | Food Service Supervisor | 6,770.66 |
| 18 2a2 | | 5280 | Supplies & Exp. Dietary | 41,742.75 |
| 18 2a2 | | 5285 | Dietary Equipment | 1,785.09 |
| 10 A8b | | 5310 | Laundry Aide | 83,492.24 |
| 19 3a1 | | 5320 | Linen & Bedding | 3,203.33 |
| 19 3b | | 5370 | Purch. Serv. Laundry | 4,400.02 |
| 19 3a4 | | 5380 | Supplies Laundry | 193,995.59 |
| 10 A6b | | 5410 | Housekeeping Aide | |
| 10 A6a | | 5420 | Housekeeping Supervisor | |
| 20 4a1 | | 5490 | Supplies & Exp. Housekeeping | |
| 10 A12a | | 6010 | Director of Nursing | 34,250.06 |
| 10 A12a | | 6020 | Asst. Director of Nurses | 97,551.95 |
| 10 12B2 | | 6022 | MDS Coordinator | 37,882.05 |
| 10 12B2 | | 6030 | Staff Development | 76,562.05 |
| 10 A12b | | 6110 | RN | 77,078.54 |
| 10 A12c | | 6120 | LPN | 812,215.52 |
| 10 A12d | | 6130 | Nurses Aide | 674,284.72 |
| 13 B11c | | 6275 | Nursing Pool Exp. - C.N.A. | 1,232,446.00 |
| 13 B11b | | 6280 | Nursing Pool Exp. - LPN | |
| 13 B11a | | 6285 | Nursing Pool Exp. - RN | |
| 20 5j | | 6290 | Medical Supplies | 256,143.62 |
| 20 5j | | 6291 | Medical Supplements | 10,146.17 |
| 20 5j | | 6292 | Medical Waste | 483.90 |
| 20 5j | | 6293 | Medical Equipment | 1,319.17 |
| 20 5j | | 6294 | Medical Equipment Rental | 3,981.77 |
| 20 5j | | 6295 | Medical Supplies - Medicare | |
| 20 5j | | 7190 | Physician Care - Patients | 12,721.62 |
| 20 5a2 | | 7200 | Medicare Drugs | 107,503.03 |
| 10 A12n | | 7250 | Infection Control | |
| 20 5b | | 7280 | House Drugs | 36,272.59 |
| 20 5b | | 7290 | Managed Care Drugs | 59,007.31 |
| 10 A12h | | 7510 | TRD Staff Wages | 53,295.20 |
| 10 A12h | | 7520 | Recreational Supervisor | 44,623.35 |
| 20 5i | | 7580 | Supplies & Exp. Recreation | 19,036.61 |
| 13 B12 | | 7710 | Other Consulting Fees | 16,839.93 |
| 20 5h | | 7730 | Lab & EKG | 43,666.66 |
| 20 5f | | 7732 | Medicare X-Ray | 27,318.76 |

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 Trial Balance - Coded to Cost Report
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| Cost Report Page | Cost Report Line | Account Number | Account Name | 2016 Amount |
|------------------|------------------|----------------|-------------------------------------|-------------------|
| 20 5e2 | | 7740 | Oxygen | |
| 10 A12e | | 7820 | Physical Therapy Salaries | 20,393.14 |
| 10 A12e | | 7825 | Rehab Aide | 231,520.04 |
| 13 B3 | | 7860 | Pharmacy Consultant | |
| 13 B12 | | 7865 | Therapy Management Consultant | 12,581.98 |
| 13 B9a | | 7866 | Speech Therapy - Managed Care | 50,400.00 |
| 13 B9a | | 7869 | Speech Therapy Services | |
| 13 B9a | | 7871 | Speech Therapy - Part B | |
| 10 A12F | | 7872 | Speech Therapy Salaries | |
| 20 5j | | 7874 | Occupational Therapy Services | |
| 20 5j | | 7875 | Occupational Therapy - Part A | |
| 20 5j | | 7876 | Occupational Therapy - Managed Care | 41,942.14 |
| 20 | | 7879 | Occupational Therapy Supplies | |
| 13 b5a | | 7881 | Physical Therapy Services | |
| 13 b5a | | 7882 | Physical Therapy - Part B | |
| 13 b5a | | 7883 | Physical Therapy - Managed Care | |
| 13 B12 | | 7884 | Rehab Management Fee | |
| 20 5j | | 7885 | PT Supplies | 21,900.23 |
| 13 B8e | | 7890 | Medical Staff | 544.00 |
| 10 A12g | | 7891 | Occupational Therapy Salaries | 255,036.89 |
| 16 m6 | | 7910 | Beauty Care Supplies | |
| 13 B2 | | 7920 | Dental Hygienist | |
| 13 B2 | | 7930 | Dental Care | 9,908.50 |
| 13 B2 | | 7935 | Dental Consultant | |
| 13 B6 | | 7940 | Social Services Consultant | |
| 10 A12m | | 7950 | Social Services Salaries | 111,243.59 |
| 13 B8a | | 7960 | Medical Director | 73,200.00 |
| 16 m5 | | 7970 | Medical Records - Consultant | |
| 27 12D | | 8225 | Late Fees / Finance Charge | 1,946.85 |
| 15 1j | | 8260 | Provision for Corp. Taxes | 303.56 |
| 16 M13 | | 8270 | Fines & Penalties | 1,020.00 |
| Assets | | | | \$ 2,775,815.65 |
| Liabilities | | | | \$ (4,961,390.88) |
| Capital | | | | \$ 2,167,449.08 |
| Revenue | | | | \$ (9,401,182.31) |
| Expenses | | | | \$ 9,419,308.46 |
| | | | | \$ 0.00 |

Mystic Healthcare
 Trial Balance - Coded to Cost Report
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| Cost Report Page | Cost Report Line | Account Number | Account Name | 2016 Amount |
|------------------|------------------|----------------|----------------------------------------|-------------------|
| | | | Profit/Loss | \$ 18,126.15 |
| | | | Total Assets | \$ 2,775,815.65 |
| | | | Total Liabilities, Capital, and Profit | \$ (2,775,815.65) |
| | | | Should wash as A=OE +L | \$ - |

Mystic Healthcare
 Trial Balance - Coded to Cost Report
 10/1/15 - 9/30/16

| Cost Report Page | Cost Report Line | Account Number | Account Name | Amount |
|------------------|------------------|----------------|-----------------------------------|---------------------|
| | 10 A2 | 4110 | Administrator | 114,358.33 |
| | 10 A4 | 4120 | Salaries - Office | 241,350.97 |
| | 10 A4 | 4200 | Chauffer | 16.90 |
| | 10 A5b | 5260 | Food Service Supervisor | 6,770.66 |
| | 10 A5c | 5210 | Dietary Wages | 305,267.93 |
| | 10 A6a | 5420 | Housekeeping Supervisor | 0.00 |
| | 10 A6b | 5410 | Housekeeping Aide | 193,995.59 |
| | 10 A7a | 5100 | Maintenance Supervisor | 51,475.14 |
| | 10 A7b | 5110 | Maintenance Asst. Wages | 0.00 |
| | 10 A8b | 5310 | Laundry Aide | 83,492.24 |
| | 10 A12a | 6010 | Director of Nursing | 97,551.95 |
| | 10 A12a | 6020 | Asst. Director of Nurses | 37,882.05 |
| | 10 A12b1 | 6110 | RN | 812,215.52 |
| | 10 A12c | 6120 | LPN | 674,284.72 |
| | 10 A12d | 6130 | Nurses Aide | 1,232,446.00 |
| | 10 A12o | 7825 | Rehab Aide | 0.00 |
| | 10 A12e | 7820 | Physical Therapy Salaries | 231,520.04 |
| | 10 A12f | 7872 | Speech Therapy Salaries | 41,942.14 |
| | 10 A12g | 7891 | Occupational Therapy Salaries | 255,036.89 |
| | 10 A12h | 7510 | TRD Staff Wages | 53,295.20 |
| | 10 A12h | 7520 | Recreational Supervisor | 44,623.35 |
| | 10 A12m | 7950 | Social Services Salaries | 111,243.59 |
| | 10 A12b2 | 6022 | MDS Coordinator | 76,562.05 |
| | 10 A12b2 | 6030 | Staff Development | 77,078.54 |
| | 10 A12b2 | 7250 | Infection Control (This is an RN) | 0.00 |
| | 10 A5a | 5250 | Dietician | 359.13 |
| | | | | 4,742,768.93 |

| Cost Report Page | Cost Report Line | Account Number | Account Name | Amount |
|------------------|------------------|----------------|---------------------------------|-------------------|
| | 13 B2 | 7930 | Dental Care | 9,908.50 |
| | 13 B2 | 7920 | Dental Hygienist | 0.00 |
| | 13 B2 | 7935 | Dental Consultant | 0.00 |
| | 13 B1 | 5255 | Dietician - Consultant | 35,675.66 |
| | 13 B9a | 7869 | Speech Therapy Services | 0.00 |
| | 13 B9a | 7871 | Speech Therapy - Part B | 0.00 |
| | 13 B9a | 7866 | Speech Therapy - Managed Care | 0.00 |
| | 13 B3 | 7860 | Pharmacy Consultant | 12,581.98 |
| | 13 b5a | 7881 | Physical Therapy Services | 0.00 |
| | 13 b5a | 7882 | Physical Therapy - Part B | 0.00 |
| | 13 b5a | 7883 | Physical Therapy - Managed Care | 0.00 |
| | 13 B6 | 7940 | Social Services Consultant | 0.00 |
| | 13 B8a | 7960 | Medical Director | 73,200.00 |
| | 13 B8e | 7890 | Medical Staff | 544.00 |
| | 13 B12 | 7884 | Rehab Management Fee | 0.00 |
| | 13 B12 | 7865 | Therapy Management Consultant | 50,400.00 |
| | 13 B12 | 7710 | Other Consulting Fees | 16,839.93 |
| | 13 B11a | 6285 | Nursing Pool Exp. - RN | 0.00 |
| | 13 B11b | 6280 | Nursing Pool Exp. - LPN | 0.00 |
| | 13 B11c | 6275 | Nursing Pool Exp. - C.N.A. | 0.00 |
| | | | | 199,150.07 |

| Cost Report Page | Cost Report Line | Account Number | Account Name | Amount |
|------------------|------------------|----------------|-------------------|------------|
| | 15 1a1 | 4421 | Insurance - WC | 185,077.39 |
| | 15 1a4 | 4400 | Payroll Taxes | 491,498.32 |
| | 15 1a5 | 4480 | Group Insurance | 348,426.64 |
| | 15 1a7 | 4230 | Pension Expense | 5,865.00 |
| | 15 1a8 | 4340 | Uniform Allowance | 22,529.09 |
| | 15 1c | 4460 | Bad Debts | 20,123.06 |
| | 15 1d | 4350 | Accounting | 14,345.60 |
| | 15 1e | 4360 | Legal | 180,619.73 |

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| | | |
|--------|--------------------------------|---------------------|
| 15 1f | 4422 Insurance - Officers | 842.16 |
| 15 1g | 4250 Office Supplies | 15,386.75 |
| 15 1g | 4255 Office Equipment | 9.17 |
| 15 1h1 | 4260 Telephone | 11,535.78 |
| 15 1h2 | 4265 Telephone - Mobile | 1,868.09 |
| 15 1h2 | 4268 Beepers | 0.00 |
| 15 1j | 8260 Provision for Corp. Taxes | 303.56 |
| 15 1k3 | 4535 Provider User Fee Tax | 534,203.42 |
| | | <u>1,832,633.76</u> |

| Cost Report Page | Cost Report Line | Account Number | Account Name | Amount |
|------------------|------------------|----------------|----------------------------------|-------------------|
| 16 | 11 | 4370 | Patient Gifts & Parties | 0.00 |
| 16 | 12 | 4380 | Employee Party & Awards | 7,322.22 |
| 16 | 14 | 4390 | Employee Travel | 12,004.28 |
| 16 | 15 | 4320 | Educational & Seminars | 1,430.67 |
| 16 | 16 | 4270 | Travel - Motor Vehcles | 2,162.64 |
| 16 | 16 | 4271 | Repair/Maint Auto | 0.00 |
| 16 | m6 | 7910 | Beauty Care Supplies | 0.00 |
| 16 | 17 | 4385 | Meals & Entertainment | 1,720.35 |
| 16 | m1 | 4470 | Help Wanted | 1,997.56 |
| 16 | m2 | 4292 | Adv. Tel. Directory | 0.00 |
| 16 | m3 | 4290 | Adv. & Pub. Rel. Donations | 10,619.86 |
| 16 | m3 | 4291 | Charitable Donations | 0.00 |
| 16 | m7 | 4310 | Postage | 3,604.50 |
| 16 | m7 | 4267 | Lease Postage Meter | 1,099.45 |
| 16 | m8a | 4301 | Dues | 7,669.04 |
| 16 | m12 | 4500 | Management Fee | 259,127.94 |
| 16 | m9 | 4295 | Subscriptions | 0.00 |
| 16 | m11 | 4225 | Data Processing - Computer Equip | 5,689.95 |
| 16 | m11 | 4220 | Data Processing - Services | 72,033.98 |
| 16 | m13 | 4300 | Fees & License Exp. | 1,975.00 |
| 16 | m13 | 4450 | Miscellaneous Expense | 0.00 |
| 16 | m13 | 4325 | Physican Care - Employees | 7,894.58 |
| 16 | m13 | 4240 | Bank Charges | 4,340.96 |
| 16 | m13 | 4245 | Bank Charges - Lease | 201.55 |
| 16 | M13 | 8270 | Fines & Penalties | 1,020.00 |
| | | | | <u>401,914.53</u> |

| Cost Report Page | Cost Report Line | Account Number | Account Name | Amount |
|------------------|------------------|----------------|-------------------------|-------------------|
| 18 | 2a1 | 5220 | Food | 187,032.90 |
| 18 | 2a2 | 5280 | Supplies & Exp. Dietary | 41,742.75 |
| 18 | 2d | 5285 | Dietary Equipment | 1,785.09 |
| | | | | <u>230,560.74</u> |

| Cost Report Page | Cost Report Line | Account Number | Account Name | Amount |
|------------------|------------------|----------------|----------------------|-----------------|
| 19 | 3a1-4 | 5320 | Linen & Bedding | 3,203.33 |
| 19 | 3d | 5380 | Supplies Laundry | 4,400.02 |
| 19 | 3b | 5370 | Purch. Serv. Laundry | 0.00 |
| | | | | <u>7,603.35</u> |

| Cost Report Page | Cost Report Line | Account Number | Account Name | Amount |
|------------------|------------------|----------------|------------------------------|------------|
| 20 | 4a1 | 5490 | Supplies & Exp. Housekeeping | 34,250.06 |
| 20 | 5a2 | 7200 | Medicare Drugs | 107,503.03 |
| 20 | 5a2 | 7290 | Managed Care Drugs | 59,007.31 |
| 20 | 5b | 7280 | House Drugs | 36,272.59 |
| 20 | 5d | 4392 | Patient Travel | 17,294.30 |
| 20 | 5e2 | 7740 | Oxygen | 20,393.14 |
| 20 | 5f | 7732 | Medicare X-Ray | 27,318.76 |
| 20 | 5h | 7730 | Lab & EKG | 43,666.66 |
| 20 | 5i | 7580 | Supplies & Exp. Recreation | 19,036.61 |
| 20 | 5j | 7190 | Physician Care - Patients | 12,721.62 |
| 20 | 5j | 6290 | Medical Supplies | 256,143.62 |
| 20 | 5j | 6291 | Medical Supplements | 10,146.17 |
| 20 | 5j | 6292 | Medical Waste | 483.90 |
| 20 | 5j | 6293 | Medical Equipment | 1,319.17 |
| 20 | 5j | 6294 | Medical Equipment - Rental | 3,981.77 |

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| | | | |
|-------|------|----------------------------------|-------------------|
| 20 5j | 7874 | Occupational Therapy Services | 0.00 |
| 20 5j | 7875 | Occupational Therapy - Part A | 0.00 |
| 20 5j | 7876 | Occupational Therapy - Managed (| 0.00 |
| 20 5j | 6295 | Medical Supplies - Medicare | 0.00 |
| 20 5j | 7885 | PT Supplies | 21,900.23 |
| 20 5j | 7879 | Occupational Therapy Supplies | 0.00 |
| | | | <u>671,438.94</u> |

| Cost Report Page | Cost Report Line | Account Number | Account Name | Amount |
|------------------|------------------|----------------|--------------------------|-------------------|
| 22 6a | | 5160 | Maint. & Repair Supplies | 35,164.42 |
| 22 6a | | 5180 | Repair & Maint. Service | 134,375.33 |
| 22 6c | | 5140 | Electricity | 74,847.23 |
| 22 6d | | 5150 | Water | 18,642.45 |
| 22 6d | | 4410 | Sewer Use Tax | 16,329.13 |
| 22 6d | | 5155 | Sewer | 0.00 |
| 22 6b | | 5120 | Fuel | 51,187.75 |
| 22 6b | | 5130 | Gas | 10,402.72 |
| 22 6e | | 5185 | Copier Expense | 8,758.04 |
| | | | | <u>349,707.07</u> |

| Cost Report Page | Cost Report Line | Account Number | Account Name | Amount |
|------------------|------------------|----------------|----------------------------------|-------------------|
| 22 7b | | 4620 | Deprec. Leasehold Improvements | 205,157.78 |
| 22 7b | | 4610 | Depreciation - Land Improvements | 0.00 |
| 22 7c | | 4635 | Depr. Non-Movable Equipment | 19,542.08 |
| 22 7d | | 4590 | Depreciation - Auto | 0.00 |
| 22 7d | | 4630 | Deprec. Movable Equipment | 4,402.33 |
| 22 8a | | 4640 | Amortization | 0.00 |
| 22 9 | | 4550 | Rent - Related Party | 600,000.00 |
| 22 10b | | 4530 | Real Estate Taxes | 75,692.36 |
| 22 10c | | 4520 | Personal Property Expense | 9,637.21 |
| | | | | <u>914,431.76</u> |

| Cost Report Page | Cost Report Line | Account Number | Account Name | Amount |
|------------------|------------------|----------------|---------------------------|------------------|
| 27 12C1 | | 4532 | Interest - Auto | 0.00 |
| 27 12D | | 4540 | Interest Expense | 16,478.59 |
| 27 12D | | 8225 | Interest / Finance Charge | 1,946.85 |
| 27 14b | | 4418 | Insurance - Auto | 2,415.75 |
| 27 14c1 | | 4419 | Insurance - Liability | 38,735.49 |
| 27 14a | | 4420 | Insurance - Property | 9,522.63 |
| | | | | <u>69,099.31</u> |

| Cost Report Page | Cost Report Line | Account Number | Account Name | Amount |
|------------------|------------------|----------------|--------------------------------|----------------|
| 30 1 1a | | 3010 | R&B - Medicaid | (6,386,418.31) |
| 30 1 1a | | 3210 | Medicaid Rate Adjustment | 0.00 |
| 30 1 1a | | 3220 | Medicaid Prior Period Rate Adj | 0.00 |
| 30 1 1b | | 3100 | C/A - Medicaid | 2,514,805.96 |
| 30 1 3a | | 3020 | R&B - Medicare A | (1,541,063.24) |
| 30 1 3a | | 3230 | Medicare Rate Adjustment | 0.00 |
| 30 1 3a | | 3240 | Medicare Prior Period Rate Adj | 0.00 |
| 30 1 3b | | 3110 | C/A - Medicare A - R & B | (774,769.28) |
| 30 1 3b | | 3140 | C/A - Medicare B | 22,125.44 |
| 30 1 4a | | 3000 | R&B - Private Pay | (1,937,827.00) |
| 30 1 4a | | 3030 | R&B - Private Insurance | 0.00 |
| 30 1 4a | | 3060 | R&B - Managed Care | (218,304.00) |
| 30 1 4a | | 3070 | R&B - Hospice | (245,632.00) |
| 30 1 4a | | 3080 | R&B - Managed Medicare | (417,885.05) |
| 30 1 4a | | 3090 | R&B - Hospice Medicaid | (208,966.00) |
| 30 1 4a | | 3200 | HMO Rate Adjustment | 0.00 |
| 30 1 4a | | 3280 | BCBS Discount | 0.00 |
| 30 1 4a | | 3300 | Misc Private Charges | 0.00 |
| 30 1 4b | | 3115 | C/A - Managed Medicare A | (51,012.25) |

Mystic Healthcare
Trial Balance - Coded to Cost Report
10/1/15 - 9/30/16

| | | |
|-------------------------------|------------------------------------|--------------|
| 30 I 4b | 3118 C/A - Hospice | 2,424.61 |
| 30 I 4b | 3120 C/A - Managed Care | 394,089.70 |
| 30 I 4b | 3150 C/A - Hospice Medicaid | 74,836.34 |
| 30 II 1 c | 3915 Pharmacy - Private Insurance | 0.00 |
| 30 II 1 c | 3900 Pharmacy - Private Pay | 0.00 |
| 30 II 1 c | 3920 Pharmacy - Managed Care | (43,191.00) |
| 30 II 2 c | 3800 Medical Supply-Private pay | (173.40) |
| 30 II 2 c | 3830 Medical Supply-Priv Insurance | 0.00 |
| 30 II 2 c | 3410 Incont Supply Private Pay | 0.00 |
| 30 II 2 c | 3840 Medical Supply-Managed Care | 0.00 |
| 30 II 3 c | 3500 PT - Private Pay | (283.75) |
| 30 II 3 c | 3510 PT - Medicaid | (24,529.38) |
| 30 II 3 c | 3530 PT - Medicare B | (60,528.89) |
| 30 II 3 c | 3540 PT - Private Insurance | 0.00 |
| 30 II 3 c | 3600 PT - Managed Care | (160,783.66) |
| 30 II 4 c | 3700 ST - Private Pay | 0.00 |
| 30 II 4 c | 3710 ST - Medicaid | (3,729.98) |
| 30 II 4 c | 3730 ST - Medicare B | (36,949.07) |
| 30 II 4 c | 3750 ST - Managed Care | (16,573.75) |
| 30 II 5 c | 3610 OT - Private Pay | (295.06) |
| 30 II 5 c | 3620 OT - Medicaid | (19,773.43) |
| 30 II 5 c | 3640 OT - Medicare B | (47,987.64) |
| 30 II 5 c | 3650 OT - Private Insurance | 0.00 |
| 30 II 5 c | 3660 OT - Managed Care | (153,412.54) |
| OTHER RESIDENT REVENUE | | |
| 30 II 6 b | 3310 Physiatrist Services - Med B | 0.00 |
| 30 II 6 b | 3320 Outpatient Therapy Revenue | 0.00 |
| | 3340 Finance Charge | 0.00 |
| 30 II 6 b | 3895 Oxygen - Managed Care | (603.20) |
| 30 II 6 b | 3945 X-ray - Managed Care | (1,901.37) |
| 30 II 6 b | 3905 Pharmacy - Medicaid | (12,805.85) |
| 30 II 6 b | 3930 X-Ray - Medicaid | 0.00 |
| 30 II 6 b | 3965 Lab - Private Insurance | 0.00 |
| 30 II 6 b | 3950 Lab - Private Pay | 0.00 |
| | 3955 Lab - Medicaid | 0.00 |
| 30 II 6 b | 3970 Lab - Managed Care | (44,178.10) |
| 30 IV 5 | 3480 Interest Income | (77.16) |
| 30 IV 7 | 3350 Beauty Care Revenue | 0.00 |
| 30 IV 8 | 3400 Bad Debt Recovery | (10.00) |
| 30 IV 8 | 3305 Misc Income | 0.00 |
| 30 Zero Out | 3145 C/A - Therapies - A | 0.00 |
| 30 | 3520 PT - Medicare A | (379,951.58) |
| 30 | 3630 OT - Medicare A | (362,051.50) |
| 30 | 3720 ST - Medicare A | (53,532.67) |
| 30 Zero Out | 3130 C/A - Medicare A Ancillary | 1,203,406.14 |
| | 3430 Incont Supplies Med A | 0.00 |
| 30 | 3870 Oxygen - Medicare A | (9,111.40) |
| 30 | 3910 Pharmacy - Medicare A | (155,294.56) |
| 30 | 3935 X-ray - Medicare A | (24,782.43) |
| 30 | 3960 Lab - Medicare A | (218,682.00) |

(9,401,182.31)

| Report Page | Cost Line | Cost Account Number | Account Name | Amount |
|-------------|-----------|---------------------|-----------------------------|--------------|
| 31 A1 | | 1000 | Cash - Peoples Bank | 54,846.90 |
| 31 A1 | | 1005 | Cash - Webster Bank | 56,424.73 |
| 31 A1 | | 1020 | Cash - Webster Money Market | 0.00 |
| 31 A1 | | 1010 | Cash - Payroll | 1,118.99 |
| 31 A1 | | 1015 | Cash - Peoples PMA | 2,713.70 |
| 31 A1 | | 1030 | Cash - Petty Cash | 500.00 |
| 31 A1 | | 1025 | Cash - Resident Funds | 33,033.32 |
| 31 A2 | | 1110 | A/R - Private Pay | 118,041.91 |
| 31 A2 | | 1115 | A/R - Applied Income | (154,860.24) |

Mystic Healthcare

Trial Balance - Coded to Cost Report

10/1/15 - 9/30/16

| | | |
|--------|--------------------------------------|----------------------------|
| 31 A2 | 1120 A/R - Med A Coins from Private | 19,021.79 |
| 31 A2 | 1125 A/R - Med B Coins from Private | 894.19 |
| 31 A2 | 1130 A/R - Medicaid Pending | 118,655.36 |
| 31 A2 | 1135 A/R - Medicaid | 547,269.50 |
| 31 A2 | 1140 A/R-Med A Coins from Medicaid | 11,336.37 |
| 31 A2 | 1145 A/R-Med B Coins from Medicaid | (78.59) |
| 31 A2 | 1150 A/R - Medicare A | 253,509.79 |
| 31 A2 | 1155 A/R - Medicare B | 14,101.89 |
| 31 A2 | 1157 A/R - Managed Medicare A | 81,255.38 |
| 31 A2 | 1160 A/R-Medicare A coins from Ins | 56,017.68 |
| 31 A2 | 1165 A/R-Medicare B coins from Ins | (819.42) |
| 31 A2 | 1170 A/R - Private Insurance | (13,526.34) |
| 31 A2 | 1175 A/R - Veterans Administration | 0.00 |
| 31 A2 | 1180 A/R - Managed Care | 86,993.10 |
| 31 A2 | 1185 A/R - Hospice | 67,542.95 |
| 31 A2 | 1190 A/R - Hospice Medicaid | 31,347.42 |
| 31 A2 | 1195 A/R - Resident AL | 0.00 |
| 31 A2 | 1198 A/R - Coinsurance | 0.00 |
| 31 A2 | 1212 Due from Medicaid | 11,819.59 |
| 31 A2 | 1245 Allowance for Doubtful Accts | (60,000.00) |
| 31 A5a | 1460 Prepaid Corporate Taxes | 0.00 |
| 31 A8 | 1215 Medicaid Advances | 0.00 |
| 31 A8 | 1250 Loans & Exchanges | (15,892.09) |
| 31 A8 | 1430 Prepaid Insurance | 3.32 |
| 31 A8 | 1200 Refunds | 17,819.41 |
| 31 B3 | 1700 Improvements | 2,470,167.21 |
| 31 B3 | 1710 Building Improvements - Phase 1 | 0.00 |
| 31 B3 | 1720 Building Improvements - Phase 2 | 0.00 |
| 31 B3 | 1790 Allow. Deprec. LHI | 0.00 |
| 31 B3 | 1705 AD improvements | (1,128,922.44) |
| 31 B3 | 1715 A/D Bldgs Improvements - Phase | 0.00 |
| 31 B3 | 1725 A/D Bldgs Improvements - Phase | 0.00 |
| 31 B5 | 1820 Non-Movable Equipment | 271,962.34 |
| 31 B5 | 1825 AD - Non-Movable Equipment | (206,520.79) |
| 31 B6 | 1810 Equipment - Movable | 271,658.35 |
| 31 B6 | 1815 AD - Movable Equipment | (267,254.27) |
| 31 B6 | 1837 Computer Software | 7,077.70 |
| 31 B7 | 1650 Autos | 8,157.98 |
| 31 B7 | 1655 AD Autos | (8,157.98) |
| | 1750 Improvements ICF | 0.00 |
| 31 B9 | 1600 Work In Progress | 0.00 |
| | | <u>2,757,258.71</u> |

| Cost Report Page | Cost Report Line | Account Number | Account Name | Amount |
|------------------|------------------|----------------|--------------------------------|-------------------------|
| 32 D3 | | 1910 | Goodwill | 0.00 |
| 32 D3 | | 1915 | Accumulated Amortization - GW | 0.00 |
| 32 D7 | | 1950 | Due from Aaron Manor | 2,372.20 |
| 32 D7 | | 1955 | Due from Bel-Air Manor | 0.00 |
| 32 D7 | | 1960 | Due from Cheshire House | 0.00 |
| 32 D7 | | 1965 | Due from Chamberlain Manor | 0.00 |
| 32 D7 | | 1970 | Due from Greentree Manor | 12,309.54 |
| 32 D7 | | 1975 | Due from Lord Chamberlain | 0.00 |
| 32 D7 | | 1980 | Due from Mystic Manor | 0.00 |
| 32 D7 | | 1985 | Due from Ryders Health Managem | 0.00 |
| 32 D7 | | 1991 | Due From AM Realty | 0.00 |
| 32 D7 | | 1992 | Due From BA Realty | 0.00 |
| 32 D7 | | 1193 | Due From CH Realty | 0.00 |
| 32 D7 | | 1994 | Due from GT Realty | 0.00 |
| 32 D7 | | 1988 | Due from Lighthouse Home Care | 3,875.20 |
| 32 D7 | | 1989 | Due from LH Homehealth Care | 0.00 |
| 32 D7 | | 1995 | Due From LC Realty | 0.00 |
| 32 D7 | | 1996 | Due From MM Realty | 0.00 |
| | | | | <u>18,556.94</u> |

| Cost Report Page | Cost Report Line | Account Number | Account Name | Amount |
|------------------|------------------|----------------|-------------------------|--------------|
| 33 A1 | | 2020 | Accounts Payable | (985,731.06) |
| 33 A2 | | 2030 | Note Payable - Pharmacy | (107,017.59) |
| 33 A4 | | 2270 | Accrued Payroll | (75,982.04) |
| 33 A12 | | 2080 | Sales Tax Payable | 0.00 |
| 33 A12 | | 2200 | Patient Fund | (33,033.32) |
| 33 A12 | | 2210 | FSA Liability | 0.00 |

Mystic Healthcare

Trial Balance - Coded to Cost Report

10/1/15 - 9/30/16

| | | | | |
|----|-----|------|--------------------------|-----------------------|
| 33 | A12 | 2250 | Accrued Expenses | (1,730.86) |
| 33 | A12 | 2240 | Accrued ADP Fees | 0.00 |
| 33 | A12 | 2260 | Accrued 401K Withholding | 0.00 |
| 33 | A12 | 2212 | Aflac - Individual | (16,943.82) |
| 33 | A12 | 2213 | Aflac - Group | (801.98) |
| 33 | A12 | 2265 | Accrued Pension | 0.00 |
| 33 | A12 | 2280 | Accrued PTO | (107,590.28) |
| 33 | A12 | 2255 | Accrued User Fee | (128,580.00) |
| 33 | A12 | 2330 | Property Tax Payable | 2,425.65 |
| 33 | A12 | 2350 | Corporate Taxes Payable | 0.00 |
| 33 | A12 | 2360 | Deferred Corporate Taxes | 0.00 |
| 33 | A12 | 2380 | Accrued Rate Adjustment | 0.00 |
| | | | | <u>(1,454,985.30)</u> |

| Cost Report Page | Cost Report Line | Account Number | Account Name | Amount |
|------------------|------------------|----------------|-----------------------------|-----------------------|
| 34 | B4 | 2400 | Due From/To Officers | 0.00 |
| 34 | B4 | 2404 | Due to Martin Sbriglio, CEO | (307,000.00) |
| 34 | B4 | 2410 | Due to Aaron Manor | (20,000.00) |
| 34 | B4 | 2415 | Due to Bel-Air Manor | (214,832.94) |
| 34 | B4 | 2420 | Due to Chamberlain Manor | (329,267.01) |
| 34 | B4 | 2425 | Due to Cheshire House | 0.00 |
| 34 | B4 | 2430 | Due to Greentree Manor | (254,508.86) |
| 34 | B4 | 2435 | Due to Lord Chamberlain | (535,774.98) |
| 34 | B4 | 2440 | Due to Mystic Healthcare | 0.00 |
| 34 | B4 | 2445 | Due To Ryders Health | (94,668.51) |
| 34 | B4 | 2450 | Due to AM Realty | 0.00 |
| 34 | B4 | 2455 | Due to BA Realty | 0.00 |
| 34 | B4 | 2460 | Due to CH Realty | 0.00 |
| 34 | B4 | 2465 | Due to Cham Manor Realty | 0.00 |
| 34 | B4 | 2470 | Due to GT Realty | (640,000.00) |
| 34 | B4 | 2475 | Due to LC Realty | 0.00 |
| 34 | B4 | 2480 | Due to MM Realty | (1,110,353.28) |
| 34 | B1 | 2051 | Notes Payable - Auto | 0.00 |
| | | | | <u>(3,506,405.58)</u> |

| Cost Report Page | Cost Report Line | Account Number | Account Name | Amount |
|------------------|------------------|----------------|---------------------------|---------------------|
| 35 | B1 | 2910 | Capital Stock | (100,000.00) |
| 35 | B5 | 2940 | Retained Earnings | 2,725,904.92 |
| 35 | | 2950 | Profit/Loss - Past Period | (458,455.84) |
| | | | | <u>2,167,449.08</u> |

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

Facility Name Mystic Healthcare

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

Yes No
 1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?
Explanation: _____

Yes No
 2. Are the methods of allocating costs consistent with cost year 2015? If not, explain the reporting change.
Explanation: _____

Yes No
 3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.
Explanation: _____

Yes No
 4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.
Explanation: _____

Yes No

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

Explanation:

Yes No

6. During cost year 2016, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?

Explanation:

Yes No

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

Explanation:

Yes No

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

Explanation:

Yes No

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

Explanation:

Yes No

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

Explanation:

Yes No

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

Explanation:

Yes No

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

Explanation:

Yes No

13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from cost year 2015?

Explanation:

Yes No

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

Explanation:

Yes No

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

Explanation:

Yes No

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

Explanation:

Yes No

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

Explanation:

Yes No

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

Explanation:

Yes No

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

Explanation:

Yes No

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

Explanation:

Yes No

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

Explanation:

Yes No

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

Explanation:

STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES

STATEMENT OF RESIDENT'S/INDIVIDUAL'S PERSONAL FUNDS ACCOUNT

Balances as of 05/31/2015

DDS Service Office New Haven

Facility Name Mystic Healthcare
 Street 475 High St
 City/Town Mystic State CT Zip 06355
 Phone No. 860 536-6070

Administrator Mr. Kopchik
 Administrator's Signature [Signature]
 Bank Name Peoples United Bank Date 6/2/2016
 Aggregate Bank Account No. 3647010867

Personal Funds Custodian: Pam Costa A/R Manager

| Name | Medicaid Number | Personal Funds in Aggregate Acct | Petty Cash In Facility | Bank Name & Account No. | Burial Funds Amounts | Bank Name & Account or Funeral Home Name |
|--------------------|-----------------|----------------------------------|------------------------|-------------------------|----------------------|------------------------------------------|
| ALBERT, EDITH | 001286491 | \$ 1,181.97 | | see above | | |
| ANDERSON, BARBARA | 002897228 | \$ (60.00) | | | | |
| BOLLES, WILLIAM | 002454447 | \$ 982.50 | | | | |
| CARRIER, MARIE | 001001783 | \$ 736.20 | | | | |
| CHRISOS, LILLIAN | 003614413 | \$ 158.10 | | | | |
| CLAPP, CYTNHIA | 002970746 | \$ 603.20 | | | | |
| CLEMENTE, LARRY | 003646783 | \$ 70.72 | | | | |
| CLIFT, BARBARA | 002679493 | \$ 109.96 | | | | |
| COMEAU, EDMOND | | \$ 15.00 | | | | |
| CYDYLO, DOLORES | 003990366 | \$ 0.10 | | | | |
| DIKAN, ALEXANDRA | 003844839 | \$ 0.66 | | | | |
| DANAHER, MARGARET | | \$ (2.00) | | | | |
| DEVIVO, MARION | 004255498 | \$ 28.10 | | | | |
| EARLE, JOSEPH | 002372412 | \$ 918.01 | | | | |
| ESTES, MARION | 001362390 | \$ 1,380.48 | | | | |
| EUGENIDES, WANDA | 003991781 | \$ 39.37 | | | | |
| FRANCIS, JOANNE | 0039954994 | \$ 147.35 | | | | |
| GEER, MARGARET | 004152859 | \$ 1,220.06 | | | | |
| GEER, BETTY | 003823017 | \$ 1,556.07 | | | | |
| GIAMBRA, BARBARA | 001026343 | \$ 756.00 | | | | |
| GLEASON, FREDERICK | 001153265 | \$ 0.98 | | | | |
| GODARD, LENA | 003233746 | \$ 10.00 | | | | |
| GORDON, HERBERT | 001063612 | \$ 582.07 | | | | |
| GRAHAM, EVELYN | 003762567 | \$ 1,012.33 | | | | |
| GRAY, JULIET | 004027298 | \$ (8.61) | | | | |
| GREENBERG, LOIS | 003271057 | \$ 1,373.52 | | | | |
| HAINES, JUANITA | | \$ 777.59 | | | | |
| HENRICI, MARJORIE | 004239584 | \$ 34.02 | | | | |

STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES

STATEMENT OF RESIDENT'S/INDIVIDUAL'S PERSONAL FUNDS ACCOUNT

Balances as of 05/31/2015

DDS Service Office New Haven

Facility Name Mystic Healthcare
 Street 475 High St
 City/Town Mystic State CT Zip 06355
 Phone No. 860 536-6070

Administrator Mr. Kopchik
 Administrator's Signature [Signature] Date 6/2/2016
 Bank Name Peoples United Bank
 Aggregate Bank Account No. 3647010867

Personal Funds Custodian: Pam Costa A/R Manager

| Name | Medicaid Number | Personal Funds in Aggregate Acct | Petty Cash In Facility | Bank Name & Account No. | Burial Funds Amounts | Bank Name & Account or Funeral Home Name |
|---------------------|-----------------|----------------------------------|------------------------|-------------------------|----------------------|------------------------------------------|
| HEYNIGER, MARJORIE | 002361562 | \$ 1,532.00 | | | | |
| HOLLY, ELIZABETH | 003377549 | \$ 1,919.69 | | | | |
| HOWELL, LUCY | 003674082 | \$ 1,248.59 | | | | |
| HOYT, MARY | | \$ 16.10 | | | | |
| HUETT, JOAN | 004083613 | \$ 483.62 | | | | |
| JOHNSON, RITA | 001103082 | \$ 1,199.08 | | | | |
| JOSEPH, VIRGINIA | 003157558 | \$ 59.11 | | | | |
| KELLEHER, ANGELINA | 003930929 | \$ 7.00 | | | | |
| KING, AUGUSTINE | 003684615 | \$ 219.82 | | | | |
| KLECZYNSKI, RAYMOND | 003512365 | \$ 3,294.17 | | | | |
| KLECZYNSKI, JANE | 003328430 | \$ 2,515.73 | | | | |
| KNIGHT, MARIE | | \$ (45.27) | | | | |
| KOBELSKI, HELEN | 003222121 | \$ 17.00 | | | | |
| KOSIBA, MYRTLE | 003946789 | \$ 6.95 | | | | |
| KOTFER, IRENE | 003087661 | \$ 16.10 | | | | |
| KRAEMER, ALICE | 004219604 | \$ 2.14 | | | | |
| KRONK, DORIS | 002394109 | \$ 77.02 | | | | |
| LACHANCE, JANET | | \$ (37.00) | | | | |
| LA MOREY, MARIE | 003598272 | \$ 216.73 | | | | |
| LAWRENCE, GLADYS | 002818391 | \$ 447.46 | | | | |
| LEE, HAMILTON | 002555862 | \$ 50.08 | | | | |
| LEFFERT, MARJORIE | 003677767 | \$ 11.96 | | | | |
| LEMA, ARTHUR | 001212166 | \$ 1,364.07 | | | | |
| LEVEILLE, LOIS | 003397644 | \$ 20.00 | | | | |
| LIU, NORAH | 003658034 | \$ 1,440.26 | | | | |
| LOWE, LANCASTER | 001402872 | \$ 1,465.61 | | | | |
| LYNICK, JOSEPHINE | 003331709 | \$ 17.00 | | | | |
| MARTEL, RONALD | 003597678 | \$ 536.07 | | | | |
| NOYES, BARBARA | | \$ 129.15 | | | | |
| OLDERSHAW, BESSIE | 002018360 | \$ 82.30 | | | | |

STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES

STATEMENT OF RESIDENT'S/INDIVIDUAL'S PERSONAL FUNDS ACCOUNT

Balances as of 05/31/2015

DDS Service Office New Haven

Facility Name Mystic Healthcare

Street 475 High St

City/Town Mystic

Phone No. 860 536-6070

State CT

Zip 06355

Administrator Mr. Kopchik

Administrator's Signature *Pamela Kopchik*

Bank Name Peoples United Bank

Aggregate Bank Account No. 3647010867

Date 6/2/2016

Personal Funds Custodian: Pam Costa A/R Manager

| Name | Medicaid Number | Personal Funds in Aggregate Acct | Petty Cash In Facility | Bank Name & Account No. | Burial Funds Amounts | Bank Name & Account or Funeral Home Name |
|-------------------|-----------------|----------------------------------|------------------------|-------------------------|----------------------|------------------------------------------|
| PONT, AUDREY | 002299428 | \$ 1,354.14 | | | | |
| RICCARDI, LOUIS | | \$ 412.77 | | | | |
| RITZIE, ROBERT | | \$ (2.00) | | | | |
| ROY, MILDRED | 003827329 | \$ 101.69 | | | \$2,175.00 | Dinoto |
| RYDER, JOHN | 003522271 | \$ 918.18 | | | | |
| SHIPPEE, SARALEE | 003637942 | \$ 786.92 | | | | |
| SITTER, YON | 004200184 | \$ 575.57 | | | | |
| SLOAN, BARBAR | 003504731 | \$ 1.34 | | | | |
| SORIANO, ERNESTO | | \$ 82.80 | | | | |
| STANFIELD, MARVIN | 003983978 | \$ 6.10 | | | | |
| STEVENS, JANET | 003857726 | \$ 141.73 | | | | |
| SWANSON, EDWIN | | \$ 535.49 | | | | |
| THEADORE, MARY | 003776558 | \$ 119.58 | | | | |
| TYLER, GAIL | 004208673 | \$ 81.87 | | | | |
| VERRANEALT, SUSAN | 002466764 | \$ 1,941.20 | | | | |
| VINCENT, HAROLD | 003329324 | \$ 172.80 | | | | |
| WECKER, SUSAN | | \$ 8.00 | | | | |
| WHITEHEAD, GLADYS | 002299820 | \$ 46.76 | | | | |
| WILLIAMS, RALPH | 002831201 | \$ 71.64 | | | | |

TOTAL \$ 39,292.87