

Trinity Continuing Care Services dba Trinity Health Senior Communities

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:54 AM

SCHEDULE 1 : CONTACT AND DISCLOSURE INFORMATION

Organization Information

TABLE 1		
1.1	Management /Central Office Identification Number	COMB252
1.2	Organization ID	16640
1.3	Balance Sheet Date - Management Co/Central Office	12/31/2023
1.4	Reporting Period: From	01/01/2023
1.5	Reporting Period: To	12/31/2023
1.6	Name of Management Company / Central Office	Trinity Continuing Care Services dba Trinity Health Senior Communities
1.7	Street Address	20555 Victor Parkway
1.8	City	Livonia
1.9	State	MI
1.10	Zip	48152
1.11	Telephone	+17343436628
1.12	Fax	+17343436461
1.13	Legal Status	8
1.14	Is this information correct?	Yes

Contact Information

TABLE 2		
2.1	Contact person for this report:	<input checked="" type="checkbox"/> Use login user's information to fill fields below
2.2	Name	Latovick, S. Pamela
2.3	Firm (if not Mgmt. Company)	Trinity Continuing Care Services dba Trinity Health Senior Communities
2.4	Title	VP Reimbursement
2.5	Street Address	C/O TRINITY CONTINUING CARE SERVICES, PO BOX 9184
2.6	City	Farmington Hills
2.7	State	MI
2.8	Zip	48333
2.9	Telephone	+17343436628
2.10	Fax	+17343436461
2.11	E-mail address	latovicp@trinity-health.org

Trinity Continuing Care Services dba Trinity Health Senior Communities

Run Date: 10/02/2024

Version: 2023.1

Run Time: 10:54 AM

2.12	Is this information correct?	Yes
------	------------------------------	-----

Preparer Information

Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.

TABLE 3		
3.1	I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	
3.2	Preparer:	
3.3	Firm Name / Management Company	
3.4	Name of Contact	
3.5	Title	
3.6	Street Address	
3.7	City	
3.8	State	
3.9	Zip	
3.10	Telephone	+1
3.11	Fax	+1
3.12	E-mail address	
3.13	Is this information correct?	
3.14	Type of Accounting Service Performed	Compilation

Disclosure Information

1. This list must include the name(s), address(es) and % share of all direct and indirect owners with an interest of 5% or more in this entity. See the instructions for a definition of owner.

Column #	1	2	3	4	5
TABLE 4	Direct or Indirect?	Org Id	Name of Owner(s)	Address	% Share
4.1	InDirect	12778	Trinity Health Corporation	20555 Victor Parkway Livonia MI 48152	100.00%
4.2	Direct	14382	Trinity Continuing Care Services	17410 College Parkway, Suite 200	100.00%
400	Is this information correct?	Yes			

**Trinity Continuing Care Services dba Trinity
Health Senior Communities**

Run Date: 10/02/2024

Version: 2023.1

Run Time: 10:54 AM

2. This list must include the name(s) of any Massachusetts nursing or residential care facility in which the owners listed in item #1 own directly an interest of 5% or more. For indirect ownership with an interest of 5% or more please provide information to the "Footnotes and Explanations" upload option on Schedule 7.

Column #	1	2	3
TABLE 5	Nursing or Residential Care Facility	VPN	Name of Owner(s)
5.1	BEAVEN KELLY HOME	5510033	Trinity Continuing Care Services
5.2	SAINT LUKE'S HOME	5510036	Trinity Continuing Care Services
500	Is this information correct?	Yes	

3. Have you reported any expenses on a related SNF-CR or RCF-CR directly, which were not allocated through Schedule 6?

600	No		
-----	----	--	--

**Trinity Continuing Care Services dba Trinity
Health Senior Communities**

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:54 AM

SCHEDULE 2 : INCOME AND EXPENSES

Income

Table 1	Column #		1
Line #	Account	Description	Reported
1.1	3630.0	Nursing Facility Income	
1.2	3650.0	Other Income (Enter in Sidebar)	15,043,407
1.3	3650.4	Administrative and General Recoverable Income	620,759
1.4	3650.5	Variable Recoverable Income	
1.5	3650.2	Director of Nurses Recoverable Income	
1.6	3650.3	Fixed Recoverable Income	56,450
100	3600.0	TOTAL INCOME	15,720,616

Expenses

Table 2	Column #		1	2	3
Line #	Account	Description	Reported Expenses	Non-Allowable Expenses and Add-backs	Allowable Expenses
2.1	9315.0	Officer/Owner: Compensation & Director Fees		0	0
2.2	9378.4	Officer/Owner: Payroll Taxes, Workers' Compensation and Fringe Benefits		0	0
2.3	9314.1	Administrator: Salaries			0
2.4	9378.5	Administrator: Payroll Taxes, Workers' Compensation and Fringe Benefits			0
2.5	9313.1	Administrator-in-Training: Salaries			0
2.6	9378.6	Administrator-in-Training: Payroll Taxes, Workers' Compensation and Fringe Benefits			0
2.7	9312.1	Administration: Salaries	8,374,926	27,557	8,347,369
2.8	9317.1	Clerical, Bookkeeping and Other Administrative: Salaries			0

**Trinity Continuing Care Services dba Trinity
Health Senior Communities**

Run Date: 10/02/2024

Version: 2023.1

Run Time: 10:54 AM

2.9	9378.3	Administration, Clerical, Bookkeeping and Other Administrative: Payroll Taxes, Workers' Compensation and Fringe Benefits	1,212,213	335,079	877,134
2.10	9379.5	Other Administrative and General (Upload details on Schedule 7.5)	9,959,013	(12,591)	9,971,604
2.11	9392.0	Maintenance and Other Property Expenses	16,713		16,713
2.12	9935.0	Non-Allowable Administrative and General Expenses per Regulation (Enter in Sidebar)	450,652	450,652	0
2.13	3650.4	Administrative and General Recoverable Income		620,759	(620,759)
2.100	9311.0	SUBTOTAL: ADMINISTRATIVE AND GENERAL EXPENSES	20,013,517	1,421,456	18,592,061
2.14	9323.3	Director of Nursing Salaries			0
2.15	9378.8	Director of Nursing: Payroll Taxes, Workers' Compensation and Fringe Benefits			0
2.16	3650.2	Director of Nurses Recoverable Income		0	0
2.200	9323.0	SUBTOTAL: DIRECTOR OF NURSING	0	0	0
2.17	9323.1	Quality Assurance Professional: Salaries		(123,096)	123,096
2.18	9323.5	Indirect Restorative Therapy: Salaries			0
2.19	9323.4	Dietician: Salaries			0
2.20	9378.9	Quality Assurance Professional, Indirect Restorative Therapy, Dietician: Payroll Taxes, Workers & Compensation and Fringe Benefits		(13,085)	13,085
2.21	9323.6	Direct Restorative Therapy : Salaries		0	0
2.22	9378.2	Direct Restorative Therapy: Payroll Taxes, Workers' Compensation and Fringe Benefits		0	0
2.23	9502.2	REA-CR Other Operating Expense Add-back			0

**Trinity Continuing Care Services dba Trinity
Health Senior Communities**

Run Date: 10/02/2024

Version: 2023.1

Run Time: 10:54 AM

2.24	3650.5	Variable Recoverable Income		0	0
2.300	9324.0	SUBTOTAL: VARIABLE EXPENSES	0	(136,181)	136,181
2.25	9386.8	Depreciation: Building	6,539		6,539
2.26	9387.8	Depreciation: Improvements			0
2.27	9387.9	Depreciation: MGT-CR Capitalized Improvements			0
2.28	9388.8	Depreciation: Equipment	38,765	1,058	37,707
2.29	9388.9	Depreciation: MGT-CR Capitalized Equipment			0
2.30	9390.8	Depreciation: Software/Limited Life Assets			0
2.31	9390.9	Depreciation: MGT-CR Capitalized Software/Limited Life Assets			0
2.32	9381.0	Long-Term Interest	3,349,737	3,293,287	56,450
2.33	9380.0	Real Estate Taxes			0
2.34	9380.1	Personal Property Taxes			0
2.35	9380.2	MA Corp. Excise Tax Non-Income Portion			0
2.36	9380.5	Insurance: Building, Building Improvements, Equipment			0
2.37	9382.1	Other Equipment Rent			0
2.38	9382.2	Property Rent (Unrelated Party)	13,477		13,477
2.39	9382.3	Property Rent (Related Party - REA-CR Required)		0	0
2.40	9950.2	REA-CR Fixed Costs (from Schedule 3)		0	0
2.41	3650.3	Fixed Recoverable Income		56,450	(56,450)
2.400	9384.0	SUBTOTAL: FIXED EXPENSES	3,408,518	3,350,795	57,723
200	9300.0	TOTAL EXPENSES	23,422,035	4,636,070	18,785,965

Detail of Other Income, Account 3650.0

Table 3	1	2
Line #	Description	Reported
3.1	Grants	147,193
3.2	Interest Non-Op Loans/Notes	8,808
3.3	Intercompany Management Fee	15,735,547

**Trinity Continuing Care Services dba Trinity
Health Senior Communities**

Run Date: 10/02/2024

Version: 2023.1

Run Time: 10:54 AM

3.4	Non-Op Other Investment Equity	(411,244)
3.5	Non-Op Mkt Security CMP	210,951
3.6	Change Unrealized Gain/Loss Other Investment	90,068
3.7	Intercompany Derivatives Cash Payment	(40,815)
3.8	Intercompany Defined Benefit Plan Non Svc Cost Ctr	(697,101)
300	SUBTOTAL: OTHER INCOME	15,043,407

Non-Allowable Administrative & General Expenses per Regulation 101 CMR 204.00 or 206.00, Account 9935.0				
Table 4	Column #	1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add-backs	Allowable Expenses
4.1	Telephone: Advertising		0	0
4.2	Accounting: Appeal Service		0	0
4.3	Legal: Appeal Service		0	0
4.4	Legal: Other		0	0
4.5	Other Advertising	450,652	450,652	0
4.6	Other Management Fees		0	0
4.7	Interest on Late Payments and Penalties		0	0
4.8	Interest on Working Capital		0	0
400	SUBTOTAL: NON-ALLOWABLE ADMINISTRATIVE AND GENERAL	450,652	450,652	0

**Trinity Continuing Care Services dba Trinity
Health Senior Communities**

Run Date: 10/02/2024

Version: 2023.1

Run Time: 10:54 AM

SCHEDULE 3 : ALLOWABLE FIXED ASSETS AND EXPENSES

Management Company / Central Office Fixed Assets and Expenses						
Table 1	Column #		1	2	3	4
Line #	Account	Description	Allowable Assets (Basis), Beginning of Year	Asset Additions	Asset Deletions	Allowable Assets (Basis), End of Year
1.1	9950.3	Allowable Building Depreciation Rate	2.5%			
1.2		Land				0
1.3		Building				0
1.4		Improvements	771,199			771,199
1.5		MGT-CR Capitalized Improvements				0
1.6		Equipment	10,359,118			10,359,118
1.7		MGT-CR Capitalized Equipment				0
1.8		Software				0
1.9		MGT-CR Capitalized Software				0

Realty Company Fixed Assets and Expenses						
Table 2	Column #		1	2	3	4
Line #	Account	Description	Allowable Assets (Basis), Beginning of Year	Asset Additions	Asset Deletions	Allowable Assets (Basis), End of Year
2.1		Name of Realty Company				
2.2		Land				0
2.3		Building				0
2.4		Improvements				0
2.5		REA-CR Capitalized Improvements				0
2.6		Equipment				0
2.7		REA-CR Capitalized Equipment				0
2.8		Software				0

**Trinity Continuing Care Services dba Trinity
Health Senior Communities**

Run Date: 10/02/2024

Version: 2023.1

Run Time: 10:54 AM

2.9		REA-CR Capitalized Software				0
-----	--	-----------------------------	--	--	--	---

Realty Company Allowable Fixed Expenses

This table must agree to the Allowable Fixed Expenses in the Realty Company (REA-CR) Fixed Expenses Schedule 2 of the REA-CR.

Row 300 (Account 9950.2) will populate Schedule 2, Row 2.40, Column 2 of this cost report.

Table 3	Column #		1
Line #	Account	Description	Allowable Expenses
3.1	9550.0	Depreciation: Building	
3.2	9550.3	Allowable Building Depreciation Rate	2.5%
3.3	9560.8	Depreciation: Improvements	
3.4	9562.8	Depreciation: REA-CR Capitalized Improvements	
3.5	9570.0	Depreciation: Equipment	
3.6	9571.0	Depreciation: REA-CR Capitalized Equipment	
3.7	9575.0	Depreciation: Software/Limited Life Assets	
3.8	9576.0	Depreciation: REA-CR Capitalized Software/Limited Life Assets	
3.9	9545.0	Long-Term Interest	
3.10	9540.0	Real Estate Taxes	
3.11	9540.5	Personal Property Taxes	
3.12	9545.6	MA Corp. Excise Tax Non-Income Portion	
3.13	9580.0	Insurance: Building, Building Improvements, Equipment	
3.14	9547.0	Other Equipment Rent	
3.15	3540.0	Recoverable Fixed Income	
300	9950.2	SUBTOTAL: ALLOWABLE REA-CR EXPENSES	0

**Trinity Continuing Care Services dba Trinity
Health Senior Communities**

Run Date: 10/02/2024

Version: 2023.1

Run Time: 10:54 AM

SCHEDULE 4 : BALANCE SHEET

Current Assets			
Table 1	Column #		1
Line #	Account	Description	Account Balance
	Cash		
1.1	1025.0	Cash and Equivalents	53,060
1.2	1040.0	Short-term Investments	(6,141,255)
1.3	1045.0	Current Portion Assets Whose Use is Limited	
1.100	1010.0	SUBTOTAL: CASH	(6,088,195)
	Accounts Receivable		
1.4	1183.0	Other Accounts Receivable	261,177,924
1.5	1190.0	Interest Receivable	44,447
1.6	1195.0	Management Fees Receivable	
1.7	1140.0	Reserve for Bad Debt	
1.200	1110.0	SUBTOTAL: ACCOUNTS RECEIVABLE	261,222,371
	Loans Receivable		
1.8	1160.0	Officers/Owners	
1.9	1170.0	Employees	
1.10	1180.0	Affiliates/Related Parties	
1.11	1185.0	Other	
1.300	1150.0	SUBTOTAL: LOANS RECEIVABLE	0
1.12	1310.0	Other Current Assets	108,839
100	1005.0	TOTAL CURRENT ASSETS	255,243,015
Non-Current (Fixed) Assets			
Table 2	Column #		1
Line #	Account	Description	Account Balance
2.1	1511.1	LAND - COST	
2.2	1521.1	Building - Cost	771,199
2.3	1522.2	Building – Accumulated Depreciation	(747,032)
2.100	1520.0	BUILDING - BOOK VALUE	24,167
2.4	1611.1	Building Improvements – Cost	
2.5	1612.2	Building Improvements – Accumulated Depreciation	

**Trinity Continuing Care Services dba Trinity
Health Senior Communities**

Run Date: 10/02/2024

Version: 2023.1

Run Time: 10:54 AM

2.200	1610.0	BUILDING IMPROVEMENTS - BOOK VALUE	0
2.6	1616.1	MGT-CR Capitalized Improvements – Cost	
2.7	1617.2	MGT-CR Capitalized Improvements – Accumulated Depreciation	
2.300	1615.0	MGT-CR CAPITALIZED IMPROVEMENTS - BOOK VALUE	0
2.8	1651.1	Equipment - Cost	10,261,518
2.9	1652.2	Equipment – Accumulated Depreciation	(10,228,051)
2.400	1650.0	EQUIPMENT - BOOK VALUE	33,467
2.10	1661.1	MGT-CR Capitalized Equipment – Cost	
2.11	1662.2	MGT-CR Capitalized Equipment – Accumulated Depreciation	
2.500	1660.0	MGT-CR CAP EQUIPMENT - BOOK VALUE	0
2.12	1701.1	Motor Vehicles – Cost	97,600
2.13	1702.2	Motor Vehicles – Accumulated Depreciation	(97,600)
2.600	1700.0	MOTOR VEHICLES - BOOK VALUE	0
2.14	1710.1	Software - Cost	
2.15	1710.2	Software – Accumulated Depreciation	
2.700	1710.0	SOFTWARE - BOOK VALUE	0
2.16	1715.1	MGT-CR Capitalized Software – Cost	
2.17	1715.2	MGT-CR Capitalized Software – Accumulated Depreciation	
2.800	1715.0	MGT-CR Capitalized Software – Book Value	0
200	1500.0	TOTAL NON-CURRENT (FIXED) ASSETS	57,634

Deferred Charges and Other Assets

Table 3	Column #		1
Line #	Account	Description	Account Balance
3.1	1965.0	Long Term Investments	10,097,417
3.2	1966.0	Non-Current Asset Whose Use is Restricted	
3.3	1985.0	Other (Enter in Table 4)	10,327,687
3.4	1975.1	Mortgage Acquisition Cost	
3.5	1975.2	Accumulated Amortization of Mortgage Acquisition Cost	
3.100	1975.0	UNAMORTIZED MORTGAGE ACQUISITION COST	0
300	1900.0	TOTAL DEFERRED CHARGES AND OTHER ASSETS	20,425,104

**Trinity Continuing Care Services dba Trinity
Health Senior Communities**

Run Date: 10/02/2024

Version: 2023.1

Run Time: 10:54 AM

Deferred Charges and Other Assets		
Detail of Other Assets, Account 1985.0		
Table 4	1	2
Line #	Description	Account Balance
4.1	Construction in Progress	620,467
4.2	Goodwill	9,684,720
4.3	Other Assets	22,500
400	SUBTOTAL ACCOUNT	10,327,687

Total Assets			
Table 5	Column #		1
Line #	Account	Description	Account Balance
500	1000.0	Total Assets	275,725,753

Current Liabilities			
Table 6	Column #		1
Line #	Account	Description	Account Balance
	Accounts Payable		
6.1	2020.0	Trade	40,459
6.2	2030.0	Accrued Expenses	
6.100	2010.0	SUBTOTAL: ACCOUNTS PAYABLE	40,459
	Current Long-Term Debt		
6.3	2110.0	Officer, Owner, Related Parties	
6.4	2120.0	Subsidiaries and Affiliates	320,246,434
6.5	2130.0	Banks	
6.6	2140.0	Motor Vehicles	
6.7	2150.0	Other Short-Term Financing	
6.8	2160.0	Payments Due w/in one year on long-term debt	1,628,065
6.200	2100.0	SUBTOTAL: TOTAL CURRENT LONG-TERM DEBT	321,874,499
	Accrued Salaries and Payroll Liabilities		
6.9	2190.0	Accrued Salaries	1,610,579
6.10	2200.0	Accrued Payroll Tax withheld	
6.11	2210.0	Accrued Employee Taxes Payable	

**Trinity Continuing Care Services dba Trinity
Health Senior Communities**

Run Date: 10/02/2024

Version: 2023.1

Run Time: 10:54 AM

6.12	2220.0	Other Payroll Liabilities	3,054,831
6.300	2180.0	SUBTOTAL: ACCRUED SALARIES & PAYROLL LIABILITIES	4,665,410
6.13	2230.0	Other Current Liabilities	
600	2005.0	TOTAL CURRENT LIABILITIES	326,580,368

Non-Current Liabilities

Table 7	Column #		1
Line #	Account	Description	Account Balance
7.1	2310.0	Mortgages	
7.2	2330.0	Due to Affiliates/Related Parties	71,473,523
7.3	2320.0	Other Long-Term Debt	
700	2300.0	TOTAL NON-CURRENT LIABILITIES	71,473,523

Total Liabilities

Table 8	Column #		1
Line #	Account	Description	Account Balance
800	2800.0	Total Liabilities	398,053,891

Net Worth

Table 9	Column #		1
Line #	Account	Description	Account Balance
	Not-for-Profit		
9.1	2410.0	Unrestricted Net Assets	(122,328,138)
9.2	2420.0	Temporarily Restricted Net Assets	
9.3	2430.0	Permanently Restricted Net Assets	
9.100	2400.0	Total Net Assets	(122,328,138)
900	2500.0	TOTAL NET WORTH	(122,328,138)

Total Liabilities and Net Worth

Table 10	Column #		1
Line #	Account	Description	Account Balance
1000	2000.0	Total Liabilities and Net Worth	275,725,753

**Trinity Continuing Care Services dba Trinity
Health Senior Communities**

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:54 AM

SCHEDULE 5 : RECONCILIATION OF INCOME & EXPENSES

Part 1: Reconciliation on Income and Expenses per Books to Cost Report

Net Income/Loss per MGT-CR			
Table 1	Column #		1
Line #	Account Number	Description	Amount
1.1	3600.0	Total income reported on MGT-CR (Schedule 2)	15,720,616
1.2	9300.0	Total operating expenses on MGT-CR (Schedule 2)	23,422,035
100		MGT-CR Net income/(loss) before reconciling items	(7,701,419)
Reconciling Items			
Items reported on MGT-CR but not on Financials. Explain below.			
Table 2	Column #	1	2
2.1			
200	2905.0	Subtotal	0
Items reported on Financials but not on MGT-CR. Explain below.			
Table 3	Column #	1	2
3.1			
300	2910.0	Subtotal	0
Table 4		1	
400	NET INCOME/(LOSS) PER FINANCIALS		(7,701,419)
4.1	Explanation		

Part 2: Reconciliation of Net Worth

Prior Period Adjustments, Account 2915.0

Table 7	1	2
Line #	Description	Amount
7.1		
7.2		
7.3		
7.4		
7.5		
7.6		

**Trinity Continuing Care Services dba Trinity
Health Senior Communities**

Run Date: 10/02/2024

Version: 2023.1

Run Time: 10:54 AM

7.7		
700	Total Account	0

NON-PROFIT						
Table 8	Column #		1	2	3	4
Line #	Account Number	Description	Unrestricted Net Assets	Temporarily Restricted Net Assets	Permanently Restricted Net Assets	Total Net Assets
8.1		Balance: PRIOR YEAR	(113,281,086)			(113,281,086)
8.2		Increases (decreases)				
8.3	2915.0	Prior Period Adjustment(s)				0
8.4		MGT-CR Net Income / (Loss)	(7,701,419)			(7,701,419)
8.5	2940.0	Gain(Loss) on Investments				0
8.6	2945.0	Contributions, Gifts and Other				0
8.7	2950.0	Change in Unrealized Gains				0
8.8	2955.0	Net Assets Released from Restriction for Property or Equipment				0
8.9	2960.0	Other	(1,345,633)			(1,345,633)
800		Balance: CURRENT YEAR	(122,328,138)	0	0	(122,328,138)
		Account Number	2410.0	2420.0	2430.0	2500.0

Part 3: Earnings and Compensation Disclosures

This schedule is used to report the name(s) of the owner, officer or partner, and disclose the salary and other compensation paid as well as the accounts that were charged.

Table 9	1	2	3	4	5	6	7	8	9	10
Line #	Account Number	Last Name	First Name	Officer, Partner, Related Party	Title	% of Time Devoted	Salary & Benefits	Draw / Dividends	Other	TOTAL
Sole Proprietorship										
9.1	2530.0					.00%				0
9.2						.00%				0
9.3						.00%				0
										0
Table 10	1	2	3	4	5	6	7	8	9	10

**Trinity Continuing Care Services dba Trinity
Health Senior Communities**

Run Date: 10/02/2024

Version: 2023.1

Run Time: 10:54 AM

Partnership, Limited Liability Company (LLC)

10.1						.00%				0
10.2						.00%				0
10.3						.00%				0
										0
Table 11	1	2	3	4	5	6	7	8	9	10

Corporation

11.1						.00%				0
11.2						.00%				0
11.3						.00%				0
										0

**Part 4: Five Highest Paid (including salaries, payroll taxes, workers compensation, other fringe benefits, and draws)
List the names and compensation of the five employees who have the highest compensation being reported on this report.**

Table 12	Column #	1	2	3	4	5	6	7	8	9
Line #	Account	Last Name	First Name	Officer, Partner, Related Party	Title	% of Time Devoted	Salary, Taxes, Workers' Comp. & Fringe Benefits	Draw	Other	TOTAL
12.1	7710.1	Bowens	Marcus	Officer	CFO, Interim CEO	100.00%	462,885			462,885
12.2	7711.1	Johnson	Stacey		Chief Nursing Officer	100.00%	258,102			258,102
12.3	7712.1	Lund	Becky		Vice President Operations	100.00%	251,346			251,346
12.4	7713.1	Reimer	Meg		Vice President Human Resources	100.00%	230,426			230,426
12.5	7714.1	Meyers	Jessie		Director Facilities Managem ent	100.00%	217,212			217,212

**Trinity Continuing Care Services dba Trinity
Health Senior Communities**

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:54 AM

SCHEDULE 6 : ALLOWABLE EXPENSE ALLOCATION

Provide allocation to Massachusetts Nursing and Residential Care Facilities, Non-Mass Nursing and Residential Care Facilities

Column #	1	2	3	4	5	6
Table 1	Facility Name	VPN	Administrative and General			
			Shared Administrative & General Expense	Other Direct Administrative & General Expense	Total MGT-CR Administrative & General Add-back	
Line #	Part A: Massachusetts Nursing and Residential Care Facilities Only		%	\$	\$	\$
1.1	SAINT LUKE'S HOME	5510036	1.0085%		94,473	94,473
1.2	BEAVEN KELLY HOME	5510033	0.8085%		75,742	75,742
1.3	MARY'S MEADOW AT PROVIDENCE PLACE	0950046	3.0063%		281,612	281,612
100	PART A: Total Massachusetts Nursing and Residential Care Facilities		4.8233%	0	451,827	451,827
200	PART B: Total Non-MA Nursing and Residential Care Facilities		94.4606%		8,848,649	8,848,649
300	PART C: Total Non-Nursing/Residential Care Facility Business		0.7161%		67,082	67,082
400	TOTAL ADJUSTED MANAGEMENT COMPANY / CENTRAL OFFICE EXPENSES		100.0000%	0	9,367,558	9,367,558
	Identify Allocation Method(s) Used Above					
500						
600						

Trinity Continuing Care Services dba Trinity
Health Senior Communities

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:54 AM

s and Other Nursing and Residential Care Facility business in the grid below.

7	8	9	10	11	12	13	14
al Expenses			Director of Nurses Salary, Taxes & Benefits	Variable Expenses			
Administrator Salary, Taxes & Benefits	Administrator- in- Training Salary, Taxes & Benefits	Total Allowable Administrative & General Expense		Dietician Salary, Taxes & Benefits	Indirect Restorative Therapy Salary, Taxes & Benefits	Quality Assurance Professional Salary, Taxes & Benefits	REA-CR Othe t
\$	\$	\$	\$	\$	\$	\$	%
93701		188,174				1,383	
75123		150,865				1,109	
279312		560,924				4,124	
448136	0	899,963	0	0	0	6,616	0.0000%
8776367		17,625,016				129,565	
		67,082					
9224503	0	18,592,061	0	0	0	136,181	0.0000%

Trinity Continuing Care Services dba Trinity
Health Senior Communities

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:54 AM

15	16	17	18	19
or Operating Add- back	Total Allowable Variable Expenses	Total Allowable Fixed Expenses (from MGT-CR Sch. 3)		Total Allowable Expenses
\$	\$	%	\$	\$
	1,383	0.0101%	582	190,139
	1,109	0.8100%	467	152,441
	4,124	3.0100%	1,735	566,783
0	6,616	3.8301%	2,784	909,363
	129,565	94.4600%	54,526	17,809,107
	0	0.7161%	413	67,495
0	136,181	99.0062%	57,723	18,785,965

**Trinity Continuing Care Services dba Trinity
Health Senior Communities**

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:54 AM

SCHEDULE 7 : FOOTNOTES AND OTHER DISCLOSURES

(1) Footnotes and Explanations
Upload Type: Excel, Word, or PDF
This schedule is used to provide detail to any of the information included in this report.
Note: This file is mandatory if Schedule 1 Line 3.14 ("Type of Accounting Service Performed") has "Other" selected, and/or if Schedule 1 Line 600 has been checked "Yes."
(2) Organizational Structure
Upload Type: Excel, Word, or PDF
Supply the Center with a macro organizational chart of your complete business structure.
Shade in each component of your organizational chart from which costs are allocated to your Massachusetts Nursing or Residential Care Facilities.
Note: This file is mandatory for all users
(3) Non-MA Facilities
Upload Type: Excel Template
List the name(s) of any non-Massachusetts nursing or residential care facilities in which any direct/indirect owners listed in Schedule 1, Table 4 of this report own, directly or indirectly, an interest of 5% or more.
This information must be submitted in the format of the template provided.
Note: This is mandatory if this section applies to the filing Management Company
(4) Related Party Markup, Account 9382.3
Upload Type: Excel Template
Indicate any entity, person or related party as defined in REGULATION 101 CMR 206.00 and that (a) provides services, facilities, goods and/or supplies to this company; or (b) receives
any salary, fee or other compensation from this company. Indicate the amount paid by this company for this reporting year. (Attach addendum if necessary.)
This information must be submitted in the format of the template provided.
Note: If Schedule 2 Line 2.39 (Account 9382.3, Expenses: Property Rent) has reported information, this file must be completed and uploaded.

**Trinity Continuing Care Services dba Trinity
Health Senior Communities**

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:54 AM

(5) Other Administrative and General, Account 9379.5

Upload Type: Excel Template

Provide a detailed listing of all expenses being reported in Account 9379.5, Other Administrative & General on Schedule 2.

This information must be submitted in the format of the template provided.

Note: If Schedule 2 Line 2.10 (Account 9379.5) has reported information, this file must be completed and uploaded.

(6) Financial Statement Documentation

Upload Type: PDF

To satisfy the financial statement requirement, providers must file one of the following forms of acceptable documentation.

As per 957 CMR 7.00: If a Provider or its parent organization is required or elects to obtain independent audited financial statements for purposes other than 957 CMR 7.00, the

Provider must file a complete copy of its audited financial statements with the Center, that most closely correspond to the Provider's Nursing Facility cost report fiscal period. If the

Provider or its parent organization does not obtain audited financial statements but is required or elects to obtain reviewed or compiled financial statements for purposes other than

957 CMR 7.00, the Provider must file with the Center a complete copy of its financial statements that most closely correspond to the Nursing Facility cost report fiscal period. Nothing

in this section shall be construed as an additional requirement that nursing homes complete audited, reviewed, or compiled financial statements solely to comply with the Center's

reporting requirements.

Please select one option from the menu, and upload applicable files for choices A or B. They are listed in descending order of preference:

☐ A) Audited Financial Statement: Audited, reviewed, or compiled financial statements prepared by a Certified Public Accountant (CPA).

☒ B) Unaudited Financial Statement: Unaudited financial statements for the reporting year.

☐ C) Financial Statements Unavailable: The Provider or parent organization did not complete audited, reviewed, or compiled financial statements for purposes other than 957 CMR 7.00.

Note: If A or B are selected Providers need to submit a financial statement. If C is selected an upload is not required.

**Trinity Continuing Care Services dba Trinity
Health Senior Communities**

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:54 AM

File Submission History				
Date Uploaded	File	File Name	File Type	Uploaded By
3/20/2024 1:42:29 PM	(1) Footnotes and Explanations	Footnotes.Explanations CY23.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Pamela Latovick
3/20/2024 1:43:40 PM	(1) Footnotes and Explanations	Allocations CY23.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Pamela Latovick
3/20/2024 1:44:25 PM	(2) Organizational Structure	THSC Organization Chart CY23.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Pamela Latovick
3/20/2024 1:45:07 PM	(3) Non-MA Facilities	NonMAFacilities CY23.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Pamela Latovick
3/20/2024 1:45:54 PM	(5) Other Administrative and General, Account 9379.5	OtherAdmin CY23.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Pamela Latovick
3/20/2024 1:46:54 PM	(5) Other Administrative and General, Account 9379.5	THSC Financial Statements CY23.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Pamela Latovick
3/20/2024 2:03:44 PM	(6) Financial Statement Documentation	Financial Statements CY23.pdf	application/pdf	Pamela Latovick
3/20/2024 2:04:25 PM	(6) Financial Statement Documentation	Fin Stmt Addtl CY23.pdf	application/pdf	Pamela Latovick

**Trinity Continuing Care Services dba Trinity
Health Senior Communities**

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:54 AM

SCHEDULE 8 : SUBMISSION ATTESTATION SECTIONS

Section A - Certification by Preparer (Other than Owner, Partner, or Officer)		
1.1	<input checked="" type="checkbox"/> Use login users information to fill fields below	
1.2	Firm Name	Trinity Continuing Care Services
1.3	Preparer's Last Name	Latovick
1.4	Preparer's First Name	Pamela
1.5	Preparer's Middle Name	S.
1.6	Title	VP Reimbursement
1.7	Preparer's Address	C/O TRINITY CONTINUING CARE SERVICES, PO BOX 9184
1.8	City	Farmington Hills
1.9	State	MI
1.10	Zip Code	48333
1.11	Phone Number	7343436628
1.12	Email Address	latovicp@trinity-health.org
1.13	Is this information correct?	Yes
1.14	<input checked="" type="checkbox"/> By checking this box I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.15	Date of Authorization:	03/20/2024
	Please note this button does not submit the Cost Report for CHIA review, and is solely for your internal review purposes. If the report needs to be unlocked by the Preparer, uncheck the attestation box on Line 1.14.	

**Trinity Continuing Care Services dba Trinity
Health Senior Communities**

Run Date: 10/02/2024

Version: 2023.1

Run Time: 10:54 AM

Section B - Certification by Owner, Partner, or Officer

I declare and affirm under the penalties of perjury that this cost report and supporting schedules have been examined by me and, to the best of my knowledge and belief, are a true and correct statement of total operating expenditures, balance sheet, earnings and expenses, and other required information. Further, I declare that the report and supplemental information were prepared from the books and records of the provider, unless otherwise noted, in accordance with applicable federal and state laws, regulations and instructions. I understand that any payment resulting from this report will be from state and federal funds and that any false statements or documents, or the concealment of a material fact, may be prosecuted under applicable federal and state laws. I also understand that this report and supporting schedules are subject to audit and verification by the Center for Health Information and Analysis or any other state or federal agency or their subcontractors. I will keep all records, books, and other information pertaining to this cost report for a period of five years. If there is an unresolved audit exception, I will keep these records until all issues are resolved.

2.1	<input checked="" type="checkbox"/> Use login users information to fill fields below	
2.2	Last Name	DeFrain
2.3	First Name	David
2.4	Middle Name	Arthur
2.5	Title	Vice President Finance
2.6	Is this information correct?	Yes
2.7	<input checked="" type="checkbox"/> By checking this box I hereby certify that I am the authorizing person of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
2.8	Date of Authorization:	03/20/2024
Please note once the Submit button is clicked, this Cost Report and all attachments will be submitted to CHIA for review and finalized. This Cost Report can then only be reopened by contacting CHIA and submitting a request.		
Please submit all requests to Costreports.LTCF@CHIAmass.gov along with the following information:		
a) User Name		
b) User E-Mail Address		
c) Organization Name		
d) Applicable Filing Year		
e) Reason for request		