Craig J. Lubitski Consulting ILC & CJLC ILC

CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

Mr. Chris LaVigne CON & Reimbursement Department of Social Services 55 Farmington Avenue Hartford, CT 06105

Mr. LaVigne:

This enclosed 2015 Medicaid Cost Report intentionally omits the following disallowances:

- a. Administrator and Related Party salaries
- b. Dues and Membership Fees to Professional Associations
- c. Physical or Speech Therapy salaries or fees
- d. Depreciation and/or interest expense related to capitalized items previously deemed unallowable by the Department

It is our understanding that the software utilized by the Department in the rate setting process computes the necessary disallowances for these areas and our intention is to eliminate the potential for a duplicate disallowance.

If you have any questions, please contact me at 860-610-9009.

Respectfully,

Craig J. Lubitski, CPA

Partner

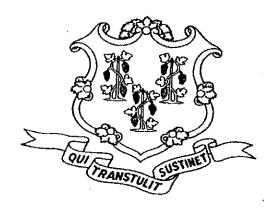


225 Pitkin Street
East Hartford
Connecticut 06108

860.610.9009 (t) 860.610.9030 (f)

cjlc.com

State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2015

Name of Facility (as 1	licensed)							
Eagle Landing Reside	•	ne LLC						
Address (No. & Stree								
268 Middlesex Ave.,	• •	•						
Type of Facility		·						
Chronic and C	Convalescent		Rest Home wit	h Nursing				
☐ Nursing Home	only		Supervision on	ıly	\square	Residential	Car	re Home
(CCNH)			(RHNS)					
Report for Year Begi	nning		Report for Yea	r Ending				
10/1/2014			9/30/2015	_				
License Numbers:		CCNH	RHNS	Reside	ential Care l 1864	Home	Med	dicare Provider
Medicaid Provider N	umbers:	CC	CNH	RF	INS		ICF	F-IID
For Department Use	e Only							
Sequence Number	Signed and	Date	Sequence N	lumber	Signed o	nd Notariza	d	Data Pagaiyad
Assigned	Notarized	Received	Assign	ed	Signed a	IId Notarize	u	Date Received
For Department Use Sequence Number	e Only Signed and	Date	Sequence N	lumber		nd Notarize		Date Receive

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State of Connecticut Department of Social Services

25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjus	tm	ent		Page	of
				1A	37
Name of Facility		Period Cov	ered:	From	То
Eagle Landing Residential Care Home LLC				10/1/2014	9/30/2015
Address of Facility 268 Middlesex Ave., Rt. 154, Chester, CT 06412					
Report Prepared By		Phone Nun	nber	Date	
Craig J. Lubitski Consulting LLC		860-610-90)09	2/15/2016	
					Residentia I Care
Item		Total	CCNH	RHNS	Home
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

		Pho	ne No. of Fa	cility	Report for Ye	ar Ended	Page	of
		860	-526-2419		9/30/2015		2	37
Name of Facility (as shown on license)			1 '		Street, City, Sto	- /		
Eagle Landing Residential Care Home LLC				,	ve., Rt. 154, C			
	CCNH		RHNS	Resi	dential Care H		Medicare F	Provider No.
License Numbers:		<u> </u>			I	864		
Type of Facility (Check appropriate box(es)))	_			_			
Chronic and Convalescent Nursing Home only (CCNH)			t Home with ervision only		- 101	Residenti	ial Care Hon	ne
Type of Ownership (Check appropriate box)							
O Proprietorship O LLC O	Partnership	0	Profit Corp.	0	Non-Profit Co	р. О	Government	O Trust
If this facility opened or closed during repor	rt year provide	e:		Date	e Opened	Date Clos	sed	
Has there been any change in ownership		0	Van	•	No	If "Von "	avalaia full	
or operation during this report year?			Yes	<u> </u>	INO	n res,	explain full	y
Administrator					l bi i ir	····		
Name of Administrator					Nursing Ho Administrat			
Sifwat Ali					License 1	1		
Other Operators/Owners who are assistant a	dministrators	(ful	l or part time	of th		10		
Name		(2002)	- 01 pm2 02220,	, 02 02	License 1	No.:		
						 		

General Information and Questionnaire Partners/Members

Name of Facility	ua Hama I I C	License No.	Report for Y 1 9/30/2015	Year Ended	Page of 3 37
Eagle Landing Residential Ca	re Home LLC	1004	19/30/2013	State(s) and/	or Town(s) in
Legal Name of Par	tnershin/LLC	Business	Address	, ,	egistered
Eagle Landing Residential Ca		268 Middlesex		СТ	
		Chester, CT 06			
Name of Partners/Members	Business A	ddress		Title	% Owned
Sifwat Ali	268 Middlesex Ave., C	Chester, CT	Member		17
Fozia Ali	128 Curtis St., Merider	n, CT	Member		17
Sipra Mitra	1 Griswold St., Meride	en, CT	Member		16.5
Jit Mitra	1 Griswold St., Meride	en, CT	Member	·	16.5
Eazia Rehman	268 Middlesex Ave., C	Chester, CT	Member		16.5
Abdul Rehman	268 Middlesex Ave., C	Chester, CT	Member		16.5
					-

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year En	.ded	Page of
Eagle Landing Residential Care Home LLC	1864	9/30/2015		3A 37
If this facility is owned or operated as a corporate	oration, provide the	e following informa	tion:	
Legal Name of Corporation	Busines	s Address	State(s) in Whi	ch Incorporate
				No. Shares
Name of Directors, Officers	Busines	s Address	Title	Held by Each
				Tiold by Bach
				<u> </u>
			<u>"</u>	
Names of Stockholders Owning at Least 10% of Shares				
10% of Snares				
				T- 000000000000000000000000000000000000
			1	

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Eagle Landing Residential Care Home LLC	1864	9/30/2015	3B 37
If this facility is owned or operated as an individua	l proprietorship, p	rovide the following informat	ion:
	ner(s) of Facility		
	.,		
	<u>.,,</u>		

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General Information and Questionnaire Related Parties*

Name of Facility Eagle Landing Residential Care Home LLC		License No	No. 1864	Report for Year Ended 9/30/2015		Page 4	of 37
Are any individuals rece marriage, ability to conti	Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	cility rel	ated through iation?	Yes O No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	ne Name/Ado	lress and ge 11 of the report.
Are any individuals or c including the rental of p related through family a association to any of the	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?	or service to this factorial, of this factorial of this factorial of this factorial of this factorial of the	ces, cility, or business cility?	⊙ Yes O No	If "Yes," provide the following information:	e following	information:
		Als	Also Provides		Indicate Where		
Name of Related Individual or Company	Business Address	Goods Non-Re Yes	Goods/Services to Non-Related Parties Yes No %**	Description of Goods/Services Provided	Costs are Included in Annual Report Page # / Line #	Cost	Actual Cost to the Related Party
Elr Care	14 Woods Row Monroe, CT	0	•	Real estate rental	22/Line 9	115,938	115,938
Sifwat Ali	268 Middlesex Ave., Chester, CT	0	•	Salary	10/Line A2	60,728	60,728
Great American/AAIC	301 E 4th Street, Cincinnati, OH	0	•	Shared property and liability insurance	27/14a	11,772	11,772
Progressive Auto Insurance	Progressive Auto Insurance P.O. Box 94739, Cleveland, OH	0	•	Shared automobile insurance	27/14b	2,827	2,827
BerkleyNet	P.O. Box 920179, Needham, MA	0	•	Shared worker's compensation insurance	15/1a1	19,838	19,838
CBLA/Anthem	P.O Box 150496, Hartford, CT	0	•	Shared health insurance	15/1a5	304	304
Paychex	714 Brook Street, Rocky Hill, CT	0	•	Shared payroll processing fees	16/m13	4,543	4,543
See attached		0	•				
		0	•				
 	, the concept of the second						

^{*} Use additional sheets if necessary.

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

Eagle Landing 9/30/2015 Attachment to Page 4

Name of Related Individual or Company	Description of Goods / Services Provided	Indicate Where Costs are Included in Annual Report Page# / Line#	Cost Reported	Actual Cost to the Related Party
Cornerhouse	Intercom	33 / A12	419,297.04	419,297.04
Fitchville	Intercompany receivables / payables	31 / A8	331,755.53	331,755.53
Silver Manor	Intercompany receivables / payables	31 / A8	206,921.06	206,921.06
Owner	Intercompany receivables / payables	33 / A12	1,475.56	1,475.56
ELM Maine	Intercompany receivables / payables	33 / A12	71,725.18	71,725.18
ELR Mgmt	Intercompany receivables / payables	33 / A12	119,625.69	119,625.69

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No).	Report for Year Ended	Page of
Eagle Landing Residential Care Home LLC	1864		9/30/2015	5 37
If the facility is licensed as CDH and/or RCH o	r provides A	AIDS or TB	I services with special Medica	id rates, costs
must be allocated to CCNH and RHNS as follo	ws:			
Item			Method of Allocation	1
Dietary		Number of	meals served to residents	
Laundry		Number of	pounds processed	
Housekeeping			square feet serviced	
		Number of	hours of routine care provide	d by EACH
Nursing		employee c	classification, i.e., Director (or	r Charge Nurse),
		Registered	Nurses, Licensed Practical N	urses, Aides and
		Attendants		
Direct Resident Care Consultants		Number of	hours of resident care provide	ed by EACH
		specialist ((See listing page 13)	
Maintenance and operation of plant		Square feet	- 	
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salar		
Management services			e cost center involved	
All other General Administrative expenses			rect and Allocated Costs	·······
The preparer of this report must answer the foll	owing ques	tions applica	able to the cost information p	rovided.
1. In the preparation of this Report, were all	O Yes	O No	If "No," explain fully why su	ch allocation was
costs allocated as required?	O 168	0 140	not made.	
•				
2. Explain the allocation of related company ex	cpenses and	attach copy	of appropriate supporting dat	ta.
3. Did the Facility appropriately allocate and so	elf-disallow	direct and i	ndirect costs to non-nursing h	ome cost centers?
(e.g., Assisted Living, Home Health, Outpat	ient Service	s, Adult Day	y Care Services, etc.)	
		.	If "No," explain fully why su	ch allocation was
	O Yes	O INO	not made.	

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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.

Should not be included in these amounts.			White the state of		j		
Name of Facility			License No.	Report for Year Ended	ear Ended		Page of
Eagle Landing Residential Care Home LLC			1864	9/30/2015			
	Related * to	d * to				1000 CO	1
	Owners,	iers,					
	Operators, Officers	Operators, Officers		Dote of		Annual	
Name and Address of Lessor	Yes	S N	Description of Items Leased	Lease**	Lease	of Lease	Amount
	0	0					
	0	0	100				
	0	0					
	0	0					
	0	0	1				7
	0	0					
	0	0	10.			1	W.
	0	0					
	0	0					
	0	0	The state of the s				

Is a Mileage Log Book Maintained for All Leased Vehicles?

Total ***

% O

O Yes

* 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	License No.	Report for Year Ended		Page	of
Eagle Landing Residential Care H	o 1864	9/30/2015		7	37
The records of this facility for the	period covered by this report	were maintained on the following basis:			
	Modified Cash			<u>.</u>	
Is the accounting basis for this		Y 2 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
1	Yes	If "No," explain.			
previous period? O) No				
Independent Accounting Firm			. ,		
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Craig J. Lubitski Consulting L	LLC	225 Pitkin Street, East Hartford, CT 0610	08		
2 Ashok Mathias CPA		33 Durham Rd, New Hyde Park NY			
3 James Tabb, CPA		18 Scully Road, Somers, CT 06071			
4 Services Provided by This Firm (d	lescribe fully)				
Medicaid Cost Report	escribe juny)		\$	17,286	
2 Disallowed			\$	3,250	
3 Tax Returns			<u> </u>	1,250	
4			\$	•	0.400
			Charge for	Services Pro	ovided
			\$	21,786	
Are These Charges Reflected in the Exper	nditure Portion of This Report? If	Yes, Specify Expense Classification and Line No.			
O Yes O No	P15/1d				
Legal Services Information					
Name of Legal Firm or Independer	nt Attorney		Telephone?	Number	
1 Quatrella & Rizio, LLC					
2 The Whiting Law Firm					
3 Gordon Muir & Foley LLP					
4					
5					
Address (No. & Street, City, State,					
1 1 Post Rd., P.O. Box 320019,	Fairfield, CT 06825				
2 75 Pearl St. #207, Portland, M					
3 Hartford Sq. No. 10 Columbu	is Blvd, Hartford, CT 06106-5	512			
4					
5 Services Provided by This Firm (d	lescribe fully)				
I Anthem-BCBS - Settlement			\$	8,200	
2 Bankruptcy Consultation			\$	15,851	
3 Litigation - Lawsuit Elr. Dr. Rehman	n		\$	17,444	
4			\$		
5			\$		
			Charge for	Services Pro	ovided
			\$	41,495	
Are These Charges Reflected in the Expe	enditure Portion of This Report? If	Yes, Specify Expense Classification and Line No.	.1Ψ	,,,,,,,	
O Yes O No	P15/1e				
O 103 O 110					

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CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility			License No.	10.			Report fo	Report for Year Ended	ģ		Page	Jo
Eagle Landing Residential Care Home LLC			1	1864			9/30/2015	5	:		8	37
The state of the s						Period 10/1 Thru 6/30	'1 Thru 6/.	30		Period 7/1 Thru 9/30	Thru 9/3	0
	Total All	Total	Total RHNS	Total Residential				Residential				Residential
	Levels	Level	Level	Care Home	Total	CCNH	RHNS	Care Home	Total	CCNH	RHNS	Care Home
1. Certified Bed Capacity					;			:	•			;
 A. On last day of PREVIOUS report period 	22			22	22			22	22			22
B. On last day of THIS report period	22			22	22			22	22			22
2. Number of Residents												
A. As of midnight of PREVIOUS report period	18			18	18			18	20			20
B. As of midnight of THIS report period	20			20	20			20	20			70
100												
A. Medicare												
B. Medicaid (Conn.)												
C. Medicaid (other states)												
D. Private Pay	31			31					31			31
E. State SSI for RCH	7,505			7,505	5,639			5,639	1,866			1,866
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	7,536			7,536	5,639			5,639	1,897			1,897
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved	7.H											
Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	7,536			7,536	5,639			5,639	1,897			1,897

Annual Report of Long-Term Care Facility

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Lice	nse No.				Repor	t for Year	Ended		Page	of
Eagle Landin	g Reside	ential Ca	are Home LLC		1864					9/30/201	5		9	37
			in the certified b		pacity du	ring t	he repo	rt yea	r?	0	Yes	0	No	
			f Change		Cl	nange	in Bed	s		Ca	pacity Aft	er Change		
			Residential]	1	
Date of	CCNH	RHNS	Care Home		Lost			Gaine	d	.]	
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Residential Care Home	Paggan	Fon Changa
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCMI	KIIIVS	Care Home	Reason	for Change
								l. I						
5. If there v	vas any	change i	in certified bed o	apaci	ty during	the re	eport ye	ear (as	report	ed in item	4 above)	provide the nur	nber of	
RESIDE	ENT DA	YS for	90 days followin	g the	change.									
					-									
			Change in Re	esiden	t Days					CC	NH	RHNS	Residentia	Care Home
1st chang 2nd chan														
3rd chan										<u> </u>				
4th chan														
6. Number	of Resic	lents and	d Rates on Septe	mber	30 of Co	st Yea	at'							
			Medicare		Medio	caid				Se	lf-Pay		Other Sta	te Assisted
]
	Ta		COM		C) III	DI	TD 10	00	D. T.T. T.	***	0.10	Residential	B 6 3 3	
No. of R	Item esidents		CCNH		CNH	KI	INS	CC	NH_	KH	INS	Care Home	R.C.H.	ICF-IID
Per Dien														
a. One b						J		Journal of the Land of the Lan				115.00		en e
b. Two t														
c. Three		;												
bed r	ms.													
		Physica	al Therapy Treate	nents						ТОТ	ΓAL	CCNH	RHNS	Residential Care Home
			usive of Part B)											
			Treatments									***************************************		
		orative	Freatments											
	Other	husiaal	Therapy Treatm			·							<u> </u>	
			Therapy Treatm Therapy Treatm											
		re - Part		CIII										
			usive of Part B)											
			Treatments											
	2. Rest	orative	Freatments .											
		neech T	herapy Treatme	nts										
			tional Therapy T		ents									
Α.	Medica	re - Part	В								enage and an artist of the second			
			usive of Part B)											
			Treatments											
	2. Resto	oranve	Treatments											
		ссирані	onal Therapy Tr	eatm	ents									

Report of Expenditures - Salaries & Wages

Report of Ex	zpenanares	- Salati		~	100.00-1	
Name of Facility	License No.		Report for Yea	r Ended	Page	of
Eagle Landing Residential Care Home LLC	1864		9/30/2015		10	37
Are time records maintained by all individuals receiving co	ompensation?	0	Yes	0	No	
	-		Total Cost a	and Houre		
	5/2		Total Cost i	III TIOUIS		
					Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
A. Salaries and Wages*						110010
Operators/Owners (Complete also Sec. I						
of Schedule A1)		A Province (assessment)			MITORIA Venna Ingeria Vina Ingeria	
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)					60,728	2,184
3. Assistant Administrator (Complete also Scc. IV	10 10 10 10 10 10 10 10 10 10 10 10 10 1					
of Schedule A1) 4. Other Administrative Salaries (telephone		A spinning and a second	H. C.	Konstantina di Kanada		the and contraction of the
operator, clerks, receptionists, etc.)					92.402	1.002
5. Dietary Service					82,492	1,983
a. Head Dietitian	acking the second secon					
b. Food Service Supervisor						
c. Dietary Workers	Total and the second				30,040	2,088
6. Housekeeping Service						
a. Head Housekeeper b. Other Housekeeping Workers					20.270	0.041
7. Repairs & Maintenance Services					28,268	2,041
a. Engineer or Chief of Maintenance						
 Other Maintenance Workers 						
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers 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		\$250-14-6\VXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	######################################	***		
b. RN						
1. Direct Care 2. Administrative**						
c. LPN						
1. Direct Care						
2. Administrative**						
d. Aides and Attendants					103,098	9,540
e. Physical Therapists						
f. Speech Therapists g. Occupational Therapists						
g. Occupational Therapists h. Recreation Workers					1,798	0.0
i. Physicians					1,798	88
Medical Director						L/A
Utilization Review						
3. Resident Carc***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
Podiatrists				-		
m. Social Workers/Case Management						
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
A-13. Total Salary Expenditures		<u>_</u>			306,424	17,923

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

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

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

Schedule of Other Salaries and Wages (Page 10)

	CC	CNH	RI	HNS	Residential (Care Home
Position	\$	Hours	\$	Hours	\$	Hours
					\$4 (50.005 SW 199.009 SW	SS 50 50 5E 5S
	Section 1					
				201221102-001-00	25 950 030 000 030 (500 050	
				4 5 5 5 5 5 5		
			0.0000000000000000000000000000000000000			
				2011/2014/2014/2014/2014		
				10 (0.00) (0.00)		
		al all the second				200100-000-000-000
		And the second s				
						600 pp41
		\$1056 KK 550 MG K	2 (760 004) App (500) (510)			1971.00.000.000.000
		10.000				100 100 100 100 100 100 100 100 100 100
			100000000000000000000000000000000000000			
Total	\$ -	-	\$ -		\$ -	

Schedule of Other Fees (Page 13)

	CC	NH	RH	INS	Residential	Care Home
Service	\$	Hours	\$	Hours	\$	Hours
					100 000 000 000 000 00	
					58.1000.00000000000000000000000000000000	
		9.000.001.05				
						131 145 KLUKT
			(0) (0) (0)			
			30 a 12 a 15 19			
			250 120 120 120 120 120	67.063.063.063.063	G1 (1) (1) (1) (1) (1)	74 (2) (2) (2) (2)
	22015212222222			100000000000000000000000000000000000000		12 AD 12 AS 50 C
	est viet viets viets and					
		(4.1182.1186.16-1.146.163)		100 100 100 100 100 100		
						8,000 20 20 20
					-2	
Total	\$ -	5 A S B B	\$ -		\$ -	76

State of Connecticut Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

Nome of Booility		1	Imercer	I icense No	I issued I issued No	Report for	Report for Vear Ended		Ваде	, t
ואמווט טו ז מכווונץ				ETCCTION INC.		Total Today	T Car Fillian		1 2 2 2 1	
Eagle Landing Residential Care Home LLC	ome LLC			1864		9/30/2015			11	37
		Salary Paid		Fringe Benefits						
Name	CCNH	RHINS	Residential Care Home	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
Section I - Operators/Owners	-							***		
	-									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

^{**} Include all employment worked during the cost year.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

		7	issistatt	Aummin	Assistant Auministrators and Onier Related Parnes.	Related	rarues			
Name of Facility (as licensed)				License No.		Report for Year Ended	ear Ended		Page	Jo
Eagle Landing Residential Care Home LLC	ome LLC			1864	. The second	9/30/2015			12	37
		Salary Paid	d		The state of the s					
	·			Fringe Benefits and/or Other		Total	Line Where		Total	
Name	CCNH	RHNS	Residential Care Home	Payments (describe fully)	Full Description of Services Rendered	Hours Worked		Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section III - Administrators***										
Siftwat Ali			60,728		Administrator	2,184	2,184 10 A2			
										W Working a
Section IV - Assistant Administrators			:							
e Management										
7.74										
	·									
*No offermone for analysis will be considered and such as for the second of the second	*objection	footan po	11 3 to former at 2		2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.					

*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.

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Y		Page	of
Eagle Landing Residential Care Home LLC	186	64	9/30/2015	. • • • • • • • • • • • • • • • • • • •	13	37
Dugie Editalia (Control of Control of Contro			Total Cost	and Hours		
					Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
*B. Direct care consultants paid on a fee						
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist				ļ		
4. Podiatrist						
5. Physical Therapy	Tarris (1908)					
a. Resident Care						
b. Other				ļ		
6. Social Worker				1		
7. Recreation Worker		177			1	
8. Physicians						
a. Medical Director (entire facility)						
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility 1. Infection Control Committee						
(Quarterly meetings)						
2. Pharmaceutical Committee				1		
(Quarterly meetings)						
3. Staff Development Committee						
(Once annually) e. Other (Specify)						
e. Outer (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care		-				
2. Administrative***					Managarana (Sagarana Sagarana Sagarana Sagarana Sagarana Sagarana Sagarana Sagarana Sagarana Sagarana Sagaran	
b. LPN						
Direct Care						
2. Administrative***						
c. Aides				ļ		
d. Other	Week Day of State Control of the Con					
12. Other (Specify)						
See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries * Do not include in this section management consultants or services which			<u> </u>	<u> </u>		<u></u>

^{*} 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 Eagle Landing Residential Care Home LLC	License No. 1864		Report for Y 9/30/2015	Cear Ended	Page 14		of 37
Eagle Landing Residential Care Home Life	1007	Related**	to Owners,		1.1	<u> </u>	
Name & Address of Individual	Full Explanation of Service		rs, Officers	Expla	nation of l	Relations	hip
		Yes	No				_
		0	0				
		0	0				
		0	0				
		0	0				
		0	0				
		0	0				
		0	0				
		0	0				
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		0	0				
		0	0				
		0	0				
		0	0				
		0	0				
		0	0				
		0	0				

^{*} 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 Y	ear Ended	Page	of
Eagle Landing Residential Care Home L			9/30/2015		15	37
					-	
						Residential
Item			Total	CCNH	RHNS	Care Home
1. Administrative and General						
a. Employee Health & Welfare Ben	efits					
1. Workmen's Compensation		\$	19,838			19,838
2. Disability Insurance		\$				
3. Unemployment Insurance		\$	9,722			9,722
4. Social Security (F.I.C.A.)		\$	25,160			25,160
5. Health Insurance		\$	1,710			1,710
6. Life Insurance (employees on	ly)					
(not-owners and not-operator		\$	2,210			2,210
7. Pensions (Non-Discriminator	• •	\$				
(not-owners and not-operator	s)					
8. Uniform Allowance		. \$				
9. Other (Specify)		\$				
See Attached Schedule						
b. Personal Retirement Plans, Pensi		\$		**************************************		
Profit Sharing Plans for Owners a	ınd					
Operators (Discriminatory)*						
c. Bad Debts*		\$				
d. Accounting and Auditing		\$	21,786			21,786
e. Legal (Services should be fully de		\$	41,495			41,495
f. Insurance on Lives of Owners and	i	\$		ananyayaana ka		
Operators (Specify)*						
g. Office Supplies		\$	2,216		OF THE PROPERTY OF THE PROPERT	2,216
h. Telephone and Cellular Phones						
1. Telephone & Pagers		\$	4,152			4,152
2. Cellular Phones		\$				
i. Appraisal (Specify purpose and		\$	5,000,000,000,000			
attach copy)*						
j. Corporation Business Taxes (fram		\$	750-			750
k. Other Taxes (Not related to prope	erty - See Page 22)					
1. Income*		\$	630			630
2. Other (Specify)		\$				Allen Market State Commencer S
See Attached Schedule						
3. Resident Day User Fee		\$				
* Facility should calf disallow the average at 1		\$	129,671	(Come Cubtot		129,671

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

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

Eagle Landing Residential Care Home LLC 9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
	in the second se		
Total	\$ -	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.		Report for	Year Ended	Page	of
Eagle Landing Residential Care Home LLC	1864		9/30/2015		16	37
					······································	
						Residential
Item			Total	CCNH	RHNS	Care Home
Subton	als Brought Forwa	rd:	129,671			129,671
Travel and Entertainment						
1. Resident Travel and Entertainment		\$	148			148
2. Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$				
4. Employee Travel		\$				
5. Education Expenses Related to Seminars	and Conventions	\$	155			155
6. Automobile Expense (not purchase or dep	oreciation)	\$	2,593			2,593
7. Other (Specify)		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expens		\$	1,035			1,035
2. Advertising Telephone Directory (all such	n expenses)***	\$				
3. Advertising Other (Specify)***		\$				
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this servic		\$				
directly and not by contract or fee for serv	rice)***					
7. Postage		\$	767			767
* 8. Dues and Membership Fees to Professions	al	\$	agging 44° ay a 44° ay ar			
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-	Allowable Org.***	\$				
9. Subscriptions		\$				
10. Contributions***		\$				W 40
See Attached Schedule	1.0					
11. Services Provided by Contract (Specify and	•	\$				
Schedule C-2, Page 21 for each firm or in	dividual)					
12. Administrative Management Services**		\$	4.6.405			16 402
13. Other (Specify)		\$	16,402			16,402
See Attached Schedule		ф.	150 250	7		160 770
C-14 Total Administrative & General Expenditure	S	\$	150,770			150,770

^{*} 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	CC	CNH	R	HNS	dential Home
· 图表文字 - 电影电影中心的 / 图 / 图 / 图 / 图 / 图 / 图 / 图 / 图 / 图 /			V Se	Arres 2	
			CONTRACTOR		
			i i wali		
Total Other Travel and Entertainment	S		s	- 1	\$

Schedule of Other Advertising

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

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
		NO PORTON	
Total Dues	\$ -	\$ -	\$ -

Schedule of Contributions

		Residential
CCNH	RHNS	Care Home
s -	\$ -	\$ -
	CCNH S -	

Schedule of Other Administrative and General

Description	c	CNH	RH	NS	sidential re Home
Bank Service Charges		101308	271		\$ 843
Business Licenses & Permits					\$ 225
Computer & Internet Expenses					\$ 2,108
Payroll Processing Charges					\$ 4,212
Penalties & Late Charges					\$ 2,577
Reconciliation Discrepancies					\$ 65
Misc					\$ 6,371
Total Other Administrative and General	\$		\$		\$ 16,402

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Eagle Landing Residential Care Home LI	1864	9/30/2015	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
	-		

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

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

NI	of Position		Lice		rage 3)	Donort :	Fan V	ear Ended	Page	of
	ne of Facility le Landing Residential Care Home LLC		LLICEI		1864	9/30/			18	37
Dag	he Landing Residential Care Home LLC		<u> </u>	Т	1004	71301	2015	<u></u>	1	ential Care
	Item				Total	CCN	ш	RHNS	Į.	Iome
2.	Dietary			Si da	Total	CCI		KINS		ionic
² .	a. In-House Preparation & Service									
	1. Raw Food			\$	41,711	. Lo., 100 (100 (100 (100 (100 (100 (100 (100				41,711
_	2. Non-Food Supplies			\$	10,424					10,424
	3. Other (Specify)			\$	10,121	† 				^ ~, , ,
	(ap 1))		-							
	b. Purchased Services (by contract other			\$	<u> </u>	x 1000000000000000000000000000000000000	Carrier Carrier			
	than through Management Services)									
	(Complete Schedule C-2 att. Page 21)				000		n.			
	c. Management Services**			\$						
	d. Other (Specify)		-	\$						
2E.	Total Dietary Expenditures $(2a + b + c + d)$			\$	52,136		20-20-000000000000000000000000000000000			52,136
				Ť					Reside	ential Care
2F	Dietary Questionnaire				Total	CCN	ПН	RHNS		Iome
G.	Resident Meals: Total no. of meals served per	· das	*	1	Total					
_						NI-		.L	<u> </u>	
H.	Is cost of employee meals included in 2E?		Yes		<u> </u>	No				
I.	Did you receive revenue from employees?	0	Yes		•	No		If yes, specify amt.		
J.	Where is the revenue received reported in the	Cos	st Rep	ort	Page/Line	Item)				
	Is cost of meals provided to persons other							IC on a if.		
K.	than employees or residents (i.e., Board	0	Yes		•	No		If yes, specify		
	Members, Guests) included in 2E?							cost.		
L.	Is any revenue collected from these people?	0	Yes		•	No		If yes, specify amt.		
M.	Where is the revenue received reported in the	Cos	st Rep	ort'	? (Page/Line	Item)				
	Is cost of food (other than meals, e.g.,		1	•						
N.	snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	0	Yes		• •	No	 	If yes, specify cost.		
O.	Is any revenue collected from employees?	0	Yes		0	No		If yes, specify amt.		
P.	Where is the revenue received reported in the	Cos	st Rep	ort'	? (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)

	ne of Facility		License			Year Ended	Page	of
Eag	le Landing Residential Care Home LLC			1864	9/30/201	5	19	37
	Item			Total	CCNH	RHNS	1	ential Care Iome
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,		Lbs.					
	gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	1,833				1,833
	Employee items including uniforms, gowns, etc. washed, ironed and/or		Lbs.					
	processed.***		Amt. \$					
	3. Personal clothing of residents		Lbs.					
	washed, ironed, and/or processed.***		Amt. \$					
	4. Repair and/or purchase of linens.***		Lbs.					
	 b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services** 		Amt. \$					
	d. Other (Specify)		\$					
3E.	Total Laundry Expenditures $(3a+b+c+d)$		\$	1,833		U Constitution of the Cons		1,833
3F. G.	Laundry Questionnaire Is cost of employee laundry included in 3E?	0	Yes	•	No	If yes, specify cost.		
Н.	Did you receive revenue from employees?	0	Yes	•	No	If yes, specify amt.		
I.	Where is the revenue received reported in the Co	ost	Report?		(Page/Lin			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	0	Yes	•	No	If yes, specify cost.		
K.	Did you receive revenue from these people?	0	Yes	•	No	If yes, specify amt.		
L,	Where is the revenue received reported in the Co	ost	Report?		(Page/Lin	e 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.	Rep	ort for Year E	nded	Page	of
Eagle Landing Residential Care Home LLC	1864		9/30/2015		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced				232212	
a. In-House Care	by Personnel					
1. Supplies - Cleaning (Mops,	Amt,	\$	926			926
pails, brooms, etc.)						, , ,
b. Purchased Services (by contract other	Sq. Ft. Serviced					
than through Management Services)	by Personnel	1				
(Complete Schedule C-2 att.	Amt.	\$				
Page 21)		İ				
c. Management Services*	····	\$.,,,,,
d. Other (Specify)		\$				
4E. Total Housekeeping Expenditures (4a +	b+c+d)	\$	926			926
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$	2,529			2,529
2. Purchased from		\$				
b. Medicine Cabinet Drugs		\$	29	***************************************		29
c. Medical and Therapeutic Supplies		\$				
d. Ambulance/Limousine***		\$				
e. Oxygen						
For Emergency Use		\$				
2. Other***		\$				
f. X-rays and Related Radiological		\$				
Procedures***						
g. Dental (Not dentists who should be inc	luded under	\$				
salaries or fees)						
h. Laboratory***		\$				
i. Recreation		\$	17			17
j. Other (Specify)****		\$	1,061		Ministry of the American Control of the Control of	1,061
See Attached Schedule						
5K. Total Resident Care Expenditures (5a - 5	j)	\$	3,636			3,636

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	r RHNS	lential Home
Resident Care Supplies			\$ 800
Cable Television			\$ 261
	The Control of the Co		
The state of the s			
Total Other Resident Care	\$	- \$ -	\$ 1,061

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Annual Report of Long-Term Care Facility
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Schedule C-2 - Individuals or Firms Providing Services by Contract * Report of Expenditures

Name of Individual or Company Related ** to Owners. Officers Total Coart Page Ref**** Total Coart Page Ref**** Company Address Yes No Relationship Service Provided* CCNH RHNS Care Houne Pg. Line Company O O O O Company Care Houne Pg. Line O O O O O O Company Company Company Care Houne Pg. Line O O O O O Company	Name of Facility Eagle Landing Residential Care Home LLC	e Home LLC			License No. 1864	Report for Year Ended 9/30/2015		- American	1112	Page 21	of 37
Address Yes No Relationship Service Provided* CCNH RHNS Care Home Pg C			Related ** to Operators,	o Owners, Officers				Fotal Cost	Page Ref.***		
	f Individual or ompany	Address	Yes	Ño	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home		ine
			0	0							
			0	0							
			0	0							
			0	0							
			0	0							
			0	0							
			0	0							
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			0	0							
			0	0							
			0	0							
			0	0							
			0	0							
		,	0	0							

^{*} List all contracted services over \$10,000. Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

^{***} Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility License No	٠.	Report for Yo	ear Ended		Page of
Eagle Landing Residential Care Home LLC 1864		9/30/2015			22 37
					Residential Care
Item		Total	CCNH	RHNS	Home
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$	9,855			9,855
b. Heat	\$	25,643			25,643
c. Light & Power	\$	19,751			19,751
d. Water	\$				
e. Equipment Lease (Provide detail on page 6)	\$				
f. Other (itemize)	\$	28,111			28,111
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$	83,361			83,361
7. Depreciation (complete schedule page 23*)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$				
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$	3,300			3,300
*7e. Total Depreciation Costs (7a + b + c + d)	\$	3,300			3,300
8. Amortization (Complete att. Schedule Page 24*)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$	2,666			2,666
d. Other (Specify)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$	2,666			2,666
9. Rental payments on leased real property less					
real estate taxes included in item 10b	\$	115,938			115,938
10. Property Taxes					
a. Real estate taxes paid by owner	\$	26,577			26,577
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$	950			950
11. <i>Total Property Expenses</i> (7e + 8e + 9 + 10)	\$	149,430			149,430

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Residential Care Home
Equipment Rental			\$ 1,312
Fire Protection			\$ 21,747
Rubbish Removal			\$ 5,052
Small Furniture & Appliances			
Total Other Repairs and Maintenance	\$ -	\$ -	\$ 28,111

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Depreciation Schedule

, and the second			nebrec	Depreciation Schedule	amean					
Name of Facility			License No.			Report for Year Ended	Suded		Page	of
Eagle Landing Residential Care Home LLC			1864	4		9/30/2015			23	37
			Historical	I		Accumulated				
			Cost Cost	Less	;	Depreciation to	Method of			
ş			Exclusive of	Salvage	Cost to Be	Beginning of		Useful	Depreciation	
Property Item			Land	Value	Deprectated	Year's Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements				•						
 Acquired prior to this report period 										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	ch schedule)									
A-4. Subtotal										
B. Building and Building Improvements										
1. Acquired prior to this report period			1,300,000		1,300,000	246,000	Related Party	25		
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	ch schedule)									
B-4. Subtotal										
C. Non-Movable Equipment										
1. Acquired prior to this report period			12.500		12.500	12,500	V.	9		
2. Disposals (attach schedule)					200	2225		?		
	ch schediile)									
	on sourceme)									
	Is a mileage logbook	Date of	Historical	,		Accumulated		·		
	maintained?	Acquisition	Cost	Less		Depreciation to	Method of			
	N N	Month	Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	E CAPO
D. Movable Equipment	OV.	Ivioliui I cal	Pant	V dilde	Dept verated	Lea s Operations		Suc	JOI THIS LEAD	1 Utalis
and wear of each webicle)										
Van	×	12.9	31,619		31.619	28.457	TS	3	3.160	
b.								,		
Ü										
d,										
2. Movable Equipment										
a. Acquired prior to this report period	1	VAR VAR	253,952		253,952	253,813	ST	7	138	
b. Disposals (attach schedule)										
c. Acquired during this report period										
(attach schedule)										
D-3. Subtotal										3,300
E. Total Depreciation			i i							3,300

Schedule of Land Improvements Acquired during this report period

	tems Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:	-			
				50.00.00.00.00.00.
fotal additions for Land Im	provements	\$ -		\$ -
Deletions:				
			na presidencieros	
P. 113 3 124 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				\$ -
Fotal deletions for Land Im	provements	\$ -		9 .000 000 000 000

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

	s improvements required turing the report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:		<u> </u>		
Version del la companya del				000 000 000 000 000 000 000 000 000 00
10.000.000.000.000.000.000			C. C. C. C. C. C.	85,000,000,000,000
			9.50.40.953.64.6	551 657 658 159 151
		9 700/2001/01/03/03/03/03	5 4 5 2 1 3 3 1 5 3 1 1 1 1 1 1	800 000 000 000 000
100 000 000 000 000 000 000 000 000 000		6 (2005) 2005-0500 (000000000000000000000000000000	2/00/03/14/03/04/03/10/03/03/03/	weenstand a constitution
				-
Total additions for E	Building Improvements	\$ -	(1,07), (3,0,44,00)	\$ -
Deletions:		***************************************		
		67.03 (67.65)	Basacala de escado	garan logarish sve
		1 48 43 60 60 60	2 20 49 HE CENT	
			000000000000000000000000000000000000000	General States
3 33 34 00 60 60 60		6 (6) (3) (6) (6) (6)	Parisipa (1980-1984) (1984-1985)	050000000000000000000000000000000000000
			50 65 45 Carabana	Aga116930 (Streets) (Sp.)
10 (20 A) (80 A) (10 A)			5.000.025.035.055.00	450 640 650 650 660
Total deletions for B	Guilding Improvements	\$		\$ -

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

	~		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
		Verein et als services	A SECULAR A SECULAR	
				550x 570 000 000 000
				160,000,000,000
			500000000000000000000000000000000000000	1001000 201012000
Total additions for Non-M	lovable Equipment	\$ -		\$ -
Deletions:				
				90.40 85 60 86
		000000000000000000000000000000000000000		MI (60 500 500 500 500)
				Services and distriction
				000000000000000000000000000000000000000
			5 20 54 20 70 3	120,000,000,000,000
Total deletions for Non-M	oyable Equipment	\$ -		\$ -

^{*}Ties to Page 23, Line C3

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{**}Ties to Page 23, Line C2

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
				50,050,000,000
			0.158/0.503-055-056-05	10.020.25010.700
			Company regions and a sign of	100 100 100 100 100 100
Fotal additions for Movable I	Equipment	s -		\$ -
Deletions:				
				35 83 30 69 60
		NG 18 ST 19 ST 19 ST	20.000.000.000.000.000	850 VIV. 10 10 10 10 10 10 10 10 10 10 10 10 10
				2020/06/2016/06/2018
 Fotal deletions for Moyable E	automent	\$ -		\$ -

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:		tulia, zameski propinski kaj din o	Links made to to to be a more than	
Various	Rails and Ramp	\$ 10,450	15	\$ 697
			5.00007085.0000	
			201000000000000000000000000000000000000	lening group groups
		78.000.000.000.000.000.000.000.000.000.0	50,000,000,000,000	1000,000,000,000,000
Total additions for	Leasehold Improvement	\$ 10,450	11.00 mm 15.00 mm 15.00 mm	\$ 697
Deletions:				
45-012-1-12-12-12-12-12-12-12-12-12-12-12-12		\$1.550.0371.000.032		950 000 000 000 000
			000000000000000000000000000000000000000	1964 (1981) (1981) (1981) (1981)
10 version (2000) (2000) (2000)			SAME PARTIES AND	Services and a service
500000000000000000000000000000000000000		24 (35 (40 85) 76)		
Total deletions for	Leasehold Improvement	\$ -	5.88 480 (60.85)	\$ -

^{*}Ties to Page 24, Line C3

^{**}Ties to Page 23, Line D2b

^{**}Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006 State of Connecticut

Amortization Schedule*

Nan	Name of Facility			License No.		Report for Year Ended	r Ended		Page	of
Eag	Eagle Landing Residential Care Home LLC			1864	54	9/30/2015			24	37
	TOTAL MATERIAL TOTAL TOT					Accumulated				
		Dat	Date of			Amort. to				
		Acquisition	sition			Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing	Rate	Rate Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
Ą.	Organization Expense									
	1. CODESPOTI & ASSOC	4	4 2003	5	6,382	6,382	A	20		
	2.									1,000
	3.									
A-4	A-4. Subtotal									
Θ.	Mortgage Expense									
	1.									
	2.									
	3.			and a						
B-4.	. Subtotal									
C.	Leasehold Improvements and Other									
	1. Acquired prior to this report period	VAR	VAR	10	225,743	211,051		VARI	1,969	
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
	(attach schedule)				10,450				269	
C-4.	. Subtotal									2,666
<u>0</u>	Total Amortization									2,666
	* Straight-line method mist be used						A CONTRACTOR OF THE CONTRACTOR		ALTERNATION (ANY LEGISTRANCE AND ACCORDING TO A STATE OF THE ACCORDING TO A STATE OF T	

* 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 Eagle Landing Residential Care Home License N	To. 864	Report for Year En	ded		Page 25	of 37
	001	770014010			1 40	1 21
11. Property Questionnaire						
Part A Is the property either owned by the Facility or leased from a Related Party?*		Yes		No	If "Yes," comple	
*If any owner or operator of this facility is relate business association to any person or organizati a related party transaction.						
Description		Total				
Date Land Purchased		4-10-03				
2. Date Structure Completed						
3. If NOT Original Owner, Date of Purcha	ise	04/10/03				
4. Date of Initial Licensure		04/11/03				
5. Total Licensed Bed Capacity		22				
6. Square Footage		9,500				
7. Acquisition Cost						
a. Land		149,000				
b. Building		1,300,000				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	gage
1. Financing						
a. Type of Financing (e.g., fixed, varial	ble)	VAR	VAR	VAR	VAR	
b. Date Mortgage Obtained	,	04/10/03	04/10/03	11/01/05		03/01/05
c. Interest Rate for the Cost Year		8.75%	4.13%	10.50%		8.75%
d. Term of Mortgage (number of years))	20	20	10		10
e. Amount of Principal Borrowed		657,500	526,000	160,950		120,000
f. Principal balance outstanding as of		·				
Complete if Mortgage was Refinanced	1					
During Current Cost Year						
g. Type of Financing (e.g., fixed, varial	ble)					
h. Date of Refinancing						
i. New Interest Rate						
j. Term of Mortgage (number of years))					
k. Amount of Principal Borrowed						
Principal Outstanding on Note Paid-	Off					
Part C - Arms-Length Leases for Rea		mprovements Only	7			
Name and Address of Lessor		perty Leased		Term of Lease	Annual Amoun	t of Lease
		F7				
	<u> </u>					
	<u> </u>					
	 					
****	<u> </u>	-			<u></u>	

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 Ye	ear Ended		Page of
Eagle Landing Residential Care Home	1864		9/30/2015		1	26 37
l Item			Total	CCNH	RHNS	Residential Care Home
12. Interest						
A. Building, Land Improven	nent & Non-Movabl	e				
Equipment						
1. First Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage		\$		Wasanin and Research and Commission		
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Informatio	n					
1. Original Loan Amoun	t	\$				
2. Loan Origination Date	;					0.00
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expe	nse					
12 B7. Total Building Interest Expe	nse (A1 - A4 + B5)	\$.			
			10	u Cubtatala f	, ,	

(Carry Subtotals forward to next page)

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

Name of Facility License	No		Report for Y	ear Ended		Page of
1	864		9/30/2015	cai Ended		27 37
1			1275072015	·		Residential
Item			Total	CCNH	RHNS	Care Home
	totals Bro	ught Forward:	10111	COLUI	Idito	Curo Home
12. C. Movable Equipment		3				
1. Automotive Equipment		\$	171			171
A. Item	Rate	Amount				
Lender						
American Honda						
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
	T _	I				
B. Item	Rate	Amount				
Lender	<u> </u>					
Lender						
Address of Lender						
TAGGESS OF BORGOS						
12. C. 3. Total Movable Equipment Inter	rest		<u>aranimis pipparaus parquera</u>			
Expense (C1 + 2)		\$	171			171
12. D. Other Interest Expense (Specify)		\$				
Other						
13. Total All Interest Expense (12B7 + 12	C3 + 12D) \$	171			171
14. Insurance	13	ф	11 550			
a. Insurance on Property (buildings of b. Insurance on Automobiles	niy)	<u> </u>	11,772			11,772
c. Insurance of Automobiles c. Insurance other than Property (as s	necified a		4,117			4,117
1. Umbrella (Blanket Coverage)	peemeu a	5 (s				
2. Fire and Extended Coverage		<u> </u>				
3. Other (<i>Specify</i>)		\$	14,702			14,702
Other Insurance		•				
14d. Total Insurance Expenditures (14a +		\$	30,591			30,591
15. Total All Expenditures (A-13 thru C-1	(4)	\$	779,278			779,278

D. Adjustments to Statement of Expenditures

	e of Fa			Lic	cense No.	Report for Yes	ar Ended	Page	of
Eagle	Land	ing R	esidential Care Home LLC	_	1864	9/30/2015		28	37
T4	D	γ,	5		Total			D 11	
- 200	Page	200			Amount of		BIBIO	ACCESSAGE ACCESSAGE OF THE	itial Care
	No.		Item Description		Decrease	CCNH	RHNS	Н	ome
-	10 - 8	alari	es and Wages	_					
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$					
-	13 - I	rofes	sional Fees						
5.			Resident Care Physicians **	\$					74.1
6.			Occupational Therapy	\$					
7.			Other - See attached Schedule	\$					
Page.	s 15 &	: 16 -	Administrative and General						
8.	15	1a5	Discriminatory Benefits	\$	1,407				1,407
9.			Bad Debts	\$					
10.	15	1e	Accounting & Legal	\$	44,671				44,671
11.			Telephone	\$	18.100 2000 9 1000)				
12.			Cellular Telephone	\$					
13.			Life insurance premiums on the life	Ψ					
10.			of Owners, Partners, Operators	\$			新 · 美 · 英 · 英 · 斯 · 斯 · 斯 · 斯 · 斯 · 斯 · 斯 · 斯		
14.			Gifts, flowers and coffee shops	\$					
15.			Education expenditures to colleges or	Ψ					
15.			universities for tuition and related costs						
			for owners and employees	\$			2000年1月1日初日		
16.			Travel for purposes of attending	Φ		E COLUMN DE LE COLUMN			(125/2) TX (27
10.			conferences or seminars outside the						
			The COLOR OF THE SALE OF THE S						
			continental U.S. Other out-of-state	ф					
			travel in excess of one representative	\$					9 20 0
17.	16	16	Automobile Expense (e.g. personal use)	\$	1,731				1,731
18.	100000		Unallowable Advertising *	\$		250			87 868 8
19.	15		Income Tax / Corporate Business Tax	\$	1,130	63,0			1,130
20.			Fund Raising / Contributions	\$		-3/20			
21.			Unallowable Management Fees	\$		11.			
22.			Barber and Beauty	\$					
23.	1 2 2	89.9	Other - See attached Schedule	. \$	9,840			3 2 2 2	9,840
Page	18 - L		Expenditures		经支撑的特		自然是与集		
24.			Meals to employees, guests and others						
			who are not residents	\$					
Page	19 - L	aund	ry Expenditures						
25.			Laundry services to employees, guests						
	10.		and others who are not residents	\$					
Page	20 - E		keeping Expenditures						
26.			Housekeeping services to employees, guests						
			and others who are not residents	\$					
			Subtotal (Items 1 - 26)	_	58,778				58,778

^{*} All except "Help Wanted".

⁽Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
	98.55				
Total Othe	r Salaries	Adjustment	\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
	100		a discassos		
	25 55 65 65		0.5 (0.00.0)	5 60 60 60 60 60 60	
(3) (3) (3)					
G-11121 (B. 162)					
	1000000				
a sale			0.00 00 00 00 00 00		3 0 0 0 0 0
Total Othe	r Fees Adj	ustments	\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

age Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m13	Penalties & Late Charges	P 100 12 12 12 12 12 12 12 12 12 12 12 12 12		\$ 2,577
16	m13	Reconciliation Discrepancies			\$ 65
16	m13	Misc		Participation (4)	\$ 6,371
16	m13	Computer & Internet			\$ 826
				10 00 00 00 00 00 00 00 00 00 00 00 00 0	
otal Othe	er A&G Ad	justments	\$ -	\$ -	\$ 9,840

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

Name Eagle		acility							
Eagle				L10	ense No.	Report for Y	ear Ended	Page	of
	Land	ing R	esidential Care Home LLC		1864	9/30/2015		29	37
_		l			Total				
	Page				Amount of			Resident	
No.	No.	No.	Item Description	_	Decrease	CCNH	RHNS	Ho	
			Subtotals Brought Forward	\$	58,778			Markey Area Thomas Area San San	58,778
			nt Care Supplies***						
27.	20	5a1	Prescription Drugs	\$	2,529				2,529
28.			Ambulance/Limousine	\$					
29.			X-rays, etc	\$					
30.			Laboratory	\$					
31.			Medical Supplies	\$					
32.			Oxygen (non emergency)	\$					·,
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$					
	22 - N	1ainte	enance and Property						
<i>35</i> .			Excess Movable Equipment Depreciation						
			See Attached Schedule	\$					
36.			Depreciation on Unallowable						
			Motor Vehicles	\$					
37.			Unallowable Property and Real						
			Estate Taxes	\$	8				8
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$	21,455				21,455
Page .	27 - I	nsura	nce						
40.			Mortgage Insurance	\$					
41.	27		Property Insurance	\$	17,993				17,993
Other	· - Mis	cellar	neous	1					
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	000000000000000000000000000000000000000					
.			providers interest	\$					
48.			Interest Income on Accounts Rec	\$					
49.			Other (include personnel and other						
			costs unrelated to resident care) - See	No.					
. 1			Attached Schedule	\$	ne ammanane de alla periodici.	2000 page 1900 page 1			
Not F	For Pro	ofit Pi	roviders Only						
50.	1		Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -						
. 1	İ		See Attached Schedule	\$					
			unt of Decrease (Items 1 - 50)	\$	100,762				100,762

^{***} 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.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
	William welling				
5.5.5.5				Sec. 25 (18.10)	246.02.00 (2.00)
	1.78		G. British I Street		
					/ Surgare con on on
			[5. 37] (2) (3) A(3)		
	2.060.00				
				1. G. S. S. S. S.	0.0000000000000000000000000000000000000
				file energy	
300000000000000000000000000000000000000			50 (20 Set 15 Sec 4)	20/20/35 (13/25)	
Total Othe	r Ancillary	/ Costs	\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
92.533.33					
5.000					(0.48) (25 48 35 46)
	2012/2012/05/2012				
					25.000.000
				5,000,000,000	80000000000000
				and the second reserved	
			45.00		5 (6 5 5 6 6 6
450 (2000)					
Total Exce	ss Movable	Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNII	RHNS	Residential Care Home
22	6b	Oil - Settlement Charges			\$ 3,455
22	6 ſ	Fire Protection - Settlement Charges			\$ 18,000
	200		220.225.235.02.000		99 (See 9) (See 5)
(\$85) (58.8)	40 (00 00 00)		8 6 90 6 60	(3) (3) (3) (3) (3)	000000
				(4) (3) (4) (4) (5) (5)	
(25) (15) (15) (25) (15) (15)			60 C C 50 PM IS	31 S S S S S S S S S S S S S S S S S S S	45.00.00.00.00.00
			10 10 10 10 15		
Total Othe	r Property	Adjustments	\$ -	\$ -	\$ 21,455

Page Ref	Line Ref	Description	CCNII	RHNS	Residential Care Home
	(1) (2) (3) (3) (3) (3) (3)				
	150000000000				
	90 (P. 100)				
0.050/4463/16	(100.00)				
\$155 miles	100000000000000000000000000000000000000			68 5 6 6 6	
Total Othe	r Adjustm	ents	\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
	1907/2006 (S016) 1907/1907 (S016)		170151012016100000000 200710000000000000000000000000	2 23 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(Alberta and Agent Shirt
1.00.00	1881 CE 1881 SE			acid disconvegação	
				Process Control of	
101/55/15/2010/2010				5 (5) (5) (6)	
0.500					
100000000000000000000000000000000000000				5 6 6	
Total Unal	lowable Bı	ilding Interest	\$ -	\$ -	\$ -

F. Statement of Revenue

F. Statement of Re	ven				1
Name of Facility License No.		Report for Y	ear Ended		Page of
Eagle Landing Residential Care Home LL 1864		9/30/2015	T	1	30 37
To the state of th			00	D.T.D.T.G	Residential Care
Item I. Resident Room, Board & Routine Care Revenue		Total	CCNH	RHNS	Home
<u> </u>					
1. a. Medicaid Residents (CT only)	\$	790,795			790,795
b. Medicaid Room and Board Contractual Allowance **	\$				
2. a. Medicaid (All other states)	\$	***************************************			
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$				
b. Medicare Room and Board Contractual Allowance **	\$				
4. a. Private-Pay Residents and Other	\$	3,500		<u> </u>	3,500
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					
a. Prescription Drugs - Medicare	\$				<u></u>
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$				
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$				
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$				
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (Specify) - Medicare	\$				
b. Other (Specify) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$	794,295			794,295
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	\$	11			
5. Interest Income (Specify)	\$				
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (Specify)	\$				
V. Total Other Revenue (1 thru 8)	\$				
VI. Total All Revenue (III +V)	\$	704 205			704 205
	*	794,295			794,295

st 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

			Residential
Description	CCNII	RHNS	Care Home
			and the second second
			100000000000000000000000000000000000000
		72 (20 (20 (20 (20 (20 (20 (20 (20 (20 (2	300 00 00 00 00
er Resident Revenue - Medicare	\$ -	\$ -	\$ -
	Description The second of the		

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
1041/10491/1050/03				
		0.50,000,000,000		
		# 150 A 50	(A) (1) (2) (2) (2)	
				3 3 3 3
3000000		1000 (000)		1356 (231) (461) (47)
Total Other	er Resident Revenue	\$ -	\$ -	\$ -

Interest Income

Account

					Residential
Page Ref	Account	Balance	CCNH	RHNS	Care Home
		3.15.050.50.10.050			
250 m. Samolini. 259 m. Samolini.		3 - 53 - 55 - 55 - 55 - 55 - 55 - 55 -		10.000 00.000	
William Const		EV-5761580 (050785) (6507			
Total Inter	rest Income		\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
			50.000 20.000	
			76. 35. 30. 35. 350.	
542.55.75.7				
				50 10 10 10 10
XX400000000000000000000000000000000000				1 1000-000-000-000-000-000-000-000-000-0
850 Fig. 650 K				
000000000000000000000000000000000000000				100 460 100 100 100
Total Oth	er Revenue	\$ -	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Eagle Landing Residential Care	Home I 1864	9/30/2015	31	37
	Account		A	mount
Assets				
A. Current Assets				
1. Cash (on hand and in			\$	(114,185)
2. Resident Accounts Re	ceivable (Less Allowance	e for Bad Debts)	\$	48,073
3. Other Accounts Recei	vable (Excluding Owners	or Related Parties)	\$	
4 Inventories			\$	
5. Prepaid Expenses			\$	22,841
a. Prepaid Insurance		22,841	Walter Walter	W. 1
b.				
			10000	
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlen	nent Receivable		\$	
8. Other Current Assets (itemize)		\$	538,677
Due from Fitchville	·	331,756		
Due from Silver Manor		206,921		
A-9. Total Current Assets (Lin	es A1 thru 8)		\$	495,406
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
•	Accum. Deprecia	ntion Net		
3. Buildings	*Historical Cost		\$	
S	Accum. Deprecia	ntion Net		
4. Leasehold Improveme		236,193	\$	22,476
X-	Accum. Deprecia			,
5. Non-Movable Equipm	<u> </u>	12,500	\$	
1 1	Accum. Deprecia			
6. Movable Equipment	*Historical Cost	253,952	\$	0
1.1	Accum. Deprecia			
7. Motor Vehicles	*Historical Cost	31,619	\$	(0)
	Accum. Deprecia	· · · · · · · · · · · · · · · · · · ·	ľ	()
8. Minor Equipment-Not		,	\$	
9. Other Fixed Assets (ite	emize)	101 100	\$	27,455
CIP	····-•)	27,455	*	<i>=</i> 7, 100
B-10. Total Fixed Assets (L	ines B1 thru 9)		 \$	49,931

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

G. Balance Sheet (cont'd)

!		Facility	License No.	Report for Year Ended		Page	of
Eagl	e La	anding Residential Care Home	1864	9/30/2015	_	32	37
			Account		L	Amoı	
				Total Brought Forward:	\$		545,337
C.		asehold or like property recorde	ed for Equity Purpose	S.	١.		
		Land			\$		149,000
	2.	Land Improvements	*Historical Cost		L		
			Accum. Depreciation		\$		
	3.	Buildings	*Historical Cost	1,300,000	١.		
			Accum. Depreciation	246,000 Net	\$		1,054,000
	4.	Non-Movable Equipment	*Historical Cost		١.		
			Accum. Depreciation	n Net	\$_		
	5.	Movable Equipment	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	6.	Motor Vehicles	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	7.	Minor Equipment-Not Deprec	ciable		\$		
C-8	To	tal Leasehold or Like Properti	ies (C1 thru 7)		\$		1,203,000
D.	Inv	vestment and Other Assets					
	1.	Deferred Deposits			\$		
	2.	Escrow Deposits			\$		
	3.	Organization Expense	*Historical Cost	6,382			
			Accum. Depreciation	6,382 Net	\$		
	4.	Goodwill (Purchased Only)			\$		
	5.	Investments Related to Reside	ent Care (itemize)		\$		
	6.	Loans to Owners or Related P	arties (itemize)		\$		
		Name and Address	Amount	Loan Date			
	7.	Other Assets (itemize)			\$		
D-8.	To	tal Investments and Other Ass	ets (Lines D1 thru 7)		\$		
D-9	To	tal All Assets (Lines A9 + B10) + C8 + D8)		\$		1,748,337

^{*} 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 Fac	ility		License No.	Report for Year E	Ended	Page	of
Eagle Landin	ng Re	sidential Care Home LLC	1864	9/30/2015		33	37
			Account			An	nount
Liabilities							
A.	Cu	rrent Liabilities			ļ		
····	1.	Trade Accounts Payable			4		259,717
	2.	Notes Payable (itemize)			9		
					<u></u>		
	3.	Loans Payable for Equipme	ent (Caurent nortion	1) (itamiza)	4		
	٦,	Name of Lender	Purpose	Amount	Date Due		
		Traine of Lendor	Turpose	Amount	- Bate Bue		
THE STATE OF THE S							
****							The second of the
	4.	Accrued Payroll (Exclusive		· · · · · · · · · · · · · · · · · · ·	9		8,908
	5.	Accrued Payroll (Owners of		only)	\$		1,890
	6.	Accrued Payroll Taxes Pay					1,017
	7.	Medicare Final Settlement			\$		
	8.	Medicare Current Financin			\$		
	9.	Mortgage Payable (Curren	·		\$		
		Interest Payable (Exclusive	of Owner and/or R	elated Parties)	\$		
		Accrued Income Taxes*			\$		
	12.	Other Current Liabilities (i			\$		922,883
		Accrued Property Taxes		049 Accrued Accounting	1,250		
		Due to DSS		500			
		Due to/from Owners		975)			
1 10	Tr.	Due to Related Parties	992,	060	đ		1 104 417
A-13	. 10	tal Current Liabilities (Line	SAI UITU 14)		\$		1,194,416

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
Eagle Landing Residential Care Home LLC	1864	9/30/2015		34	37
	Account			Am	ount
		Total Brough	ıt Forward:		1,194,416
Liabilities (cont'd)			-		
B. Long-Term Liabilities					
1. Loans Payable-Equipment	(itemize)		\$		
Name of Lender	Purpose	Amount	Date Due		
					10.00
2 Mautagana Bayahla			<u> </u>		
2. Mortgages Payable3. Loans from Owners or Relationship	otad Dartics (itamira)		\$		79,586
Name and Address of Lender		Loan Da	and the second		79,380
Name and Address of Lender	Amount	Loan Da	ale		
0.6 * * * * *	50.50 <i>6</i>				
Sifwat Ali	79,586				
4 O.4 Y 70 Y 1 11/4	(:/ :)		d.		
4. Other Long-Term Liabilitie	s (nemize)		\$		
					
B-5. Total Long-Term Liabilities (1	ines B1 thru 4)		\$		79,586
C. Total All Liabilities (Lines A-	(3 + B-5)		\$		1,274,002

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

	me of Facility License No. Report for Year Ended	Page	of
Eag	le Landing Residential Care Home 1864 9/30/2015 Account	35	mount 37
A.	Reserves	A	mount
	1. Reserve for value of leased land	\$	149,000
	Reserve for depreciation value of leased buildings and appurtenances to be amortized	\$	1,054,000
	3. Reserve for depreciation value of leased personal property (Equity)	\$	
	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	\$	1,203,000
В.	Net Worth		
	1. Owner's Capital	\$	
	2. Capital Stock	\$	
	3. Paid-in Surplus	\$	
	4. Treasury Stock	\$	
	5. Cumulated Earnings	\$	(743,683)
	6. Gain or Loss for Period 10/1/2014 thru 9/30/2015	\$	15,017
	7. Total Net Worth	\$	(728,665)
C.	Total Reserves and Net Worth	\$	474,335
D.	Total Liabilities, Reserves, and Net Worth	\$	1,748,337

H. Changes in Total Net Worth

Eagle Landing Residential Care Home L	Name of Facility	License No.	Report for Year	Ended	Page	of
A. Balance at End of Prior Period as shown on Report of 09/30/2014 \$ (765,969] B. Total Revenue (From Statement of Revenue Page 30) \$ 794,295 C. Total Expenditures (From Statement of Expenditures Page 27) \$ 779,278 D. Net Income or Deficit \$ 15,017 E. Balance \$ (750,952) F. Additions 1. Additional Capital Contributed (itemize) 2. Other (itemize) \$ 2. Other (itemize) \$ Name and Address (No., City. State, Zip) Title Amount \$ Name and Address (No., City. State, Zip) \$ Title Amount \$ Purpose Amount	Eagle Landing Residential Care Home L	1864	9/30/2015		_	
A. Balance at End of Prior Period as shown on Report of 09/30/2014 B. Total Revenue (From Statement of Revenue Page 30) C. Total Expenditures (From Statement of Expenditures Page 27) D. Net Income or Deficit E. Balance S. Total Additions 1. Additional Capital Contributed (itemize) 2. Other (itemize) F-3. Total Additions J. Drawings of Owners/Operators/Partners (Specify) Name and Address (No., City, State, Zip) Title Title Amount Purpose Amount \$ 1. Total Deductions Amount					Amount	
B. Total Revenue (From Statement of Revenue Page 30) C. Total Expenditures (From Statement of Expenditures Page 27) S 779,278 Net Income or Deficit S 15,017 E. Balance S (750,952 F. Additions 1. Additional Capital Contributed (itemize) 2. Other (itemize) F-3. Total Additions 1. Drawings of Owners/Operators/Partners (Specify) Name and Address (No., City, State, Zip) Title Amount 2. Other Withdrawings (Specify) Purpose Amount S 794,295 S 779,278 S 7	A. Balance at End of Prior Period as shown on Report of 09/30/2014					
C. Total Expenditures (From Statement of Expenditures Page 27) D. Net Income or Deficit E. Balance F. Additions 1. Additional Capital Contributed (itemize) 2. Other (itemize) F-3. Total Additions 1. Drawings of Owners/Operators/Partners (Specify) Name and Address (No., City, State, Zip) Title Amount 2. Other Withdrawings (Specify) Purpose Amount 3. Total Deductions S Total Deductions S Total Deductions	<u> </u>					
D. Net Income or Deficit	J 1					779,278
F. Additions 1. Additional Capital Contributed (itemize) 2. Other (itemize) F-3. Total Additions G. Deductions 1. Drawings of Owners/Operators/Partners (Specify) Name and Address (No., City, State, Zip) Title Amount 2. Other Withdrawings (Specify) Purpose Amount 3. Total Deductions 3. Total Deductions \$ (750,952)						15,017
1. Additional Capital Contributed (itemize) 2. Other (itemize) F-3. Total Additions G. Deductions 1. Drawings of Owners/Operators/Partners (Specify) Name and Address (No., City, State, Zip) Title Amount 2. Other Withdrawings (Specify) Purpose Amount 3. Total Deductions						(750,952)
2. Other (itemize) F-3. Total Additions G. Deductions 1. Drawings of Owners/Operators/Partners (Specify) Name and Address (No., City, State, Zip) Title Amount 2. Other Withdrawings (Specify) Purpose Amount 3. Total Deductions						
G. Deductions 1. Drawings of Owners/Operators/Partners (Specify) Name and Address (No., City, State, Zip) Title Amount 2. Other Withdrawings (Specify) Purpose Amount 3. Total Deductions \$		(itemize)				
G. Deductions 1. Drawings of Owners/Operators/Partners (Specify) Name and Address (No., City, State, Zip) Title Amount 2. Other Withdrawings (Specify) Purpose Amount 3. Total Deductions \$	E 2 Total Additions					
1. Drawings of Owners/Operators/Partners (Specify) Name and Address (No., City, State, Zip) Title Amount 2. Other Withdrawings (Specify) Purpose Amount 3. Total Deductions \$						
Name and Address (No., City, State, Zip) Title Amount 2. Other Withdrawings (Specify) Purpose Amount 3. Total Deductions \$						
2. Other Withdrawings (Specify) \$ Purpose Amount 3. Total Deductions \$						
Purpose Amount 3. Total Deductions \$	Traine and Fladress (170., Chy, 1	оше, ир ј	Title	Amount		
Purpose Amount 3. Total Deductions \$						
Purpose Amount 3. Total Deductions \$	2. Other Withdrawings (Specify)					
3. Total Deductions \$	O (F-5)/			FAMILIA		
TY DI COLI						
				\$		
	H. Balance at End of Period 09/30/15					(750,952)