Craig J. Lubitski Consulting LLC & CJLC LLC

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

Connecticut 06108

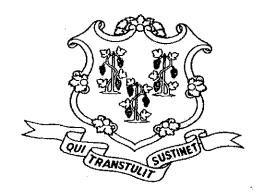
225 Pitkin Street

East Hartford

860.610.9009 (t) 860.610.9030 (f)

cjlc.com

State of Connecticut



Annual Report of Long-Term Care FacilityCost Year 2015

22 22 11 / 1								
Name of Facility (as I	icensed)							
Freelove Manor LLC								
Address (No. & Stree	•							
246 Quinn Street, Na	ugatuck, CT 06	770						
Type of Facility								
Chronic and C	onvalescent		Rest Home wit	h Nursing				
☐ Nursing Home	only		Supervision on	ly	\square	Residenti	al Ca	re Home
(CCNH)			(RHNS)					
Report for Year Beginning Report for Year Ending				r Ending				
10/1/2014	J		9/30/2015	_				
License Numbers:		CCNH	RHNS	Reside	ential Care l 1879	Home	Me	dicare Provider
Medicaid Provider N	umbers:	CC	CNH	RE	INS		ICF-IID	
For Department Use	e Only							
Sequence Number	Signed and	Date	Sequence N	lumber	Cionad a	ınd Notari	and.	Date Received
Assigned	Notarized	Received	Assign	ed	Signed a	iid Notaii	zeu	Date Received
-	·							

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General Information

	**************************************		F 44.444.444	
Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Freelove Manor LLC	1879	9/30/2015	1	

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Freelove Manor LLC [facility name], for the cost report period beginning October I, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)	reeleve	Date 1/27/16	Signed (Owner)	Date 1 27 16
Printed Name (Administrator)			Printed Name (Otyper)	1 1
Queen Freelove		1 1 2	Queen Freciove	1/2/2
1 Just tree love		1/27/16	LYUNGOT TECOLOUR	1127/16
Subscribed and Sworn	State of	Date	Signed (Notary Public)	Comm. Expires
to before me:	CT	1/27/16	Mary a Controlle	11,30,18
Address of Notary Public	,			
Lathrop Di	-, Cover	itry, C	T 06238	

Notary Scal)



State of Connecticut

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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
Freelove Manor LLC				10/1/2014	9/30/2015
Address of Facility					
246 Quinn Street, Naugatuck, CT 06770					
Report Prepared By		Phone Nun		Date	
Craig J. Lubitski Consulting LLC		(860) 610-9	9009	1/27/2016	
					Residentia 1 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	\$	ļ			
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	<u> </u>			

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

		ne No. of Fac) 729-5050	cility	Report for Ye 9/30/2015	ear Ended	Page 2	of 37	
Name of Facility (as shown on license)	(203		2. & S	Street, City, Sto	ate. Zip)			
Freelove Manor LLC		,		, Naugatuck, C	- /			
CCNI	I I			dential Care H		Medicare I	Provider N	٧o.
License Numbers:				1	879			
Type of Facility (Check appropriate box(es))								
Chronic and Convalescent		Home with			Residenti	ial Care Hor	ne	
Nursing Home only (CCNH)	Sup	ervision only	(RH	NS)	Resident	iai Care Hoi		
Type of Ownership (Check appropriate box)						,		
O Proprietorship	р О	Profit Corp.	0	Non-Profit Con	rp. O	Government	O Tru	st
			Date	Opened	Date Clo	sed		
If this facility opened or closed during report year pro	ovide:							
					<u> </u>			
Has there been any change in ownership	0	Yes	0	Ma	If "Voc "	explain full		
or operation during this report year?	0	res		No	п тех,	explain fun	<u>y.</u>	
Administrator				·				
Name of Administrator				Nursing Ho				
Queen Freelove				Administra				
	(G.11		641	License	No.:]			
Other Operators/Owners who are assistant administra	ttors (1uii	or part time,) OI II	License l	No /			
Ivaine				Laccinsc	10			
9								

State of Connecticut

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CSP-3 Rev. 10/2005

General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page of	
Freelove Manor LLC		1879	9/30/2015		3 37	
				State(s) and/o	or Town(s) in	
Legal Name of Part	nership/LLC	Business A	Address	Which R		
Freelove Manor, LLC		246 Quinn St., N	Vaugatuck,	Connecticut		
		CT 06770				
Name of Partners/Members	Business Ac	ldress	-	Γitle	% Owned	
	2 000111-00-				70 O Miled	
Queen Freelove	246 Quinn St., Naugatı	ick CT 06770	Member	<u></u>	100%	
Queen Preciove	240 Quinii St., Maugatt	ick, C1 00770	Wichitooi		10070	
					-	
		· · · · · · · · · · · · · · · · · · ·				
					•	
				Ï		
		e e e e e e e e e e e e e e e e e e e			÷	
				l		
	·					
			-			
					1	

State of Connecticut **Annual Report of Long-Term Care Facility**CSP-3A Rev. 10/2005

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year En	ded	Page of
Freelove Manor LLC	1879	9/30/2015		3A 37
If this facility is owned or operated as a corpo	oration, provide the	following informate	tion:	
Legal Name of Corporation		s Address	State(s) in Whi	ch Incorporated
				No. Shares
Name of Directors, Officers	Busines	s Address	Title	Held by Each
	····	<u></u>		· ·
			<u>-</u>	
Names of Stockholders Owning at Least				
10% of Shares				
		·		
			:	
		:		

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Freelove Manor LLC	1879	9/30/2015	3B 37
If this facility is owned or operated as an individual		provide the following informa	tion:
О	wner(s) of Facility		
	.		

General Information and Questionnaire Related Parties*

Name of Facility		License			Report for Year Ended		Page	of
Freelove Manor LLC			1879		9/30/2015		4	37
Are any individuals rece	iving compensation from the fa	acility re	lated th	rough		If "Yes," provide th	e Name/Ad	dress and
marriage, ability to control, ownership, family or busin					Yes O No	complete the inform		
mariago, aomiy to come	ioi, o wilding, idining or oscill					vomprete the milen	10011 011 1 0	So II of the report.
Are any individuals or c	ompanies which provide goods	or servi	ices,					
including the rental of p	roperty or the loaning of funds	to this f	acility,					
related through family a	ssociation, common ownership	, control	l, or bus	iness				
association to any of the	owners, operators, or officials	of this f	acility?			If "Yes," provide th	e following	information:
		Als	so Provi	des		Indicate Where		
		1	ls/Servi			Costs are Included		
Name of Related	Business		Related l		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
Queen Freelove	33 Maple Street, New Haven, CT	0	•		Rent	Page 22, Line 9	35,526	35,526
Queen and Kelly Freelove	33 Maple Street, New Haven, CT	0	•		Loan	Page 34, Line B3	65,610	65,610
Kelly Freelove	33 Maple Street, New Haven, CT	0	•		Office Salary	Pg 10, Line A4	26,225	26,225
Queen Freelove	33 Maple Street, New Haven, CT	0	•		Administrator	Pg 10, Line A2	58,083	58,083
Carla Gardner Ursini	33 Maple Street, New Haven, CT	0	•		Office/Dietary Wages	Pg 10, Line A4, 5c	28,529	28,529
Kelisha Freelove	33 Maple Street, New Haven, CT	0	•		Various Wages	Pg 10, various lines	7,658	7,658
		0	•					
		0	0					
		0	0					

^{*} Use additional sheets if necessary.
** Provide the percentage amount of revenue received from non-related parties.

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General Information and Questionnaire Basis for Allocation of Costs

i ·	License No			Page	of
Freelove Manor LLC	1879		9/30/2015	5	37
If the facility is licensed as CDH and/or RCH or	r provides A	AIDS or TB	services with special Medicai	d rates,	costs
must be allocated to CCNH and RHNS as follow	ws:				
ltem			Method of Allocation		
Freelove Manor LLC 1879 9/30/2015 5 3 If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:					
Laundry		Number of	pounds processed		
		Number of	square feet serviced		
		Number of	hours of routine care provided	by EAC	H
Nursing		employee c	lassification, i.e., Director (or	Charge 1	Nurse),
		Registered	Nurses, Licensed Practical Nur	rses, Aid	les and
		Attendants			
Direct Resident Care Consultants	·	Number of	hours of resident care provided	by EA	CH
		specialist (See listing page 13)		
Maintenance and operation of plant		Square feet			
Property costs (depreciation)		Square feet			
Employee health and welfare		Gross salar	ies		
Management services		Appropriate	e cost center involved		
All other General Administrative expenses		Total of Di	rect and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.					
1. In the preparation of this Report, were all					ion was
costs allocated as required?	O 168	O NO	not made.		
2. Explain the allocation of related company ex	penses and	attach copy	of appropriate supporting data		
	•				
**					
	•				
3. Did the Facility appropriately allocate and se	lf-disallow	direct and in	ndirect costs to non-nursing ho	me cost	centers?
		·		h allocat	ion won
	• Yes	O 110		i anocai	ion was
	<u> </u>		not maue.		

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Li Freelove Manor LLC		License No.	Report for Y	Report for Year Ended 9/30/2015			of	
		1879	9/30/2015				31	
	Own Oper Offi	ed * to ners, ators, cers		Date of	Term of	Annual Amount	1	ount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Clai	med
· ·	0	0						
	0	0						
	0	0			:			
	0	0						
	0	0						
	0	0						
	0	0						
	0	0				····		
	0	0						
	0	0						
s a Mileage Log Book Maintained for Al	' Il Leased V	ehicles	?	Yes O	No			***************************************

^{*} Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

^{**} Attach copies of newly acquired leases.

^{***} Amount should agree to Page 22, Line 6e.

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Freelove Manor LLC	1879	9/30/2015		7	37
The records of this facility for the p	period covered by this report	were maintained on the following basis:			
	Modified Cash				
Is the accounting basis for this					
	Yes	If "No," explain.			
previous period?	No				
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Craig J. Lubitski Consulting LI	LC I	225 Pitkin Street, East Hartford, CT 0610)8		
2 3	•				
3 4	!				
Services Provided by This Firm (de.	escribe fully)	<u>L</u>	-		
1 Monthly Accounting, Tax Returns, M	ledicaid Cost Reports		\$	12,567	***************************************
2			\$		
3			\$		
4			\$		
			Charge fo	or Services Pr	ovided
			\$	12,567	
Are These Charges Reflected in the Expend	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.	1		
	Page 15, Line 1d				
Legal Services Information	****				
Name of Legal Firm or Independent	t Attorney		Telephone	e Number	
1					
2 3					
4					
5					
Address (No. & Street, City, State, 2	Zip Code)		L		
1	•				
2 3					
3					
4					
5 Services Provided by This Firm (de.	escribe fully)				
1		· · · · · · · · · · · · · · · · · · ·	\$		
2			\$		
3			\$		
4			\$		
5			\$		
				or Services Pro	ovided
			\$	1 00111000	Ovidea
Are These Charges Reflected in the Expend	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.	+		
O Yes O No					

Schedule of Resident Statistics

Name of Facility Freelove Manor LLC			License 1	No. 879			Report fo 9/30/201	or Year Ende 5	d		Page 8	of 37
						Period 10	/1 Thru 6/			Period 7/	1 Thru 9/.	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
Certified Bed Capacity A. On last day of PREVIOUS report period	12			12	12			12	12			12
B. On last day of THIS report period	12			12	12			12	12			12
Number of Residents A. As of midnight of PREVIOUS report period	12			12	12			12	12			12
B. As of midnight of THIS report period	12			12	12			12	12			12
3. Total Number of Days Care Provided During Period A. Medicare												
B. Medicaid (Conn.)												
C. Medicaid (other states)												
D. Private Pay												
E. State SSI for RCH	4,177			4,177	3,107			3,107	1,070			1,070
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	4,177			4,177	3,107			3,107	1,070			1,070
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	4,177			4,177	3,107		<u> </u>	3,107	1,070			1,070

State of Connecticut Annual Report of Long-Term Care Facility CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Licer	ise No.			Ü	Repor	t for Year	Ended		Page	of
Freelove Man	or LLC]	1879				_	9/30/201	5		9	37
	-	-	in the certified b		pacity du	ring ti	he repo	rt yea	r?	0	Yes	•	No	
	, provid		f Change	CIOII.	Cl	nange	in Bed	<u> </u>		Ca	nacity Afte	er Change		
		I Ince of	Residential		CI	migo	III Dog	<u> </u>		<u> </u>	puoley 711th	or Change		
Date of	CCNH	RHNS	Care Home		Lost			Gaine	d					
OI.												Residential		
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home	Reason f	or Change
										<u> </u>				
						·								
		l!								<u> </u>		<u> </u>		
9		_		_	Change in Beds Capacity After Chan Lost Gained (2) (3) (1) (2) (3) CCNH RHNS Care ity during the report year (as reported in item 4 above) provide a change. CCNH RHNS CCNH CCNH CCNH CCNH CCNH CCNH CCNH CCNH CCNH					provide the nur	nber of			
				de bed capacity during the report year? O Yes O Yes O No The state of the change of the change of the change of the change. O Yes O Yes O No The state of the change of the change of the change of the change. O Yes O Yes O No The state of the change of the change of the change of the change. O Yes O Yes O Yes O No The state of the change of the change of the change of the change of the change. O Yes O Yes O No The state of the change of the						α . m .				
			Change in Re	esiden	apacity during the report year? Change in Beds Capacity After Ch Lost Gained (2) (3) (1) (2) (3) CCNH RHNS Capacity during the report year (as reported in item 4 above) provide change. CCNH A BHNS CCNH RHNS CCNH RHNS CAPACITAL C				RHNS	Residential	Care Home			
1st chang 2nd chan														
3rd chan			***************************************											
4th chan														
6. Number	of Resid	dents an	d Rates on Septe	mber			ar							
			Medicare		Medi	caid				Se	lf-Pay		Other Sta	te Assisted
				_										
N. CD	Item		CCNH	С	CNH	RI	INS	CC	NH.	RF	INS	Care Home	R,C,H,	ICF-IID
No. of R Per Dien				- 10 - 10 T								1		
a. One b			<u> </u>			*******						95.00	<u> </u>	
b. Two		. 1												
c. Three	or more	е												
bed r	ms.					l								
		f Physica are - Par	al Therapy Treat t B	ments	:					ТО	ľAL	CCNH	RHNS	Residential Care Home
			lusive of Part B)											
			e Treatments											
		torative	Treatments						· · · · · · · · · · · · · · · · · · ·					
	Other Total 1	Dhuriaal	Therapy Treate	nante								·	<u></u>	
			Therapy Treatn											
		re - Par												
B.	Medica	id (Exc	lusive of Part B)											
			e Treatments						.,				·	
		torative	Treatments					•••						
C.	Other	T	Therapy Treatm											
					nente									
		ire - Par		ricau	nents	Change in Beds Capacity After Change Cost Gained (2) (3) (1) (2) (3) CCNH RHNS Care H Conducting the report year (as reported in item 4 above) provide the sange. CCNH RHN CCNH RHNS CCNH RHNS CCNH RHNS CTNH RHNS TOTAL T								
			lusive of Part B)	1										
	1. Mai	ntenane	e Treatments		Lost Gained (2) (3) (1) (2) (3) CCNH RHNS Reside Care H y during the report year (as reported in item 4 above) provide change. Days CCNH RH RHNS CCNH RHNS Care H Reside Care H RHNS CCNH RHNS Care H TOTAL CCT TOTAL CCT And A A A A A A A A A A A A A A A A A A									
		torative	Treatments											
C.	Other	a		, .						ļ				
l D.	Total C	sccupat	ional Therapy T	reatn	ients					<u> </u>			L	

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Neport of Ex	<u> </u>	Salar	<u>~</u>		T	- C
Name of Facility	License No.		Report for Yea	ir Ended	Page	of
Freelove Manor LLC	1879		9/30/2015		10	37
Are time records maintained by all individuals receiving c	ompensation?	•	Yes	0	No	
			Total Cost a	and Hours		
					Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
A. Salaries and Wages*			370 - 34			
 Operators/Owners (Complete also Sec. I 						
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)					58,083	2,080
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)					48,963	3,142
Dietary Service a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers					20,235	1,884
6. Housekeeping Service	0.310.210.00		VIII CONTRACTOR	10.00	20,235	1,00
a. Head Housekeeper						
b. Other Housekeeping Workers					6,063	614
7. Repairs & Maintenance Services						
Engineer or Chief of Maintenance						
b. Other Maintenance Workers					9,144	710
8. Laundry Service						
a. Supervisor b. Other Laundry Workers				-	6,063	614
Daniel Laurdly Workers Barber and Beautician Services					0,003	UI
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents				Para de la composición dela composición de la composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición dela composición de la composición dela composición del		
a. Directors and Assistant Director of Nurses						
b. RN						
1. Direct Care		ļ			<u> </u>	
2. Administrative** c. LPN			Nijadaisaa egaasa			
Direct Care						
2. Administrative**						
d. Aides and Attendants				<u> </u>	27,160	2,74
e. Physical Therapists						ŕ
f. Speech Therapists						
g. Occupational Therapists			<u> </u>			
h. Recreation Workers			Maria		1,213	12:
i. Physicians						
Medical Director Utilization Review		-	 			
3. Resident Care***			 			
4. Other (Specify)						
(-1)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
0 1137 1 (0 3 5					1	
m. Social Workers/Case Management	_	ļ	<u> </u>	ļ		
n. Marketing						

^{*} 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	NH	RF	INS	Residential Care Home		
Position	\$	Hours	\$	Hours	\$	Hours	
						100000000000000000000000000000000000000	
			4.52.70.50.00	alvers of the reco		55 A B 10 A B 10 G 10 G 10 G	
August 1997			B. (G. (1976) (SV (S				
		18347000000000000000000000000000000000000	7.35.53.63.33.6	\$100 CO	100 151 51 151 150		
						para a Suciera de la	
		77.7					
				Non-Street Street			
	300000000000000000000000000000000000000		19/06/1904/66 1851/95	39.000.000.000	100000000000000000000000000000000000000	100000000000000000000000000000000000000	
				35 Names (1948)			
			\$1,50,50,50				
		42 65-65 35 65					
					Figure 1 and 1 and 1 and 1 and 1 and 1 and 1		
	0.0000000000000000000000000000000000000	\$365.00 (Feb. 55)			: 62 (A) (B) (B) (B)		
		\$4,000,000,000,000			46,000,000,000		
	000000000000000000000000000000000000000				William State of the State of t		
Fotal	\$ -	SA HE SE A	\$ -	100 mm (m. 100 mm)	\$ -		

Schedule of Other Fees (Page 13)

	CC	NH	RH	INS	Residential Care Home		
Service	. \$	Hours	\$	Hours	\$	Hours	
					nina a ninana AV		
		0.0000000000000000000000000000000000000					
	0.0150.500.510.600	0.0000000000000000000000000000000000000	0.000 0.000 0.000	7472.42 (4.65)	5.52.62.62.52.62		
		087655175075	valva de a servicio de	(4) (5) (5) (5) (4) (4)			
			2000			Sent County of	
			3. 69 (S. 65 (S. 8)				
					7 45 15 V TO 15 15 15 15 15 15 15 15 15 15 15 15 15		
	and street was the least	7600 (0000000)	(2) (2) (2) (2) (2)		1, 120 (0.00	World Carry State	
		100					
						English (#150 #150 #150 #150 #150 #150 #150 #150	
					200.000.0000.0000	N. SENSON AS	
					\$150 \$100 \$250 \$2		
			-200227450189009648	985,780 (Stadio)	30303030303303030	0.000000000000000000000000000000000000	
				100 000 WIGH (000 000)			
Total	\$.	A 45 (10 10 10 10 10 10 10 10 10 10 10 10 10 1	\$ -		\$ -	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	

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*

Name of Facility Freelove Manor LLC				License No. 1879		Report for 9/30/2015	Year Ended	· · · · · · · · · · · · · · · · · · ·	Page 11	of 37
TTCCIOVE WARROT EXC		Salary Pai	d	10//		3/30/2013			11	
Name	CCNH	RHNS	Residential Care Home	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
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).										
Kelly Freelove		.	26,225	_		1,499	See Attached	UPS	2,080	
Carla Gardner Ursini			28,529	:		2,054	See Attached	NA		
Kelisha Freelove			7,658			743	See Attached	NA		

^{*} 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.

Related Party

		Pav	<u>Hours</u>
Kelisha Freelove	<u>Totai</u>	7,658	743.13
Dietary	24.00%	1,838	178.35 10/5c
Housekeeping	10.00%	766	74.31 106b
Maintenance	9.20%	704	68.37 10/7b
Laundry	10.00%	766	74.31 10/8b
Aides	44.80%	3,431	332.92 10/12d
Recreation	2.00%	153	14.86 10/12h
C. Ursini	<u>Total</u>	28,529.20	2,053.66
Dietary	80.00%	22,823.36	1,642.93 10/5c
Office	20.00%	5,705.84	410.73 10/A4
Kelly Freelove	100.00%	26,224.78	1,499.18 10/A4

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*

Name of Facility (as licensed)				License No.		Report for Y	ear Ended		Page	of
Freelove Manor LLC			!	1879		9/30/2015			12	37
		Salary Pai	d	Fringe Benefits and/or Other		Total	Line Where		Total	9
Name	CCNH	RHNS	Residential Care Home	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section III - Administrators***					44.4					
Queen Freelove			58,083		Administrator	2,080	10/A2	Babe's Day Care	2,080	
		_								
Section IV - Assistant Administrators										
							,			
	-									
W.A										

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

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

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

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Y		Page	of
Freelove Manor LLC	187	79	9/30/2015	cai Enaca	13	37
			Total Cost	and Hours		
	1					
	ĺ				Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
*B. Direct care consultants paid on a fee	1.1					
for service basis in lieu of salary						
(For all such services complete Schedule B1)	100			1100		
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
Physical Therapy	£ 12 18					
a. Resident Care						
b. Other			ļ			
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)						
b. Utilization Review			and the second		\$ 32.50 M	
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility 1. Infection Control Committee	39-49-538-32-34-34					
(Quarterly meetings)						
2. Pharmaceutical Committee				,		
(Quarterly meetings)						
Staff Development Committee (Once annually)						
e. Other (Specify)						
c. Other (Specify)						
9. Speech Therapist		- 3				
a. Resident Care						
b. Other	: `					
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants					4.4	
a. RN						
1. Direct Carc				W-1-20		
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries						

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

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

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

Report of Expenditures Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility Freelove Manor LLC	License No. 1879		Report for Y 9/30/2015	ear Ended	Page of 14 37
Name & Address of Individual	Full Explanation of Service	Related** Operator Yes	to Owners, rs, Officers	Expla	nation of Relationship
		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		

^{*} 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
Freelove Manor LLC	1879		9/30/2015		15	37
						Residential
Item			Total	CCNH	RHNS	Care Home
1. Administrative and General				30.00		
a. Employee Health & Welfare Benefits						
1. Workmen's Compensation		\$	5,548	4 4		5,548
Disability Insurance		\$				
3. Unemployment Insurance		\$	4,321			4,321
4. Social Security (F.I.C.A.)		\$	13,534			13,534
5. Health Insurance		\$				
Life Insurance (employees only)						
(not-owners and not-operators)		\$	655			655
7. Pensions (Non-Discriminatory)		\$	3,675			3,675
(not-owners and not-operators)						
8. Uniform Allowance		\$	57			57
9. Other (Specify)		\$				
See Attached Schedule						
b. Personal Retirement Plans, Pensions, and		\$				
Profit Sharing Plans for Owners and						
Operators (Discriminatory)*						
,						
c. Bad Debts*		\$				
d. Accounting and Auditing		\$	12,567			12,567
e. Legal (Services should be fully described	on Page 7)	\$				
f. Insurance on Lives of Owners and		\$				
Operators (Specify)*						
g. Office Supplies		\$	656			656
h. Telephone and Cellular Phones						
1. Telephone & Pagers		\$	1,793		SAAC INTERNATION LEVEL TO A STATE OF THE SAAC SAAC SAAC SAAC SAAC SAAC SAAC SAA	1,793
2. Cellular Phones		\$				
i. Appraisal (Specify purpose and		\$,			
attach copy)*						
177						
j. Corporation Business Taxes (franchise to	(x)	\$			New York Control of the Control of t	
k. Other Taxes (Not related to property - Se						
1. Income*	. ::6: :=/	\$			Company of the Compan	
2. Other (Specify)		\$				<u> </u>
See Attached Schedule		Ψ				
3. Resident Day User Fee		\$				
Subtotal		- \$	42,805			42,805

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

(Carry Subtotals forward to next page)

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

Freelove Manor LLC 9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
		Carrier management	
		1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	
		\$ 5 m \$ 15 m m m m	
			7
			1 (1 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2
	SE SECTION		
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
Freelove Manor LLC	1879		9/30/2015		16	37
					'	Residential
Item			Total	CCNH	RHNS	Care Home
	als Brought Forwa	rd:	42,805			42,805
Travel and Entertainment						and the second
Resident Travel and Entertainment		\$				
Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$				
4. Employee Travel		\$				
Education Expenses Related to Seminars a		\$	120		·····	120
6. Automobile Expense (not purchase or dep	reciation)	\$				
7. Other (<i>Specify</i>)		\$			N	
See Attached Schedule						
m. Other Administrative and General Expenses						
Advertising Help Wanted (all such expense)		\$				
2. Advertising Telephone Directory (all such	expenses)***	\$				
3. Advertising Other (Specify)***		\$				
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service		\$	***************************************			
directly and not by contract or fee for servi	ice)***			100		
7. Postage		\$	219			219
* 8. Dues and Membership Fees to Professiona	.1	\$	3			
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	Allowable Org.***	\$				
9. Subscriptions		\$				
10. Contributions***		\$				
See Attached Schedule						
11. Services Provided by Contract (Specify and	d Complete	\$				
Schedule C-2, Page 21 for each firm or inc	tividual)				2000	
12. Administrative Management Services**		- \$				
13. Other (Specify)		\$	12,120			12,120
See Attached Schedule						
C-14 Total Administrative & General Expenditures	<u> </u>	\$	55,264	,	•	55,264

^{*} 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	CCNII	RHNS	Residential Care Home
	Herald State		
	NEXT SELECT		
		100 NEW 2007 (1977)	
	NEED STATE	Jacquetter VIII (1	
	National States		
	ARREST CONTRACTOR		
	Helyesty is t		
Total Other Travel and Entertainment	\$	\$	\$

Schedule of Other Advertising

Description	CCNH	RIINS	Residential Care Home
	- njerenski konstrale	1945-1945	frankristerak
			1432
		ntenata esti hitelah	100 (\$60,000) (100 = 100 00) 100 (\$60,000) (100 00)
Total Other Advertising	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNII	RHNS	Residential Care Home
	interpretation		
			a self-transfer of
			N. M. S. Commission of the Com
		000000000000000000000000000000000000000	
		geleveletee	
Charles and the second	110220000000000000000000000000000000000	200700000000000	
		100 00 00 00 00 00 00 00 00 00 00 00 00	
	Hagarian nyayah		
	William version	STATE OF STREET	
Total Dues	\$	\$	\$ -

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
			servicies ave
Total Contributions	\$	\$	\$

Schedule of Other Administrative and General

Description	ССИН	RHNS	Residential Care Home
Internet			\$ 979
Background Check - Employee			\$ 20
Bank Charges - Overdraft			\$ 385
Licenses			\$ 619
Payroll Processing		7.465	\$ 6,008
Late Fees			\$ 4,005
Reconciliation Discrepancies	0 0 0 8 8		S 1
Sam's Club Membership	MATCHES HE LESS		\$ 100
Amex Membership			\$ 3
	037300		
Total Other Administrative and General	\$	\$ -	\$ 12,120

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
Freelove Manor LLC	1879	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 #
Not Applicable			
]		
	:		

^{*} 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)

		Τ,		n Page 5)	т		1
Name of Facility			Licens	e No.	Report for Y	Page of	
Free	elove Manor LLC			1879	9/30/2015	5	18 37
							Residential Car
	Item			Total	CCNH	RHNS	Home
2.	Dietary						
	a. In-House Preparation & Service				4-1	4.4	
	1. Raw Food		\$	11,997			11,99
	2. Non-Food Supplies		\$				34
	3. Other (Specify)		\$	_			
	1 77						
					107	Page State of the	
	b. Purchased Services (by contract other		\$				
	than through Management Services)						
	(Complete Schedule C-2 att. Page 21)						
<u> </u>	c. Management Services**		\$				
	d. Other (Specify)		_ \$				(A)
2E.	Total Dietary Expenditures (2a + b + c + d)		\$	12,344			12,34
							Residential Car
2F.	Dietary Questionnaire			Total	CCNH	RHNS	Home
G.	Resident Meals: Total no. of meals served per	day	/:*				
H.	Is cost of employee meals included in 2E?	0	Yes	•	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 Repor	t? (Page/Line	Item)	•	
	Is cost of meals provided to persons other					70 10	
K.	· · · · · · · · · · · · · · · · · · ·	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 Repor	t? (Page/Line	Item)		
	Is cost of food (other than meals, e.g.,						
N.	snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	0	Yes	•	No	If yes, specify cost.	
О.		0	Yes	•	No	If yes, specify amt.	
P.	Where is the revenue received reported in the	Cos	st Repor	t? (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)

Section Sect	Name of Facility		License	No.	Report for Year Ended		Page	of
Item Item Total CCNH RHNS Home 1. Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.*** Amt. \$ 3. Personal clothing of residents washed, ironed, and/or processed.*** Amt. \$ 4. Repair and/or purchase of linens.*** b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services** d. Other (Specify) Supplies 3E. Total Laundry Expenditures (3a + b + c + d) J. Laundry Questionnaire G. Is cost of employee laundry included in 3E? Ves No If yes, specify cost. If where is the revenue received reported in the Cost Report? (Page/Line Item) Ves No If yes, specify cost. If yes, specify cost. If yes, specify ant.	Freelove Manor LLC			1879	9/30/2015		19	37
3. Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.*** Amt. \$ 3. Personal clothing of residents washed, ironed, and/or processed.*** 4. Repair and/or purchase of linens.*** 4. Repair and/or purchase of linens.*** b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services** d. Other (Specify) Supplies 3E. Total Laundry Expenditures (3a + b + c + d) 3F. Laundry Questionnaire G. Is cost of employee laundry included in 3E? O Yes No If yes, specify cost. I. Where is the revenue received reported in the Cost Report? J. Is Cost of laundry provided to persons other than employees or residents included in 3E? O Yes O No If yes, specify cost.							Residen	tial Care
a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.*** Amt. \$ 3. Personal clothing of residents washed, ironed, and/or processed.*** 4. Repair and/or purchase of linens.*** Lbs. Amt. \$ 4. Repair and/or purchase of linens.*** b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services* d. Other (Specify) Supplies 3E. Total Laundry Expenditures (3a + b + c + d) ST. Laundry Questionnaire G. Is cost of employee laundry included in 3E? O Yes No If yes, specify ost. I. Where is the revenue received reported in the Cost Report? J. Is Cost of laundry provided to persons other than employees or residents included in 3E? K. Did you receive revenue from these people? O Yes No If yes, specify cost. If yes, specify cost.		Item		Total	CCNH	RHNS	Но	me
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.*** Amt. \$ 3. Personal clothing of residents washed, ironed, and/or processed.*** 4. Repair and/or purchase of linens.*** Lbs. Amt. \$ 4. Repair and/or purchase of linens.*** b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services** d. Other (Specify) Supplies 3E. Total Laundry Expenditures (3a + b + c + d) 3F. Laundry Questionnaire G. Is cost of employee laundry included in 3E? O Yes Did you receive revenue from employees? O Yes No If yes, specify amt. I. Where is the revenue received reported in the Cost Report? J. Is Cost of laundry provided to persons other than employees or residents included in 3E? O Yes No If yes, specify cost.	3.	Laundry						
gowns and other resident care items washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.*** Amt. \$ 3. Personal clothing of residents washed, ironed, and/or processed.*** 4. Repair and/or purchase of linens.*** 4. Repair and/or purchase of linens.*** b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services** d. Other (Specify) supplies 3E. Total Laundry Expenditures (3a + b + c + d) 3F. Laundry Questionnaire G. Is cost of employee laundry included in 3E? Did you receive revenue from employees? J. Is Cost of laundry provided to persons other than employees or residents included in 3E? Ves No No If yes, specify cost.		a. In-House Processing*	Lbs.					
washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.*** Amt. \$ 3. Personal clothing of residents washed, ironed, and/or processed.*** 4. Repair and/or purchase of linens.*** b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services* d. Other (Specify) Supplies 3E. Total Laundry Expenditures (3a + b + c + d) 3F. Laundry Questionnaire G. Is cost of employee laundry included in 3E? O Yes Did you receive revenue from employees? O Yes No If yes, specify cost. I. Where is the revenue received reported in the Cost Report? J. Is Cost of laundry provided to persons other than employees or residents included in 3E? O Yes O No If yes, specify cost.								
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.*** Amt. \$ 3. Personal clothing of residents washed, ironed, and/or processed.*** 4. Repair and/or purchase of linens.*** b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services** d. Other (Specify) Supplies 3E. Total Laundry Expenditures (3a + b + c + d) 3F. Laundry Questionnaire G. Is cost of employee laundry included in 3E? O Yes O No If yes, specify cost. I. Where is the revenue received reported in the Cost Report? Is Cost of laundry provided to persons other than employees or residents included in 3E? O Yes O No If yes, specify cost.			Amt. \$					
gowns, etc. washed, ironed and/or processed.*** Amt. \$ 3. Personal clothing of residents washed, ironed, and/or processed.*** 4. Repair and/or purchase of linens.*** b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services** d. Other (Specify) Supplies 3E. Total Laundry Expenditures (3a+b+c+d) St. Laundry Questionnaire G. Is cost of employee laundry included in 3E? O Yes Did you receive revenue from employees? O Yes No If yes, specify ost. I. Where is the revenue received reported in the Cost Report? Where is the revenue received reported in the Cost Report? Where is the revenue received reported in the Cost Report? I. Scost of laundry provided to persons other than employees or residents included in 3E? Ves No If yes, specify amt. I. Did you receive revenue from these people? O Yes No If yes, specify cost.							<u> </u>	
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K. Did you receive revenue from these people? O Yes Specify amt.	J.		Yes		No			
	K.	Did you receive revenue from these people? O	Yes	. •	No			
E. TIMOLO 10 THO LOTOMICO LOCALION LODOLION HILLING COOL MODULE (1 MS 2 PARA MARK)	L.	Where is the revenue received reported in the Cost	Report?		(Page/Lin		-	

^{*} 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)

Nan	ne of Facility	License No.	Rep	ort for Year E	Ended	Page	of
Free	elove Manor LLC	1879		9/30/2015		20	37
	ltem			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced					
,,	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (<i>Mops</i> , pails, brooms, etc.)	Amt.	\$	788			788
	b. Purchased Services (by contract other	Sq. Ft. Serviced					_
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att. Page 21)	Amt.	\$				
	c. Management Services*		\$				_
	d. Other (Specify)		\$				
4E.	Total Housekeeping Expenditures (4a+	b+c+d)	\$	788			788
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$				
							75.00
	b. Medicine Cabinet Drugs		\$				
	c. Medical and Therapeutic Supplies		\$				
	d. Ambulance/Limousine***		\$				
	e, Oxygen						
	1. For Emergency Use		\$	<u></u>			
	2. Other***		\$				
	f. X-rays and Related Radiological		\$				
	Procedures***	•	\$				
g. Dental (Not dentists who should be included under salaries or fees)							
					and the country of		
	h. Laboratory***		. \$				
	i. Recreation		\$	287			287
	j. Other (Specify)****		\$	206			206
	See Attached Schedule						
	Total Resident Care Expenditures (5a - 5	T	\$	493			493

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	Resid Care	
Patient supplies			\$	206
	4,000,000,000,000	opios automorphis		
		1001101001000000		
Total Other Resident Care	\$ -	\$ -	\$	206

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-21 Rev. 10/2001

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

Name of Facility Freelove Manor LLC				License No. 1879	Report for Year Ende 9/30/2015	đ			Page 21	of 37
		Related ** Operators					Total Cost	/Page Ref.**	*	,
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home		Line
		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							

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

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

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

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

Name of Facility	License No.	Report for Y	ear Ended		Page	of
Freelove Manor LLC	1879	9/30/2015			22	37
					Residenti	al Care
Item		Total	CCNH	RHNS	Hon	ne
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	2,265				2,265
b. Heat	\$	2,843				2,843
c. Light & Power	\$	3,609				3,609
d. Water	\$	2,022				2,022
e. Equipment Lease (Provide detail on p	age 6) \$					
f. Other (itemize)	\$	6,723				6,723
See Attached Schedule						1
6g. Total Maint. & Operating Expense (6a -	-6f) \$	17,463				17,463
7. Depreciation (complete schedule page 23	*)					
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	214				214
*7e. Total Depreciation Costs (7a + b + c + d) \$	214				214
8. Amortization (Complete att. Schedule Page	ge 24*)					
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	2,240				2,240
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + d) \$	2,240				2,240
9. Rental payments on leased real property l	ess					
real estate taxes included in item 10b	\$	35,526				35,526
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	15,229				15,229
c. Personal property taxes	\$	362				362
11. Total Property Expenses (7e + 8e + 9 +	10) \$	53,571				53,571

^{*} 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	
Purchased Services - Maintenance			\$	5,512
Small Equipment			\$	96
Cable			\$	1,115
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				S.,
			1000000	
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				enisas yek
	100			
			2	
Total Other Repairs and Maintenance	\$ -	\$ -	\$	6,723

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-23 Rev. 10/2006

Depreciation Schedule

Name of Facility License No. Report for Year Ended Page of 9/30/2015 23 37	Freelove Manor LLC Historical Cost Less Exclusive of Salvage Cost to Be Land Value Depreciated	Accumulated Depreciation to Beginning of Year's Operations Depreciation Depreciation Life Useful Life	23 Depreciation	37
Historical Cost Ease Eas	Historical Cost Exclusive of Salvage Property Item A. Land Improvements 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) B. Building and Building Improvements 1. Acquired prior to this report period 2. Disposals (attach schedule) A-4. Subtotal B. Building and Building Improvements 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period 4. Subtotal B-4. Subtotal B-4. Subtotal	Accumulated Depreciation to Beginning of Year's Operations Depreciation Life Useful Life	Depreciation	
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1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) B-4. Subtotal C. Non-Movable Equipment 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) C-4. Subtotal Is a mileage logbook maintained? Date of Maintained? Acquisition Acquisition Cost Less Cost to Be Depreciation to Depreciation	I. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) B-4. Subtotal			
2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) B-4. Subtotal C. Non-Movable Equipment 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) C-4. Subtotal Is a mileage logbook maintained? Ves No Month Year Land Depreciation to Beginning of Computing Depreciation Depreciation Depreciation Depreciation Depreciation Depreciation Depreciation Security Sec	Disposals (attach schedule) Acquired during this report period (attach schedule) B-4. Subtotal			
3. Acquired during this report period (attach schedule) B-4. Subtotal C. Non-Movable Equipment 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) C-4. Subtotal Is a mileage logbook maintained? Acquisition Yes No Month Year D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a. b. c.	3. Acquired during this report period (attach schedule) B-4. Subtotal			
B-4. Subtotal C. Non-Movable Equipment 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) C-4. Subtotal Is a mileage logbook maintained? Acquisition Yes No Month Year Land D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a. b. c.	B-4. Subtotal			
C. Non-Movable Equipment 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) C-4. Subtotal Is a mileage logbook Date of maintained? Acquisition Yes No Month Year D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a. b. c.				
1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) C-4. Subtotal Is a mileage logbook maintained? Acquisition Yes No Month Year Land D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a. b. c.				
2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) C-4. Subtotal Is a mileage logbook maintained? Acquisition Cost Less Cost to Be Depreciation to Method of Method	C. Non-Movable Equipment	I I		
2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) C-4. Subtotal Is a mileage logbook maintained? Acquisition Cost Less Cost to Be Depreciation to Method of Method	Acquired prior to this report period		4. 安	40.00
C-4. Subtotal Is a mileage logbook maintained? Acquisition Cost Less Depreciation to Depreciation Life for This Year Totals			4.4	
Is a mileage Date of Historical Cost Less Cost to Be Depreciation to Depreciation Deprecia	3. Acquired during this report period (attach schedule)			
logbook maintained? Date of Acquisition Cost Less Cost to Be Depreciation to Method of Part	C-4. Subtotal	to the second		
logbook maintained? Date of Acquisition Cost Less Cost to Be Beginning of Computing Useful Depreciation Life Totals	Is a mileage			
maintained? Acquisition Cost Less Depreciation to Method of Computing Useful Depreciation Totals	1 1 1 7	Accumulated		
Exclusive of Salvage Value Depreciated Year's Operations Depreciation for This Year Totals D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a. b. c.				
D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a. b. c.		^	Depreciation	
D. Movable Equipment I. Motor Vehicles (Specify name, model and year of each vehicle) a. b. c.				Totals
1. Motor Vehicles (Specify name, model and year of each vehicle) a. b. c.			751 1115 1011	
and year of each vehicle) a. b. c.				
a. b. c.				
b. c.	The state of the s			
C.			# # # # # # # # # # # # # # # # # # #	
2. Movable Equipment	2. Movable Equipment			
a. Acquired prior to this report period Var. Var. 29,695 29,695 27,879 S/L Var. 214		27,879 S/L Var.	214	
b. Disposals (attach schedule)	NEGRIFIER STATE ST			
	c. Acquired during this report period			
c. Acquired during this report period		S/L		
				214
c. Acquired during this report period (attach schedule) D-3. Subtotal 214	E. Total Depreciation			214

Freelove Manor LLC 9/30/2015

Schedule of Land Improvements Acquired during this report period

			Usefui	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
			100 000 000 000 000	
				VI
Total additions for	Land Improvements	\$ -		\$ -
Deletions:				
		Valid ident erüt versi ses		
	20000000000000000000000000000000000000	34,000,000		State of American
		17E010000000000000000000000000000000000		
				0.000 VPC 90.000
		3.85.85.10.00		
Total deletions for	Land Improvements	\$ -	Carles Carles	\$
Total deferious for	Danu Improvements	9	38108866611664A66	3

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

- ·	centents Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
				100000000000000000000000000000000000000
C. 14. (6th s.) (5. (5. (5. (5. (5. (5. (5. (5. (5. (5.				HER SERVICE STREET
				330000000000000000000000000000000000000
	The state of the s			Color Street Seattle Color
	20 (10 m)	1		
Total additions for Building	Improvements	\$ -		\$ -
Deletions:				
				\$4.68655555
				Section Control
				Maria Cara Cara Cara Cara Cara Cara Cara
Total deletions for Building	[mprovements	\$ -		\$ -

^{*}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:				
		61 //2007 00102		
		3.3.3.4.4.4.4.6.0		Control System and
130 100101251451155115		1, 1, 2, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
e. Je viga se na Brodes se		11350 / DOLLAR - 123 - 1413 / DE	150 (35) (30) (40)	
	9 CONTROL	The second secon		
Total additions for	Non-Movable Equipment	\$ -		\$ -
Deletions:				
			and say of page 18	558 448 658 659 658
vice at each teach		ver allere en en	va sobučia	8 6 6 6
			ant bes	
		19181851554563	30 PURE 199 S	SEVERTE SAME
versamente de la		Description (1989)		080.080.080.000
Total deletions for	Non-Movable 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

Schedule of Movable Equipment Acquired during this report period

			Useful		
Acquisition Date	Description of Item	Cost	Life	Depreciation	
Additions:					
		Andrew Service			
		Avenue version dans	William Company	100000000000000000000000000000000000000	
				A EST SECTION	
		BUREAUSA CON	0.000.000.000.000.00	visit in	
		Page Carlo	198182348		
anistrativa in Section in s		gara say ya cad		nn Svenskinski	
Fotal additions for Mo	vable Equipment	\$ -	Virginia (1980)	\$ -	
Deletions:					
		25 00 00 00 00 00 00 00 00 00 00 00 00 00			
			100000000000000000000000000000000000000		
		SENECTION OF SALE	September 1		
			100000000000000000000000000000000000000		
Total deletions for Mov	able Equipment	\$ -	ALAS MANAGEMENT	\$	

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
			25,535,535,535,535,435,435	
			A 100 FA 100 PM	
		10 (3) (6) (8) (8) (8) (8)	Secretary Comment	
Fotal additions for Leasehold Im	provement	\$ -		\$ -
Deletions:				
				10.00
			10.05 (0.05 (18 (0.05))	
27/5/2016/09/09/09/09/09/09/09/09/09/09/09/09/09/			010000000000000000000000000000000000000	
			1010001100110011001	
				150000000000000000000000000000000000000
Total deletions for Leasehold Im	provement	\$ -		\$ -

^{*}Ties to Page 24, Line C3

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

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

Amortization Schedule*

Nam	e of Facility			License No.		Report for Year Ended			Page	of
Freel	ove Manor LLC			1879		9/30/2015		24	37	
						Accumulated				
		Date	e of			Amort. to				
		Acqui	sition			Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing	Rate	Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									
	1. Start Up Expenses	Var.	Var.	Various	19,396	19,396	S/L			
	2.									
	3		STATESTANDANGES					Market Co. 2 To September 2000		
A-4.	Subtotal									
В.	Mortgage Expense			-						
	1.									
	2.				****					
	3.								Mind Wild Took to the Joseph Committee to the Joseph C	
B-4.	Subtotal									
C.	Leasehold Improvements and Other									
	1. Acquired prior to this report period	Var.	Var.	Various	42,084	14,961	S/L		2,240	
	2. Disposals (attach schedule)		TO AND THE STREET STREET				The second secon	ESCURENCIA DE L'ANGE		
	3. Acquired during this report period									
	(attach schedule)		37470 1 September 1		######################################		S/L	AND 114 AND 124 TO	S Million District Company of the Co	
	Subtotal									2,240
D.	Total Amortization									2,240

^{*} Straight-line method must be 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.

^{**} Specify which of the following bases were used:

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

Name of Facility	License No.	Report for Year E	nded		Page of
Freelove Manor LLC	1879	9/30/2015			25 37
11. Property Questionnaire					
Part A					
Is the property either owned by th	e Facility	⊙ Yes	0	No	If "Yes," complete Part B.
or leased from a Related Party?*	·	0 163	Q	NO	If "No," complete Part C.
*If any owner or operator of this fac					
business association to any person of	or organization from who	om buildings are leased, t	hen it is considered		
a related party transaction. Description		Total			
Date Land Purchased	,	12/06/0	6		
Date Structure Completed		12,00,0			
3. If NOT Original Owner, Date	of Purchase	12/06/0	6		
4. Date of Initial Licensure		12/06/0	\dashv		
5. Total Licensed Bed Capacity		1:	2		
Square Footage					
7. Acquisition Cost		A Property of		7	
a. Land					
b. Building					
Part B - Owner and Related Par	rties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fi	xed, variable)				
b. Date Mortgage Obtained	· ·				
c. Interest Rate for the Cost			 		
d. Term of Mortgage (number e. Amount of Principal Borro			 		
f. Principal balance outstand					
Complete if Mortgage was I					
During Current Cost Ye					
g. Type of Financing (e.g., fi					<u> </u>
h. Date of Refinancing	Acu, vuriuoio)				
i. New Interest Rate					
i. Term of Mortgage (number	er of years)				
k. Amount of Principal Borro					
Principal Outstanding on 1	Note Paid-Off				
Part C - Arms-Length Lease	es for Real Propert	y Improvements On	ly		
Name and Address of Lesson	P	roperty Leased	Date of Lease	Term of Lease	Annual Amount of Lease
	·	·			
			 		
				•	

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

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

Name of Facility	License No.		Report for Yo	ear Ended		Page of
Freelove Manor LLC	1879		9/30/2015			26 37
						Residential Care
Item			Total	CCNH	RHNS	Home
12. Interest						
A. Building, Land Improve	nent & Non-Movabl	е]			
Equipment 1. First Mortgage		\$				
Name of Lender		Rate				SOUTH STATE OF THE
		12472				
Address of Lender						
				The state of the state of		
2. Second Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
Tradicis of Bender						
3. Third Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage		\$				
Name of Lender		Rate				
Traine of Bender						
Address of Lender						
B. CHEFA Loan Information	on					
1. Original Loan Amour	nt	\$				
2. Loan Origination Dat	e					
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expe				-		
12 B7. Total Building Interest Expe		\$				
				v Subtotals t	Composed to se	out naga)

(Carry Subtotals forward to next page)

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

Name of Facility	License No.		Report for Year Ended			1 ~	of
Freelove Manor LLC	1879		9/30/2015		•		37
	w.				D. D. T. D. C.	Residentia	
	Item	L.B	Total	CCNH	RHNS	Care Hom	ıe
10 0 14 11 7 '		ought Forward:	<u> </u>				
12. C. Movable Equipmen		4					
1. Automotive Equ		\$					
A. Item	Rate	Amount					
Lender		•					
Address of Lender							
2. Other (Specify)		\$					
A. Item	Rate	Amount					
							, i
Lender		•					
Address of Lender							
B. Item	Rate	Amount					
Lender							
Address of Lender							
12. C. 3. Total Movable E	Equipment Interest						
Expense (C1 + 2		\$					
12. D. Other Interest Expe		\$					
						Self Self Self	
			7				
13. Total All Interest Expen	nse (12B7 + 12C3 + 12	D) \$					
14. Insurance							
a. Insurance on Prope		\$					
b. Insurance on Auton		\$					
	n Property (as specified	above)					
1. Umbrella (Blank					5,6	, 41	
2. Fire and Extende	ed Coverage	\$					
3. Other (Specify)		\$					
14d. Total Insurance Expen	ditures (14a ± h ± c)	\$	5,641			5,6	<u> </u>
15. Total All Expenditures		<u> </u>		-		322,9	
13. Ioiai Au Expenauures	(A-15 mm C-14)	Ф	322,990			322,5	770

D. Adjustments to Statement of Expenditures

Name	e of Fa	cility		Lie	cense No.	Report for Ye	ar Ended	Page	of
Freel	ove M	anor I	LLC		1879	9/30/2015		28	37
					Total				
	Page				Amount of			Residen	
	No.		Item Description		Decrease	CCNH	RHNS	Ho	me
Page	10 - 5	Salarie	es and Wages						300
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$					
	13 - I	Profes.	sional Fees						
5.			Resident Care Physicians **	\$					
6.			Occupational Therapy	\$					
7.			Other - See attached Schedule	\$					****
Page	s 15 &	16 -	Administrative and General						
8.			Discriminatory Benefits	\$					
9.		<u> </u>	Bad Debts	\$					
10.			Accounting & Legal	\$					
11.			Telephone	\$			***************************************		
12.			Cellular Telephone	\$					
13.			Life insurance premiums on the life						
			of Owners, Partners, Operators	\$				<u> </u>	
14.			Gifts, flowers and coffee shops	\$					
15.			Education expenditures to colleges or						
			universities for tuition and related costs						
			for owners and employees	\$			W		
16.			Travel for purposes of attending						
			conferences or seminars outside the						
			continental U.S. Other out-of-state						(a. 6 -)
			travel in excess of one representative	\$					
17.			Automobile Expense (e.g. personal use)	\$					
18.			Unallowable Advertising *	\$					
19.			Income Tax / Corporate Business Tax	\$					
20.	<u> </u>		Fund Raising / Contributions	\$					
21.			Unallowable Management Fees	\$					
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$	4,390				4,390
	<u> 18 - 1</u>	Dietar,	y Expenditures						
24.			Meals to employees, guests and others				in the Shift of		
	<u> </u>		who are not residents	\$				* * * * * * * * * * * * * * * * * * * *	
		Launa	lry Expenditures			0.00			
25.			Laundry services to employees, guests		(E. 197), at 10	10.00			
		L	and others who are not residents	\$					No. 1996, June 1986
	"	House	keeping Expenditures						
26.	-		Housekeeping services to employees, guests						
		l	and others who are not residents	\$	L .				
			Subtotal (Items 1 - 26)	\$	4,390				4,390

^{*} 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
	7/41/06/AVC60/70				
110000000					
				arss Start	
Total Othe	r Salaries	Adjustment	\$ -	\$ -	\$ -
TO 10, 1 - 100 (10, 10, 10, 10, 10, 10, 10, 10, 10, 10,					

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
					1.50
	Vision service				200000000000000000000000000000000000000
00.00 E0.00					
	100 55 65 6				
	7.57 -5 35 9		V-15-168 (89) (80) (40)		\$ 45 and \$ 50 and \$ 5
	10 TH E 10				
Total Othe	r Fees Adi	ustments	\$ -	\$ -	\$ -

 $Schedule\ of\ Other\ A\&G\ Adjustments$

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Security Control (Charles of Charles	THE CONTRACTOR OF STREET	Bank Charges - Overdraft			\$ 385
16	m13	Late Fees			\$ 4,005
	7/20/2003 P34/200 4 (20/20/20/2003)				
			6-2-3-5	2012/02/03/03	
Total Othe	er A&G Ad	ljustments	\$ -	\$ -	\$ 4,390

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

Name of Facility License No. Report for Year Ended Page of 1879 9/30/2015 29 37 37 Total Amount of Decrease CCNH RHNS Home Page 20 - Resident Care Supplies *** 27. Prescription Drugs \$ 4.390 4.390 4.390 2.30 4.390 4.				D. Adjustments to Statemer						
Total					Li			ear Ended		
Item Page Line No. No. Item Description Decrease CCNH RHNS Residential Car Home Subtotals Brought Forward \$ 4,390 4,390	Freel	ove M	anor	LLC	<u></u>	···	9/30/2015		29	37
No. No. No. Subtotals Brought Forward \$ 4,390 4,390 4,390						Total				
Subtotals Brought Forward S 4,390 4,390 4,390 27.									•	
Page 20 - Resident Care Supplies *** 27.	No.	No.	No.				CCNH	RHNS	F	Iome
27. Prescription Drugs \$					\$	4,390				4,390
28.		20 - K	Reside						Mark Co.	
29.								,		
30. Laboratory \$				Ambulance/Limousine	_					
31. Medical Supplies \$	29.			X-rays, etc	\$					
32. Oxygen (non emergency) \$ 33. Occupational Therapy \$ 34. Other - See Attached Schedule \$ Page 22 - Maintenance and Property 35. Excess Movable Equipment Depreciation See Attached Schedule \$ 36. Depreciation on Unallowable Motor Vehicles \$ 37. Unallowable Property and Real Estate Taxes \$ 38. Rental of Building Space or Rooms \$ 39. Other - See Attached Schedule \$ Page 27 - Insurance 40. Mortgage Insurance \$ 41. Property Insurance \$ 41. Property Insurance \$ 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation					\$					
33. Occupational Therapy \$ 34. Other - See Attached Schedule \$ Page 22 - Maintenance and Property 35. Excess Movable Equipment Depreciation See Attached Schedule \$ 36. Depreciation on Unallowable Motor Vehicles \$ 37. Unallowable Property and Real Estate Taxes \$ 38. Rental of Building Space or Rooms \$ 39. Other - See Attached Schedule \$ Page 27 - Insurance 40. Mortgage Insurance \$ 41. Property Insurance \$ 41. Property Insurance \$ 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation	31.			Medical Supplies	\$					
34. Other - See Attached Schedule \$ Page 22 - Maintenance and Property 35. Excess Movable Equipment Depreciation See Attached Schedule \$ 36. Depreciation on Unallowable Motor Vehicles \$ 37. Unallowable Property and Real Estate Taxes \$ 38. Rental of Building Space or Rooms \$ 39. Other - See Attached Schedule \$ Page 27 - Insurance \$ 40. Mortgage Insurance \$ 41. Property Insurance \$ 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation	32.			Oxygen (non emergency)	\$					
Page 22 - Maintenance and Property 35. Excess Movable Equipment Depreciation See Attached Schedule \$ \$ \$ \$ \$ \$ \$ \$ \$	33.			Occupational Therapy	\$					
Sec Attached Schedule S	34.			Other - See Attached Schedule	\$					
See Attached Schedule 36. Depreciation on Unallowable Motor Vehicles 37. Unallowable Property and Real Estate Taxes 38. Rental of Building Space or Rooms 39. Other - See Attached Schedule **Page 27 - Insurance 40. Mortgage Insurance 41. Property Insurance 5 Other - Miscellaneous 42. Research or Experimental Activities 43. Radio and Television Revenue 44. Vending Machine Revenue 45. Purchase Discounts and Allowances 46. Duplications of functions or services 47. Expenditures made for the protection, enhancement or promotion of the providers interest 48. Interest Income on Accounts Rec 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule **Not For Profit Providers Only** 50. Building/Non Movable Eq. Depreciation	Page	22 - A	Laint	enance and Property						
36. Depreciation on Unallowable Motor Vehicles 37. Unallowable Property and Real Estate Taxes 38. Rental of Building Space or Rooms 39. Other - See Attached Schedule 40. Mortgage Insurance 40. Mortgage Insurance 41. Property Insurance 42. Research or Experimental Activities 43. Radio and Television Revenue 44. Vending Machine Revenue 45. Purchase Discounts and Allowances 46. Duplications of functions or services 47. Expenditures made for the protection, enhancement or promotion of the providers interest 48. Interest Income on Accounts Rec 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation	<i>35</i> .			Excess Movable Equipment Depreciation						
Motor Vehicles \$ 37.				See Attached Schedule	\$					
37. Unallowable Property and Real Estate Taxes \$ 38. Rental of Building Space or Rooms \$ 39. Other - See Attached Schedule \$ Page 27 - Insurance \$ 40. Mortgage Insurance \$ 41. Property Insurance \$ Other - Miscellaneous \$ 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only \$ So. Building/Non Movable Eq. Depreciation	36.			Depreciation on Unallowable						
Estate Taxes \$ 38. Rental of Building Space or Rooms \$ 39. Other - See Attached Schedule \$ Page 27 - Insurance 40. Mortgage Insurance \$ 41. Property Insurance \$ Other - Miscellaneous 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation				Motor Vehicles	\$					
38. Rental of Building Space or Rooms 39. Other - See Attached Schedule **Page 27 - Insurance 40. Mortgage Insurance \$ 41. Property Insurance **Other - Miscellaneous 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 5. Purchase Discounts and Allowances \$ 6. Duplications of functions or services \$ 7. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 8. Interest Income on Accounts Rec 48. Interest Income on Accounts Rec 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule **Not For Profit Providers Only** **Source Attached Schedule Attached Schedule Attached Schedule Suiding/Non Movable Eq. Depreciation**	37.			Unallowable Property and Real						
39. Other - See Attached Schedule \$ Page 27 - Insurance \$ 40. Mortgage Insurance \$ 41. Property Insurance \$ Other - Miscellaneous \$ 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation				Estate Taxes	\$					
39. Other - See Attached Schedule \$ Page 27 - Insurance \$ 40. Mortgage Insurance \$ 41. Property Insurance \$ Other - Miscellaneous \$ 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation	38.			Rental of Building Space or Rooms	\$					
40. Mortgage Insurance \$ 41. Property Insurance \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	39.				\$					
41. Property Insurance \$ Other - Miscellaneous 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation	Page	27 - I	nsura	nce						
Other - Miscellaneous 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation	40.			Mortgage Insurance	\$					
Other - Miscellaneous 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation	41.				\$					
43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation	Othe	r - Mis	scella							
43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation	42.			Research or Experimental Activities	\$					
45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation	43.				\$	_				
45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation	44.			Vending Machine Revenue	\$					
47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation	45.				\$					
47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation	46.			Duplications of functions or services	\$					
enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation	47.									
providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation		1	}	enhancement or promotion of the						
49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation					\$					
49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation	48.			Interest Income on Accounts Rec	\$	_				
costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation				Other (include personnel and other						
Attached Schedule										
Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation				•	\$					
50. Building/Non Movable Eq. Depreciation	Not 1	For Pr	ofit P				4			
			<u> </u>							
				· · ·						
See Attached Schedule \$			Ì		\$					
	51.	Total	Amo			4,390				4,390

^{***} 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.

Freelove Manor LLC 9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
			13-355 (20) (30) (20) (30) (4-35) (4-35) (4-35)		
10.000.000.000			4.3.000		
Y (\$4.55.75)			50000000000		
				0.000	
	10 000 000 000 000 000 000 000 000 000		200400000000000000000000000000000000000		
5.000	Lister State				
	SASTAN SAT			W 45 (10 to 10 to	
	CHR0210450				
Total Othe	r Ancillary	Costs	\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
1 160 1301	Harris Sh	Description .	Com	I I I	
600000000000000000000000000000000000000				5	
	\$1.00 (20 4)				s de la company
	V (vieta)				
			5 65 77 25 6 6 6 6 6	10 (201) (2010) (441)	
0.25 (41.55)					
TO EXCEPT OF STREET					
Total Exce	ss Movable	e Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
			B. (1) (1) (1) (1) (1)		
12 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	78 (20) (40) (4.5)		2010H-1951AV5-1651		Matter Control of the Control
3. 2. 24.732	BANG STANK		evee us savistic		
	\$60.00				
10.0010393/4034					
11.534.538.638	Park Could			40.45.86.96.00.0	
Control Contro					
Total Othe	er Property	Adjustments	\$ -	\$ -	\$

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
					Salah Sa
				0.0000000000000000000000000000000000000	
Vitality (1994)					
				176.000 600 166.000	
				5 00 00 00 00 00	
23232					
				14 (2000) 1775 (2004) 1100 (2004)	
Total Othe	r Adjustme	ents	\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

					Residential
Page Ref	Line Ref	Description	CCNH	RHNS	Care Home
				Programme and the control of	
					100000000000000000000000000000000000000
	ANTERIOR I				
					Control Proper Secretary of the
					5 15 15 CC 55 5 5
					2 72 GB 00 C C S
Total Unal	lowable Bu	illding Interest	\$ -	\$ -	\$

F. Statement of Revenue

Name of Facility	F. Statement of Re		Danagt for V	on Endad		Dogo	-cf
Name of Facility Freelove Manor LLC	License No.		Report for Y 9/30/2015	ear isnded		Page 30	of 37
11 TEGIOVE IVIAIROI ELEC	1 10/7		713012013				
	Item		Total	CCNH	RHNS	i	tial Care me
I. Resident Room, Board & Routin			10141	QC1411	141140	110	
1. a. Medicaid Residents (CT on		\$	207 101				307,181
b. Medicaid Room and Board		\$	307,181				307,181
2. a. Medicaid (All other states)		\$					
b. Other States Room and Boa		\$					
3. a. Medicare Residents (all inc		\$				-	
b. Medicare Room and Board		<u> </u>					
A. a. Private-Pay Residents and Company		- \$					
b. Private-Pay Room and Boa		\$					······································
II. Other Resident Revenue	Tu Contractual Allowance	Ψ					
a. Prescription Drugs - Medic	ora	\$					
b. Prescription Drugs - Medic		<u> </u>					
c. Prescription Drugs - Non-N		\$					
	Medicare Contractual Allowance **	\$		-,			
2. a. Medical Supplies - Medical		 \$					
b. Medical Supplies - Medical		<u>4</u> \$					
c. Medical Supplies - Non-Mo		\$					
	edicare Contractual Allowance **	\$					
a. Physical Therapy - Medicar		\$					
b. Physical Therapy - Medicar		\$					
c. Physical Therapy - Non-Me	· · · · · · · · · · · · · · · · · · ·	\$					
	edicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare		\$					
b. Speech Therapy - Medicare		\$					
c. Speech Therapy - Non-Med		\$					
	licare Contractual Allowance **	\$		· · · · · · · · · · · · · · · · · · ·			
5. a. Occupational Therapy - Mo		\$					
	edicare Contractual Allowance **	\$					
c. Occupational Therapy - No		\$					
	on-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare		\$					
b. Other (Specify) - Non-Med	icare	\$					
III. Total Resident Revenue (Section	***************************************	\$	307,181				307,181
IV. Other Revenue*							
Meals sold to guests, employed	es & others	\$		San Charles San Charles			
Rental of rooms to non-resider		\$					
3. Telephone		\$					
Rental of Television and Cable	Services	\$					
5. Interest Income (Specify)		\$					
6. Private Duty Nurses' Fees		\$					
7. Barber, Coffee, Beauty and Gi	ft shops	\$					
8. Other (Specify)		\$	5,982				5,982
V. Total Other Revenue (1 thru 8)		\$	5,982				5,982
VI. Total All Revenue (III+V)		\$					
v1. 10m m revenue (III TV)		ф	313,163				313,163

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
		-Billion topological party		
		osessi sasona pittina.		
		sald (Service) modern cons	- Demon Trees, North Min Co.	Versionalistica et alebo de la
Total Othe	er Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
SHIP HAVE			76.59.55 S9.F	
viite viitilii.		100 100 100 100 100 100 100 100 100 100		47. Sergensens
		5 44 8 25 5	allocation and account of	(9.74) (d. j. j. j. 17.15) (d. j.
		STOREST STORES		100 ann an 110 ann an 110 a
Total Othe	er Resident Revenue	\$ -	\$	S -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
KONNYS		in ing sistem	ganggii integr		
2550100055		g ::: \$. E ::: \$.			
			Del Chemical meeting.		
		5 (4 H 5 5 5 7)			
Total Inter	est Income	2250 -01 Jan 10 11 11 11 11 11 11 11 11 11 11 11 11	\$	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
15/1a7	Write-Off 2014 Unpaid Pension	A. Barrer	s dio Zreizen i	\$ 5,982
			: 10 19 04 ES É	48045 655000
			S S / 38 (C398) 1	
			8-8-5-4	420 E 34 22 33
				050000000000000000000000000000000000000
(14.20 (19.64)	1000-100-100-100-100-100-100-100-100-10		orace garage verse.	-300 -300-340 <u>2</u> -045
2014/1/98/01/27	# CONTROL OF SECRETARIES AND ADMINISTRATION OF SECRETARIES AND ADMINISTRAT			-V-51-150-150-150-150-150-150-150-150-150-
Chica - 803700 (0) (2407-00380 (0)			F/1623/1823/1933/1933	D-90700-22-00000-000000000000000000000000
Total Oth	er Revenue	\$ -	\$ -	\$ 5,982

G. Balance Sheet

Name o	of Facility	License No.	Report for Year Ended	Page	of
Freelov	e Manor LLC	1879	9/30/2015	31	37
		Account		Aı	nount
Assets					
A. Ci	urrent Assets				
1.		·		\$	9,225
2.				\$	24,168
3.		(Excluding Owners or	· Related Parties)	\$	
4	Inventories			\$	4.5.00.5
5.	1 1			\$	12,896
	a. Prepaid Taxes		162		
	b. Prepaid Insurance		4,917		
	c. Prepaid Other		7,817		
	<u>d.</u>		, H,		
6.				\$	
7.				\$	
8.	Other Current Assets (itemiz		1.740	\$	3,540
	Security Deposit - Yankee Gas Security Deposit - CL&P		1,640 1,900		
	Security Deposit Court		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			·		
	otal Current Assets (Lines Al	thru 8)		\$	49,829
	xed Assets				
	Land			\$	
2.	Land Improvements	*Historical Cost		\$	
		Accum. Depreciation	on Net		
3.	Buildings	*Historical Cost	-	\$	
		Accum. Depreciation			
4.	Leasehold Improvements	*Historical Cost	42,084	\$	24,883
		Accum. Depreciation	on 17,201 Net		,
5.	Non-Movable Equipment	*Historical Cost		\$	
		Accum. Depreciation			
6.	Movable Equipment	*Historical Cost	29,694	\$	1,602
		Accum. Depreciation	on 28,092 Net		
7.	Motor Vehicles	*Historical Cost	-	\$	
		Accum. Depreciation	on Net		
8.	Minor Equipment-Not Depre	eciable		\$	
9.	Other Fixed Assets (itemize)		\$	
B-10.	Total Fixed Assets (Lines B	1 thru 9)	<u> </u>	\$	26,486

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

G. Balance Sheet (cont'd)

		f Facility	License No.	Report for Year Ended		Page	of
Free	love	Manor LLC	1879	9/30/2015	_	32	37
			Account		L	Am	ount
				Total Brought Forward:	\$		76,314
C.		asehold or like property recor-					
		Land			\$		
	2.	Land Improvements	*Historical Cost	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
			Accum. Depreciation	on Net	\$		
	3.	Buildings	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	4.	Non-Movable Equipment	*Historical Cost		١.		
			Accum. Depreciation	on Net	\$		
	5.	Movable Equipment	*Historical Cost		١.		
			Accum. Depreciation	n Net	\$		
	6.	Motor Vehicles	*Historical Cost				
			Accum. Depreciation	n Net	\$		
		Minor Equipment-Not Depre			\$		
C-8		tal Leasehold or Like Proper	ties (C1 thru 7)		\$		
D.		vestment and Other Assets			l.		
		Deferred Deposits			\$		
		Escrow Deposits			\$		
	3.	Organization Expense	*Historical Cost	19,396	١.		
			Accum. Depreciation	n 19,396 Net	\$		
		Goodwill (Purchased Only)			\$		
	5.	Investments Related to Resid	lent Care (itemize)		\$		
<u> </u>	_						
<u> </u>	6.	Loans to Owners or Related			\$		705 - 207 - 201 - NAS - 100 - 1
		Name and Address	Amount	Loan Date			
					101		
				· ·			
<u> </u>		Office Asserts (1)					
	7.	Other Assets (itemize)			\$		
					-		
1				·	-		
D 0	n,	stal Investments and Oth 4	parta (Linas D1 th 7	\	o o		
		tal Investments and Other As tal All Assets (Lines A9 + B1		<u> </u>	\$		7/ 214
12-9.	10	nui Au Asseis (Lines A9 + B)	UTCOTDO)		\$		76,314

^{*} 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 l	Ended	Page	of
Freelove Ma	nor L	LC	1879	9/30/2015		33	37
			Account			An	ount
Liabilities							
A.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable			\$		17,015
	2.	Notes Payable (itemize)		0.105	\$		2,137
		AMEX Payable		2,137	<u>/</u>		
}							
	3.	Loans Payable for Equipme	ent (Current portion	(itamiza)	\$	<u> </u>	
	٠,٠	Name of Lender	Purpose	Amount	Date Due		
<u> </u>		rame of Bondor	1 di pose	Timount	- Date Dae		
				1			
	0						
	4.	Accrued Payroll (Exclusive			\$		8,965
	5.	Accrued Payroll (Owners a		only)	\$		
	6.	Accrued Payroll Taxes Pay			\$		798
	7.	Medicare Final Settlement			\$		
	8.	Medicare Current Financin			\$		···
	9.	Mortgage Payable (Curren			\$		
		. Interest Payable (Exclusive	of Owner and/or Re	elated Parties)	\$		**************************************
		. Accrued Income Taxes*			\$		250
	12.	Other Current Liabilities (i	temize)		\$		50,353
		Accrued Other Expense		226			
		Due to DSS	48,9	935			
		Accrued Accounting	1,	192			
	- Pari	4 T 6	A 1 (1 10)				
A-13	. 10	tal Current Liabilities (Line	es A i thru 12)		\$		79,517

^{*} 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
Freelove Manor LLC	1879	9/30/2015		34	37
A	Account			Am	ount
Total Brought Forward:			nt Forward:		79,517
Liabilities (cont'd)					
B. Long-Term Liabilities					
Loans Payable-Equipment			\$		
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable			\$		
Loans from Owners or Relation	ated Parties (itemize)		\$		65,610
Name and Address of Lender	Amount	Loan Da			03,010
Queen & Kelly Freelove	65,610				
Quoon to Ixony Tronovo	03,010				
4. Other Long-Term Liabilitie	\$				
4. Onle Long-Term Liaonnies (nemize)					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					65,610
			\$		145,127

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

	ne of Facility	License No.	Report for Y	ear Ended	Page	of
Free	elove Manor LLC	1879	9/30/2015		35	37
Account					An	nount
A.	Reserves					
	1. Reserve for value of leas	\$				
	2. Reserve for depreciation	value of leased build	lings and appurte	nances		
	to be amortized				\$	
	3. Reserve for depreciation	value of leased perso	onal property (Eq	uity)	\$	
	4. Reserve for leasehold re-	al properties on which	n fair rental value	e is based	\$	
	5. Reserve for funds set asi	de as donor restricted	<u> </u>		\$	· · · · · · · · · · · · · · · · · · ·
	6. Total Reserves				\$	
В.	Net Worth					
	1. Owner's Capital			*****	\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	2. Capital Stock				\$	
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	(58,982)
	6. Gain or Loss for Period	10/1/20	014 thru	9/30/2015	\$	(9,833)
	7. Total Net Worth		<u> </u>	· · · · · · · · · · · · · · · · · · ·	\$	(68,814)
C.	Total Reserves and Net Wo	rth			\$	(68,814)
D.	Total Liabilities, Reserves,	and Net Worth	1990		\$	76,313

H. Changes in Total Net Worth

	ne of Facility	License No.	Report for Year	Ended	Page	of
Free	love Manor LLC	1879	9/30/2015		36	37
Account					An	nount
A. Balance at End of Prior Period as shown on Report of 09/30/2014						(55,690)
В.	Total Revenue (From Statement of				\$	313,163
C.	Total Expenditures (From Stateme	nt of Expenditures	Page 27)		\$	322,996
D.	Net Income or Deficit				\$	(9,833)
E.	Balance				\$	(65,523)
F.	Additions					
	Additional Capital Contributed	l (itemize)				
	2. Other (itemize)					
	Prior year expenses never	claimed	(3,291)	T Proceedings		
	•					

F-3.					<u>\$</u>	(3,291)
G.	Deductions]
<u> </u>	1. Drawings of Owners/Operators			,	\$	
<u> </u>	Name and Address (No., City,	State, Zip)	Title	Amount		
	2. Other Withdrawings (Specify)				<u> </u>	
					\$	
Purpose			Amo	unt		
				2011		
	3. Total Deductions				\$	
H.	Balance at End of Period	09/30)/15		\$	(68,814)

I. Preparer's/Reviewer's Certification

Name of Facility		License No.	Report for Year Ended	Page	of			
Freelove Manor LLC		1879	9/30/2015	37	37			
		Check appropriate category						
Chronic and Convalescent Nurs Home only (CCNH)	ing □	Rest Home with Nursing Supervision only (RHNS)	☑ Residential Care Home					
Preparer/Reviewer Certification								
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Pacility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.								
Signature of Preparer Date Signed 2-10-16								
Printed Name of Preparer								
Craig J. Lubitski Consulting LLC								
Addres Address			Phone Number					
225 Pitkin Street, East Hartford, CT 06	(860) 610-9009							