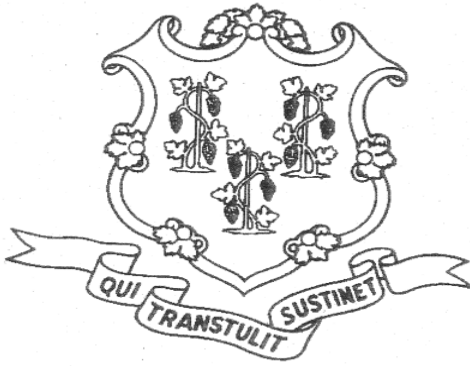


# State of Connecticut



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

Name of Facility (as licensed) <b>HANCOCK HALL</b>	
Address (No. & Street, City, State, Zip Code) <b>31 STAPLES ST., DANBURY, CT. 06810</b>	
Type of Facility <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">                     Chronic and Convalescent  <input checked="" type="checkbox"/> Nursing Home only (CCNH)                 </div> <div style="width: 30%;">                     Rest Home with Nursing  <input type="checkbox"/> Supervision only (RHNS)                 </div> <div style="width: 30%;"> <input type="checkbox"/> (Specify)                 </div> </div>	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2185-C	RHNS	(Specify)	Medicare Provider 07-5414
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Medicaid Provider Numbers:	CCNH 2185	RHNS	ICF-IID
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**For Department Use Only**

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

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### General Information

Name of Facility (as licensed) HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2015	Page 1	of 37
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#### Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for HANCOCK HALL [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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)		Date	Signed (Owner)		Date
Printed Name (Administrator) Jennifer Malone-Seixas			Printed Name (Owner) Frank D. Malone		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

State of Connecticut  
**Department of Social Services**  
 55 Farmington Avenue, Hartford, Connecticut 06105

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility HANCOCK HALL		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 31 STAPLES ST., DANBURY, CT. 06810				
Report Prepared By CLIFTONLARSONALLEN LLP		Phone Number 617-984-8100	Date 2/11/2016	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

## General Information and Questionnaire

### Type of Facility - Organization Structure

	Phone No. of Facility 203-794-9466	Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) HANCOCK HALL		Address (No. & Street, City, State, Zip) 31 STAPLES ST., DANBURY, CT. 06810		
License Numbers:	CCNH 2185-C	RHNS	(Specify)	Medicare Provider No. 07-5414
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Jennifer Malone-Seixas		Nursing Home Administrator's License No.:	00-1928	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		



**General Information and Questionnaire  
 Corporate Owners**

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
FILOSA CARE CENTER, INC	31 STAPLES ST., DANBURY, CT. 06810	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Frank D. Malone	105 Middle River Rd., Danbury, CT 06811	Treasurer	2100	
Barbara A. Malone	105 Middle River Rd., Danbury, CT 06811	Secretary	2250	
Michael D. Malone	197 Guinea Road, Monroe, CT 06468	President	250	
Jennifer Malone-Seixas	592 Manville Road, Pleasantville, NY 10570	Vice-President	200	
Names of Stockholders Owning at Least 10% of Shares				
Frank D. Malone	105 Middle River Rd., Danbury, CT 06811	Treasurer	2100	
Barbara A. Malone	105 Middle River Rd., Danbury, CT 06811	Secretary	2250	





**General Information and Questionnaire  
Related Parties\***

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Staples Realty, LLC	105 Middle River Rd., Danbury, CT 06811	<input type="radio"/>	<input checked="" type="radio"/>		Rental of Building	22/9	566,748	566,748
Filosa Convalescent Home, Inc	13 Hakim St., Danbury, CT 06810	<input checked="" type="radio"/>	<input type="radio"/>		Shared Expenses	See Attached	See Attached	See Attached
Babara Filosa	31 Staples St., Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Rent Expense - Off Site Storage	22/9	7,200	7,200
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

\* Use additional sheets if necessary.

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

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility <b>HANCOCK HALL</b>	License No. 2185-C	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

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

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

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

Allocation of Related Company expenses based on the number of beds in each facility as follows: Hancock Hall 96 Beds / 60% and Filosa for Nursing & Rehab 64 Beds / 40%. Maintenance and housekeeping shared expenses allocated based on square feet. (Hancock Hall 59% and Filosa for Nursing & Rehab 41%)

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

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

N/A

### 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 HANCOCK HALL			License No. 2185-C	Report for Year Ended 9/30/2015			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
GE Capital/Ricoh USA, PO Box 41554, Philadelphia, PA 19101	<input type="radio"/>	<input checked="" type="radio"/>	Copier Machine Lease	07/29/15	60 Month Lease	12,701	12,701	
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
<b>Is a Mileage Log Book Maintained for All Leased Vehicles ?</b>							<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Total ***</b>
							12,701	

\* 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 HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 1 CLIFTONLARSONALLEN LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 300 CROWN COLONY DR., STE 310, QUINCY, MA 02169
--	--

Services Provided by This Firm (*describe fully*)

1 Financial Statement Review and Preparation of Cost Reports and Tax Return	\$ 26,635
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 26,635

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

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 N/A 2 3 4 5	Telephone Number
---	------------------

Address (*No. & Street, City, State, Zip Code*)  
 1  
 2  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    No Legal expenses for FY2015

### Schedule of Resident Statistics

Name of Facility HANCOCK HALL			License No. 2185-C		Report for Year Ended 9/30/2015				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	96	96			96	96			96	96		
B. On last day of THIS report period	96	96			96	96			96	96		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	88	88			91	91			88	88		
B. As of midnight of THIS report period	90	90			85	85			90	90		
3. Total Number of Days Care Provided During Period												
A. Medicare	3,287	3,287			2,570	2,570			717	717		
B. Medicaid (Conn.)	23,230	23,230			17,447	17,447			5,783	5,783		
C. Medicaid (other states)												
D. Private Pay	4,987	4,987			3,644	3,644			1,343	1,343		
E. State SSI for RCH												
F. Other (Specify) Commercial Insurance	321	321			218	218			103	103		
G. Total Care Days During Period (3A thru F)	31,825	31,825			23,879	23,879			7,946	7,946		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	16	16			10	10			6	6		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	31,841	31,841			23,889	23,889			7,952	7,952		

### Schedule of Resident Statistics (Cont'd)

Name of Facility HANCOCK HALL			License No. 2185-C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	10		64		16								
Per Diem Rate													
a. One bed rm.					490.00								
b. Two bed rms.	612.64		239.74		460.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								2,182	2,182				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								9,908	9,908				
D. <b>Total Physical Therapy Treatments</b>								12,090	12,090				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								438	438				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								532	532				
D. <b>Total Speech Therapy Treatments</b>								970	970				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								854	854				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								8,332	8,332				
D. <b>Total Occupational Therapy Treatments</b>								9,186	9,186				

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
HANCOCK HALL	2185-C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	105,496					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	91,133	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	157,796	8,359				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	33,550	1,248				
c. Dietary Workers	418,001	27,068				
6. Housekeeping Service						
a. Head Housekeeper	46,922	1,222				
b. Other Housekeeping Workers	185,986	16,727				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	61,880	1,222				
b. Other Maintenance Workers	80,954	3,860				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	85,662	5,526				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	61,679	1,248				
b. Other Accountants	120,228	4,185				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	202,321	4,219				
b. RN						
1. Direct Care	963,439	27,069				
2. Administrative**	117,829	3,348				
c. LPN						
1. Direct Care	786,905	28,071				
2. Administrative**	106,080	3,350				
d. Aides and Attendants	1,398,695	88,530				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	138,785	6,067				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	127,579	4,043				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	5,290,920	237,442				

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

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

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





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

Name of Facility				License No.	Report for Year Ended			Page	of	
HANCOCK HALL				2185-C	9/30/2015			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
Frank Malone	45,835				Treasurer / CFO		Page 10, A1	Filosa Conv. Home 13 Hakim St., Danbury, CT 06811		33,937
Jennifer Malone-Seixas	59,661				Vice-President		Page 10, A1			
Michael Malone					President			Filosa Conv. Home 13 Hakim St., Danbury, CT 06811	2,080	183,874
<b>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).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
HANCOCK HALL				2185-C	9/30/2015			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Jennifer Malone-Seixas	91,133				Administrator	2,080	Page 10, A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
HANCOCK HALL	2185-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)						
1. Dietitian	46,158	1,026				
2. Dentist						
3. Pharmacist	6,673	145				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	229,939	3,999				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	40,200	289				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)	482	2				
2. Pharmaceutical Committee (Quarterly meetings)	482	2				
3. Staff Development Committee (Once annually)	241	1				
e. Other (Specify) Other Phys/Psych Rounds	10,400	67				
9. Speech Therapist						
a. Resident Care	26,717	1,068				
b. Other						
10. Occupational Therapist						
a. Resident Care	166,112	3,067				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	1,000	24				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>528,404</b>	<b>9,690</b>				

\* 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 HANCOCK HALL		License No. 2185-C		Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Deborah Lyon, 7 North Branch Rd., Newtown, CT	Dietary Needs & Reports	<input type="radio"/>	<input checked="" type="radio"/>			
Omnicare Pharmacy Services, 525 Knotter Dr., Cheshire, CT	General Supervision of Drugs	<input type="radio"/>	<input checked="" type="radio"/>			
Alliance Rehab of Connecticut, 1520 Kensington Rd., Ste 105, Oakbrook, IL 60523	PT Evaluations & Services	<input type="radio"/>	<input checked="" type="radio"/>			
Serafima Glouzgal / Daniel Wollman, MD 388 Grove St., Ridgefield, CT/ 555 Bridgeport Ave,	Coordination of Medical Care for Residents	<input type="radio"/>	<input checked="" type="radio"/>			
Members of Organizd Medical Staff-Robert Ruxin, MD 30 Prospect St., Ridgefield, CT 06877	Infection Control Review	<input type="radio"/>	<input checked="" type="radio"/>			
Members of Organizd Medical Staff-Robert Ruxin, MD 30 Prospect St., Ridgefield, CT 06877	Pharmacy Review	<input type="radio"/>	<input checked="" type="radio"/>			
Members of Organizd Medical Staff-Robert Ruxin, MD 30 Prospect St., Ridgefield, CT 06877	Staff Development Review	<input type="radio"/>	<input checked="" type="radio"/>			
Orestes Arcuni,MD, 4 Bartrum Dr., West Redding, CT	Psychiatric Evaluations & Services	<input type="radio"/>	<input checked="" type="radio"/>			
Alliance Rehab of CT., 1520 Kensington Rd., Ste 105, Oakbrook, IL 60523	ST Evaluations & Services	<input type="radio"/>	<input checked="" type="radio"/>			
Alliance Rehab of CT., 1520 Kensington Rd., Ste 105, Oakbrook, IL 60523	OT Evaluations & Services	<input type="radio"/>	<input checked="" type="radio"/>			
St. Joseph Roman Catholic Chruch, 8 Robinson Ave., Danbury, CT 06877 Rev. David Franklin	Routine visits to Facility/Residents	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

\* Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.

**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended	Page	of
HANCOCK HALL	2185-C	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 185,491	185,491		
2. Disability Insurance	\$ 36,001	36,001		
3. Unemployment Insurance	\$ 109,753	109,753		
4. Social Security (F.I.C.A.)	\$ 388,805	388,805		
5. Health Insurance	\$ 363,852	363,852		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 12,614	12,614		
8. Uniform Allowance	\$ 10,984	10,984		
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 9,857	9,857		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 59,379	59,379		
d. Accounting and Auditing	\$ 26,635	26,635		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 34,637	34,637		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 16,063	16,063		
2. Cellular Phones	\$ 3,197	3,197		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$			
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$ 529	529		
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 597,221	597,221		
<b>Subtotal</b>	\$ 1,855,018	1,855,018		

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

(Carry Subtotals forward to next page)



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

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2015	Page 16	of 37
Item	Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>		1,855,018	1,855,018	
<b>1. Travel and Entertainment</b>				
1. Resident Travel and Entertainment	\$ 7,480	7,480		
2. Holiday Parties for Staff	\$ 1,189	1,189		
3. Gifts to Staff and Residents	\$ 13,016	13,016		
4. Employee Travel	\$ 125	125		
5. Education Expenses Related to Seminars and Conventions	\$ 11,005	11,005		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 6,122	6,122		
7. Other ( <i>Specify</i> ) See Attached Schedule	\$			
<b>m. Other Administrative and General Expenses</b>				
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 5,206	5,206		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 6,085	6,085		
4. Fund-Raising***	\$			
5. Medical Records	\$ 3,045	3,045		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 10,175	10,175		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 11,000	11,000		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 676	676		
10. Contributions*** See Attached Schedule	\$ 3,025	3,025		
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$			
12. Administrative Management Services**	\$			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 145,589	145,589		
<b>C-14 Total Administrative &amp; General Expenditures</b>		\$ 2,078,756	2,078,756	

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

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

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

**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	(Specify)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Promotion /Public Relations	\$ 6,085		
<b>Total Other Advertising</b>	\$ 6,085	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
Dues-NH Associations	\$ 6,551		
Professional Dues/License Fees	\$ 4,449		
<b>Total Dues</b>	\$ 11,000	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
Contributions	\$ 3,025		
<b>Total Contributions</b>	\$ 3,025	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Cable TV Expense	\$ 22,124		
Contract Professional Services	\$ 46,266		
Repair/Service Office Equipment	\$ 45,870		
Payroll Service	\$ 28,616		
Bank Service Charges	\$ 2,164		
Resident Related Misc. Expense	\$ 549		
<b>Total Other Administrative and General</b>	\$ 145,589	\$ -	\$ -



**Schedule C-1 - Management Services\***

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2015	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
HANCOCK HALL	2185-C	9/30/2015	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 328,122	328,122		
2. Non-Food Supplies	\$ 43,314	43,314		
3. Other (Specify) _____ Dietary Equipment Rental	\$ 789	789		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Management Services**	\$			
d. Other (Specify) _____	\$			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 372,225</b>	<b>372,225</b>		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	262	262		
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                   If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                   If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No                   If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                   If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                   If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

\* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.  
 \*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility HANCOCK HALL		License No. 2185-C	Report for Year Ended 9/30/2015	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	9,117	9,117	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$	18,392	18,392	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) Laundry Equipment Rental		\$	10,398	10,398	
3E. <b>Total Laundry Expenditures</b> (3a + b + c + d)		\$	37,907	37,907	
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.  
 All allocations should add to total recorded in 3E.

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

\*\*\* Pounds of Laundry only required for multi-level facilities.

**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care  
 Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility HANCOCK HALL		License No. 2185-C	Report for Year Ended 9/30/2015		Page 20	of 37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel	56,300	56,300		
a.	In-House Care					
	1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	37,833	37,833		
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*	\$				
d.	Other ( <i>Specify</i> )	\$				
4E.	<b>Total Housekeeping Expenditures</b> (4a + b + c + d)	\$	37,833	37,833		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Omnicare Pharmacy	\$	142,380	142,380		
b.	Medicine Cabinet Drugs	\$	1,814	1,814		
c.	Medical and Therapeutic Supplies	\$	174,789	174,789		
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	18,356	18,356		
f.	X-rays and Related Radiological Procedures***	\$	3,792	3,792		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	6,036	6,036		
i.	Recreation	\$	7,294	7,294		
j.	Other (Specify)**** See Attached Schedule	\$	19,910	19,910		
5K.	<b>Total Resident Care Expenditures</b> (5a - 5j)	\$	374,371	374,371		

\* 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.



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

Name of Facility HANCOCK HALL			License No. 2185-C		Report for Year Ended 9/30/2015				Page of 21   37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Celtic Consulting, LLC	135 South Road, Suite 3, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		regulatory compliance, staff competency and	16,325			16	M13
Operations, Inc	535 Connecticut Ave., Norwalk, CT 06854	<input type="radio"/>	<input checked="" type="radio"/>		Assist & advise during ADP Payroll conversion	16,290			16	M13
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

\* List all contracted services over \$10,000. Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.  
 \*\*\* Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2015			Page 22	of 37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 100,018	100,018				
b. Heat	\$ 59,074	59,074				
c. Light & Power	\$ 77,262	77,262				
d. Water	\$ 55,726	55,726				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 12,701	12,701				
f. Other ( <i>itemize</i> )	\$ 55,730	55,730				
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 360,511	360,511				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 42,446	42,446				
b. Building & Building Improvements	\$ 165,252	165,252				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 77,499	77,499				
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 285,197	285,197				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 1,582	1,582				
c. Leasehold Improvements	\$ 79,479	79,479				
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$ 81,061	81,061				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 573,948	573,948				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 106,779	106,779				
c. Personal property taxes	\$ 13,572	13,572				
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 1,060,557	1,060,557				

\* 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	(Specify)
Outside Service-Grounds	\$ 550		
Refuse Removal	\$ 22,366		
Exterminating	\$ 3,664		
Bed/Chair Alarms	\$ 1,929		
Repairs/Maintenace-Grounds	\$ 27,221		
<b>Total Other Repairs and Maintenance</b>	\$ 55,730	\$ -	\$ -

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HANCOCK HALL  
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2



**Annual Report of Long-Term Care Facility**

**Amortization Schedule\***

Name of Facility HANCOCK HALL			License No. 2185-C		Report for Year Ended 9/30/2015			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1. Loan related to parking lot improvem	5	2010	10 Yrs	15,824	8,981	15,824		1,582	
2.									
3.									
B-4. Subtotal									1,582
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	Various			1,145,809	514,145	1,145,809	Various	67,752	
2. Disposals (attach schedule)	Various								
3. Acquired during this report period (attach schedule)	Various			123,627		123,627	Various	11,727	
C-4. Subtotal									79,479
<b>D. Total Amortization</b>									81,061

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

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

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

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2015	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		02/23/84		
2. Date Structure Completed		03/09/84		
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure		03/09/84		
5. Total Licensed Bed Capacity		96		
6. Square Footage		56,300		
7. Acquisition Cost				
a. Land		170,000		
b. Building		4,551,697		
<b>Part B - Owner and Related Parties</b>	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed Mortgage			
b. Date Mortgage Obtained	02/18/05			
c. Interest Rate for the Cost Year	5.80%			
d. Term of Mortgage (number of years)	20			
e. Amount of Principal Borrowed	5,377,205			
f. Principal balance outstanding as of 9/30/2015	3,316,965			
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
Staples Realty LLC	31 Staples St., Danbury, CT.	Expires August 2023	through Aug 2023	732,000
Barbara Filosa	10 Hakim St., Danbury, CT	Renewed 5/2014	8 Years	7,200

**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 HANCOCK HALL		License No. 2185-C	Report for Year Ended 9/30/2015		Page 26	of 37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$ 9,452	9,452		
Name of Lender		Rate				
UNION SAVINGS BANK (for Parking Lot loan)		4.35%				
Address of Lender						
225 MAIN STREET, DANBURY CT 06810						
3. Third Mortgage			\$ 4,250	4,250		
Name of Lender		Rate				
UNION SAVINGS BANK (for Renovation loan)		4.00%				
Address of Lender						
225 MAIN STREET, DANBURY CT 06810						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
UNION SAVINGS BANK (for Renovation loan)		4.00%				
Address of Lender						
225 MAIN STREET, DANBURY CT 06810						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
UNION SAVINGS BANK (for Renovation loan)		4.00%				
Address of Lender						
225 MAIN STREET, DANBURY CT 06810						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$ 13,702	13,702		

*(Carry Subtotals forward to next page)*

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

Name of Facility HANCOCK HALL		License No. 2185-C		Report for Year Ended 9/30/2015		Page 27   37	
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				13,702	13,702		
12. C. Movable Equipment							
1. Automotive Equipment				\$ 1,885	1,885		
A. Item		Rate	Amount				
PATIENT VAN		4.00%	50,000				
Lender							
UNION SAVINGS BANK							
Address of Lender							
225 MAIN STREET, DANBURY CT 06810							
2. Other ( <i>Specify</i> )				\$ 837	837		
A. Item		Rate	Amount				
FIRE PUMP		4.00%	25,000				
Lender							
UNION SAVINGS BANK							
Address of Lender							
225 MAIN STREET, DANBURY CT 06810							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$ 2,722	2,722		
12. D. Other Interest Expense ( <i>Specify</i> )				\$ 16,183	16,183		
Amortization Ezp/Interest Expense							
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$ 32,607	32,607		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 12,203	12,203		
b. Insurance on Automobiles				\$ 2,862	2,862		
c. Insurance other than Property (as specified above)							
1. Umbrella ( <i>Blanket Coverage</i> )				\$ 12,636	12,636		
2. Fire and Extended Coverage				\$ 35,961	35,961		
3. Other ( <i>Specify</i> )				\$ 8,829	8,829		
SEE ATTACHED							
14d. <b>Total Insurance Expenditures</b> (14a + b + c)				\$ 72,491	72,491		
15. <b>Total All Expenditures</b> (A-13 thru C-14)				\$ 10,246,582	10,246,582		

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
HANCOCK HALL				2185-C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.	10	12.n.	Salaries not related to Resident Care	\$			
3.	10	12.g.	Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 105,496	105,496		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1.c	Bad Debts	\$ 59,379	59,379		
10.	15	1.e	Accounting & Legal	\$			
11.			Telephone	\$			
12.	15	1.h.2	Cellular Telephone	\$ 1,599	1,599		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$ 13,016	13,016		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 5,048	5,048		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m.2 &	Unallowable Advertising *	\$ 6,085	6,085		
19.			Income Tax / Corporate Business Tax	\$ 529	529		
20.	16	m.4	Fund Raising / Contributions	\$ 3,025	3,025		
21.			Unallowable Management Fees	\$			
22.	30	IV.7	Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 10,783	10,783		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$	204,960	204,960	

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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



**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A-1	Frank Malone	\$ 45,835		
10	A-1	Jennifer Malone-Seixas	\$ 59,661		
<b>Total Other Salaries Adjustment</b>			\$ 105,496	\$ -	\$ -

**Schedule of Fees Adjustments**

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

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m.13	Bank Service Charges	\$ 2,164		
16	m.13	Resident Care Related Expense	\$ 549		
15	l.a.4	FICA on Owner/Operator Salaries	\$ 8,070		
<b>Total Other A&amp;G Adjustments</b>			\$ 10,783	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
HANCOCK HALL			2185-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 204,960	204,960		
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$ 142,380	142,380		
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$ 3,792	3,792		
30.			Laboratory	\$ 6,036	6,036		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 18,356	18,356		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 10,875	10,875		
<b>Page 22 - Maintenance and Property</b>							
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	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.	27	14.c	Property Insurance	\$ 7,095	7,095		
<b>Other - Miscellaneous</b>							
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	\$			
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 393,494	393,494		

\*\*\* 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.

HANCOCK HALL  
9/30/2015

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5.j.	Resident Care	\$ 501		
20	5.j.	Med Surg Supplies PT A	\$ 10,374		
<b>Total Other Ancillary Costs</b>			\$ 10,875	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Property Adjustments</b>			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

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

**F. Statement of Revenue**

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2015		Page 30	of 37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 10,333,063	10,333,063			
b. Medicaid Room and Board Contractual Allowance **	\$ (4,763,977)	(4,763,977)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,542,950	1,542,950			
b. Medicare Room and Board Contractual Allowance **	\$ 436,013	436,013			
4. a. Private-Pay Residents and Other	\$ 2,476,250	2,476,250			
b. Private-Pay Room and Board Contractual Allowance **	\$ (59,625)	(59,625)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 195,610	195,610			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (195,610)	(195,610)			
c. Prescription Drugs - Non-Medicare	\$ 15,535	15,535			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (15,535)	(15,535)			
2. a. Medical Supplies - Medicare	\$ 12,705	12,705			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (12,705)	(12,705)			
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 459,572	459,572			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (394,315)	(394,315)			
c. Physical Therapy - Non-Medicare	\$ 43,224	43,224			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (43,224)	(43,224)			
4. a. Speech Therapy - Medicare	\$ 58,751	58,751			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (38,876)	(38,876)			
c. Speech Therapy - Non-Medicare	\$ 882	882			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (882)	(882)			
5. a. Occupational Therapy - Medicare	\$ 418,572	418,572			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (392,519)	(392,519)			
c. Occupational Therapy - Non-Medicare	\$ 43,506	43,506			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (43,506)	(43,506)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (884)	(884)			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 83,544	83,544			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 10,158,519	10,158,519			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 160	160			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 67,266	67,266			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 67,426	67,426			
<b>VI. Total All Revenue</b> (III +V)	\$ 10,225,945	10,225,945			

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30II6A-CCH	X-Ray	\$ 4,495		
30II6A-CCH	Contra Adj - Xray Med A	\$ (4,495)		
30II6A-CCH	Lab	\$ 8,290		
30II6A-CCH	Contra Adj - Lab Med A	\$ (8,290)		
30II6A-CCH	Prior Year Adjustment	\$ (1,062)		
30II6A-CCH	Medicare Equipment	\$ 178		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ (884)</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30II6b-CCH	Ambulance	\$ 675		
30II6b-CCH	Lab	\$ 413		
30II6b-CCH	Prior Year Adjustment	\$ 82,853		
30II6b-CCH	X-Ray	\$ 405		
30II6b-CCH	Less Contractual Adj	\$ (802)		
<b>Total Other Resident Revenue</b>		<b>\$ 83,544</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30IV5-CCH	Unions Savings Bank Interest Income		\$ 160		
<b>Total Interest Income</b>			<b>\$ 160</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30IV8-CCH	Loss on Disposed Assets	\$ (2,734)		
30IV8-CCH	Management Fee Income	\$ 70,000		
<b>Total Other Revenue</b>		<b>\$ 67,266</b>	<b>\$ -</b>	<b>\$ -</b>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
HANCOCK HALL	2185-C	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	205,972
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	725,160
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	500
4. Inventories			\$	
5. Prepaid Expenses			\$	47,498
a. 401K-Forfeiture-One Acct	398			
b. Prepaid Insurance	21,250			
c. Prepaid Expenses	13,260			
d. Prepaid Corporate Income Tax	12,590			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
_____				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			\$	979,130
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	512,490	\$	294,940
	Accum. Depreciation	217,550		Net
3. Buildings	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
4. Leasehold Improvements	*Historical Cost	1,269,436	\$	675,812
	Accum. Depreciation	593,624		Net
5. Non-Movable Equipment	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
6. Movable Equipment	*Historical Cost	942,888	\$	280,998
	Accum. Depreciation	661,890		Net
7. Motor Vehicles	*Historical Cost	62,400	\$	53,625
	Accum. Depreciation	8,775		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
_____				
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			\$	1,305,375

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

(Carry Total forward to next page)

### G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
HANCOCK HALL	2185-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	2,284,505
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	170,000
2. Land Improvements	*Historical Cost _____			
	Accum. Depreciation _____	Net	\$	
3. Buildings	*Historical Cost <u>5,118,999</u>			
	Accum. Depreciation <u>4,879,693</u>	Net	\$	239,306
4. Non-Movable Equipment	*Historical Cost <u>138,445</u>			
	Accum. Depreciation <u>138,445</u>	Net	\$	
5. Movable Equipment	*Historical Cost _____			
	Accum. Depreciation _____	Net	\$	
6. Motor Vehicles	*Historical Cost _____			
	Accum. Depreciation _____	Net	\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	409,306
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense	*Historical Cost _____			
	Accum. Depreciation _____	Net	\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	92,420
Bed License (net)	88,000			
Financing Closing Cost Loan	10,008			
Amortization Financing Costs	(5,588)			
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	92,420
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	2,786,231

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



### G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
HANCOCK HALL	2185-C	9/30/2015	33	37
Account			Amount	
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable			\$	442,726
2. Notes Payable ( <i>itemize</i> )			\$	625,533
USB Line of Credit			345,527	
USB for Renovation (due 5/29/17; current is \$48,966)			82,732	
USB for Parking Lot (due 4/28/20; current is \$39,757)			197,274	
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )			\$	41,774
Name of Lender	Purpose	Amount	Date Due	
CT Light & Power Co	Energy Efficiency	12,872	07/28/16	
Union Savings Bank	Fire Pump / Patient Va	28,902	pump 9/1/16 / van 3/1/19	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )			\$	412,972
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )			\$	
6. Accrued Payroll Taxes Payable			\$	26,757
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable ( <i>Current Portion</i> )			\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )			\$	
11. Accrued Income Taxes*			\$	160
12. Other Current Liabilities ( <i>itemize</i> )			\$	24,553
In Account-Filosa Conv Home			(7,610)	
Accrued Expenses			32,163	
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>			<b>\$</b>	<b>1,574,475</b>

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

(Carry Total forward to next page)

### G. Balance Sheet (cont'd)

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2015		Page 34	of 37
Account				Amount	
Total Brought Forward:				1,574,475	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					\$ 32,241
Name of Lender	Purpose	Amount	Date Due		
Union Savings Bank	Patient Van	32,241	3/1/19		
2. Mortgages Payable					\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )					\$
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities ( <i>itemize</i> )					\$
_____					
_____					
_____					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)					\$ 32,241
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)					\$ 1,606,716

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

Name of Facility	License No.	Report for Year Ended	Page	of
HANCOCK HALL	2185-C	9/30/2015	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	170,000
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	239,306
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	409,306
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	257,500
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	532,346
6. Gain or Loss for Period	10/1/2014	thru	9/30/2015	\$ align="right">(20,637)
7. Total Net Worth			\$	770,209
<b>C. Total Reserves and Net Worth</b>			\$	1,179,515
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	2,786,231

### H. Changes in Total Net Worth

Name of Facility <b>HANCOCK HALL</b>	License No. 2185-C	Report for Year Ended 9/30/2015	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	990,845
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	10,225,945
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	10,246,582
D. Net Income or Deficit			\$	<span style="color: red;">(20,637)</span>
E. Balance			\$	970,208
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
F-3. Total Additions				
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	200,000
Name and Address ( <i>No., City, State, Zip</i> )	Title	Amount		
SEE ATTACHED	SEE ATTACHED	200,000		
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	200,000
H. <b>Balance at End of Period</b>			\$	770,209

### I. Preparer's/Reviewer's Certification

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
CLIFTONLARSONALLEN LLP				
Address Address			Phone Number	
300 Crown Colony Dr., Ste 310, Quincy, MA 02169			617-984-8100	

Error Check

Level    Item

Reported as