

January 26, 2016

Myers and Stauffer, LLC
7 Waterside Crossing, Suite 202
Windsor, CT 06095

Dear Sir or Madam

Per the instructions from the Deputy Commissioner of the Connecticut Department of Social Services, to follow is the 2015 Medicaid Cost Report as well as the additional schedules and information (behind each referenced page). Below is a synopsis of the submission:

1. Electronic DSS 2015 Annual Report

- a. **Excel Version without additional schedules or information**
- b. **PDF Version with additional schedules and requested information following each referenced page of the Cost Report:**

- i. Board Member Information
- ii. Related Party Information
- iii. Television and Cable Purchases
- iv. Remaining CON Project Renew Witherell capital costs (CON costs incurred in prior cost years appeared on prior reports).
- v. Cost Report Page 14 Add On
- vi. Cost Report Page 21 Add On
- vii. Pre-Paid Expenses Schedule
- viii. Other Revenue (Pavillion Rental) Schedule
- ix. Other Revenue (Other) Schedule
- x. Debt and Interest Schedule
- xi. Required Information on Newly Acquired Vehicles (One)

2. Working Trial Balance

The Nathaniel Witherell (TNW) is a not-for-profit municipally operated by the Town of Greenwich Connecticut. The legal entity is therefore the Town of Greenwich of which TNW is a department. The year end for the Town is June 30, 2015 at which time accruals are accounted for in the final Appropriation Statements. During all other periods the Town like all other Municipalities operates on a strictly cash basis. TNW reports cash operations as of the end of each month then accrues payroll and expenses to the end of the month. Financial Statements are prepared by TNW monthly on a fully accrued basis. Adjustments for allocated costs including Fringe Benefits, Insurance, and Town Departmental Support are estimated on an interim period then adjusted for cost

reporting purposes at the actual cost allocations on the Cost Report. Capital spending is recorded as a cash disbursement on Town records. Capital assets and depreciation are not maintained on the Town records but are captured and reported based on historical purchases as reported on the annual cost report. In order to arrive at the numbers presented in the 2015 Medicaid Cost Report an adjusted Departmental Income Statement is created for the period 10/1/14 through 9/30/15 which takes the Departmental Income Statement from 6/30/15 and backs out the months of July, August, and September 2014 while adding back the months of July, August, and September 2015.

3. Crosswalk and Account Groupings

The Trial Balance includes a crosswalk listing of the page number and line reference on the Cost Report for each account. Where necessary groupings are included which further break out the accounts and their respective locations on the Cost Report.

4. Form w-411 (Resident Trust Fund) as of 6/30/15

5. Intermediate Care Facilities Not Applicable

6. Resident Care Home – Not Applicable

Since Nathaniel Witherell is a municipally owned and operated nursing home the financial records are maintained differently from privately owned and operated homes. As questions arise concerning the information requested or additional information required please call me directly at (203) -618-4334 or e-mail calexander@greenwichct.org.

Very truly yours,



Christopher W. Alexander
Director Financial Operations

TRIAL BALANCE

Account	Description	10/1/13 through 9/30/15 Amount	Crosswalk
Revenues			
44440	Private Pay	6,965,126	PG30/I4a, PG30/I4b
44441	Commercial Insurance	1,202,635	PG30/I4a, PG30/I4b
43448	Medicaid	9,554,845	PG30/I1a, PG30/I1b
43155	Medicare A	7,359,918	PG30/I3a, PG30/I3b
44445	Medicare B Rehabilitation	569,465	PG 30/I16a
44442	Private Pay - User Fee	(228,433)	PG15/I1K3
44443	Commercial Insurance User Fee	(28,340)	PG15/I1K3
43449	Medicaid Use Fee	(599,891)	PG15/I1K3
44090	Café Witherell	66,883	PG 30/IV1
46202	Rental Pavilion	38,337	Attachment PG30/IV8
44444	Bad Debts Reserve	(125,586)	PG15/IC Elim PG28/9
49109	Contribution From General Fund	3,105,400	PG30/IV8 Elim Pg28/23
44400	Contribution From Friends	1,000,000	PG30/IV8 Elim Pg28/23
44440	Other	34,973	PG 30/IV1, Attachment PG30/IV8
Total Revenue		28,915,331	
Salary & Fees Expense			
51010	Regular Salaries	9,042,402	PG10
51330	Overtime	1,543,245	PG10
	Part Time	2,716,563	PG10
	Uniform Allowance	66,090	PG15/I8
Subtotal Wages & Salaries		13,368,300	
57950	Allocated Employee Benefits	-	Self Eliminating
51400	Professional Attorney Services	10,798	PG15/I1E
51420	Professional Medical Dental	2,420,293	PG20/5f, PG13/B8a, PG13/B8b, PG13/B2, PG13/B3, PG20/5H, PG13/B10a, PG13/B9a, PG13/B5a, PG13/B5b, PG20/5j
51430	Architects & Engineers	375	PG 16/m13, Elim PG/28/23
51450	Professional & Other Special Service Fees	6,596	PG16/m3 Elim PG28/18
51490	Professional & Other Special Service NOC	632,069	PG20/5j, PG18/2c, PG16/m13, PG15/1d, PG16/M1
51950	Miscellaneous Personal Services	27,630	PG20/5i
Total Salary & Fees Expense		16,466,062	
Service Expense			
52010	Legal Advertising & Public Notices	76,524	PG16/m3 Elim PG28/18
52020	Printing & Binding Reports	4,918	PG16/m3 Elim PG28/18
52050	Postage & Delivery Services	4,215	PG16/m7
52090	Tuition Payments	7,407	PG 16/L5
52100	Travel Expense Employee's	28,961	PG 16/L4
52110	Mileage Allowance Employee's	852	PG 16/L4
52130	Transportation Other Non-Employees	4,567	PG20/5d
52150	Office Services	56,446	PG16/m8, PG 16/m13, PG20/5d, PG16/m3, PG22/6a
52210	Water Service	34,956	PG22/6d, Elim PG28/23
52220	Electric Service	274,277	PG22/6c, Elim PG28/23
52240	Telephone Telegraph & Radio	63,785	PG15/h1, cell phones PG15/h2
52260	Fuel For Heating	100,701	PG22/6b
52310	Rental - Office Equipment	12,116	P16/m11
52320	Rental - Other Equipment	73,006	P16/m11
52360	Rental Maintenance Software	34,468	P16/m11
52500	Cleaning Services	46,908	PG22/6f
Total Service Expense		824,108	
Supplies Expense			
53010	Office Supplies	39,700	PG 15/1g
53110	Textbooks	268	PG 15/1g
53140	Audio Visual Materials	697	PG15/1g
53200	Recreational, Athletic	4,433	PG20/5i
53250	Medical Surgical & Laboratory	793,469	PG20/5c, PG20/5g, PG20/5a2
53300	Wearing Apparel	1,194	PG15/1g
53310	Personal Protective Equipment	218	PG15/1g
53350	Custodial & Household Supplies	258,007	PG18/2a2, PG22/6a, PG15/1g, PG20/4a1, PG19/3d
53400	Food	676,706	PG18/2a1

53410	Food Supplements	32,390	PG18/2a1
53550	Mechanical Supplies & Small Tools	53,010	PG22/6a
53640	Chemical Supplies	65,077	PG20/5a2, PG22/6a, PG20/4a1, PG19/3d
53700	Building & Construction Material	11,483	PG22/6a
53800	Botanical & Agricultural Supplies	432	PG 20/5i
53920	Work Transferred To/From Other Depts.	10,334	PG16/6
53950	Supplies & Material NOC	67,307	PG20/5b, PG15/1g
Total Supplies Expense		2,014,725	
Maintenance Expense			
54010	Maintenance General Purpose	116,663.66	PG22/6a
54020	Maintenance Parking Areas	79,288.00	PG22/6a
54050	Maintenance Building/Supplies	190,290.24	PG22/6a
54060	Maintenance Elevators	10,099.00	PG22/6a
54070	Maintenance Air-Conditioning	5,509.26	PG22/6a
54150	Maintenance Furniture & Fixtures	9,503.00	PG22/6a
54200	Maintenance Machinery & Tools	33,098.37	PG22/6a
54210	Maintenance Data Processing Equipment	9,515.84	PG22/6a
54250	Maintenance Automotive Equipment	4,407.00	PG16/6
54410	Maintenance Outside Electric	13,148.11	PG22/6a
54920	Work Transferred To/From Other Depts.	1,347.65	PG22/6a
Total Maintenance Expense		472,870	
Insurance & Refunds Expense			
56110	General Liability	130,269.75	PG27/14a
56280	Insurance	136,049.00	PG27/14c3
Total Insurance & Refunds		266,319	
Town Department Support			
57120	Town Department Support	923,917	PG16/m12
57120	Law Department	12,927.00	PG15/1e
Total Town Department Support		936,844	
Town Capital			
59560	Town Capital	2,765,479	PG23/B3, PG23/C3, PG23/D1C, PG23/D2C
Fringe Benefits			
57010	Pension Contribution	1,356,964	PG15/1a7 & Page 4 (directs to Related Parties Attachment)
57020	Defined Contribution Plan	170,672	PG15/1a7 & Page 4 (directs to Related Parties Attachment)
57050	Social Security	1,014,066	PG15/1a4 & Page 4 (directs to Related Parties Attachment)
57060	Retiree Health Savings Accounts	30,599	PG15/1a9 & Page 4 (directs to Related Parties Attachment)
57080	Health Savings Account Contribution	394,563	PG15/1a5 & Page 4 (directs to Related Parties Attachment)
57086	Long Term Disability	28,644	PG15/1a2 & Page 4 (directs to Related Parties Attachment)
57090	Healthcare Administration Cost	23,038	PG15/1a5 & Page 4 (directs to Related Parties Attachment)
57100	Healthcare Costs	2,726,077	PG15/1a5 & Page 4 (directs to Related Parties Attachment)
57110	Group Life & Ad&D	47,526	PG15/1a6 & Page 4 (directs to Related Parties Attachment)
57130	Eyeglass Reimbursement	4,020	PG15/1a9 & Page 4 (directs to Related Parties Attachment)
57220	OPEB Contribution	18,193	PG15/1a9 & Page 4 (directs to Related Parties Attachment)
57300	Hospital Medical Payments (Workers Comp)	59,760	PG15/1a1 & Page 4 (directs to Related Parties Attachment)
57330	Unemployment Insurance	18,797	PG15/1a3 & Page 4 (directs to Related Parties Attachment)
57950	401k Match	178,029	PG15/1a7 & Page 4 (directs to Related Parties Attachment)
Total Fringe Benefits		6,070,948	
Financing Costs			
57800	Interest on Bonds	762,400	PG26/12A1 & PG25/12A2
57900	Redemption of Bonds	1,239,000	PG 34B3
Total Financing Costs		2,001,400	
Taxes			
57500	Assessments of Taxes or Payment	19,021	PG15/2
Total Appropriated Spending		31,837,776	
Revenue		28,915,331	
Expense		(31,837,776)	
TB Sub Total		(2,922,445)	
Capital		2,765,479	
Depreciation Expense		(1,674,522)	
Redemption of Bonds		1,239,000	
Less Contribution General Fund		(3,105,400)	
Less Contribution Friends of TNW		(1,000,000)	
Net Income/(Loss) From Operations		(4,697,888)	PG35/B6

Account	Description	Amount
5100	Professional Services	10,200.00
5101	Professional Services - Legal	10,200.00
5102	Professional Services - Accounting	0.00
5103	Professional Services - Engineering	0.00
5104	Professional Services - Architecture	0.00
5105	Professional Services - Consulting	0.00
5106	Professional Services - Other	0.00
5107	Professional Services - Total	10,200.00

Account	Description	Amount
5108	Professional Services - Medical	10,200.00
5109	Professional Services - Dental	0.00
5110	Professional Services - Optometry	0.00
5111	Professional Services - Podiatry	0.00
5112	Professional Services - Chiropractic	0.00
5113	Professional Services - Other	0.00
5114	Professional Services - Total	10,200.00

Account	Description	Amount
5115	Professional Services - Advertising	10,200.00
5116	Professional Services - Printing	0.00
5117	Professional Services - Telecommunications	0.00
5118	Professional Services - Information Services	0.00
5119	Professional Services - Other	0.00
5120	Professional Services - Total	10,200.00

Account	Description	Amount
5121	Professional Services - Office Supplies	10,200.00
5122	Professional Services - Postage	0.00
5123	Professional Services - Travel	0.00
5124	Professional Services - Other	0.00
5125	Professional Services - Total	10,200.00

Account	Description	Amount
5126	Professional Services - Repairs	10,200.00
5127	Professional Services - Maintenance	0.00
5128	Professional Services - Other	0.00
5129	Professional Services - Total	10,200.00

Account	Description	Amount
5130	Professional Services - Insurance	10,200.00
5131	Professional Services - Other	0.00
5132	Professional Services - Total	10,200.00

Account	Description	Amount
5133	Professional Services - Total	10,200.00

Account	Description	Amount
5134	Professional Services - Total	10,200.00

Account	Description	Amount
5135	Professional Services - Total	10,200.00

Account	Description	Amount
5136	Professional Services - Total	10,200.00

Account	Description	Amount
5137	Professional Services - Total	10,200.00

Account	Description	Amount
5138	Professional Services - Total	10,200.00

Account	Description	Amount
5139	Professional Services - Total	10,200.00

Account	Description	Amount
5140	Professional Services - Total	10,200.00

Account	Description	Amount
5141	Professional Services - Total	10,200.00

Account	Description	Amount
5142	Professional Services - Total	10,200.00

Account	Description	Amount
5143	Professional Services - Total	10,200.00

Account	Description	Amount
5144	Professional Services - Total	10,200.00

Account	Description	Amount
5145	Professional Services - Total	10,200.00

Account	Description	Amount
5146	Professional Services - Total	10,200.00

Account	Description	Amount
5147	Professional Services - Total	10,200.00

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

Facility Name The Nathaniel Witherell

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

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

Explanation: _____

Yes No
 2. Are the methods of allocating costs consistent with cost year 2014? If not, explain the reporting change.

Explanation: _____

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

Explanation: _____

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

Explanation: N/A

Yes No
 5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?

Explanation: _____

Yes No
 6. During cost year 2015, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?

Explanation: _____

Yes No
 7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?

Explanation: _____

Yes No
 8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.

Explanation: _____

Yes No
 9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation: _____

Yes No
 10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation: _____

Yes No

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

Explanation:

Yes No

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

Explanation:

N/A

Yes No

13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from cost year 2014?

Explanation:

Yes No

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

Explanation:

Yes No

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

Explanation:

Yes No

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

Explanation:

Yes No

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

Explanation: _____

Yes No

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

Explanation:

To avoid a resulting negative current year depreciation expense value. (Page 23 accounts for disposals as a deduction to current year depreciation expense, but Page 22 accounts for disposals as a reduction of Cost Year-Ended Accumulated Depreciation).

Yes No

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

Explanation: _____

Yes No

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

Explanation: _____

Yes No

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

Explanation:

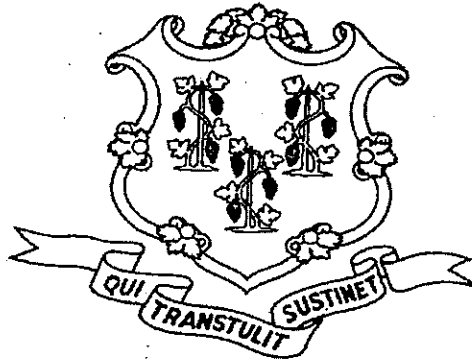
N/A

Yes No

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

Explanation: _____

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2014

Name of Facility (as licensed) The Nathaniel Witherell	
Address (No. & Street, City, State, Zip Code) 70 Parsonage Road Greenwich, CT 06830	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 564-C	RHNS	(Specify)	Medicare Provider 07-5117
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Medicaid Provider Numbers:	CCNH 5645	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) The Nathaniel Witherell	License No. 564-C	Report for Year Ended 9/30/2015	Page 1	of 37
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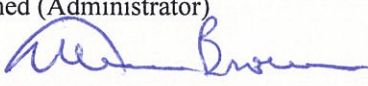
Administrator's/Owner's Certification

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 The Nathaniel Witherell [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 1/27/16	Signed (Owner)		Date
Printed Name (Administrator) Allen M. Brown			Printed Name (Owner) Town of Greenwich CT		
Subscribed and Sworn to before me: Linda G. Marini	State of CT	Date 1/27/16	Signed (Notary Public)		Comm. Expires 4/30/19
Address of Notary Public Linda G. Marini, 70 Parsonage Rd., Greenwich, CT 06830					

(Notary Seal)

Linda G. Marini
NOTARY PUBLIC
 State of Connecticut
 My Commission Expires 4/30/2019

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility The Nathaniel Witherell	Period Covered:	From 10/1/2014	To 9/30/2015	
Address of Facility 70 Parsonage Road Greenwich, CT 06830				
Report Prepared By Chris Alexander	Phone Number 203-618-4334	Date 2/1/2016		
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. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-618-4200		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) The Nathaniel Witherell		Address (No. & Street, City, State, Zip) 70 Parsonage Road Greenwich, CT 06830		
License Numbers:	CCNH 564-C	RHNS	(Specify)	Medicare Provider No. 07-5117
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 type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input checked="" 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.				
Administrator				
Name of Administrator Allen M. Brown		Nursing Home Administrator's License No.:	001742	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

**The Nathaniel Withereil
2015 Medicaid Cost Report
Board of Directors
As of 9/30/14**

<u>Name</u>	<u>Address</u>	<u>Title</u>	<u>Shares Owned</u>
David Ormsby	14 Partridge Hollow Road Greenwich, CT 06831	Chairman	0
Christopher Ann Thurlow	198 Shore Road Old Greenwich, CT 06870	Vice Chairman	0
Lloyd Bankson III	1465 East Putnam Ave Apt 325 Old Greenwich, CT 06870	Finance Committee Chairman	0
David Ayres	33 Wesskum Wood Road Riverside, CT 06878-1930	Director	0
Stephen Soler	4 Kent Place Cos Cob, CT 06807	Director	0
Thomas Saccardi	22 Connecticut Avenue Greenwich, CT 06830	Director	0
Frank J. Scarpa, MD	233 Byram Shore Road Greenwich, CT 06830	Director	0
Karen A. Sadik-Khan	41 Binney Lane Old Greenwich, CT 06870	Director	0
Louise C. Puschel	48 Mayfair Lane Greenwich, CT 06831	Director	0

**General Information and Questionnaire
 Related Parties***

Name of Facility The Nathaniel Witherell	License No. 564-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 <small>(See Attached Listing)</small>	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 %**				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				

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

**General Information and Questionnaire
Related Parties**

Name of Facility The Nathaniel Withereil		License No. 564-C	Report For Year Ended 9/30/2015		Page	of	
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Cost are Included in Annual Report Page#/Line#	Cost Reported	Actual Cost to The Related Party
		Yes	No				
Town of Greenwich - General Fund	101 Field Point Road 101 Field Point Road Greenwich Ct 06830		x		PG34B3 PG26/12A1 & PG26/12A2	1,239,000 762,400	1,239,000 762,400
Town of Greenwich - Town Support Services	101 Field Point Road Greenwich Ct 06830		x	Employee Administration (HR), Accounting Support, Informations Systems Support, Purchasing Support	PG16/M12	910,990	910,990
Town of Greenwich - Finance Department	101 Field Point Road Greenwich Ct 06830		x	Fringe Benefits	PG15/1a1-a9	6,137,038	6,137,038
Town of Greenwich - Insurance Department	101 Field Point Road Greenwich Ct 06830		x	Insurance Coverage	PG27/14a-c1	130,270	130,270
Town of Greenwich - Fleet Department	101 Field Point Road Greenwich Ct 06830		x	Vehicle/Fuel, Service, Parts	PG16/L6	10,334	10,334
Town of Greenwich - Legal Department	101 Field Point Road Greenwich Ct 06830		x	Legal Consultation	PG16/M12 & PG15/Ie	12,927	12,927

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility The Nathaniel Witherell	License No. 564-C	Report for Year Ended 9/30/2015	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist <i>(See listing page 13)</i>			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> 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.				
N/A				
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.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire
Accounting Basis

Name of Facility The Nathaniel Witherell	License No. 564-C	Report for Year Ended 9/30/2015	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1	O/Connor Davies, LLP	100 Great Meadow Road Suite 401 Weathersfield, CT 06109		
2				
3				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1	Accounting Services	\$	4,473	
2		\$		
3		\$		
4		\$		
			Charge for Services Provided	
			\$ 4,473	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Item #1 PG15/1d Eliminated PG28/10				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1	Town of Greenwich Law Department		203-622-3816	
2	Murtha Cullina LLP		860-240-6000	
3				
4				
5				
Address (<i>No. & Street, City, State, Zip Code</i>)				
1	101 Field Point Road Greenwich, CT 06103			
2	City Place 1 185 Asylum ST Hartford, CT 06103-3469			
3				
4				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1	General Counsel	\$	12,927	
2	General Nursing Home Matters	\$	10,798	
3		\$		
4		\$		
5		\$		
			Charge for Services Provided	
			\$ 23,725	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Page 15 Line 13 Eliminated Page 28 Line 10				

Schedule of Resident Statistics

Name of Facility The Nathaniel Withereil	License No. 564-C		Report for Year Ended 9/30/2015				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	RHNS (Specify)
					Total	CCNH	RHNS	(Specify)				
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	202	202			202	202			202	202		
B. On last day of THIS report period	202	202			202	202			202	202		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	185	185			185	185			183	183		
B. As of midnight of THIS report period	173	173			183	183			173	173		
3. Total Number of Days Care Provided During Period												
A. Medicare	11,852	11,852			8,869	8,869			2,983	2,983		
B. Medicaid (Conn.)	37,122	37,122			28,131	28,131			8,991	8,991		
C. Medicaid (other states)												
D. Private Pay	14,140	14,140			10,067	10,067			4,073	4,073		
E. State SSI for RCH												
F. Other (Specify) Commercial Insurance	2,538	2,538			1,964	1,964			574	574		
G. Total Care Days During Period (3A thru F)	65,652	65,652			49,031	49,031			16,621	16,621		
Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	462	462			323	323			139	139		
B. Other Bed Reserve Days	202	202			141	141			61	61		
5. Total Resident Days (3G + 4A + 4B)	66,316	66,316			49,495	49,495			16,821	16,821		

Schedule of Resident Statistics (Cont'd)

Name of Facility The Nathaniel Witherell	License No. 564-C	Report for Year Ended 9/30/2015	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

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

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	25		101		42				
Per Diem Rate									
a. One bed rm.	Various PPS Rates		253.23		512.00 & 522.00				
b. Two bed rms.					479.00 & 489.00				
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	10,590	10,590		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	51,259	51,259		
D. Total Physical Therapy Treatments	61,849	61,849		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	988	988		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	2,408	2,408		
C. Other				
D. Total Speech Therapy Treatments	3,396	3,396		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	3,867	3,867		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	30,147	30,147		
D. Total Occupational Therapy Treatments	34,014	34,014		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
The Nathaniel Witherell	564-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
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	160,243	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	699,960	18,014				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	831,548	49,537				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	1,084,192	44,822				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	108,290	1,820				
b. Other Maintenance Workers	283,504	8,805				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	143,251	6,888				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	98,212	1,536				
b. Other Accountants	245,595	5,625				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	266,998	4,222				
b. RN						
1. Direct Care	3,150,994	67,915				
2. Administrative**	245,454	5,153				
c. LPN						
1. Direct Care	1,163,270	34,075				
2. Administrative**						
d. Aides and Attendants	4,163,738	206,414				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	420,825	12,458				
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	236,136	5,487				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
A-13. Total Salary Expenditures	13,302,210	474,851				

* 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 The Nathaniel Witherell	License No. 564-C	Report for Year Ended 9/30/2015			Page 11	of 37	
		CCNH	RHNS	(Specify)			
Name	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							
N/A							
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).							
N/A							

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

State of Connecticut
Annual Report of Long-Term Care Facility
 CSP-12 Rev. 10/2005

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

Name of Facility (as licensed) The Nathaniel Withereff		License No. 564-C		Report for Year Ended 9/30/2015			Page 12	of 37	
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
Allen Brown - 21 Christopher Lane Norwalk, CT 06851	160,243		No Discriminatory Benefits	10/1/14 - 9/30/15 Executive Director	2,080	PG10A.2			
Section IV - Assistant Administrators									

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
The Nathaniel Witherell	564-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	14,831	85				
3. Pharmacist	17,753	356				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	1,264,175	18,298				
b. Other	60,000	2,088				
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	75,000	554				
b. Utilization Review (Title 18 and 19 only) monthly meeting	625	3				
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	157,944	4,243				
b. Other						
10. Occupational Therapist						
a. Resident Care	694,658	10,183				
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						
B-13 Total Fees Paid in Lieu of Salaries	2,284,986	35,810				

* 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.

Schedule B1 - Information Required for Individuals Paid on Fee for Service Basis*

Name of Facility The Metropolitan Hospital	Name	Street Address	City	State	Zip	Full Explanation of Service	Retired to Ongoing Occurrence		Explanation of Relationship
							Yes	No	
	AAF INTERNATIONAL	24828 NETWORK PLACE	CHICAGO IL	60673-1248		Facility Supplies			
	ABILITY NETWORK, INC.	P.O. BOX 850001	ORLANDO FL	32885-0001		Medicare Access Vendor			
	ABILITY UNLIMITED	P.O. BOX 11664	WHITE PLAINS NY	10602		Resident Entertainment			
	AIRGAS, INC.	AIRGAS USA, LLC	CHICAGO IL	60680-2576		Recreation Supplies			
	ALIMED INC.	P.O. BOX 9135	DEDHAM MA	02027		Medical Supplies			
	ALLIED SATELLITE & ANTENNA, INC.	2235 NORTH BENSON ROAD	FAIRFIELD CT	06830		Direct TV Maintenance			
	ALLISON OSTROFF, MD	C/O GREENWICH MEDICAL GROUP	GREENWICH CT	06830		Medical Meeting			
	ALTCFM	95 WEST STREET	ROCKY HILL CT	05067		Membership			
	AMERICAN MEDICAL RESPONSE OF CT	PO BOX 100296	ATLANTA GA	30384-0296		Ambulance Service			
	AMERIDERM LABORATORIES, LTD.	1492-C CEDAR LANE	NI TEANECK NJ	07656		Medical Supplies			
	AMICO LIGHT'S CORPORATION	85 FULTON WAY	RICHMOND HILL ON	L4B 2N4		Medical Supplies			
	ANDERSON ELECTRIC, INC.	62 PEMBERWICK ROAD	GREENWICH CT	06851		Electrician			
	ANTHONY CASTALDO	68 BIRCHWOOD ROAD	SEYMOUR CT	06483		Resident Entertainment			
	AQUARIUM WATER CO. OF CONNECTICUT	P.O. Box 10010	LEWISTON ME	04243-9427		Water			
	ARJO, INC.	PO BOX 640799	PITTSBURGH PA	15264-0799		Resident Lifts			
	ART GOTTLIEB	32 NOAH'S LANE EXT	NORWALK CT	06851		Resident Entertainment			
	AUTOMATIC DOOR SYSTEMS, INC.	36 CAPITAL DRIVE	WALLINGFORD CT	06492		Facility Maintenance			
	AWNING CLEANING INDUSTRIES, INC.	29 FITCH STREET	NEW HAVEN CT	06515		Facility Maintenance			
	AYSHA KUHLOR	KUHLGARE	WALLINGFORD CT	06492		Seminars			
	BAUDVILLE, INC.	5380 52ND STREET, SE	GRAND RAPIDS MI	49512-9765		Facility Maintenance			
	BBTECHNOLOGIES, INC.	269 WOODMONT ROAD	MILFORD CT	06460		Facility Maintenance			
	BENMAN INDUSTRIES, INC.	1870 EAST MAIN STREET	BRIDGEPORT CT	06610-0327		Facility Supplies			
	BONNIE LEIDNER	167 WOODBRIDGE DRIVE SOUTH	STAMFORD CT	06902		Resident Entertainment			
	BOUTELLE METHOD, INC.	8 HUCKLEBERRY LANE	GREENWICH CT	06831		Dance Therapy			
	BRAMAN	P.O. BOX 968	AGAWAM MA	01001-0968		Exterminator			
	BRIGGS HEALTHCARE	P.O. BOX 1355	DES MOINES IA	50306-1355		Medical Supplies			
	BRIGHT SIMS	20 FARAWAY ROAD	ARMONK NY	10504		Piano Tuning			
	BROADVIEW NETWORKS	PO BOX 9242	UNIONDALE NY	11555-9242		Phone Service			
	BURBANK MOTORS CORP	D/B/A BURGLIP	WEDFORD HILLS NY	10507		Equipment Repairs			
	CABLEVISION OF CONNECTICUT	P.O. BOX 9256	CHELSEA MA	02150-9256		Cable Television			
	CARCF, INC.	111 FOUNDERS PLAZA	EAST HARTFORD CT	06108		Seminars			
	CALMED, INC.	P.O. BOX 939	NORTH BRANFORD CT	06471		Bed Inspections			
	CAREZLEARN, INC.	DEPT CH 16894	PALATINE IL	60055-6894		Employee Network Training			
	CARRIER CORP.	P.O. BOX 905303	CHARLOTTE NC	28290-5803		Network Referral System			
	CARSTENS	PO BOX 99110	CHICAGO IL	60693		Medical Supplies			
	CDW GOVERNMENT, INC.	75 REMITTANCE DR, SUITE 1515	CHICAGO IL	60675-1515		Office Supplies			
	CHARLES MAHONEY	17 GRANDVIEW ROAD	SOUTH SALEM NY	10590		Resident Entertainment			
	CHARLES STUTTG LOCKSMITH, INC.	158 GREENWICH AVE	GREENWICH CT	06880		Facility Supplies			
	CL&P	P.O. BOX 650092	DALLAS TX	75265-0092		Electricity Supplier			
	CLEARWATER INDUSTRIES	415 BRIDGEPORT AVENUE	SHELTON CT	06484-5903		Maintenance Supplies			
	CLIA LABORATORY PROGRAM	PO BOX 105422	ATLANTA GA	30348-5422		Lab User Fee Certificate			
	CLINICAL LABORATORY PARTNERS, LLC	ATTN: PATIENT ACCOUNTS	NEWINGTON CT	06111		Lab Services			
	COMPANION HEALTH SERVICES	40 BATTERY STREET PH 6	BOSTON MA	02109-1906		Medical Supplies			
	CONNECTICUT BUSINESS SYSTEMS, LLC	50 ROCKWELL ROAD	NEWINGTON CT	06111-5526		Copy Machine Maint & Parts			
	CONNECTICUT CHILDREN'S THEATRE	71 DENNISON ROAD	ESSEX CT	06426-1981		Resident Entertainment			
	CONNECTICUT NATURAL GAS CORP.	P.O. BOX 9245	CHELSEA MA	02150-9245		Gas Supplier			
	CORNERSTONE MEDICAL SERVICES, LLC	195 FEDERAL ROAD	BROOKFIELD MD	06804		Mattress Rentals			
	CORT BUSINESS SERVICES CORPORATION	P.O. BOX 17401	BALTIMORE MD	21287-1401		Furniture Rentals			
	COS COB TV LLC	S STRICKLAND ROAD	COS COB CT	06807		Electronic Equipment			
	CRYSTAL ROCK LLC	P.O. BOX 10028	WATERBURY CT	06725-0028		Water			
	CUBE CARE COMPANY	P.O. BOX 171741	HIALERH FL	33017-1741		Facility Supplies			
	CURASPAN HEALTH GROUP, INC.	DEPARTMENT 2869	DALLAS TX	75312-2869		Electronic Referral Services			
	DATABANK IMX, LLC	15 DAN ROAD, SUITE 102	CANTON MA	02021		Records Retention			
	DAVID WYNNIE	P.O. BOX 8343	NEW YORK NY	10116		Resident Entertainment			
	DERMABYTE INDUSTRIES LLC	P.O. BOX 631	HAWTHORNE NJ	07507		Medical Supplies			
	DICK BUICK	DEPT 77-6910	CHICAGO IL	60678-6910		Resident Entertainment			
	DIRECT ENERGY BUSINESS	P.O. Box 905243	CHARLOTTE NC	28205-5243		Gas Supplier			
	DIRECT SUPPLY, INC.	BOX 88201	MILWAUKEE WI	53288-0201		Furniture Supplier			

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

Schedule B1 - Information Required for Individuals Paid on Fee-for-Service Basis*

Name of Facility Tax Exempt Organization	Name	Street Address	City	State	Zip	Full Explanation of Service	Release to Owners, Operators, Owners		Explanation of Relationship
							Yes	No	
		P.O. BOX 60036	LOS ANGELES	CA	90060-0036	Resident TV Services			
	DIRECTV, LLC	14 BONAN DRIVE	RIVERSIDE	CT	06878	Constable			
	DOMINICK R. ROMEO	226 MAIN STREET	NORWALK	CT	06851	Facility Supplies			
	DRAPERIES, INC.	680 NORTHLAND BLVD	CINCINNATI	OH	45240	Training Literature			
	ELDER CARE COMMUNICATIONS	SAFETY SOLUTIONS	BUFFALO	NY	14240-0969	Maintenance Supplies			
	EMEDCO INNOVATIVE SIGNS &	320 GATEWAY PARK DRIVE	N. SYRACUSE	NY	13212	Maintenance Supplies			
	EMERALD RESOURCES, INC.	160 MIDDLESEX TURNPIKE	BEDFORD	MA	01730	Phone Line Installation			
	F.W. WEBB COMPANY	27 STRAWBERRY HILL AVENUE	STAMFORD	CT	06902	Membership			
	FAIRFIELD COUNTY COMMUNICATIONS INC	C/O PEGGY CELUCH	WILTON	CT	06897	Wifi Installation			
	FAIRFIELD COUNTY ICNC	1 SHORE ROAD UNIT #6	STAMFORD	CT	06902	Delivery Service			
	FAIRFIELD IT GROUP, LLC	PO BOX 371461	PITTSBURGH	PA	15250-7461	Facility Supplies			
	FEDEX	HARDWARE-PORT CHESTER,	PORT CHESTER	NY	10579	Resident Entertainment			
	GENCOD HARDWARE, CO, INC. D/B/A BERGER	P.O. BOX 269	PEEEKSKILL	NY	10566	Resident Entertainment			
	FERONY ENTERPRISES MUSIC LLC	2 CANTERBURY GREEN APT 2206	STAMFORD	CT	06901	Resident Entertainment			
	FRANCIS A. CABALLERO	31 RIVER ROAD	COG COB	CT	06807	Medical Director			
	FREIBERG PRESS, INC.	P.O. BOX 612	CEDAR FALLS	IA	50613	Subscriptions			
	FRENKEL & COMPANY, 350 HUDSON	FRENKEL & COMPANY, 350 HUDSON	NEW YORK	NY	10014	Insurance Agent			
	FRINGS X WALSH M D	P.O. BOX 14463	DIES MOINES	IA	50306	Resident Entertainment			
	FUN EXPRESS, LLC	195 SYLVAN KNOLL ROAD	STAMFORD	CT	06902	Resident Entertainment			
	GARY KAHN	1 SHORE ROAD #6	STAMFORD	CT	06902	Network Configuration			
	GEORJANNE MILLARD	P.O. BOX 298	PURCHASE	NY	10577	Resident Entertainment			
	GF HEALTH PRODUCTS, INC.	2935 NORTHEAST PARKWAY	ATLANTA	GA	30360	Medical Supplies			
	GRAINGER	DEPT. 093-80110644	PALATINE	IL	60038-0001	Maintenance supplies			
	GREENWICH CHAPLAINCY SERVICES	70 PARSONAGE ROAD	GREENWICH	CT	06830	Chaplaincy Services Residents			
	GREENWICH HARDWARE CO,	195 GREENWICH AVE	GREENWICH	CT	06830	Maintenance Supplies			
	GREENWICH HOSPITAL	5 PERRYRIDGE ROAD	GREENWICH	CT	06830	Medical Services			
	GULF SOUTH MEDICAL SUPPLY	49 LAKE AVENUE	GREENWICH	CT	06830	Medical Services			
	HARRISON DENTAL STUDIO, INC.	1101 BRICKELL AVENUE	MIAMI	FL	33131	TV Support Svc			
	HARTFORD ELEVATOR, LLC	P.O. BOX 841968	DALLAS	TX	75284	Medical Supplies			
	HCPRO, INC.	239 HARRISON AVE	HARRISON	NY	10528	Dental Services Residents			
	HD SUPPLY FACILITIES MAINTENANCE	1273 CROMWELL AVENUE F-3	ROCKY HILL	CT	06067	Elevator Repairs			
	HEALTH FORUM	P.O. BOX 508058	BRENTWOOD	TN	37024	Seminars			
	HENRY SCHEIN, INC.	P.O. BOX 92367	SAN DIEGO	CA	92150-9058	Facility Supplies			
	HERITAGE FOOD SERVICE EQUIP., INC.	135 DURYEA ROAD	LIVERPOOL	IL	60675-2567	Subscriptions			
	HERTZ SUPPLY COMPANY, INC.	P.O. BOX 71995	MELVILLE	NY	11747	Subscriptions			
	HIGHLAND SEWER	4315 INDEPENDENCE DRIVE	CHICAGO	IL	60694-1555	Medical Supplies			
	HILL-ROOM	P.O. BOX 905243	SCHNECKSVILLE	PA	18078	Medical Supplies			
	HOBART SERVICE	AND DRAIN SERVICES LLC	CHARLOTTE	NC	28290-5243	Gas Supplies			
	HOMER DEPOT/GEFC	P.O. BOX 643592	PITTSBURGH	CT	06831	Drain Cleaning			
	HUNTER MECHANICAL INC.	ITW FOOD EQUIPMENT GROUP LLC	CAROL STREAM	IL	15264-3592	Bed & Parts			
	ICNC	P.O. BOX 9903	MACON	GA	31297-9903	Maintenance Equipment			
	IDEA ART, INC.	219 WILSON AVENUE	NORWALK	CT	06854	Maintenance supplies			
	INDUSTRIAL DISTRIBUTORS, INC.	C/O MS. PEGGY CELUCH	WILTON	CT	06897	Maintenance Contractor			
	IRWIN FINGER	P.O. BOX 35750	COLORADO SPRINGS	CO	80935-3570	Seminars			
	JAMES KENNETH FEUER	151 EAST 2ND STREET	HUNTINGTON STATION	NY	11746	Recreation Supplies			
	JAN LEDER	P.O. BOX 20086	PITTSBURGH	PA	15251-0886	Maintenance Supplies			
	JANE C. MARINO	13 VISTA PLACE	HARTSDALE	NY	10530	Facility Supplies			
	JAN BROWNOLD	P.O. BOX 5494	MT. LAUREL	NJ	08054-5494	Resident Entertainment			
	JIM BROWNOLD	133 HENDRIE AVENUE	MT. LAUREL	NJ	08054-5494	Medical Services			
	JIM, LLC	17 MAIN STREET #3	DORRIS FERRY	NY	10522	Resident Entertainment			
	JOHN PADULLO	52 ROBERT STREET	MILFORD	CT	06461	Resident Entertainment			
		21 JORDAN ROAD	HASTINGS ON HUDSON	NY	10706	Resident Entertainment			
		ON SITE CONFIDENTIAL SHREDDING	GREENWICH	CT	06836	Resident Entertainment			
		23 CHRISTINA LANE	WESTBROOK	CT	06489	Shredding Services			
		396 TAFT AVENUE	BRIDGEPORT	CT	06604	Resident Entertainment			

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

Schedule B1 - Information Required for Individuals Paid on Fee for Service Basis*

Name of Facility The Nestorian, Windsor	Name	Street Address	City	State	Zip	Full Expansion at Service	Release to Owners Ownership		Page or Explanation of Relationship
							Yes	No	
	JOHN TURDO	SIMPLY MAGIC	BRONX	NY	10461	Resident Entertainment			
	JOSEPH M. BELLAPANTA MD	BLANCHER ORTHOPEDICS PLLC	NEW YORK	NY	10128	Medical Services			
	KENNETH BRODER, DMD	381 LYNAM ROAD	STAMFORD	CT	06903	Dental Services Residents			
	KRONOS	PO BOX 845748	BOSTON	MA	02284-5748	Timekeeping System			
	LABEL TAPE SYSTEMS	5569 MARQUESAS CIRCLE	SARASOTA	FL	34293	Laundry Labels			
	LARRY BATTER	P.O. BOX 932	ROCKY HILL	CT	06067-0932	Resident Entertainment			
	LAWRENCE A. CRASILLI	1340 WORTHINGTON RIDGE	SOUTHBURY	CT	06488	Resident Entertainment			
	LEADINGGE CONNECTICUT	3440 NETHERLAND AVENUE #D32	BRONX	NY	10471	Membership			
	LIBBY RICHMAN	5440 NETHERLAND AVENUE #D32	BRONX	NY	10471	Resident Entertainment			
	LIBERTY REHAB & PATIENT AID CENTER	650 MAIN STREET #8	MONROE	CT	06468	Medical Services			
	LIFE SAFETY SERVICE & SUPPLY, LLC	325 SANDBANK ROAD	CHESHIRE	CT	06410	Oxygen			
	M&N INTERNATIONAL	4937 OTTER LAKE ROAD	STAMFORD	CT	06906-0218	Recreation Supplies			
	M. GOTTFRIED, INC.	89 RESEARCH DRIVE	STAMFORD	CT	06906-0218	Roof Repairs			
	M.L. DALY & SONS, LLC	110 MATTATUCK HEIGHTS	WATERBURY	CT	06705-3881	Maintenance Contractor			
	MATT BAE	5 KETTLE ROAD	NORWALK	CT	06850	Resident Entertainment			
	MAZUR MECHANICAL LLC	30 PHAIBANT LANE	STAMFORD	CT	06802	Facility Maintenance Supplies			
	MCDERMOTT FLORIST & GARDEN CENTER	48 ARCH ST.	GREENWICH	CT	06830	Nursery			
	MCDERMOTT PAINT AND WALLPAPER, INC.	35 SPRING STREET	GREENWICH	CT	06830-6128	Facility Maintenance Supplies			
	MCKESSON MEDICAL SURGICAL, INC.	P.O. BOX 630693	CINCINNATI	OH	45263-0693	Medical Supplies			
	MCMASTER-CARR	P.O. BOX 7690	CHICAGO	IL	60680-7690	Facility Supplies			
	MIDLAHIVE, INC.	D/B/A MARTIXCARE	MINNEAPOLIS	MN	55486-2905	Software Supplier			
	MEDICO & ASSOCIATES, LLC	75 HOLLY HILL LANE SUITE 100	GREENWICH	CT	06830	Laundry			
	MEDLINE INDUSTRIES, INC.	P.O. BOX 382075	PITTSBURGH	PA	15251-8075	Medical Supplies			
	MERCURY CABLING SYSTEMS, LLC	300 AVON STREET	STAMFORD	CT	06815	Facility Wiring			
	MICHAEL MANGONON	PLANCHER ORTHOPAEDICS II PLLC	NEW YORK	NY	10128	Medical Services			
	MICHAEL NIGRETTI	271 ELM STREET 1ST FLOOR	WEST HAVEN	CT	06516	Resident Entertainment			
	MURTHA, CULLINA, LP	24 MARION AVENUE	HARRISON	NY	10528	Resident Entertainment			
	NEIGHBORCARE PHARMACY SERVICES	185 ASYLUM STREET	HARTFORD	CT	06103-3469	Legal Representation			
	NETWORK SERVICES COMPANY	OMNICARE, LLC	DETROIT	MI	48278-1668	Pharmacy Supplies			
	NETWORK CORPORATION	LOCKBOX 231805	CHICAGO	IL	60689-5318	Nursing Supplies			
	NORTHEAST MEDICAL GROUP-GREENWICH	7911 RAE BOULEVARD	VICTOR	NY	14564	Companion Radio			
	NOVAMED CORPORATION	P.O. BOX 415126	BOSTON	MA	02241	Medical Services			
	O'CONNOR DAVIES, LLP	30 NUTMEG DRIVE	TRUMBULL	CT	06611	Equipment Calibration			
	OFFICE MAX	100 GREAT MEADOW ROAD	WETHERSFIELD	CT	06109	Financial Consulting Services			
	ORTHOPAEDIC & NEUROSURGERY	75 REMITTANCE DRIVE #2698	CHICAGO	IL	60675-2698	Office Supplies			
	ORTHOPAEDIC ASSOCIATES OF STAMFORD	SPECIALISTS PC	GREENWICH	CT	06831	Medical Services			
	OSPREY ENVIRONMENTAL	90 MORGAN STREET SUITE 207	STAMFORD	CT	06903	X-Rays			
	PARISER INDUSTRIES, INC.	ENGINEERING, LLC	CLINTON	CT	06433-2133	Asbestos Inspections			
	PATRICK MAGLIOCCHINO	91 MICHIGAN AVENUE	PATERSON	NJ	07503-1807	Cleaning Supplies			
	PATTERSON MEDICAL SUPPLY, INC.	40 PALMER LANE	THORNWOOD	NY	10594	Facility Supplies			
	PAULIA M. PERCE	28100 TORCH PARKWAY SUITE 700	WARRENVILLE	IL	60555-3938	Medical Supplies			
	PEST HEALTHCARE	HOSTING CONNECTICUT, LLC	WINDSOR	CT	06095	Subscriptions			
	PETER M. KLEIN	P.O. BOX 1000	EAU CLAIRE	WI	54702-1000	Seminars			
	PITNEY BOWES GLOBAL	28 LONG HILL DRIVE	STAMFORD	CT	06902	Resident Entertainment			
	PMB NEWKIRK, INC.	FINANCIAL SERVICES LLC	PITTSBURGH	PA	15250-7887	Mailing Equipment			
	POSEY COMPANY	P.O. BOX 223648	PITTSBURGH	PA	15245-2648	Postage			
	PREMIER GRAPHICS, LLC	22 RAILROAD AVENUE	ALBANY	NY	12205	Facility Supplies			
	PRUDENT PUBLISHING	5855 PECK ROAD	ARCADIA	CA	91006	Facility Supplies			
	RAINTech SOUND AND COMMUNICATIONS, INC.	860 HONEYSPOT ROAD	STAMFORD	CT	06815	Medical Supplies			
	RELATECH NETWORK SOLUTIONS	65 CHALLENGER ROAD	RIDGEFIELD PARK	NJ	07860	Office Supplies			
	RIC LOPEZ-FABREGA	250 SHALDON ROAD	MANCHESTER	CT	06042	Call Bell Maintenance			
	RICH GREEN LANDSCAPES, LLC	3009 AVENUE K	BROOKLYN	NY	11210	Touch Screens			
	ROCHESTER MIDLAND CORPORATION	22 EVERGREEN ROW	ARMONK	NY	10504	Advertising			
	SADIC ONE	136 PEMBROKE ROAD UNIT 72	DANBURY	CT	06811	Web Site Updates			
		40 THE AVENUE	GREENWICH	CT	06831	Maintenance Grounds			
		ROBERTA TRUTINAW D/B/A STRATEGIC	MIDDLETOWN	CT	06457	Managed Care Consultant			
		HOUSE CALL PAINTING&CARPENTRY	ROCHESTER	NY	14624-8862	Cleaning Supplies			
			WASHINGTON DEPOT	CT	06777	Facility Maintenance			

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

Schedule B1 - Information Required for Individuals Paid on Fee for Service Basis*
Report of Expenditures

Name of Facility The Nathaniel Westcott	Name	Street Address	City	State	Zip	Full Explanation of Service	Revised to Owners Operations, Others		Page of
							Yes	No	
	SANTA BUCKLEY ENERGY, INC	P.O. BOX 1141	BRIDGEPORT	CT	06601	Generator Diesel			
	SECURITY SPECIALISTS	3 DERINEDO AVENUE	STAMFORD	CT	06902-4607	Facility Supplies			
	SELECT REHABILITATION, INC	P.O. BOX 899036	CHICAGO	IL	60680-9036	Rehabilitation Services			
	SHOCK ELECTRICAL CONTRACTORS, INC.	178 OSBORNE STREET	DANBURY	CT	06811	Maintenance Facility			
	SIR SPEEDY	15 BANK ST.	STAMFORD	CT	06901	Duplication			
	SOUTHERN CONNECTICUT VASCULAR CENTER, LLC	P.O. BOX 40	WINDSOR	CT	06095-0040	Medical Services			
	STAMFORD HEALTH INTEGRATED PRACTICES, INC.	P.O. BOX 120004	STAMFORD	CT	06912-0004	Medical Services			
	STAMFORD OPHTHALMOLOGY	1351 WASHINGTON BLVD #101	STAMFORD	CT	06902	Medical Services			
	STANDARD OIL OF CONNECTICUT, INC.	399 BISHOP AVE	BRIDGEPORT	CT	06610	Oil			
	STARLES PRINT SOLUTIONS	P.O. BOX 95015	CHICAGO	IL	60694-5015	Office Supplies			
	STERICYCLE, INC.	P.O. BOX 6582	CAROL STREAM	IL	60197-6582	Medical Waste Disposal			
	STEVEN GLASSER	73 N. WATER STREET	GREENWICH	CT	06830	Medical Staff			
	STUART L. WHITE COMPANY	543 BOSTON POST ROAD	MILFORD	CT	06460	Maintenance			
	SUNDANCE ENTERPRISES	79 PRIMROSE STREET	WHITE PLAINS	NY	10606	Supplies			
	SUNSET PRINTING AND ENGRAVING	10 KICE AVE	WHARTON	NY	07885	Office Supplies			
	SWALLOWING DIAGNOSTICS, LLC	21 WATERVILLE ROAD	AVON	CT	06001	Medical Support			
	SYMPHONY DIAGNOSTIC SERVICE NO.1 INC.	MOBILEKUSA	BALTIMORE	MD	21297-0518	X-Rays			
	TATAR ASSOCIATES, INC.	ADIRONDACK AD SPECIALTIES	QUEENSBURY	NY	12804	Advertising Supplies			
	TATIANA BARTON, DDS	144 MORGAN STREET STE 6	STAMFORD	CT	06905	Resident Dental Services			
	TECHAIR OF NY	DIV OF DEMPSEY ENTR, INC	YONKERS	NY	10710-7002	Equipment Rental			
	TEDDY'S TANKS LLC	42 LAKE AVE. EXT. STE 212	DANBURY	CT	06811-5279	Fish Tank Maintenance			
	TEED OFF PUBLISHING, INC.	851 SE 6 AVENUE SUITE 103	DELAY	FL	33483	Advertising Add			
	THOMAS J. FISHER, II	313 HALSTED AVENUE #1	HARRISON	NY	10528	Resident Entertainment			
	THOMAS SANSONE	35 TODD STREET UNIT #206	HAMDEN	CT	06518	Resident Entertainment			
	TOM AALFS	33 ANGOLA ROAD	CORNWALL	NY	12518	Resident Entertainment			
	TRANS-CLEAN CORP.	45 MAYFAIR PLACE	STRAITFORD	CT	06615	Vent Cleaning			
	TRANSPORTATION ASSOC. OF GREENWICH INC	13 RIVERSIDE AVENUE	RIVERSIDE	CT	06878	Resident Employee Transportation			
	TRI STATE GENERATOR CO., LLC	356 OLD MAPLE AVENUE	NORTH HAVEN	CT	06473	Generator Service			
	TWIN MED LLC	MEDICAL SUPPLIES AND SERVICES	LOS ANGELES	CA	90054	Medical Supplies			
	UJUNE	ATTN: ACCOUNTS RECEIVABLE	CHICAGO	IL	60660-1741	Facility Supplies			
	UNITED AD LABEL CO. INC	P.O. BOX 2216	BREA	CA	92822	Supplies			
	USA MOBILITY WIRELESS, INC.	P.O. BOX 660324	DALLAS	TX	75266-0324	Wireless Phones			
	VERIZON WIRELESS	P.O. BOX 15062	ALBANY	NY	12212-5062	Pay Phones			
	W. R. JOHNSON CO., INC	28 SCOFIELD AVENUE	STAMFORD	CT	06905	Facility Maintenance Supplies			
	WELCH ALLYN, INC.	P.O. BOX 73040	CHICAGO	IL	60673-7040	Equipment Repairs			
	WENDY LEE ROSA	8 HIGHLAND ROAD	GREENWICH	CT	06831	Resident Entertainment			
	WERNERT CONSTRUCTION MANAGEMENT, LLC	76 VALLEY ROAD	COS COB	CT	06807	Facility maintenance			
	WILLIAM C. KOHLER	135 1DA AVENUE	DERBY	CT	06418	Resident Entertainment			
	WIND RIVER ENVIRONMENTAL LLC	577 MAIN STREET, SUITE 110	HUDSON	MA	01749-3046	Grease Trap Cleaning			
	YANKEE EQUIPMENT SYSTEMS, INC.	P.O. BOX 630	BARRINGTON	NH	03825	Facility Repairs & Parts			
	RAYMOND F. AUGUSTINE	212 RIVERSVILLE RD	GREENWICH	CT	06831	Employee Consulting			
	LEADERSTAT RECRUITERS	1322-B MANNING PARKWAY	POWELL	OH	43065	Employee Recruitment Service			

* 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
The Nathaniel Witherell	564-C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 59,760	59,760			
2. Disability Insurance	\$ 28,644	28,644			
3. Unemployment Insurance	\$ 18,797	18,797			
4. Social Security (F.I.C.A.)	\$ 1,014,066	1,014,066			
5. Health Insurance	\$ 3,143,678	3,143,678			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 47,526	47,526			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 1,705,665	1,705,665			
8. Uniform Allowance	\$ 66,090	66,090			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 52,812	52,812			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 125,586	125,586			
d. Accounting and Auditing	\$ 4,473	4,473			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 23,725	23,725			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 57,830	57,830			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 61,489	61,489			
2. Cellular Phones	\$ 2,296	2,296			
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*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$ 19,021	19,021			
3. Resident Day User Fee	\$ 856,664	856,664			
Subtotal	\$ 7,288,122	7,288,122			

* 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**

The Nathaniel Witherell
9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
OPEB (Other Post Employee Benefits)	\$ 18,193		
Retiree HSA	\$ 30,599		
Eyeglass Reimbursement	\$ 4,020		
Total	\$ 52,812	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Sewer Taxes	\$ 19,021		
Total	\$ 19,021	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Nathaniel Witherell	564-C	9/30/2015	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	7,288,122	7,288,122		
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 29,814	29,814		
5. Education Expenses Related to Seminars and Conventions	\$ 7,407	7,407		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 14,741	14,741		
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 74,805	74,805		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 88,038	88,038		
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 4,216	4,216		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 18,949	18,949		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$			
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 119,591	119,591		
12. Administrative Management Services**	\$ 923,917	923,917		
13. Other (<i>Specify</i>) See Attached Schedule	\$ 31,846	31,846		
C-14 Total Administrative & General Expenditures	\$ 8,601,445	8,601,445		

* 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)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising Adds (Eliminated PG28 Line 18)	\$ 87,731		
Web Hosting (Eliminated PG28 Line 18)	\$ 307		
Total Other Advertising	\$ 88,038	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Leading Age	\$ 18,844		
ALTCFM Membership	\$ 80		
Fairfield County	\$ 25		
Total Dues	\$ 18,949	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Architects (Eliminated PG 28 Line 23)	\$ 375		
Tech Consulting (Eliminated PG 28 Line 23)	\$ 6,691		
Mandatory Staff Training	\$ 9,674		
Referral Service Curran	\$ 4,775		
Notary Rec State	\$ 130		
General Consulting Fees (Eliminated PG 28 Line 23)	\$ 10,200		
Total Other Administrative and General	\$ 31,846	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
The Nathaniel Witherell	564-C	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 #
Town of Greenwich 101 Field Point Road Greenwich, CT 06830	910,990	Enterprise Cost entails the Town processing the Facility's payroll, Labor Negotiations, and	PG16M.12 & PG15/le
		Administrator's fringe benefits package and union contracts. Town provides	
		Accounting, Human Resource, Purchasing, Information Technology and Insurance support.	
Morrison Management Specialists P.O. Box 102289 Atlanta Ga 30368-2289	509,538	Supervision Prep, Resident Food, Ordering of Food, supplies, supplements, Staff Supervision, Café Management	PG18 Line 2C

* 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
The Nathaniel Witherell	564-C	9/30/2015	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 709,096	709,096		
2. Non-Food Supplies	\$ 100,722	100,722		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ _____			
c. Management Services**	\$ 509,538	509,538		
d. Other (Specify) _____	\$ _____			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 1,319,356	1,319,356		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	503	503		
H. Is cost of employee meals included in 2E?	<input checked="" type="radio"/> Yes	<input 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 checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.	\$43,113
L. Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.	\$66,883
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 checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.	\$10,062
O. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
The Nathaniel Witherell		564-C	9/30/2015	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) Laundry & Chemical Supplies		\$	13,506	13,506	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	13,506	13,506	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
The Nathaniel Witherell		564-C	9/30/2015		20	37
Item		Total	CCNH	RHNS	(Specify)	
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	128,516	128,516			
b. Purchased Services (<i>by contract other than through Management Services</i>)	Sq. Ft. Serviced					
(<i>Complete Schedule C-2 att. Page 21</i>)	by Personnel					
	Amt. \$					
c. Management Services*		\$				
d. Other (<i>Specify</i>)		\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)		\$	128,516	128,516		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy	\$					
2. Purchased from Omnicare	\$	326,995	326,995			
b. Medicine Cabinet Drugs	\$	57,127	57,127			
c. Medical and Therapeutic Supplies	\$	466,351	466,351			
d. Ambulance/Limousine***	\$	4,567	4,567			
e. Oxygen						
1. For Emergency Use	\$					
2. Other***	\$	33,197	33,197			
f. X-rays and Related Radiological Procedures***	\$	77,689	77,689			
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$	123	123			
h. Laboratory***	\$	39,618	39,618			
i. Recreation	\$	32,495	32,495			
j. Other (<i>Specify</i>)**** See Attached Schedule	\$	34,688	34,688			
5K. Total Resident Care Expenditures (5a - 5j)		\$	1,072,849	1,072,849		

* 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	(Specify)
Ministry Services	\$ 18,000		
Medical Equipment Inspections	\$ 16,688		
Total Other Resident Care	\$ 34,688	\$ -	\$ -

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

Name of Facility The Nathaniel Witherell		License No. 564-C	Report for Year Ended 9/30/2015	Total Cost/Page Ref.***			Page of 21 37
Name of Individual or Company	Address	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS (Specify)	Pg	Line
Francis X Walsh MD	31 River Road Suite 200 Cos Cob, CT 06807		Medical Director	75,000		13	B8a
Morrison Management Specialists	P.O. Box 102289 Atlanta, GA 30368-2289		Management Dietary Services	448,021		18	2C
Morrison Management Specialists	P.O. Box 102289 Atlanta, GA 30368-2289		Food Cost	709,096		18	2a1
Morrison Management Specialists	P.O. Box 102289 Atlanta, GA 30368-2289		Supplies Non Food	100,722		18	2a1
Morrison Management Specialists	P.O. Box 102289 Atlanta, GA 30368-2289		Supplements	32,390		18	2a1
Morrison Management Specialists	P.O. Box 102289 Atlanta, GA 30368-2289		Labor Café	61,517		18	2C
Morrison Management Specialists	P.O. Box 102289 Atlanta, GA 30368-2289		Food Cost Café Witherell	20,536		18	2a1
Morrison Management Specialists	P.O. Box 102289 Atlanta, GA 30368-2289		Supplies Café Witherell	9,566		18	2a2
Can Man	P.O. Box 736 Yonkers, NY 10710		Garbage Removal	36,528		22	6f
Clinical Laboratory Partners, LLC	Drive Newington, CT 06111-1543		Laboratory	39,618		20	5h
Cablevision of Connecticut	P/O. Box 9256 Chelsea, MA 02150-9256		TV Cable Provider General Areas	3,731		16	m11
Direct TV, LLC	P.O. Box 60036 Los Angeles, CA 90060-0036		TV Cable Provider Resident Rooms	19,745		16	m11

* 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).

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

Name of Facility The Nathaniel Withereil		License No. 564-C	Report for Year Ended 9/30/2014	Page of					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Services Provided*	CCH	RHNS (Specify)	Total Cost/Page Ref.***	
		Yes	No					Pg	Line
Omnicare of Connecticut	525 Knottter Drive Cheshire, CT 06410		x		Pharmacy Consulting	17,753		13	B3
Omnicare of Connecticut	525 Knottter Drive Cheshire, CT 06410		x		Prescription Drugs	326,995		20	5a2
Omnicare of Connecticut	525 Knottter Drive Cheshire, CT 06410		x		Over The Counter Drugs	7,035		20	5b
Select Rehabilitation, Inc	550 Frontage Road Suite 2415 Northfield II 60093		x		Physical Therapy	1,264,175		13	B5a
Select Rehabilitation, Inc	550 Frontage Road Suite 2415 Northfield II 60093		x		Speech Therapy	157,944		13	B9a
Select Rehabilitation, Inc	550 Frontage Road Suite 2415 Northfield II 60093		x		Occupational Therapy	694,658		13	B10a
Select Rehabilitation, Inc	550 Frontage Road Suite 2415 Northfield II 60093		x		Therapy Administration	60,000		13	B5b
MDI Achieve	P.O. Box 86 Minneapolis, MN 55486-2905		x		Admissions Nursing Receivable Software	24,297		16	m11

* 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 appropriated page in the Annual Report (Pages 16, 18, 20 or 22).

**The Nathaniel Witherell
2015 Medicaid Cost Report
Television Costs**

TELEVISION PURCHASES

<u>Date</u>	<u>Description</u>	<u>Vendor</u>	<u>Amount</u>	<u>Cost Report line</u>
Oct-14	Televisions (QTY 5) - Resident Rooms	Cos Cob TV LLC	1,489.95	
Oct-14	Televisions (QTY 1) - Lobby (Common Area)	Cos Cob TV LLC	929.98	
		Cos Cob TV LLC Total	2,429.93	

CABLE SERVICES 10/1/14-9/30/15

<u>Description</u>	<u>Vendor</u>	<u>Amount</u>	<u>Cost Report line</u>
Common Areas	Cablevision of Connecticut	3,730.88	
Resident-Use	Direct TV LLC	19,745.00	

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

Name of Facility	License No.	Report for Year Ended		Page	of
The Nathaniel Witherell	564-C	9/30/2015		22	37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 602,173	602,173			
b. Heat	\$ 100,701	100,701			
c. Light & Power	\$ 274,277	274,277			
d. Water	\$ 34,957	34,957			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$				
f. Other (<i>itemize</i>)	\$ 46,908	46,908			
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 1,059,016	1,059,016			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$ 3,804	3,804			
b. Building & Building Improvements	\$ 1,483,988	1,483,988			
c. Non-Movable Equipment	\$ 55,628	55,628			
d. Movable Equipment	\$ 131,102	131,102			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 1,674,522	1,674,522			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$				
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,674,522	1,674,522			

* 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)
Sanitation Removal	\$ 36,528		
Bio Waste Removal	\$ 8,880		
Fish Tank Cleaning	\$ 1,500		
Total Other Repairs and Maintenance	\$ 46,908	\$ -	\$ -



Town of Greenwich
 101 Field Point Road
 Greenwich, Connecticut 06830
 (203) 622-7700

Purchase Order

Vendor Copy

Fiscal Year 2015

Page 1

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES AND SHIPPING PAPERS.
 Purchase Order # **15005156-00**

All purchase orders must contain general terms and conditions on the back of this order and purchase orders for services must reference service agreement numbers, to be valid.

V
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CROWLEY FORD LLC
 225 NEW BRITAIN AVENUE
 PLAINVILLE, CT 06062

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NATHANIEL WITHERELL
 70 PARSONAGE ROAD
 GREENWICH, CT 06830

Vendor Phone Number		Vendor Fax Number		Requisition Number		Delivery Reference			
				15001996		#10PSX0239			
Date Ordered		Vendor Number		Date Required		Freight Method/Terms		Department/Location	
11/20/14		022876						NATHANIEL WITHERELL	
Item #	Description/Part No.	Qty/Unit	Cost Each	Extended Price					
001	ORIGINAL INVOICE DATED 10/27/14 FOR (1) 2015 FORD F250SD PICK-UP TRUCK Pick-up Truck*** H450-59120-15209	1.00 Each	37458.91000	37,458.91					
				37,458.91					
				PO Total 37,458.91					

(PAGE 23D.1c)

Submit Invoices in Triplicate To:
Town of Greenwich
 Accounts Payable
 P.O. Box 2540
 Greenwich, Connecticut 06830

The Town claims exemption from federal and/or state excise sales taxes which should not be included in the above prices.

Peter P. Mynarski, Comptroller



Town of Greenwich
 101 Field Point Road
 Greenwich, Connecticut 06830

NOT VALID UNLESS
 COUNTERSIGNED BY
 THE TREASURER
 NOT VALID AFTER
 60 DAYS

Vendor Number 22876 Check Date 11/26/2014 Check Number 51-38/211
593772

\$37,458.91

*****37,458 DOLLARS AND 91 CENTS

PAY TO THE ORDER OF **CROWLEY FORD LLC**
225 NEW BRITAIN AVENUE
PLAINVILLE CT 06062

JPMorgan Chase Bank, N.A.
 Greenwich, CT

Robert Murphy
 _____ MP
 Authorized Signature
Katherine A. Murphy
 _____ MP
 Authorized Signature



⑈593772⑈ ⑆021100361⑆ ⑈6411294801⑈

120314
 FEDERAL RESERVE BOARD OF GOVERNORS

11120001210730 - 1359 >211170101< Webster

ENDORSE HERE
 PAY TO THE ORDER OF
WELLS FARGO
 FORT DEPOSIT ONLY
CROWLEY FORD LLC
10000000000000000000000000000000
 DO NOT WRITE, SIGN OR STAMP BEYOND THIS LINE
 RESERVED FOR FINANCIAL INSTITUTION USE

Paid Date 12/03/14
 Account Number 6411294801
 Check/Serial Number 593772
 Check/Serial Amount 37,458.91
 Sequence Number 3490372857

N0083

F4387

CERTIFICATE OF ORIGIN FOR A VEHICLE



DATE
SEPTEMBER 10 2014

INVOICE NO.
EB55259 0

VEHICLE IDENTIFICATION NO.
1FT7X2B69FEB55259

YEAR
2015

MAKE
FORD

BODY TYPE
L42 F250 4X4 SUPER CAB SRW

SHIPPING WEIGHT
6414 LBS

H.P. (S.A.E.)
51 60

G.V.W.R.
10000 LBS

NO. CYL.
8

SERIES OR MODEL
X2BH

NOMINAL TONNAGE

3/4

CERTIFIED FOR SALE IN CALIFORNIA

I, the undersigned authorized representative of the company, firm or corporation named below, hereby certify that the new vehicle described above is the property of the said company, firm or corporation and is transferred on the above date and under the Invoice Number indicated to the following distributor or dealer.

NAME OF DISTRIBUTOR, DEALER, ETC.

P. O. NUMBER 0172014JH

Crowley Ford Lincoln Mercury-F
225 New Britain Ave
Plainville CT 06062

11C708

It is further certified that this was the first transfer of such new motor vehicle in ordinary trade and commerce.

MEMO DATA

B33712033

FINANCE SOURCE 000001

FORD MOTOR COMPANY

Ford Motor Credit Co
P. O. Box 1732, Room
Dearborn MI 48121

BRADLEY M. GAYTON, SECRETARY

(AGENT)

DEARBORN, MICHIGAN

CITY - STATE



B-90 Rev. 03-93

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES



PERMANENT REGISTRATION

MUNICIPALLY OWNED MOTOR VEHICLE

This motor vehicle is to be used exclusively for MUNICIPAL business.

NAME AND ADDRESS

TOWN OF GREENWICH
100 INDIAN FIELD ROAD
GREENWICH, CONN

REGISTRATION NO.

117.GW

DATE OF ISSUE

12/24/1999

PERMANENT REGISTRATION UNLESS VOIDED BY DEPARTMENT OF MOTOR VEHICLES

CONNECTICUT

(STATE)

INSURANCE IDENTIFICATION CARD

Connecticut Insurance Card Issued
Pursuant to Connecticut Law

COMPANY NUMBER
735 (NAIC NO. 38318)

COMPANY
STARR INDEMNITY & LIABILITY

POLICY NUMBER
1000005357

EFFECTIVE DATE
6/30/2015

EXPIRATION DATE
6/30/2016

YEAR MAKE/MODEL
ALL OWNED OR LEASED VEHICLES

VEHICLE IDENTIFICATION NUMBER
ALL OWNED OR LEASED VEHICLES

AGENCY/COMPANY ISSUING CARD

FRENKEL & COMPANY
350 HUDSON STREET
NEW YORK, NY 10014
P/212-488-0200 F/212-488-0220

INSURED

┌ TOWN OF GREENWICH
TOWN HALL
101 FIELD POINT ROAD
GREENWICH, CT 06830
└

SEE IMPORTANT NOTICE ON REVERSE SIDE

The Nathaniel Witherell
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

*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
Additions:				
Dec-14	windows	\$ 4,492	20	\$ 225
Nov-14	water line repair	\$ 12,963	20	\$ 648
Oct-14	Room Upgrades	\$ 9,980	15	\$ 665
Oct-14	Room Upgrades	\$ 8,980	15	\$ 599
Oct-14	Room Upgrades	\$ 8,980	15	\$ 599
Oct-14	Room Upgrades	\$ 9,980	15	\$ 665
Oct-14	Room Upgrades	\$ 9,980	15	\$ 665
Oct-14	Room Upgrades	\$ 9,980	15	\$ 665
Nov-14	Room Upgrades	\$ 1,000	15	\$ 67
Nov-14	Room Upgrades	\$ 1,000	15	\$ 67
Nov-14	Room Upgrades	\$ 9,980	15	\$ 665
Nov-14	Room Upgrades	\$ 9,980	15	\$ 665
Nov-14	Room Upgrades	\$ 9,980	15	\$ 665
Nov-14	Room Upgrades	\$ 9,980	15	\$ 665
Nov-14	Room Upgrades	\$ 9,980	15	\$ 665
Nov-14	Room Upgrades	\$ 9,980	15	\$ 665
Nov-14	Room Upgrades	\$ 9,980	15	\$ 665
Dec-14	Room Upgrades	\$ 1,500	15	\$ 100
Dec-14	Room Upgrades	\$ 9,980	15	\$ 665
Dec-14	Room Upgrades	\$ 9,980	15	\$ 665
Oct-14	electrical lines	\$ 874	20	\$ 44
Feb-15	Room Upgrades	\$ 4,995	15	\$ 167
Feb-15	Room Upgrades	\$ 4,800	15	\$ 160
Feb-15	Room Upgrades	\$ 4,600	15	\$ 153
Feb-15	Room Upgrades	\$ 4,800	15	\$ 160
Feb-15	Room Upgrades	\$ 3,900	15	\$ 130
Feb-15	Room Upgrades	\$ 1,000	15	\$ 33
Feb-15	Room Upgrades	\$ 2,500	15	\$ 83
Feb-15	Room Upgrades	\$ 2,500	15	\$ 83
Feb-15	Room Upgrades	\$ 700	15	\$ 23
Feb-15	Room Upgrades	\$ 700	15	\$ 23
Feb-15	Room Upgrades	\$ 2,500	15	\$ 83
Feb-15	Room Upgrades	\$ 2,500	15	\$ 83
Feb-15	Room Upgrades	\$ 2,000	15	\$ 67
Feb-15	Room Upgrades	\$ 2,000	15	\$ 67
Feb-15	Room Upgrades	\$ 2,500	15	\$ 83
Feb-15	Room Upgrades	\$ 2,000	15	\$ 67
Mar-15	Room Upgrades	\$ 2,092	15	\$ 70
Mar-15	Room Upgrades	\$ 9,980	15	\$ 333

Mar-15	Room Upgrades	\$ 1,000	15	\$ 33
Mar-15	Room Upgrades	\$ 800	15	\$ 27
Mar-15	Room Upgrades	\$ 9,980	15	\$ 333
Mar-15	Room Upgrades	\$ 9,980	15	\$ 333
Mar-15	Room Upgrades	\$ 800	15	\$ 27
Mar-15	Room Upgrades	\$ 9,980	15	\$ 333
Mar-15	Room Upgrades	\$ 800	15	\$ 27
Sep-15	Room Upgrades	\$ 12,000	15	\$ 400
Sep-15	Room Upgrades	\$ 12,000	15	\$ 400
Aug-15	window shades	\$ 1,184	10	\$ 59
Aug-15	building cornice	\$ 32,500	20	\$ 813
Jun-15	sprinkler drains	\$ 1,828	20	\$ 46
Apr-15	chiller wand	\$ 2,145	10	\$ 107
Feb-15	cornices	\$ 10,495	10	\$ 525
Feb-15	electrical lines	\$ 1,265	20	\$ 32
Jan-15	electrical lines	\$ 1,291	20	\$ 32
Feb-15	electrical lines	\$ 339	20	\$ 8
Jan-15	electrical lines	\$ 1,472	20	\$ 37
Jan-15	electrical lines	\$ 840	20	\$ 21
Jan-15	electrical lines	\$ 1,017	20	\$ 25
Jan-15	electrical lines	\$ 1,127	20	\$ 28
Jan-15	electrical lines	\$ 1,389	20	\$ 35
Oct 2014-Sep 2015	CON Project Renew (See Attached)	\$ 2,284,037	Varied	\$ 85,249
Total additions for Building Improvements		\$ 2,613,885		\$ 101,127*
Deletions:				
2001	New Roof Section DISPOSAL	(99,650)	15	\$ (99,650)
2005	Fire Alarm Upgrade DISPOSAL	(51,258)	15	\$ (51,258)
2007	Renovation/Rehabilitation Room DISPOSAL	(42,815)	15	\$ (42,815)
2006	Interior Upgrade Reception DISPOSAL	(37,681)	15	\$ (37,681)
2004	Air Conditioner Rebuild DISPOSAL	(29,400)	15	\$ (29,400)
2007	Air Conditioner WW Carrier 10 Ton DISPOSAL	(28,976)	15	\$ (28,976)
2002	Fire Alarm System Upgrade DISPOSAL	(25,486)	20	\$ (25,486)
2010	Foundation Repairs GADC DISPOSAL	(24,734)	40	\$ (24,734)
2000	Roofing DISPOSAL	(17,060)	15	\$ (17,060)
1999	Drawing Fire Alarm Sys DISPOSAL	(16,500)	45	\$ (16,500)
1999	Drawing Sprinkler Design DISPOSAL	(16,500)	45	\$ (16,500)
2006	Fire Alarm Upgrade DISPOSAL	(12,688)	10	\$ (12,688)
1999	Computers Compaq DISPOSAL	(12,000)	20	\$ (12,000)
1999	Fourth Flr Patron Staging DISPOSAL	(11,500)	20	\$ (11,500)
1995	Electrical Wiring DISPOSAL	(11,341)	15	\$ (11,341)
2001	Water Pressure Reducing Valve DISPOSAL	(11,000)	15	\$ (11,000)
2001	Hot Water Tank DISPOSAL	(10,665)	15	\$ (10,665)
1999	Int Upgrade Accrn Doors DISPOSAL	(10,560)	45	\$ (10,560)
2006	Elevator Upgrade DISPOSAL	(10,116)	12	\$ (10,116)
1996	Replace Power Units DISPOSAL	(8,950)	15	\$ (8,950)
1996	Paint Activity Room DISPOSAL	(7,250)	15	\$ (7,250)
1996	Millwork Activity Room DISPOSAL	(6,400)	15	\$ (6,400)
2004	Elevator Motor DISPOSAL	(5,806)	20	\$ (5,806)
1996	Roof Repair Chapel DISPOSAL	(5,500)	15	\$ (5,500)
2005	Air Compressor Head Assembly Upgrade DISPOSAL	(5,485)	15	\$ (5,485)
2005	Dumpster Base DISPOSAL	(4,800)	30	\$ (4,800)
1996	Install Gutters & Downspouts DISPOSAL	(3,800)	15	\$ (3,800)
1994	Gutter & Downspout Replace DISPOSAL	(2,700)	15	\$ (2,700)
1996	Roof Repairs DISPOSAL	(1,185)	15	\$ (1,185)
1996	Roof Repairs DISPOSAL	(1,180)	15	\$ (1,180)
1999	Interior Upgrade Pendant Lights DISPOSAL	(855)	45	\$ (855)
1999	Interior Upgrade Bulletin Bds DISPOSAL	(655)	45	\$ (655)
1996	Replace Gutters DISPOSAL	(285)	15	\$ (285)
Total deletions for Building Improvements		\$ (534,781)		\$ (534,781)**

*Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Apr-15	concrete pads	\$ 2,936	20	\$ 73
Total additions for Non-Movable Equipment		\$ 2,936		\$ 73 *
Deletions:				
2006	Dishwasher Dietary DISPOSAL (Jack: disposed in a Prior Cost Year)	(42,316)	10	(42,316)
2006	Electric Steamer DISPOSAL (Jack: disposed in a Prior Cost Year)	(15,414)	10	(15,414)
2010	AC Compressor Rebuilt West Wing DISPOSAL	(8,854)	15	(8,854)
2004	Dishwasher On Floor Dining DISPOSAL (Jack: disposed in a Prior Cost Year)	(8,508)	10	(8,508)
2004	Clothes Washer DISPOSAL (Jack: disposed in a Prior Cost Year)	(6,841)	10	(6,841)
Total deletions for Non-Movable Equipment		\$ (81,933)		\$ (81,933) **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Dec-14	nursing furniture	\$5,483.47	5	1096,694
Dec-14	nursing furniture	\$5,374.69	5	1074,938
Dec-14	bladder scan	\$8,540.00	7	1220
Dec-14	furniture	\$4,539.31	5	907,862
Mar-15	phones	\$167.95	3	\$27.99
Sep-15	wanderguard transmitter	\$1,260.00	5	\$126.00
Jun-15	furniture	\$58,687.00	5	\$5,868.70
Aug-15	furniture	\$1,486.70	5	\$148.67
Aug-15	rehab exercise equipment	\$8,075.00	7	\$576.79
Aug-15	resident lift	\$7,444.48	10	\$372.22
Aug-15	bed	\$4,889.03	10	\$244.45
Jun-15	phones	\$4,308.00	5	\$430.80
Aug-15	chairs	\$943.00	5	\$94.30
Total additions for Movable Equipment		\$ 111,199		\$ 12,189 *
Deletions:				
2002	Chevy Pickup DISPOSAL	(\$25,100)	5	(\$25,100)
2001	Washer/Dryer(1) DISPOSAL (Jack: disposed in a Prior Cost Year)	(\$24,567)	7	(\$24,567)
2002	Washer & Dryer DISPOSAL (Jack: disposed in a Prior Cost Year)	(\$24,458)	7	(\$24,458)
2001	Mechanical Lifts DISPOSAL (Jack: disposed in a Prior Cost Year)	(\$22,983)	7	(\$22,983)
2013	Groen Kettles Hyplus Pressure Steam Boiler DISPOSAL (Jack: disposed in a Prior Cost Year)	(\$18,168)	10	(\$18,168)
2011	Steam Kettle DISPOSAL	(\$16,890)	10	(\$16,890)
1995	Maxilift DISPOSAL (Jack: disposed in a Prior Cost Year)	(\$16,052)	7	(\$16,052)
2011	Gas Convection Steamer DISPOSAL	(\$15,353)	10	(\$15,353)
1994	Hobart Utensil Washer DISPOSAL (Jack: disposed in a Prior Cost Year)	(\$14,579)	10	(\$14,579)
2009	Copy Maching business Office DISPOSAL	(\$13,267)	5	(\$13,267)
1996	Electric Sara Lift DISPOSAL (Jack: disposed in a Prior Cost Year)	(\$11,990)	7	(\$11,990)
1993	Century Tubs DISPOSAL (Jack: disposed in a Prior Cost Year)	(\$11,280)	10	(\$11,280)
1995	Saralife DISPOSAL (Jack: disposed in a Prior Cost Year)	(\$10,208)	7	(\$10,208)
2004	Marisa Mechanical Lifts DISPOSAL (Jack: disposed in a Prior Cost Year)	(\$7,269)	10	(\$7,269)
1993	Electric Emrosser DISPOSAL (Jack: disposed in a Prior Cost Year)	(\$6,960)	10	(\$6,960)
1993	Ramp Scale DISPOSAL (Jack: disposed in a Prior Cost Year)	(\$5,990)	10	(\$5,990)
2007	Parallell Bars Rehab DISPOSAL	(\$5,569)	15	(\$5,569)
2009	Vacuums Magnatwin #608577 (Qty2) DISPOSAL	(\$4,547)	8	(\$4,547)
2007	Recycling Container DISPOSAL	(\$4,235)	15	(\$4,235)
1997	Janitor Carts DISPOSAL (Jack: disposed in a Prior Cost Year)	(\$3,141)	5	(\$3,141)
2004	Electric Economy High Low Mat Table DISPOSAL	(\$2,865)	10	(\$2,865)
2002	Hi-Lo Stand DISPOSAL	(\$2,735)	10	(\$2,735)
1997	Shampoo Recliner DISPOSAL (Jack: disposed in a prior Cost Year)	(\$2,315)	5	(\$2,315)
2000	Washer/Dryer DISPOSAL (Jack: disposed in a Prior Cost Year)	(\$1,414)	5	(\$1,414)
2000	Upright Conveyor Toaster DISPOSAL (Jack: disposed in a Prior Cost Year)	(\$1,045)	3	(\$1,045)
1995	Vide Tape Storage DISPOSAL (Jack: disposed in a Prior Cost Year)	(\$887)	10	(\$887)
1995	D Shaper Conference Table DISPOSAL (Jack: disposed in a Prior Cost Year)	(\$736)	10	(\$736)
Total deletions for Movable Equipment		\$ (274,603)		\$ (274,603) **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				

Total additions for Leasehold Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

DATE	AMOUNT	VENDOR	DESCRIPTION	USEFUL LIFE	CY DEPRECIATION (\$ (See Note 1)	ACCUMULATED DEPRECIATION (\$)	COMMENTS
10/6/2014	\$2,905.99	ANDERSON ELECTRIC	Trash Compactor Electric Work	20	145	145	CON Project Renew
10/8/2014	\$2,451.80	ANDERSON ELECTRIC	Tower Electric Closet Work	20	123	123	CON Project Renew
10/8/2014	\$2,200.50	ANDERSON ELECTRIC	Temp Kitchen Set Up Electric Work	20	110	110	CON Project Renew
10/22/2014	\$1,649.14	ANDERSON ELECTRIC	FRONT ENTRY LOBBY WIRING	20	82	82	CON Project Renew
10/22/2014	\$1,380.00	PAUL CHIAPPETTA D/B/A	FABRICATE & INSTALL IRON GUARD	20	69	69	CON Project Renew
10/22/2014	\$2,491.12	SPECIAL TESTING LABORATOR	AUGUST 2014 INSPECTIONS	20	125	125	CON Project Renew
10/22/2014	\$1,780.00	SPECIAL TESTING LABORATOR	SEPTEMBER 2014 INSPECTION	20	89	89	CON Project Renew
10/22/2014	\$2,904.60	STAMFORD TENT & EQUIPMENT	Equipment Rental	20	145	145	CON Project Renew
10/22/2014	\$297.47	THE EAGLE LEASING COMPANY	Dumpsters	20	15	15	CON Project Renew
10/22/2014	\$631.41	THE EAGLE LEASING COMPANY	Dumpsters	20	32	32	CON Project Renew
10/22/2014	\$3,313.00	W. R. JOHNSON CO.	Various	20	166	166	CON Project Renew
10/27/2014	\$10,800.00	PAUL CHIAPPETTA D/B/A	SHOP FABRICATION FOR FIRE	20	540	540	CON Project Renew
10/27/2014	\$6,400.00	PAUL CHIAPPETTA D/B/A	CREATE CONCRETE PADS/BASE	20	320	320	CON Project Renew
10/27/2014	\$688,611.06	TURNER CONSTRUCTION COMPA	Construction Contract Payment	20	34,431	34,431	CON Project Renew
11/24/2014	\$1,467.00	GF HEALTH PRODUCTS	Various	20	73	73	CON Project Renew
11/24/2014	\$1,357.19	GF HEALTH PRODUCTS	Various	20	68	68	CON Project Renew
11/24/2014	\$8,150.00	M. GOTTFRIED	REMOVED/INSTALLED NEW WASHE	20	408	408	CON Project Renew
11/24/2014	\$700.00	SPECIAL TESTING LABORATOR	OCT 2014 INSPECTIONS	20	35	35	CON Project Renew
11/24/2014	\$198.00	THE EAGLE LEASING COMPANY	Dumpsters	20	10	10	CON Project Renew
11/24/2014	\$104.70	THE EAGLE LEASING COMPANY	Dumpsters	20	5	5	CON Project Renew
11/24/2014	\$602.65	THE EAGLE LEASING COMPANY	Dumpsters	20	30	30	CON Project Renew
12/3/2014	\$1,500.00	THE STONEHOUSE GROUP	Energy Model Tech Consult	20	75	75	CON Project Renew
12/3/2014	\$2,375.00	THE STONEHOUSE GROUP	Energy Model Tech Consult	20	119	119	CON Project Renew
12/3/2014	\$3,600.00	THE STONEHOUSE GROUP	Energy Model Tech Consult	20	180	180	CON Project Renew
12/3/2014	\$4,650.00	THE STONEHOUSE GROUP	Energy Model Tech Consult	20	233	233	CON Project Renew
12/8/2014	\$390,237.85	TURNER CONSTRUCTION COMPA	Construction Contract Payment	20	19,512	19,512	CON Project Renew
12/15/2014	\$9,000.00	SADIC ONEL	Room Renovation	20	450	450	CON Project Renew
12/15/2014	\$9,000.00	SADIC ONEL	Room Renovation	20	450	450	CON Project Renew
12/15/2014	\$9,000.00	SADIC ONEL	Room Renovation	20	450	450	CON Project Renew
12/17/2014	\$150.00	ANDERSON ELECTRIC	CAFE EXIT DOOR CONTROLS	20	8	8	CON Project Renew
12/17/2014	\$5,124.67	HUNTER MECHANICAL INC.	CONVERTED STEAM HEAT	20	256	256	CON Project Renew
12/17/2014	\$2,380.00	PAUL CHIAPPETTA D/B/A	FAB/INSTALL NEW IRON GUARD	20	119	119	CON Project Renew
12/29/2014	\$4,900.00	SURGE INC.	Lobby Carpentry Work	20	245	245	CON Project Renew
	\$4,999.00	EMERALD RESOURCES	Wander Guard Security Sys	20	125	125	CON Project Renew
	\$4,999.00	EMERALD RESOURCES	Wander Guard Security Sys	20	125	125	CON Project Renew
	\$230.10	EMERALD RESOURCES	Various	20	6	6	CON Project Renew
	\$360.00	EMERALD RESOURCES	Various	20	9	9	CON Project Renew
	\$2,665.00	FOGARTY COHEN SELBY & NEM	Nathaniel Zoning Advice	20	67	67	CON Project Renew
	\$7,218.50	RED THREAD SPACES	Various	20	180	180	CON Project Renew
	\$1,500.00	SPECIAL TESTING LABORATOR	LUMENS & DECIBEL TESTING	20	38	38	CON Project Renew
	\$1,665.00	SPECIAL TESTING LABORATOR	SPECIAL INSPECTIONS	20	42	42	CON Project Renew
	\$2,816.64	STAPLES ADVANTAGE	Various	20	70	70	CON Project Renew
	\$4,539.31	STAPLES ADVANTAGE	Various	20	113	113	CON Project Renew
	\$5,374.69	STAPLES ADVANTAGE	Various	20	134	134	CON Project Renew
	\$5,656.75	ANDERSON ELECTRIC	Snack Area 1st Floor Electric Work	20	141	141	CON Project Renew
	\$2,313.80	ANDERSON ELECTRIC	Wander guard Outlets	20	58	58	CON Project Renew
	\$353.93	ANDERSON ELECTRIC	Interface Wanderguard	20	9	9	CON Project Renew
	\$4,999.00	EMERALD RESOURCES	INSTALLMENT # 3 FOR EXIT	20	125	125	CON Project Renew
	\$4,999.00	EMERALD RESOURCES	INSTALLMENT # 4 FOR EXIT	20	125	125	CON Project Renew
	\$4,999.00	EMERALD RESOURCES	INSTALLMENT # 5 FOR EXIT	20	125	125	CON Project Renew
	\$2,008.00	EMERALD RESOURCES	INSTALLMENT # 6 FOR EXIT	20	50	50	CON Project Renew
	\$39,419.06	TURNER CONSTRUCTION COMPA	Construction Contract Payment	20	885	885	CON Project Renew
	\$2,357.06	FOGARTY COHEN SELBY & NEM	Nathaniel Zoning Advice	20	59	59	CON Project Renew
	\$787.67	FOGARTY COHEN SELBY & NEM	Nathaniel Zoning Advice	20	20	20	CON Project Renew
	\$780.00	FOGARTY COHEN SELBY & NEM	Nathaniel Zoning Advice	20	20	20	CON Project Renew
	\$573,000.67	TURNER CONSTRUCTION COMPA	Construction Contract Payment	21	13,643	13,643	CON Project Renew
	\$320,116.84	TURNER CONSTRUCTION COMPA	Construction Contract Payment	22	7,275	7,275	CON Project Renew
	\$4,500.00	SADIC ONEL	ADMIN. WING CARPENTRY WORK	20	113	113	CON Project Renew
	\$4,500.00	SADIC ONEL	ADMIN. WING CARPENTRY WORK	20	113	113	CON Project Renew
	\$4,500.00	SADIC ONEL	ADMIN. WING CARPENTRY WORK	20	113	113	CON Project Renew
	\$4,000.00	SADIC ONEL	ADMIN. WING CARPENTRY WORK	20	100	100	CON Project Renew
	\$4,500.00	SADIC ONEL	ADMIN. WING CARPENTRY WORK	20	113	113	CON Project Renew
	\$85,000.00	THE S/L/A/M COLLABORATIVE	Final Payment Architect Fees	20	2,125	2,125	CON Project Renew
	\$565.00	TREASURER STATE OF CONNEC	TECHNICAL ASSISTANCE FEE	20	14	14	CON Project Renew

Total \$ 2,284,037.17

\$ 85,249.08 \$ 85,249.08

Half-Year Depreciation taken in first year if item placed into service after 6 months of fiscal year (12/31)

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended		Page	of		
The Nathaniel Witherevell		564-C		9/30/2015		24	37		
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.
 ** Specify which of the following bases were used:
 A. Minimum of 5 years or 60 months.
 B. Life of mortgage; OR
 C. Remaining Life of Lease; OR
 D. Actual Life if owned by Related Party.

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

Name of Facility The Nathaniel Witherell	License No. 564-C	Report for Year Ended 9/30/2015	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" 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	Granted 1903			
2. Date Structure Completed	Various			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	202			
6. Square Footage	122,397			
7. Acquisition Cost				
a. Land	Granted 1903			
b. Building				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
The Nathaniel Witherell		564-C	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 75,450	75,450		
Name of Lender		Rate				
Town of Greenwich		2.00%				
Address of Lender						
101 Field Point RoadGreenwich, CT 06830						
2. Second Mortgage			\$ 686,950	686,950		
Name of Lender		Rate				
Town of Greenwich		3.32%				
Address of Lender						
101 Field Point RoadGreenwich, CT 06830						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$ 762,400	762,400		

(Carry Subtotals forward to next page)

The Nathaniel Witherell
Project Renew
Debt Service

	Fiscal Year (July 1 - June 30)			July 2014 & Jan 2015	July 2015 & Jan 2016
	2012	2013	2014		
Beginning Balance					
Debt Service 1 (\$2,274,000)					
Interest Expense					
July	42,847.00	44,787.50	41,962.50	39,137.50	
January	45,907.50	44,787.50	41,962.50		36,312.50
Total Interest	88,754.50	89,575.00	83,925.00	78,275.00	72,625.00
Principal Payment January	112,000.00	113,000.00	113,000.00	113,000.00	113,000.00
Total Debt Payment Loan 1	200,754.50	202,575.00	196,925.00	191,275.00	185,625.00
Debt Service Balance Loan 1	\$2,274,000.00	2,162,000.00	2,049,000.00	1,936,000.00	1,823,000.00
					1,710,000.00
Beginning Balance					
Debt Service 2 (\$22,431,000.00)					
Interest Expense					
July				333,589.22	
January					337,845.00
Total Interest	0.00	0.00	0.00	682,694.22	675,690.00
Principal Payment January				1,126,000.00	1,126,000.00
Total Debt Payment Loan 2	0.00	0.00	0.00	1,808,694.22	1,801,690.00
Debt Service Balance Loan 2	\$22,431,000.00	22,431,000.00	22,431,000.00	22,431,000.00	21,305,000.00
					20,179,000.00
Beginning Balance					
Total Debt Service					
Interest Expense					
July	42,847.00	44,787.50	41,962.50	372,726.72	374,157.50
January	45,907.50	44,787.50	41,962.50	388,242.50	374,157.50
Total Interest	88,754.50	89,575.00	83,925.00	760,969.22	748,315.00
Principal Payment January	112,000.00	113,000.00	113,000.00	1,239,000.00	1,239,000.00
Total Debt Payment Loan	200,754.50	202,575.00	196,925.00	1,999,969.22	1,987,315.00
Debt Balance Loan 1	\$2,274,000.00	\$2,162,000.00	\$2,049,000.00	\$1,936,000.00	\$1,823,000.00
Debt Balance Loan 2	\$22,431,000.00	22,431,000.00	22,431,000.00	22,431,000.00	21,305,000.00
Debt Balance Total	\$24,705,000.00	\$24,593,000.00	\$24,480,000.00	\$24,367,000.00	\$23,128,000.00

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

Name of Facility		License No.		Report for Year Ended		Page	of
The Nathaniel Witherell		564-C		9/30/2015		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				762,400	762,400		
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 762,400	762,400		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 130,270	130,270		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$ 136,049	136,049		
Medical Malpractice							
14d. Total Insurance Expenditures (14a + b + c)				\$ 266,319	266,319		
15. Total All Expenditures (A-13 thru C-14)				\$ 30,485,126	30,485,126		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
The Nathaniel Witherell				564-C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 125,586	125,586		
10.	15	1d&1	Accounting & Legal	\$ 28,198	28,198		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
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	m3	Unallowable Advertising *	\$ 88,038	88,038		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 98,801	98,801		
Page 18 - Dietary Expenditures							
24.	18	K8	Meals to employees, guests and others who are not residents	\$ 43,113	43,113		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 383,736	383,736		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14a	Insurance Cost Elimination Rental Property Pavilion	\$ 1,349		
22	6a	Repair & Maintenance Cost Elimination Rental Property Pavilion	\$ 400		
22	5b	Heating Cost Elimination Rental Property Pavilion	\$ 5,784		
22	6c	Light & Power Cost Elimination Rental Property Pavilion	\$ 2,073		
22	6d	Water Cost Elimination Rental Property Pavilion	\$ 846		
22	6f	Other R&M Cost Elimination Rental Property Pavilion	0		
16	m13	Architects Fees	375		
16	m13	Tech Consulting	6691.23		
16	m13	General Consulting	10200		
18	2c	Café Management	61517		
18	2a2	Café Supplies	9566		
Total Other A&G Adjustments			\$ 98,801	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
The Nathaniel Witherell			564-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 383,736	383,736		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 326,995	326,995		
28.	20	5d	Ambulance/Limousine	\$ 4,567	4,567		
29.	20	5f	X-rays, etc	\$ 77,689	77,689		
30.	20	5h	Laboratory	\$ 39,618	39,618		
31.	20	5c	Medical Supplies	\$ 26,765	26,765		
32.	20	5e	Oxygen (non emergency)	\$ 33,197	33,197		
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	\$			
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 Unallowable Building Interest - See Attached Schedule	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 892,566	892,566		

*** 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.

The Nathaniel Witherell
9/30/2015

Schedule of Other Ancillary Costs

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

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility The Nathaniel Witherell	License No. 564-C	Report for Year Ended 9/30/2015		Page 30	of 37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 17,872,006	17,872,006			
b. Medicaid Room and Board Contractual Allowance **	\$ (8,317,161)	(8,317,161)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 6,000,703	6,000,703			
b. Medicare Room and Board Contractual Allowance **	\$ 1,359,215	1,359,215			
4. a. Private-Pay Residents and Other	\$ 8,220,636	8,220,636			
b. Private-Pay Room and Board Contractual Allowance **	\$ (52,875)	(52,875)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$				
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 443,752	443,752			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (52,585)	(52,585)			
c. Physical Therapy - Non-Medicare	\$				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 73,184	73,184			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (8,672)	(8,672)			
c. Speech Therapy - Non-Medicare	\$				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 129,083	129,083			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (15,296)	(15,296)			
c. Occupational Therapy - Non-Medicare	\$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 25,651,988	25,651,988			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 66,883	66,883			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$				
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 4,178,710	4,178,710			
V. Total Other Revenue (1 thru 8)	\$ 4,245,593	4,245,593			
VI. Total All Revenue (III +V)	\$ 29,897,581	29,897,581			

* 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.

Other Resident Revenue - Cost Report PG 30 II.3a thru 5b

	<u>Description</u>	<u>Revenue (\$)</u>	<u>Contractual Allowance (\$)</u>	<u>Net Revenue</u>
10/1/14 - 9/30/15	Physical Therapy Medicare Part B	443,751.79	(52,584.97)	391,166.82
10/1/14 - 9/30/15	Occupational Therapy Medicare Part B	129,082.67	(15,296.41)	113,786.26
10/1/14 - 9/30/15	Speech Therapy Medicare Part B	73,184.37	(8,672.41)	64,511.96
	Total	646,018.83	(76,553.79)	569,465.04
	Med B Contractual Allowance	(76,553.79)		
	Revenues after Contractual Allowance	569,465.04		

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

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

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
Pg30IV8	Pavilion Rental	\$ 38,337		
PG30IV8	Friends of Nathaniel Witherell Contribution	\$ 1,000,000		
Pg30iIV8	Town of Greenwich General Fund Cash Contribution	\$ 3,105,400		
Pg30IV8	Other Income	\$ 34,973		
Total Other Revenue		\$ 4,178,710	\$ -	\$ -

2015	Resident A	Resident B	Resident C	Resident D	Resident E	Total
Jan-15	\$824.00	\$206.00	\$695.25	\$669.50	\$1,600.00	\$3,994.75
Feb-15	\$824.00	\$206.00	\$695.25	\$669.50	\$1,600.00	\$2,394.75
Mar-15	\$824.00	\$206.00	\$695.25	\$669.50	\$1,600.00	\$3,994.75
Apr-15	\$824.00	\$206.00	\$695.25	\$669.50	\$1,600.00	\$2,394.75
May-15	\$824.00	\$206.00	\$695.25	\$669.50	\$1,600.00	\$3,994.75
Jun-15	\$824.00	\$206.00	\$695.25	\$669.50	\$1,600.00	\$2,394.75
Jul-15	\$824.00	\$206.00	\$695.25	\$669.50	\$1,600.00	\$2,394.75
Aug-15	\$824.00	\$206.00	\$695.25	\$669.50	\$1,600.00	\$2,394.75
Sep-15	\$824.00	\$206.00	\$695.25	\$669.50	\$1,600.00	\$3,994.75

\$27,952.75 Jan 2015 - Sep 2015

2014	Resident A	Resident B	Resident C	Resident D	Resident E	Total
Jan	\$824.00	\$206.00	\$695.25	\$669.50	\$1,600.00	\$3,994.75
Feb	\$824.00	\$206.00	\$695.25	\$669.50	\$1,600.00	\$2,394.75
Mar	\$824.00	\$206.00	\$695.25	\$669.50	\$1,600.00	\$3,994.75
Apr	\$824.00	\$206.00	\$695.25	\$669.50	\$1,600.00	\$2,394.75
May	\$824.00	\$206.00	\$695.25	\$669.50	\$1,600.00	\$3,994.75
June	\$824.00	\$206.00	\$695.25	\$669.50	\$1,600.00	\$2,394.75
July	\$824.00	\$206.00	\$695.25	\$669.50	\$1,600.00	\$3,994.75
Aug	\$824.00	\$206.00	\$695.25	\$669.50	\$1,600.00	\$2,394.75
Sept	\$824.00	\$206.00	\$695.25	\$669.50	\$1,600.00	\$3,994.75
Oct	\$824.00	\$206.00	\$695.25	\$669.50	\$1,600.00	\$3,994.75
Nov	\$824.00	\$206.00	\$695.25	\$669.50	\$1,600.00	\$3,994.75
Dec	\$824.00	\$206.00	\$695.25	\$669.50	\$1,600.00	\$2,394.75
Total Pmt	\$9,888.00	\$2,472.00	\$8,343.00	\$8,034.00	\$11,200.00	\$39,937.00

\$10,384.25 Oct 2014 - Dec 2015
\$38,337.00 Oct 2014 - Sep 2015

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
The Nathaniel Witherell	564-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	645,560
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,632,211
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	202,875
a. Prepaid Insurance	202,875			
b. Prepaid Sewer Taxes				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	3,480,646
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	222,674	\$	44,106
	Accum. Depreciation	178,568		Net
3. Buildings	*Historical Cost	37,431,869	\$	25,635,055
	Accum. Depreciation	11,796,814		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	641,896	\$	122,331
	Accum. Depreciation	519,565		Net
6. Movable Equipment	*Historical Cost	1,802,636	\$	677,722
	Accum. Depreciation	1,124,914		Net
7. Motor Vehicles	*Historical Cost	81,825	\$	29,967
	Accum. Depreciation	51,858		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	26,509,181

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

(Carry Total forward to next page)

Pre-Paid Expenses - Cost Report PG 31 A.5.a.

Expense	Total Amount	Paid	Coverage Period	Amount Exhausted July thru Sep	Amount Remaining (Pre-Paid Amount)
Medical Liability Insurance	137,321.00	July 2015	July 1, 2015 through June 30, 2016	34,330.25	102,990.75
Property Insurance	133,179.00	July 2015	July 1, 2015 through June 30, 2016	33,294.75	99,884.25
					202,875.00

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
The Nathaniel Witherell	564-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	29,989,826
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
_____			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	
_____			\$	
_____			\$	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	29,989,826

* 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
The Nathaniel Witherell		564-C	9/30/2015	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	959,470
2. Notes Payable (<i>itemize</i>)				\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	607,645
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	1,780,931
		Debt 2 Payable Current	1,126,000		
State User Fee Payable		219,836			
Resident Prepay Credit Balances		322,096			
Debt 1 Payable Current		113,000			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	3,348,047

* 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 The Nathaniel Witherell		License No. 564-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				3,348,047	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					\$
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable					\$
3. Loans from Owners or Related Parties (<i>itemize</i>)					\$ 21,889,000
Name and Address of Lender	Amount	Loan Date			
Town of Greenwich 101 Field Point Road Greenwich, CT 06830	1,710,000	1/27/11			
Town of Greenwich 101 field Point Road Greenwich, CT 06830	20,179,000	1/23/14			
4. Other Long-Term Liabilities (<i>itemize</i>)					\$

B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 21,889,000
C. Total All Liabilities (Lines A-13 + B-5)					\$ 25,237,047

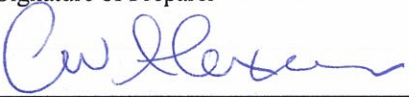
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
The Nathaniel Witherell	564-C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	14,028,245
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(4,577,577)
6. Gain or Loss for Period			\$	(4,697,889)
7. Total Net Worth			\$	4,752,779
C. Total Reserves and Net Worth			\$	4,752,779
D. Total Liabilities, Reserves, and Net Worth			\$	29,989,826

H. Changes in Total Net Worth

Name of Facility The Nathaniel Witherell	License No. 564-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			\$		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$		
D. Net Income or Deficit			\$		
E. Balance			\$		
F. Additions					
1. Additional Capital Contributed (<i>itemize</i>)					
2. Other (<i>itemize</i>)					
F-3. Total Additions			\$		
G. Deductions					
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)					
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount		
2. Other Withdrawings (<i>Specify</i>)			\$		
Purpose		Amount			
3. Total Deductions			\$		
H. Balance at End of Period		09/30/15	\$		

I. Preparer's/Reviewer's Certification

Name of Facility The Nathaniel Witherell	License No. 564-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)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title Director, Financial Ops	Date Signed 1/27/16		
Printed Name of Preparer Chris Alexander				
Address Address 70 Parsonage Road Greenwich, CT 06830		Phone Number 203-618-4334		