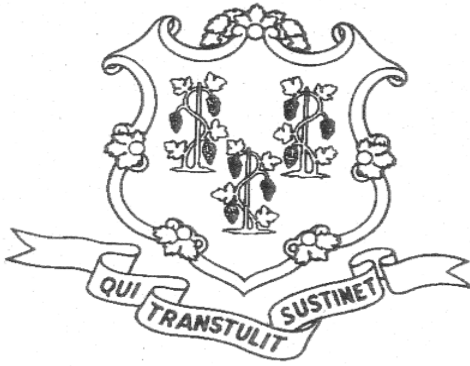


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) The Suffield House	
Address (No. & Street, City, State, Zip Code) One Canal Road, Suffield CT 06078	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2075-C	RHNS	(Specify)	Medicare Provider 07-5347
------------------	----------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 20751	RHNS	ICF-IID
----------------------------	---------------	------	---------

For Department Use Only

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

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

General Information

Name of Facility (as licensed) The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2015	Page 1	of 37
--	-----------------------	------------------------------------	-----------	----------

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 Suffield House [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Carrie Riccio			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility The Suffield House		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility One Canal Road, Suffield CT 06078				
Report Prepared By Cornerstone Accounting Group		Phone Number (860) 877-7472	Date 2/15/2016	
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 (860) 668-6111	Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) The Suffield House			Address (No. & Street, City, State, Zip) One Canal Road, Suffield CT 06078		
License Numbers:	CCNH 2075-C	RHNS	(Specify)	Medicare Provider No. 07-5347	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?					
		<input type="radio"/> Yes <input checked="" type="radio"/> No		If "Yes," explain fully.	
Administrator					
Name of Administrator Carrie Riccio			Nursing Home Administrator's License No.:	1059	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Suffield Manor Inc. dba The Suffield House	One Canal Road, Suffield, CT 06078	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Celia J Bedus	One Canal Road, Suffield, CT 06078	President	20	
Calvin Moffie	One Canal Road, Suffield, CT 06078	Secretary	20	
Names of Stockholders Owning at Least 10% of Shares				
Carrie Riccio	One Canal Road, Suffield, CT 06078		20	
Cathy Demio	One Canal Road, Suffield, CT 06078		20	
Clinton Moffie	One Canal Road, Suffield, CT 06078		20	

**General Information and Questionnaire
 Related Parties***

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2015	Page 4	of 37
--	-----------------------	------------------------------------	-----------	----------

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Harold J Moffie	5 Schuyler Lane, Bloomfield, CT 06002	<input type="radio"/>	<input checked="" type="radio"/>		Management Fee (Self Disallowed)	Page 16 Line 1m12	536,000	536,000
Eagle Point	One Canal Road, Suffield, CT 06078	<input type="radio"/>	<input checked="" type="radio"/>		Advanced Funds and shares building	Page 32 Line D7	470,812	
Moffie Family Holding Company LLC	One Canal Road, Suffield, CT 06078	<input type="radio"/>	<input checked="" type="radio"/>		Rent of Building	Page 22 Line 9	442,833	
Moffie Family Holding Company LLC	One Canal Road, Suffield, CT 06078	<input type="radio"/>	<input checked="" type="radio"/>		Advanced Funds	Page 32 Line D7	77,284	
Calvin Moffie of the Guilford House	109 Westlake Ave, Guilford, CT 06437	<input type="radio"/>	<input checked="" type="radio"/>		Advanced Funds	Page 32 Line D7	663	
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility The Suffield House	License No. 2075-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? Yes No If "No," explain fully why such allocation was not made.

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility The Suffield House		License No. 2075-C		Report for Year Ended 9/30/2015			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
GE Capital, P.O. Box 642333, PittsBurgh PA 15264-2333	<input type="radio"/>	<input checked="" type="radio"/>	Copier	10/01/09	Monthly	4,067	3,839	
Pitney Bowes Global Financial Services, P. O. Box 371887, Pittsburgh PA 15250-7887	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	09/04/13	63 months	1,825	1,825	
CBS, 50 Rockwell Rd, Newington CT 06111	<input type="radio"/>	<input checked="" type="radio"/>	HP40E Printer	06/30/14	39 months	434	434	
GE Capital, P.O. Box 642333, PittsBurgh PA 15264-2333	<input type="radio"/>	<input checked="" type="radio"/>	Konica Minolta C754e / Konica Monolta 454e	07/30/15	60 months	8,906	1,559	
ACPL, 4999 Aircenter Circle, Ste 103, Reno NV 89502	<input type="radio"/>	<input checked="" type="radio"/>	Therapeutic Rehabilitation Equipment	09/22/15	12 months	12,256	307	
Derency Document Solutions, 130 Doty Circle, W. Springfield, MA 01089	<input type="radio"/>	<input checked="" type="radio"/>	Copier Maintenace Usage Cost	10/01/09	Monthly	5,027	5,027	
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***							12,991	

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire
Accounting Basis

Name of Facility The Suffield House	License No. 2075-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:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Kimball, Paris & Gugliotti, P.C.	1579 Straits Turnpike, Middlebury, CT 06762
2 Cornerstone Accounting Group	PO Box 7 Indian Valley, VA 24105
3 BlumShapiro	29 South Main Street, West Hartford CT 06127-2000
4 Sheptoff, Rueber & Co. PC	111 New London Tnpk, Glastonbury CT 06033

Services Provided by This Firm (*describe fully*)

1 Tax Preparation	\$ 1,450
2 Medicaid and Medicare Cost Reports	\$ 6,800
3 401k Audit	\$ 8,682
4 Preparation of Federal Form 8752/ Town Property Return/ Year End Audit	\$ 18,002
	Charge for Services Provided
	\$ 34,934

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

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Letizia, Ambrose & Falls. P.C.	(203) 787-7000
2 Medicaid4You.com	(860) 657-3058
3 Unemployment Tax Management	(781) 245-5353
4 Mutha Cullina, LLP	(860) 240-6000
5 Marilyn Burlenski/Celtic Consulting	

Address (*No. & Street, City, State, Zip Code*)

1 667-669 State Street, 2nd Floor, New Haven CT 06511
2 377 Hubbard Street, Glastonbury CT 06033
3 Lakeside Office Park, Wakefield MA 01880-5374
4 185 Asylum St., Hartford CT 06103
5

Services Provided by This Firm (*describe fully*)

1 Labor Law	\$ 5,589
2 Medicaid Consultants	\$ 1,750
3 Provide support for unemployment claims against the Facility	\$ 1,640
4 General Health Care Regulatory Rules	\$ 2,688
5 Medicare Consultants	\$ 58,607
	Charge for Services Provided
	\$ 70,274

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

Schedule of Resident Statistics

Name of Facility The Suffield House			License No. 2075-C		Report for Year Ended 9/30/2015				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	128	128			128	128			128	128		
B. On last day of THIS report period	128	128			128	128			128	128		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	126	126			126	126			125	125		
B. As of midnight of THIS report period	125	125			125	125			125	125		
3. Total Number of Days Care Provided During Period												
A. Medicare	10,448	10,448			8,008	8,008			2,440	2,440		
B. Medicaid (Conn.)	23,331	23,331			17,254	17,254			6,077	6,077		
C. Medicaid (other states)												
D. Private Pay	9,579	9,579			6,960	6,960			2,619	2,619		
E. State SSI for RCH												
F. Other (Specify) Managed Care	1,641	1,641			1,432	1,432			209	209		
G. Total Care Days During Period (3A thru F)	44,999	44,999			33,654	33,654			11,345	11,345		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	44,999	44,999			33,654	33,654			11,345	11,345		

Schedule of Resident Statistics (Cont'd)

Name of Facility The Suffield House			License No. 2075-C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	26		67		32								
Per Diem Rate													
a. One bed rm.			228.27		430.00								
b. Two bed rms.			228.27		410.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments													
A. Medicare - Part B					TOTAL	CCNH	RHNS	(Specify)					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					135	135							
2. Restorative Treatments													
C. Other					32,148	32,148							
D. Total Physical Therapy Treatments					35,002	35,002							
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B					7	7							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other					368	368							
D. Total Speech Therapy Treatments					375	375							
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B					1,736	1,736							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					126	126							
2. Restorative Treatments													
C. Other					27,109	27,109							
D. Total Occupational Therapy Treatments					28,971	28,971							

Report of Expenditures - Salaries & Wages

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2015	Page 10	of 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)	206,961	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	593,433	21,402				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	65,474	1,800				
c. Dietary Workers	684,658	35,861				
6. Housekeeping Service						
a. Head Housekeeper	83,989	2,112				
b. Other Housekeeping Workers	226,019	17,370				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	76,711	2,096				
b. Other Maintenance Workers	132,029	7,163				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	194,786	13,405				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	107,903	2,080				
b. RN						
1. Direct Care	993,442	31,994				
2. Administrative**	676,553	18,282				
c. LPN						
1. Direct Care	786,992	27,015				
2. Administrative**						
d. Aides and Attendants	1,798,867	113,924				
e. Physical Therapists	576,373	15,733				
f. Speech Therapists	17,005	326				
g. Occupational Therapists	489,938	12,436				
h. Recreation Workers	300,789	8,553				
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	197,872	6,312				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	8,209,794	339,944				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
-	0	0	0	0	0	0
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
-	0	0	0	0	0	0
-						
-						
Total	\$ -	-	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended			Page	of	
The Suffield House				2075-C	9/30/2015			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Cathy Demio	123,447			Standard	Recreation	1,562	A12h			
Clinton Moffie	149,642			Standard	Dietary	2,080	A5c			
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).										
Aaron Riccio	2,250			None	Maintenance Worker	209	A7b			
Alexander Riccio	900			None	Maintenance Worker	74	A7b			
John Riccio	67,645			Standard	Director of Admissions	2,080	A12m			
Hannah Donnelly	673			None	Therapy Assistant	68	A12e			

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
The Suffield House				2075-C	9/30/2015			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Carrie Riccio	206,961			Standard	Oversee operations of facility	2,080	A2			
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 Suffield House	2075-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	4,800	71				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	18,000	82				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
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	22,800	153				

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

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

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

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

Name of Facility The Suffield House		License No. 2075-C		Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Gordon Holder D.D.S.	Dentist	<input type="radio"/>	<input checked="" type="radio"/>			
Leslie Lindenberg	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

* 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 Suffield House	2075-C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 293,463	293,463			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 105,939	105,939			
4. Social Security (F.I.C.A.)	\$ 602,994	602,994			
5. Health Insurance	\$ 821,059	821,059			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 22,621	22,621			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 92,590	92,590			
d. Accounting and Auditing	\$ 100,408	100,408			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 70,274	70,274			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 30,787	30,787			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 28,569	28,569			
2. Cellular Phones	\$ 2,708	2,708			
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	\$				
3. Resident Day User Fee	\$ 697,508	697,508			
Subtotal	\$ 2,868,920	2,868,920			

* 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 Suffield House
9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
-	0	0	0
Total	\$ -	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
-	0	0	0
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
The Suffield House	2075-C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		2,868,920	2,868,920		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 43,831	43,831			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 793	793			
5. Education Expenses Related to Seminars and Conventions	\$ 4,060	4,060			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 18,967	18,967			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 6,139	6,139			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 3,289	3,289			
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	\$ 5,113	5,113			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 11,324	11,324			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 110	110			
9. Subscriptions	\$ 1,413	1,413			
10. Contributions*** See Attached Schedule	\$ 2,772	2,772			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 109,655	109,655			
12. Administrative Management Services**	\$ 536,000	536,000			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 4,179	4,179			
C-14 Total Administrative & General Expenditures	\$ 3,616,565	3,616,565			

* 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)
-	0	0	0
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
BUSINESS PROMOTION	3,289	0	0
-			
Total Other Advertising	\$ 3,289	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALLSCRIPTS	3,332	0	0
CAHCF	7,992	0	0
Total Dues	\$ 11,324	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
DONATIONS	2,772	0	0
-			
Total Contributions	\$ 2,772	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
FEES AND REGISTRATION	780	0	0
LICENSES AND PERMITS	1,468	0	0
LATE FEES	207	0	0
BANK CHARGES	127	0	0
MISCELLANEOUS ADMINISTRATIVE	189	0	0
SALES TAX	1,408	0	0
Total Other Administrative and General	\$ 4,179	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
H J Moffie 5 Shuler Lane, Bloomfield, CT 06002	536,000	Management Fees (self disallowed)	Page 16 Line 1m12

*** 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 Suffield House	2075-C	9/30/2015	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 299,971	299,971		
2. Non-Food Supplies	\$ 35,916	35,916		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ _____			
c. Management Services**	\$ _____			
d. Other (Specify) _____	\$ _____			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 335,887	335,887		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	370	370		
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 checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				P 30 L IV1
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.				\$19,183
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt.				\$18,449
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				P 30 L IV1
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility The Suffield House		License No. 2075-C	Report for Year Ended 9/30/2015	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	11,120	11,120	
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. \$	19,533	19,533	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify)		\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$	30,653	30,653	
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 Suffield House	2075-C	9/30/2015	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	53,702	53,702		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
	Amt. \$				
c. Management Services*		\$			
d. Other (<i>Specify</i>)		\$			
4E. Total Housekeeping Expenditures (4a + b + c + d)		\$ 53,702	53,702		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Outside Pharmacy	\$	502,213	502,213		
b. Medicine Cabinet Drugs	\$	34,106	34,106		
c. Medical and Therapeutic Supplies	\$	218,146	218,146		
d. Ambulance/Limousine***	\$	12,170	12,170		
e. Oxygen					
1. For Emergency Use	\$				
2. Other****	\$	59,896	59,896		
f. X-rays and Related Radiological Procedures***	\$	39,025	39,025		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	145,086	145,086		
i. Recreation	\$	15,764	15,764		
j. Other (Specify)***** See Attached Schedule	\$	59,772	59,772		
5K. Total Resident Care Expenditures (5a - 5j)		\$ 1,086,178	1,086,178		

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

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

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

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

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

Name of Facility The Suffield House			License No. 2075-C		Report for Year Ended 9/30/2015				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Cox Communications		<input type="radio"/>	<input checked="" type="radio"/>		Cable Company	15,334			22	6f
Iron Mountain		<input type="radio"/>	<input checked="" type="radio"/>		Storage & Shredding	11,609			22	6f
Simplex Grinnell LP		<input type="radio"/>	<input checked="" type="radio"/>		Fire System Maintenance	15,523			22	6f
Somers Sanitation Service		<input type="radio"/>	<input checked="" type="radio"/>		Trash service	27,930			22	6f
Russo Lawn & LandScape		<input type="radio"/>	<input checked="" type="radio"/>		Lawn & Plantings	53,081			22	6f
Wescom Solutions, Inc.		<input type="radio"/>	<input checked="" type="radio"/>		Accounting & Billing Software	24,267			16	m11
Dart Chart Systems, LLC		<input type="radio"/>	<input checked="" type="radio"/>		Nursing Computer Charting System	22,000			16	m11
ADP, Inc.		<input type="radio"/>	<input checked="" type="radio"/>		Payroll Service	52,278			16	m11
Precision Mechanical, LLC		<input type="radio"/>	<input checked="" type="radio"/>		Heating Contractor	16,458			22	6a
Proline		<input type="radio"/>	<input checked="" type="radio"/>		Kitchen Appliance Repair	24,773			22	6a
Arjo		<input type="radio"/>	<input checked="" type="radio"/>		Equipment Maintenance	11,413			22	6a
Kinsley Power Systems		<input type="radio"/>	<input checked="" type="radio"/>		Generator Contractor	26,723			22	6a
Stericycle, Inc.		<input type="radio"/>	<input checked="" type="radio"/>		Hazardous Waste Removal	19,219			22	6a
		<input type="radio"/>	<input checked="" type="radio"/>							

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2015			Page 22	of 37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 157,096	157,096				
b. Heat	\$ 34,721	34,721				
c. Light & Power	\$ 139,484	139,484				
d. Water	\$ 41,503	41,503				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 12,991	12,991				
f. Other (<i>itemize</i>)	\$ 179,044	179,044				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 564,839	564,839				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 96,885	96,885				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 96,885	96,885				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$ 7,661	7,661				
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 82,489	82,489				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 90,150	90,150				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 442,833	442,833				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 128,010	128,010				
c. Personal property taxes	\$ 14,942	14,942				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 772,820	772,820				

* 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)
MAINTENANCE SERVICE CONTRACTS	101,456	0	0
SEWER SYSTEM ASSESSMENT	25,785	0	0
YARD MAINTENANCE	51,803	0	0
Total Other Repairs and Maintenance	\$ 179,044	\$ -	\$ -

The Suffield House
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:				
Total additions for Building Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*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:				
3/20/2015	Waring Blender CB15	\$ 1,331	7	\$ 95
10/1/2014	Microsoft Surface Pro3	\$ 1,483	5	\$ 297
11/4/2014	3 Toshiba Laptops	\$ 2,340	5	\$ 429
12/1/2014	2 Samsung Televisions	\$ 289	7	\$ 34
12/1/2014	2 Dell Optiplex 3020 Minitower BTX	\$ 2,091	5	\$ 348
12/1/2014	2 Dell 23 Monitor	\$ 223	5	\$ 37
10/9/2014	2 Dell Optiplex 3020 Minitower BTX	\$ 1,556	5	\$ 311
1/26/2015	Brother Fax 2940	\$ 333	5	\$ 44
3/31/2015	4 Dell XPS018T-444 computers	\$ 5,275	5	\$ 527
4/8/2015	4 Dell XPS018T-444 computers	\$ 5,333	5	\$ 533
4/23/2015	HP Officejet Pro X & Accessories	\$ 779	5	\$ 65
4/18/2015	Linksys switch and accessories	\$ 379	5	\$ 32
5/19/2015	5 Dell XPS018T-444 Computers	\$ 5,817	5	\$ 388
5/21/2015	Microsoft Surface Pro3	\$ 1,149	5	\$ 77
6/19/2015	Cardinal Detecto Chain and Scale	\$ 1,631	10	\$ 41
6/16/2015	2 Dell Optiplex 3020 Minitower BTX	\$ 2,470	5	\$ 124
8/31/2015	Carpet Extractor	\$ 2,625	7	\$ 31
9/16/2015	Dell Optiplex 3020 Minitower	\$ 1,319	5	\$ -
9/2/2015	ACA 1095 Reporting Multi Client	\$ 599	3	\$ 17
1/26/2015	4 Samsung Televisions	\$ 638	7	\$ 61
5/21/2015	2 Vizio Televisions	\$ 532	7	\$ 25
6/18/2015	2 Vizio Televisions	\$ 415	7	\$ 15
7/27/2015	2 Vizio Televisions	\$ 415	7	\$ 10
7/1/2015	2 Power Lift Recliner-Blue	\$ 1,168	10	\$ 29
4/17/2015	3 Siena Stacking Armchairs	\$ 465	10	\$ 19
7/28/2015	Power Lift II Recliner	\$ 1,168	10	\$ 19
10/1/2014	Microsoft Surface Pro3-Software	\$ 315	3	\$ 105
Total additions for Movable Equipment		\$ 42,138		\$ 3,713 *
Deletions:				
2/20/2002	Blender	\$ (1,120)	5	\$ -
Total deletions for Movable Equipment		\$ (1,120)		\$ - **

*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:				
12/31/2014	Sales tax on 41 heat pumps	\$ 12,403	15	\$ 620
Total additions for Leasehold Improvement		\$ 12,403		\$ 620 *
Deletions:				
9/11/2013	Bldg com WHSP .75 ton	\$ (3,827)	15	\$ 234
Total deletions for Leasehold Improvement		\$ (3,827)		\$ 234 **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility The Suffield House			License No. 2075-C		Report for Year Ended 9/30/2015			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1. Bed Rights	4	98	180 months	561,753	70,114				
2. Deferred Fees	4	12	48 months	25,315	15,822			6,328	
3. Deferred Fees	6	14	48 months	5,330	375			1,333	
A-4. Subtotal									7,661
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				2,549,722	468,694	Var		81,635	
2. Disposals (attach schedule)				(3,827)	276			234	
3. Acquired during this report period (attach schedule)				12,403				620	
C-4. Subtotal									82,489
D. Total Amortization									90,150

* 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 Suffield House	License No. 2075-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 checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed	05/09/90				
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure	05/09/90				
5. Total Licensed Bed Capacity	128				
6. Square Footage	59,478				
7. Acquisition Cost					
a. Land	363,400				
b. Building	9,437,089				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	Var	Var			
b. Date Mortgage Obtained	06/30/91	03/18/09			
c. Interest Rate for the Cost Year	2.69%	2.65%			
d. Term of Mortgage (number of years)	20	20			
e. Amount of Principal Borrowed	10,500,000	1,170,000			
f. Principal balance outstanding as of 9/30/15	6,689,152	961,145			
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 Suffield House	2075-C	9/30/2015	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$ 30,631	30,631		
Name of Lender	Rate			
People's United Bank	2.69% / 2.65%			
Address of Lender				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
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)	\$ 30,631	30,631		

(Carry Subtotals forward to next page)

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

Name of Facility The Suffield House		License No. 2075-C		Report for Year Ended 9/30/2015		Page 27	of 37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				30,631	30,631		
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$ 36,816	36,816		
A. Item		Rate	Amount				
Capital Leases		Various	36,816				
Lender							
Various							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$ 36,816	36,816		
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 67,447	67,447		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 83,888	83,888		
b. Insurance on Automobiles				\$ 5,632	5,632		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 89,520	89,520		
15. Total All Expenditures (A-13 thru C-14)				\$ 14,850,205	14,850,205		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
The Suffield House				2075-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.	10	a12g	Occupational Therapy	\$ 489,938	489,938		
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	\$ 92,590	92,590		
10.	15	1e	Accounting & Legal	\$ 58,607	58,607		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	1L2	Gifts, flowers and coffee shops	\$ 27,281	27,281		
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.	16	1L6	Automobile Expense (e.g. personal use)	\$ 15,483	15,483		
18.	16	1m2/3	Unallowable Advertising *	\$ 3,289	3,289		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	1m4/	Fund Raising / Contributions	\$ 2,772	2,772		
21.	16	1m12	Unallowable Management Fees	\$ 536,000	536,000		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 506	506		
Page 18 - Dietary Expenditures							
24.	18/30	2a1/T	Meals to employees, guests and others who are not residents	\$ 734	734		
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)				\$ 1,227,200	1,227,200		

* 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)
		CHAMBER OF COMMERCE DUES	\$ 110	\$ -	\$ -
		LATE FEES	\$ 207	\$ -	\$ -
		MISCELLANEOUS ADMINISTRATIVE	\$ 189	\$ -	\$ -
Total Other A&G Adjustments			\$ 506	\$ -	\$ -

PageLine Account

28 L17	4421 Auto Rental	10031
	4110 Automotive Expense	5452
		<u>15483</u>

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

Name of Facility The Suffield House				License No. 2075-C	Report for Year Ended 9/30/2015	Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,227,200	1,227,200		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 502,213	502,213		
28.	20	5d	Ambulance/Limousine	\$ 12,170	12,170		
29.	20	5f	X-rays, etc	\$ 39,025	39,025		
30.	20	5h	Laboratory	\$ 145,086	145,086		
31.	20	5c	Medical Supplies	\$ 9,950	9,950		
32.	20	5e2	Oxygen (non emergency)	\$ 59,896	59,896		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 59,772	59,772		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 446	446		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14b	Property Insurance	\$ 2,799	2,799		
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)			\$ 2,058,557	2,058,557		

*** 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 Suffield House
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	RESIDENT SPECIFIC SUPPLIES	\$ 59,772		
Total Other Ancillary Costs			\$ 59,772	\$ -	\$ -

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			\$ -	\$ -	\$ -

Page/Line Acct

29/31	5354 PHYSICAL THERAPY EXPENSE A	5412
	5437 MEDICARE EQUIPMENT - NONBILL	4462
	5356 PHYSICAL THERAPY EXPENSE B	76
		<u>9950</u>

29/37 All auto related to the Audi and Eagle Point Bus
 29/41 All auto related to the Audi and Eagle Point Bus

F. Statement of Revenue

Name of Facility The Suffield House	License No. 2075-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>)	\$ 9,402,933	9,402,933			
b. Medicaid Room and Board Contractual Allowance **	\$ (4,077,273)	(4,077,273)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 4,297,343	4,297,343			
b. Medicare Room and Board Contractual Allowance **	\$ 1,385,990	1,385,990			
4. a. Private-Pay Residents and Other	\$ 4,530,642	4,530,642			
b. Private-Pay Room and Board Contractual Allowance **	\$ (46,402)	(46,402)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 506,238	506,238			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (506,238)	(506,238)			
c. Prescription Drugs - Non-Medicare	\$ 78,538	78,538			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (78,538)	(78,538)			
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	\$ 2,054,520	2,054,520			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (2,041,258)	(2,041,258)			
c. Physical Therapy - Non-Medicare	\$ 268,530	268,530			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (260,630)	(260,630)			
4. a. Speech Therapy - Medicare	\$ 55,025	55,025			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (53,800)	(53,800)			
c. Speech Therapy - Non-Medicare	\$ 7,175	7,175			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (7,175)	(7,175)			
5. a. Occupational Therapy - Medicare	\$ 1,716,540	1,716,540			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (1,606,114)	(1,606,114)			
c. Occupational Therapy - Non-Medicare	\$ 217,582	217,582			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (210,024)	(210,024)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (6,921)	(6,921)			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,626,683	15,626,683			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 18,449	18,449			
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>)	\$ 21,143	21,143			
V. Total Other Revenue (1 thru 8)	\$ 39,592	39,592			
VI. Total All Revenue (III +V)	\$ 15,666,275	15,666,275			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		0	0	0
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	C/A MANAGED CARE THERAPY	8,537	0	0
	C/A MEDICAID ANCILLARIES	(15,458)		
Total Other Resident Revenue		\$ (6,921)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	-		0	0	0
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Asset Disposal of Audi All Expenses Associated with Audi have been self disallowed	21,143	0	0
Total Other Revenue		\$ 21,143	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
The Suffield House	2075-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	675,681
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,266,100
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	24,388
5. Prepaid Expenses			\$	91,830
a. S CORP TAX DEPOSIT	82,265			
b. PREPAID INSURANCE	9,565			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	1,401
SECURITY DEPOSITS	1,401			

A-9. Total Current Assets (Lines A1 thru 8)			\$	2,059,400
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>2,558,298</u>		\$	2,007,349
	Accum. Depreciation <u>550,949</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>1,743,154</u>		\$	196,644
	Accum. Depreciation <u>1,546,510</u>	Net		
7. Motor Vehicles	*Historical Cost <u>40,763</u>		\$	
	Accum. Depreciation <u>40,763</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	2,203,993

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
The Suffield House	2075-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	4,263,393
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	592,398		
	Accum. Depreciation	93,972	Net	\$ 498,426
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>)			\$	548,759
	DUE FROM GUILFORD HOUSE	663		
	DUE FROM EAGLES POINT	470,812		
	DUE FROM MOFFIE FAMILY TRUST	77,284		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,047,185
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	5,310,578

* 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 The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2015	Page 33	of 37
Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 459,173
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>)				\$ 253,569
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$
6. Accrued Payroll Taxes Payable				\$ 19,808
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>)				\$ 843,190
ACCRUED EXPENSES- OPERAT 491,808				
ACCRUED EXPENSES- INSURAN 110,886				
ACCRUED TAXES- PROPERTY 57,706				
ACCRUED NURSING HOME TAX 182,790				
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 1,575,740

* 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 Suffield House	License No. 2075-C	Report for Year Ended 9/30/2015		Page 34	of 37
Account				Amount	
Total Brought Forward:				1,575,740	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	252,552
Name of Lender	Purpose	Amount	Date Due		
Capital Leases	Equipment	252,552			
2. Mortgages Payable				\$	1,019,278
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	

B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	1,271,830
C. Total All Liabilities (Lines A-13 + B-5)				\$	2,847,570

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Suffield House	2075-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			\$	(664,338)
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	2,310,276
6. Gain or Loss for Period			\$	816,070
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	2,463,008
C. Total Reserves and Net Worth			\$	2,463,008
D. Total Liabilities, Reserves, and Net Worth			\$	5,310,578

H. Changes in Total Net Worth

Name of Facility The Suffield House	License No. 2075-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			\$	2,311,276
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	15,666,275
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	14,850,205
D. Net Income or Deficit			\$	816,070
E. Balance			\$	3,127,346
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>)			\$	664,338
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
			664,338	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	664,338
H. Balance at End of Period			\$	2,463,008
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility The Suffield House	License No. 2075-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		Date Signed
Printed Name of Preparer				
Cornerstone Accounting Group				
Address Address			Phone Number	
PO Box 7 Indian Valley, VA 24105			(860) 877-7472	

Error Check

Level	Item	Reported as	
	Page 23 - Accumulated Dep. of Movable Eq.	1,546,510	is inconsistent with Page 31 1,546,510
	Page 24 - Accumulated Amort. of Leasehold Imp.	551,459	is inconsistent with Page 31 550,949