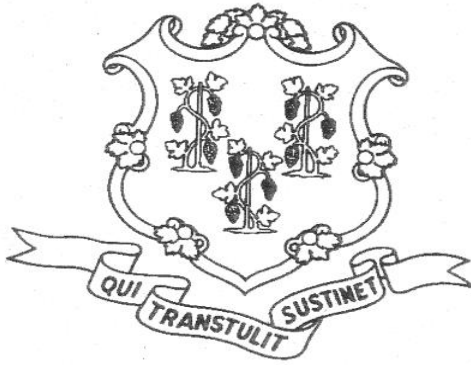


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Greenwich Woods Rehabilitation, LLC	
Address (No. & Street, City, State, Zip Code) 1165 King Street, Greenwich, CT 06831	
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 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2403	RHNS	(Specify)	Medicare Provider 07-5309
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Medicaid Provider Numbers:	CCNH	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) Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2016	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 Greenwich Woods Rehabilitation, LLC [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, 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) David Segal			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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Greenwich Woods Rehabilitation, LLC	Period Covered:	From 10/1/2015	To 9/30/2016	
Address of Facility 1165 King Street, Greenwich, CT 06831				
Report Prepared By Blum Shapiro & Company, P.C.	Phone Number 203-944-2100	Date 2/15/2017		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

## General Information and Questionnaire

### Type of Facility - Organization Structure

	Phone No. of Facility 203-531-1335	Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Greenwich Woods Rehabilitation, LLC		Address (No. & Street, City, State, Zip) 1165 King Street, Greenwich, CT 06831		
License Numbers:	CCNH 2403	RHNS	(Specify)	Medicare Provider No. 07-5309
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 checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No                   If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator John Pashuluk		Nursing Home Administrator's License No.:	001980	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire**  
**Partners/Members**

Name of Facility Greenwich Woods Rehabilitation, LLC		License No. 2403	Report for Year Ended 9/30/2016	Page 3	of 37
Legal Name of Partnership/LLC Greenwich Woods Rehabilitation, LLC		Business Address 1165 King Street, Greenwich, CT 06831		State(s) and/or Town(s) in Which Registered Connecticut	
Name of Partners/Members	Business Address	Title		% Owned	
GW Holdings, LLC	1165 King Street, Greenwich, CT 06831	Owner		68%	
SJJJ, LLC	1165 King Street, Greenwich, CT 06831	Owner		16%	
LYM GW, LLC	1165 King Street, Greenwich, CT 06831	Owner		9%	
IK Greenwich, LLC	1165 King Street, Greenwich, CT 06831	Owner		7%	

**General Information and Questionnaire  
 Corporate Owners**

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2016	Page 3A	of 37
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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	
N/A			

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
N/A			

Names of Stockholders Owning at Least 10% of Shares	Business Address	Title	No. Shares Held by Each
N/A			





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

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2016	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Moshe Bernstein	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Management Services	16 line m12	150,000	150,000
Mordi Blass	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Management Services	16 line m12	150,000	150,000
Sparkle		<input checked="" type="radio"/>	<input type="radio"/>	32%	Housekeeping	20 line 4b	480,302	429,962
Greenwich Woods Realty, LLC	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Rental Expense	22 line 9	1,680,000	1,680,000
Skilled Marketing Solutions		<input type="radio"/>	<input checked="" type="radio"/>	98%	Marketing	16 line m11	1,447	1,447
		<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 Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2016	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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			License No.	Report for Year Ended			Page	of
Greenwich Woods Rehabilitation, LLC			2403	9/30/2016			6	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						
IKON Financial - GE Capital c/o Ricoh	<input type="radio"/>	<input checked="" type="radio"/>	3 Copiers	02/01/15	Expires 10/4/2016	14,833	14,833	
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Pitney Bowes	02/01/15	Expires 1/20/2017	1,860	1,860	
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
<b>Is a Mileage Log Book Maintained for All Leased Vehicles ?</b>							<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>Total ***</b>							16,693	

\* 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 Greenwich Woods Rehabilitation, I	License No. 2403	Report for Year Ended 9/30/2016	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Cornerstone Accounting Group, LLC	Post Office Box 182, Plainville, CT
2 Blum Shapiro	29 South Main Street, West Hartford, CT
3 SY Consultant Inc	1138 E 12th Brooklyn NY 11230
4 EFPR CPA	280 Kenneth Drive Suite 100 Rochester NY 14623

Services Provided by This Firm (*describe fully*)

1 Monthly Closing	\$ 33,113
2 Consulting, Review, Cost Reports	\$ 29,050
3 Monthly Closing	\$ 3,000
4 Form 5500	\$ 8,000
	<b>Charge for Services Provided</b>
	\$ 73,163

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

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 See attached	
2	
3	
4	
5	

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

Services Provided by This Firm (*describe fully*)

1 See attached	\$ 42,733
2	\$
3	\$
4	\$
5	\$
	<b>Charge for Services Provided</b>
	\$ 42,733

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

**Schedule of Resident Statistics**

Name of Facility Greenwich Woods Rehabilitation, LLC			License No. 2403		Report for Year Ended 9/30/2016				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	217	217			217	217			217	217		
B. On last day of THIS report period	217	217			217	217			217	217		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	174	174			174	174			182	182		
B. As of midnight of THIS report period	191	191			182	182			191	191		
3. Total Number of Days Care Provided During Period												
A. Medicare	12,243	12,243			9,155	9,155			3,088	3,088		
B. Medicaid (Conn.)	43,562	43,562			32,331	32,331			11,231	11,231		
C. Medicaid (other states)												
D. Private Pay	10,843	10,843			8,637	8,637			2,206	2,206		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	66,648	66,648			50,123	50,123			16,525	16,525		
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. <b>Total Resident Days (3G + 4A + 4B)</b>	66,648	66,648			50,123	50,123			16,525	16,525		

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

Name of Facility Greenwich Woods Rehabilitation, LLC			License No. 2403			Report for Year Ended 9/30/2016			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	38		127		26								
Per Diem Rate													
a. One bed rm.	PPS		223.28		503/513/572								
b. Two bed rms.	PPS		223.28		481/492/552								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								1,272	1,272				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								60,929	60,929				
D. <b>Total Physical Therapy Treatments</b>								62,201	62,201				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								64	64				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								1,987	1,987				
D. <b>Total Speech Therapy Treatments</b>								2,051	2,051				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,081	1,081				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								50,836	50,836				
D. <b>Total Occupational Therapy Treatments</b>								51,917	51,917				

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Greenwich Woods Rehabilitation, LLC	2403	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	130,714	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	366,054	13,748				
5. Dietary Service						
a. Head Dietitian	71,018	1,689				
b. Food Service Supervisor	61,942	2,395				
c. Dietary Workers	776,151	48,199				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	46,807	2,199				
b. Other Maintenance Workers	69,916	4,512				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	257,580	15,839				
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	175,168	4,445				
b. RN						
1. Direct Care	1,184,199	33,705				
2. Administrative**	637,574	19,133				
c. LPN						
1. Direct Care	2,278,648	68,799				
2. Administrative**	99,452	2,389				
d. Aides and Attendants	3,061,474	189,779				
e. Physical Therapists	84,592	2,321				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	286,691	14,032				
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	259,896	6,123				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	9,847,876	431,387				

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

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

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





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

Name of Facility				License No.	Report for Year Ended				Page	of
Greenwich Woods Rehabilitation, LLC				2403	9/30/2016				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Greenwich Woods Rehabilitation, LLC				2403	9/30/2016			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
John Pashuluk	130,714			Non-preferential		2,080	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Greenwich Woods Rehabilitation, LLC	2403	9/30/2016	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	36,580	885				
2. Dentist	15,894	Disallowed				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	1,032,281	15,734				
b. Other						
6. Social Worker	34,375	990				
7. Recreation Worker	13,906	96				
8. Physicians						
a. Medical Director (entire facility)	65,000	327				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	27,000	Disallowed				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Medical Staff Meetings	832	6				
9. Speech Therapist						
a. Resident Care	82,976	1,222				
b. Other						
10. Occupational Therapist						
a. Resident Care	888,490	13,507				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	244,029	12,844				
d. Other						
12. Other (Specify) See Attached Schedule	35,994	137				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>2,477,357</b>	<b>45,748</b>				

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

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

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



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

Name of Facility	License No.	Report for Year Ended		Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2016		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 491,948	491,948			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 124,662	124,662			
4. Social Security (F.I.C.A.)	\$ 736,774	736,774			
5. Health Insurance	\$ 902,633	902,633			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 110,770	110,770			
8. Uniform Allowance	\$				
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 1,633	1,633			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 73,163	73,163			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 42,733	42,733			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 36,625	36,625			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 58,022	58,022			
2. Cellular Phones	\$ 4,969	4,969			
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	\$ 1,071,705	1,071,705			
<b>Subtotal</b>	\$ 3,655,637	3,655,637			

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

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2016	16	37
Item	Total	CCNH	RHNS	(Specify)
<b><i>Subtotals Brought Forward:</i></b>	3,655,637	3,655,637		
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 17,073	17,073		
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 37,942	37,942		
5. Education Expenses Related to Seminars and Conventions	\$ 12,037	12,037		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 3,486	3,486		
7. Other ( <i>Specify</i> ) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 22,906	22,906		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 50,374	50,374		
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	\$ 8,173	8,173		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 14,438	14,438		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 650	650		
9. Subscriptions	\$ 21,152	21,152		
10. Contributions*** See Attached Schedule	\$ 1,250	1,250		
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 93,879	93,879		
12. Administrative Management Services**	\$ 300,000	300,000		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 85,876	85,876		
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$ 4,324,873	4,324,873		

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

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

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

**Schedule of Other Travel and Entertainment**

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

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Advertising - Promotions	\$ 3,601		
Advertising - Business Promotions	\$ 46,773		
<b>Total Other Advertising</b>	\$ 50,374	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
Dues - see page 16b	\$ 14,438		
<b>Total Dues</b>	\$ 14,438	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
Contributions	\$ 1,250		
<b>Total Contributions</b>	\$ 1,250	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Employee Background Checks	\$ 3,481		
Data Processing Fees	\$ 1,055		
Software Maintenance	\$ 41,943		
Employee Insurance	\$ 7,615		
Crime Insurance	\$ 4,550		
Facility Licenses	\$ 3,953		
Bank Charges	\$ 14,551		
Medical Records Supplies	\$ 2,102		
A&G Small Equipment Purchase	\$ 235		
Penalties	\$ 1,530		
A&G Purchased Services	\$ 3,500		
Printing	\$ 567		
Miscellaneous	\$ 794		
<b>Total Other Administrative and General</b>	\$ 85,876	\$ -	\$ -



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

Name of Facility	License No.	Report for Year Ended	Page of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2016	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 #
Moshe Bernstein	150,000	Management Services	16 m12
Mordi Blass	150,000	Management Services	16 m12

**\* 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 Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2016	Page 18	of 37
<b>Item</b>	<b>Total</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 490,851	490,851		
2. Non-Food Supplies	\$ 63,637	63,637		
3. Other (Specify) _____ Dietary Chemicals/Cleaning Supplies	\$ 11,493	11,493		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 1,525	1,525		
c. Management Services**	\$			
d. Other (Specify) _____ Dietary Small Equipment Purchase \$1,883 Nutritional Supplements \$44,843	\$ 46,726	46,726		
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 614,232</b>	<b>614,232</b>		
<b>2F. Dietary Questionnaire</b>	<b>Total</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
G. Resident Meals: Total no. of meals served per day:*				
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.                                   \$91				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				30 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.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No                                   If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input checked="" type="radio"/> Yes <input 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 Greenwich Woods Rehabilitation, LLC		License No. 2403	Report for Year Ended 9/30/2016	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. \$	29,702	29,702	
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) Chemicals/Detergents \$1,628, Supplies \$3,366, Equipment Rental \$20,419		\$	25,413	25,413	
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	<b>55,115</b>	<b>55,115</b>	
<b>3F. Laundry Questionnaire</b>					
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
Greenwich Woods Rehabilitation, LLC		2403	9/30/2016		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. \$	45,861	45,861		
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. \$	480,302	480,302		
c.	Management Services*	\$				
d.	Other ( <i>Specify</i> )	\$				
4E.	<b>Total Housekeeping Expenditures</b> (4a + b + c + d)	\$	526,163	526,163		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	560,145	560,145		
	Medicare \$375,592, Medicaid \$11,473, Managed Care \$171,094, EverCare \$2,001, Facility (\$15)					
b.	Medicine Cabinet Drugs	\$	25,327	25,327		
c.	Medical and Therapeutic Supplies	\$	26,772	26,772		
d.	Ambulance/Limousine***	\$	4,000	4,000		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	53,719	53,719		
f.	X-rays and Related Radiological Procedures***	\$	26,882	26,882		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	53,787	53,787		
i.	Recreation	\$	2,426	2,426		
j.	Other (Specify)**** See Attached Schedule	\$	361,366	361,366		
5K.	<b>Total Resident Care Expenditures</b> (5a - 5j)	\$	1,114,424	1,114,424		

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Specialty Mattresses	\$ 41,266		
Cable TV	\$ 37,234		
Physical Therapy Equipment Rental	\$ 18,814		
Other Therapy Equipment	\$ 160		
Physical Therapy Small Equipment Purchase	\$ 1,238		
Nursing Supplies	\$ 249,840		
Incontinent Care	\$ (11)		
Wound Care Supplies	\$ 6,478		
Tube Feeding - Medicare	\$ 1,754		
Medical Supplies - Medicare	\$ 1,721		
Medical Supply Rentals - Medicare	\$ 613		
Respiratory Supplies	\$ 2,259		
<b>Total Other Resident Care</b>	<b>\$ 361,366</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Greenwich Woods Rehabilitation, LLC			License No. 2403		Report for Year Ended 9/30/2016				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
Sparkle	5140 Highway 9, South Howell, NJ 07731	<input checked="" type="radio"/>	<input type="radio"/>	Owners of Greenwich also own % of Sparkle	Housekeeping Services	480,302			20	4b
Finochio Brothers Sanitation	49 Liberty Place, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	23,185			22	6f
Daniels Equipment	45 Pirsicilla Lane, Auburn, NH 03032	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Equipment Rental	20,419			22	6f
Saucier Mechanical	148 North Street, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		Repair / Maintenance	78,741			22	6a
Shamrock Land Management	Road, Monroe, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		Grounds Maint & Landscaping	27,773			22	6f
Iris Cafaro	50 Hoinski Way, Ansonia, CT 06401	<input type="radio"/>	<input checked="" type="radio"/>		AR/Billing Consultant	29,655			16	m11
A. Santino	42 Robin Hill Lane, Hamden, CT 06518	<input type="radio"/>	<input checked="" type="radio"/>		Information Tecnology	22,165			16	m11
Matrixcare	Bin #32 PO Box 1414, Minneapolis, MN 55480	<input type="radio"/>	<input checked="" type="radio"/>		Healthcare system/payables/GL	35,815			16	m11
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 139,961	139,961				
b. Heat	\$ 135,844	135,844				
c. Light & Power	\$ 176,644	176,644				
d. Water	\$ 151,918	151,918				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 16,693	16,693				
f. Other ( <i>itemize</i> )	\$ 160,716	160,716				
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 781,776	781,776				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 387	387				
b. Building & Building Improvements	\$ 4,116	4,116				
c. Non-Movable Equipment	\$ 6,947	6,947				
d. Movable Equipment	\$ 16,796	16,796				
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 28,246	28,246				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,680,000	1,680,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 117,491	117,491				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 1,121	1,121				
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 1,826,858	1,826,858				

\* 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)
Trash Removal	\$ 27,162		
Service Contracts	\$ 48,968		
Maintenance Supplies	\$ 49,563		
Grounds Maintenance	\$ 29,579		
Plant Small Equipment Purchase	\$ 265		
Minor Decorating	\$ 609		
Plant Equipment Rental	\$ 3,047		
Grounds Landscaping	\$ 702		
Laundry Small Equipment Purchase	\$ 51		
Plant Purchased Services	\$ 770		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 160,716</b>	<b>\$ -</b>	<b>\$ -</b>

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Greenwich Woods Rehabilitation, LLC  
9/30/2016

**Schedule of Land Improvements Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
	Adjustment to prior year asset purchase (refund)	\$ (5,000)		
<b>Total additions for Land Improvements</b>		\$ (5,000)		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

**Schedule of Building Improvements Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
11/30/2015	Lighting fixtures & installation	28,632	10	2,623
12/31/2015	Add'l. Lighting fixtures & installation	4,745	10	395
9/30/2016	Roof	7,000	10	-
<b>Total additions for Building Improvements</b>		\$ 40,377		\$ 3,018 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

**Schedule of Non-Movable Equipment Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
5/1/2016	A&C Furia	23,150	20	482
5/1/2016	Saucier Mechanical	6,837	20	143
5/1/2016	A&C Furia	5,998	20	125
6/1/2016	Fire Protection	1,878	20	31
7/1/2016	Tri-State	4,621	20	58
<b>Total additions for Non-Movable Equipment</b>		\$ 42,484		\$ 839 *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
7/31/2015	Undercounter Ice Machine #434280	2,088	10	209
10/22/2015	Telephone Pager System	2,244	10	224
11/30/2015	Time Clock System Series 3000 & Implementation	18,417	10	1,688
12/1/2015	HP Proliant Server	5,832	5	972
1/11/2016	Disposal Unit	2,794	10	210
1/19/2016	5 Electric Beds	6,019	12	376
2/9/2016	7 Patient Lifts	14,859	10	991
2/18/2016	2 Patient Lifts	4,881	10	325
2/25/2016	Telephone System Add-on	3,403	10	227
4/1/2016	3 Electric Beds with head/foot	3,737	12	156
4/1/2016	Hospital Bed	6,019	12	293
5/1/2016	Gerimedex	4,998	5	417
9/1/2016	Beds	15,655	5	261
9/30/2016	5 Beds	6,312	5	-
<b>Total additions for Movable Equipment</b>		\$ 97,258		\$ 6,349 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Leasehold Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

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

**Amortization Schedule\***

Name of Facility Greenwich Woods Rehabilitation, LLC			License No. 2403		Report for Year Ended 9/30/2016			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* 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 Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2016	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase		02/01/15		
4. Date of Initial Licensure		02/01/15		
5. Total Licensed Bed Capacity		217		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		02/01/15		
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)		4		
e. Amount of Principal Borrowed		13,000,000		
f. Principal balance outstanding as of 9/30/2016		13,000,000		
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

**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
Greenwich Woods Rehabilitation, LL	2403	9/30/2016	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
2. Second Mortgage	\$			
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				
<b>12 B7. Total Building Interest Expense (A1 - A4 + B5)</b>	<b>\$</b>			

*(Carry Subtotals forward to next page)*

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

Name of Facility		License No.		Report for Year Ended			Page	of
Greenwich Woods Rehabilitation, I		2403		9/30/2016			27	37
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:								
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)				\$	10,122	10,122		
Interest Expense - notes/resident refunds								
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$	10,122	10,122		
14. Insurance								
a. Insurance on Property (buildings only)				\$	39,844	39,844		
b. Insurance on Automobiles				\$	2,256	2,256		
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$	15,443	15,443		
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$	78,701	78,701		
Liability								
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$	136,244	136,244		
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$	21,715,040	21,715,040		

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC				2403	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	b10	Occupational Therapy	\$ 888,490	888,490		
7.			Other - See attached Schedule	\$ 73,958	73,958		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1d/e	Accounting & Legal	\$ 13,146	13,146		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 2,809	2,809		
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	m2/m	Unallowable Advertising *	\$ 50,374	50,374		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 1,250	1,250		
21.	16	m12	Unallowable Management Fees	\$ 300,000	300,000		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 69,937	69,937		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,399,964	1,399,964		

\* 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)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b12	Nursing Admin. Purchased Services - Preferred Therapy	\$ 17,097		
13	8e	Doctor - Rehab Director	\$ 27,000		
13	b8a	Medical Director over allowable	\$ 12,167		
13	b12	Psychiatrist	\$ 1,800		
13	b2	Dentist	\$ 15,894		
<b>Total Other Fees Adjustments</b>			\$ 73,958	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Penalties	\$ 1,530		
16	m8a	Chamber of Commerce Dues	\$ 650		
16	12	Employee Relations	\$ 12,073		
16	m13	Crime Insurance	\$ 4,550		
16	m13	Miscellaneous	\$ 794		
20	4b	Housekeeping Purchased Services - Disallow related party markup	\$ 50,340		
<b>Total Other A&amp;G Adjustments</b>			\$ 69,937	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC				2403	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,399,964	1,399,964		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 560,145	560,145		
28.	20	5d	Ambulance/Limousine	\$ 4,000	4,000		
29.	20	5f	X-rays, etc	\$ 26,882	26,882		
30.	20	5h	Laboratory	\$ 53,787	53,787		
31.	20	5c	Medical Supplies	\$ 26,772	26,772		
32.	20	5e2	Oxygen (non emergency)	\$ 53,719	53,719		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 75,753	75,753		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (52,010)	(52,010)		
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	\$ 609	609		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 55,079	55,079		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 2,204,700	2,204,700		

\*\*\* 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.

Greenwich Woods Rehabilitation, LLC  
9/30/2016

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Specialty Mattresses	\$ 41,266		
20	5j	Physical Therapy Equipment Rental	\$ 18,814		
20	5j	Other Therapy Equipment	\$ 160		
20	5j	Physical Therapy Small Equipment Purchase	\$ 1,238		
20	5j	Tube Feeding - Medicare	\$ 1,754		
20	5j	Medical Supplies - Medicare	\$ 1,721		
20	5j	Medical Supply Rentals - Medicare	\$ 613		
20	5j	Nursing Supplies	\$ 10,187		
<b>Total Other Ancillary Costs</b>			\$ 75,753	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
		To include moveable depreciation expense at prior owner basis which were purchased by new owner.	\$ (52,010)		
<b>Total Excess Movable Equipment Depreciation</b>			\$ (52,010)	\$ -	\$ -

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6f	Minor Decorating	\$ 609		
<b>Total Other Property Adjustments</b>			\$ 609	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12c-d	Interest Expense	\$ 10,122		
20	5j	Cable TV	\$ 37,234		
30	IV 8	Collection fees	\$ 7,632		
30	IV 1	Meals Sold to Guests	\$ 91		
<b>Total Other Adjustments</b>			\$ 55,079	\$ -	\$ -

Schedule of Unallowable Building Interest

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

### F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2016		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 21,183,552	21,183,552			
b. Medicaid Room and Board Contractual Allowance **	\$ (11,665,527)	(11,665,527)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 6,522,539	6,522,539			
b. Medicare Room and Board Contractual Allowance **	\$ 1,685,061	1,685,061			
4. a. Private-Pay Residents and Other	\$ 5,770,429	5,770,429			
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,311,659)	(1,311,659)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 385,318	385,318			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (385,318)	(385,318)			
c. Prescription Drugs - Non-Medicare	\$ 169,544	169,544			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (164,364)	(164,364)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 8	8			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (8)	(8)			
3. a. Physical Therapy - Medicare	\$ 1,594,648	1,594,648			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (1,434,898)	(1,434,898)			
c. Physical Therapy - Non-Medicare	\$ 572,957	572,957			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (545,413)	(545,413)			
4. a. Speech Therapy - Medicare	\$ 105,723	105,723			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (97,994)	(97,994)			
c. Speech Therapy - Non-Medicare	\$ 68,319	68,319			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (64,301)	(64,301)			
5. a. Occupational Therapy - Medicare	\$ 1,402,228	1,402,228			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (1,294,191)	(1,294,191)			
c. Occupational Therapy - Non-Medicare	\$ 493,920	493,920			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (472,826)	(472,826)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 1,101	1,101			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 22,518,848	22,518,848			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$ 91	91			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 52	52			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 7,632	7,632			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 7,775	7,775			
<b>VI. Total All Revenue</b> (III +V)	\$ 22,526,623	22,526,623			

\* 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)
30 / 6a	Oxygen Medicare A	23,763		
30 / 6a	X-Ray Medicare A	17,751		
30 / 6a	LAB Medicare A	26,260		
30 / 6a	Equipment Rental Medicare A	659		
30 / 6a	IV Therapy Medicare A	3,355		
30 / 6a	Less: Contractual Adjustment	\$ (71,788)		
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30 / 6b	Oxygen Semi Private	56		
30 / 6b	Oxygen Medicaid Certified	21,509		
30 / 6b	X-Ray Medicaid Certified	257		
30 / 6b	Oxygen EverCare	256		
30 / 6b	X-Ray EverCare	65		
30 / 6b	LAB EverCare	197		
30 / 6b	Oxygen Managed Care	8,070		
30 / 6b	Equipment Rental Managed Care	1,787		
30 / 6b	X-Ray Managed Care	7,761		
30 / 6b	LAB Managed Care	11,242		
30 / 6b	Less: Contractual Adjustment	\$ (50,099)		
<b>Total Other Resident Revenue</b>		\$ 1,101	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 / IV5	Interest Income	52	52		
<b>Total Interest Income</b>			\$ 52	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30 / IV8	Collection Fees	7,632		
<b>Total Other Revenue</b>		\$ 7,632	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2016	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	1,036,900
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	3,677,823
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	144
4. Inventories			\$	
5. Prepaid Expenses			\$	327,704
a. Prepaid Expense	34,779			
b. Prepaid Insurance	217,123			
c. Prepaid Taxes	69,238			
d. Prepaid - Other Expenses	6,564			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	65,460
Patient funds held in trust	65,460			
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	5,108,031
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	5,814	\$	5,246
	Accum. Depreciation	568	Net	
3. Buildings	*Historical Cost	55,826	\$	50,963
	Accum. Depreciation	4,863	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	164,657	\$	156,039
	Accum. Depreciation	8,618	Net	
6. Movable Equipment	*Historical Cost	162,163	\$	140,129
	Accum. Depreciation	22,034	Net	
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	315,266
Construction in Progress	315,266			
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	667,643

\* 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 Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2016	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	5,775,674
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 <b>Total Leasehold or Like Properties</b> (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. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	5,775,674

\* 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 Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount
Total Brought Forward:				4,657,023
<b>Liabilities (cont'd)</b>				
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> )				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
Loans Payable - TransCon		35,688	35,688	
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 35,688
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 4,692,711

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

Name of Facility	License No.	Report for Year Ended	Page	of
Greenwich Woods Rehabilitation, LLC	2403	9/30/2016	35	37
Account			Amount	
<b>A. Reserves</b>				
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>B. Net Worth</b>				
1. Owner's Capital			\$	311,380
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period			\$	771,583
	10/1/2015	thru	9/30/2016	
7. Total Net Worth			\$	1,082,963
<b>C. Total Reserves and Net Worth</b>			\$	1,082,963
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	5,775,674

### H. Changes in Total Net Worth

Name of Facility Greenwich Woods Rehabilitation, LLC	License No. 2403	Report for Year Ended 9/30/2016	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	311,380
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	22,526,623
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	21,715,040
D. Net Income or Deficit			\$	811,583
E. Balance			\$	1,122,963
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> )			\$	40,000
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
			40,000	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	40,000
H. <b>Balance at End of Period</b>			\$	1,082,963
				09/30/16