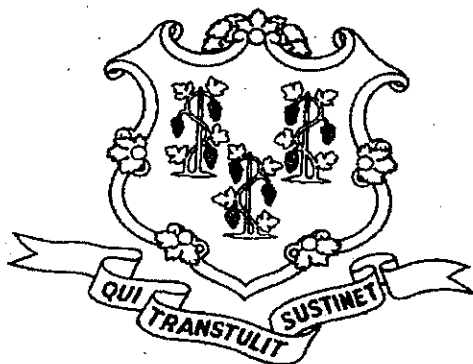


# State of Connecticut



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

Name of Facility (as licensed) The Nathaniel Witherell	
Address (No. & Street, City, State, Zip Code) 70 Parsonage Road Greenwich, CT 06830	
Type of Facility Chronic and Convalescent                      Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH)    (RHNS)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 564-C	RHNS	(Specify)	Medicare Provider 07-5117
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Medicaid Provider Numbers:	CCNH 5645	RHNS	ICF-IID
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**For Department Use Only**

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

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**General Information**

Name of Facility (as licensed) The Nathaniel Witherell	License No. 564-C	Report for Year Ended 9/30/2016	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 The Nathaniel Witherell [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) Allen M. Brown			Printed Name (Owner) Town of Greenwich CT		
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 The Nathaniel Witherell	Period Covered:	From 10/1/2015	To 9/30/2016	
Address of Facility 70 Parsonage Road Greenwich, CT 06830				
Report Prepared By Chris Alexander	Phone Number 203-618-4334	Date 2/1/2016		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid \$				
2. Laundry wages paid \$				
3. Housekeeping wages paid \$				
4. Nursing wages paid \$				
5. All other wages paid \$				
6. <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 203-618-4200		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) The Nathaniel Witherell		Address (No. & Street, City, State, Zip) 70 Parsonage Road Greenwich, CT 06830		
License Numbers:	CCNH 564-C	RHNS	(Specify)	Medicare Provider No. 07-5117
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input checked="" type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Allen M. Brown		Nursing Home Administrator's License No.:	001742	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		





### General Information and Questionnaire Individual Proprietorship

Name of Facility The Nathaniel Witherell	License No. 564-C	Report for Year Ended 9/30/2016	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A



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

Name of Facility The Nathaniel Withereil		License No. 564-C	Report for Year Ended 9/30/2016	Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," provide the following information:							
Name of Related Individual or Company  (See Attached Listing)	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				

\* Use additional sheets if necessary.

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

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility The Nathaniel Witherell	License No. 564-C	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.

N/A

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

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 Nathaniel Witherell		License No. 564-C		Report for Year Ended 9/30/2016		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					
N/A	<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"/>					
						<b>Total ***</b>	

Is a Mileage Log Book Maintained for All Leased Vehicles ?       Yes       No

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

\*\* Attach copies of newly acquired leases.

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

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility The Nathaniel Witherell	License No. 564-C	Report for Year Ended 9/30/2016	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No            If "No," explain.				
<b>Independent Accounting Firm</b>				
Name of Accounting Firm 1 O/Connor Davies, LLP 2 3 4		Address (No. & Street, City, State, Zip Code) 100 Great Meadow Road Suite 401 Weathersfield, CT 06109		
Services Provided by This Firm ( <i>describe fully</i> )				
1	Accounting Services/Consulting Services		\$	2,001
2			\$	
3			\$	
4			\$	
			Charge for Services Provided	
			\$ 2,001	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No            Item #1 PG15/1d Eliminated PG28/10				
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney 1 Town of Greenwich Law Department 2 Murtha Cullina LLP 3 Wiggin And Dana LLP 4 5			Telephone Number 203-622-3816 860-240-6000 203-498-4400	
Address ( <i>No. &amp; Street, City, State, Zip Code</i> ) 1 101 Field Point Road Greenwich, CT 06103 2 City Place 1 185 Asylum ST Hartford, CT 06103-3469 3 One Century Tower, New Haven, CT 06510 4 5				
Services Provided by This Firm ( <i>describe fully</i> )				
1	General Counsel		\$	12,927
2	General Nursing Home Matters		\$	50,385
3			\$	
4			\$	
5			\$	
			Charge for Services Provided	
			\$ 63,312	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No            Page 15 Line 13 Eliminated Page 28 Line 10				

**Schedule of Resident Statistics**

Name of Facility	License No.	Report for Year Ended		Page	of								
		9/30/2016				8	37						
		Period 10/1 Thru 6/30	Period 7/1 Thru 9/30										
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	202	202			202	202				202	202		
B. On last day of THIS report period	202	202			202	202				202	202		
2. Number of Residents													
A. As of midnight of PREVIOUS report period	173	173			173	173				192	192		
B. As of midnight of THIS report period	191	191			191	191				191	191		
3. Total Number of Days Care Provided During Period													
A. Medicare	12,486	12,486			9,462	9,462				3,024	3,024		
B. Medicaid (Conn.)	38,935	38,935			28,781	28,781				10,154	10,154		
C. Medicaid (other states)													
D. Private Pay	13,679	13,679			10,322	10,322				3,357	3,357		
E. State SSI for RCH													
F. Other (Specify) Commercial Insurance	2,468	2,468			1,750	1,750				718	718		
G. Total Care Days During Period (3A thru F)	67,568	67,568			50,315	50,315				17,253	17,253		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	355	355			301	301				54	54		
B. Other Bed Reserve Days	132	132			88	88				44	44		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	68,055	68,055			50,704	50,704				17,351	17,351		

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

Name of Facility The Nathaniel Witherell	License No. 564-C	Report for Year Ended 9/30/2016	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?  Yes  No  
 If "YES", provide the following information:

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

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	(Specify)
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare		Medicaid		Self-Pay			Other State Assisted	
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	32		110		53				
Per Diem Rate									
a. One bed rm.	Various PPS Rates		280.45		\$528 & \$538				
b. Two bed rms.					\$494 & \$504				
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments

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

8. Total Number of Speech Therapy Treatments

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

9. Total Number of Occupational Therapy Treatments

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

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
The Nathaniel Withereil	564-C	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)	160,886	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	591,749	17,698				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	873,764	48,926				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	797,404	43,147				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	109,347	1,822				
b. Other Maintenance Workers	232,644	8,038				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	126,761	6,359				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	133,702	2,080				
b. Other Accountants	232,808	5,293				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	763,702	13,196				
b. RN						
1. Direct Care	2,325,171	49,411				
2. Administrative**	1,094,918	22,471				
c. LPN						
1. Direct Care	1,146,355	31,335				
2. Administrative**						
d. Aides and Attendants	4,216,847	209,116				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	423,490	12,349				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	236,465	5,414				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	13,466,012	478,733				

\* 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		
The Nathaniel Witherell		564-C		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>									
N/A									
<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>									
N/A									

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

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

Name of Facility (as licensed) The Nathaniel Witherell		License No. 564-C		Report for Year Ended 9/30/2016			Page 12	of 37	
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
<b>Section III - Administrators***</b>									
Allen Brown - 2 Cottonwood Chase Road Norwalk, CT 06851	160,886		No Discriminatory Benefits	10/1/15 - 9/30/16 Executive Director	2,080	PG10A.2			
<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		
The Nathaniel Witherell	564-C	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						
2. Dentist	25,550	146				
3. Pharmacist	20,306	406				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	1,307,947	19,710				
b. Other	60,000	2,080				
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	75,000	554				
b. Utilization Review (Title 18 and 19 only) monthly meeting	750	4				
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	249,942	5,376				
b. Other						
10. Occupational Therapist						
a. Resident Care	823,240	11,854				
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>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>2,562,735</b>	<b>40,130</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
The Nathaniel Witherell	564-C	9/30/2016		15	37
Item	Total	CCNH	RHNS	(Specify)	
<b>1. Administrative and General</b>					
<b>a. Employee Health &amp; Welfare Benefits</b>					
1. Workmen's Compensation	\$ 159,363	159,363			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 25,089	25,089			
4. Social Security (F.I.C.A.)	\$ 1,056,780	1,056,780			
5. Health Insurance	\$ 3,195,937	3,195,937			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 63,596	63,596			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 1,437,536	1,437,536			
8. Uniform Allowance	\$ 64,450	64,450			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 69,534	69,534			
<b>b. Personal Retirement Plans, Pensions, and        Profit Sharing Plans for Owners and        Operators (Discriminatory)*</b>	\$				
<b>c. Bad Debts*</b>	\$ 135,324	135,324			
<b>d. Accounting and Auditing</b>	\$ 2,001	2,001			
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$ 63,312	63,312			
<b>f. Insurance on Lives of Owners and        Operators (<i>Specify</i>)*</b>	\$				
<b>g. Office Supplies</b>	\$ 60,325	60,325			
<b>h. Telephone and Cellular Phones</b>					
1. Telephone & Pagers	\$ 62,282	62,282			
2. Cellular Phones	\$ 2,326	2,326			
<b>i. Appraisal (<i>Specify purpose and        attach copy</i>)*</b>	\$				
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$				
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$ 29,775	29,775			
3. Resident Day User Fee	\$ 900,950	900,950			
<b>Subtotal</b>	\$ 7,328,579	7,328,579			

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

(Carry Subtotals forward to next page)

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

The Nathaniel Witherell  
9/30/2016

Attachment Page 15

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	(Specify)
OPEB (Other Post Employee Benefits)	\$ 35,461		
Retiree HSA	\$ 32,023		
Eyeglass Reimbursement	\$ 2,051		
<b>Total</b>	<b>\$ 69,534</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Taxes**

Description	CCNH	RHNS	(Specify)
Sewer Taxes	\$ 29,775		
<b>Total</b>	<b>\$ 29,775</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility	License No.	Report for Year Ended		Page	of
The Nathaniel Witherell	564-C	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	7,328,579	7,328,579			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 30,215	30,215			
5. Education Expenses Related to Seminars and Conventions	\$ 3,228	3,228			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 19,652	19,652			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$				
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 124,015	124,015			
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	\$ 12,193	12,193			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 18,913	18,913			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 125,109	125,109			
12. Administrative Management Services**	\$ 821,234	821,234			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 90,922	90,922			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 8,574,060	8,574,060			

\* 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 Adds (Eliminated PG28 Line 18)	\$ 123,790		
Web Hosting (Eliminated PG28 Line 18)	\$ 225		
<b>Total Other Advertising</b>	\$ 124,015	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Leading Age	\$ 18,808		
ALTCFM Membership	\$ 80		
Fairfield County	\$ 25		
<b>Total Dues</b>	\$ 18,913	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Architects (Eliminated PG 28 Line 23)	\$ -		
Tech Consulting (Eliminated PG 28 Line 23)	\$ 75,171		
Mandatory Staff Training	\$ 10,956		
Referral Service Curaspan	\$ 4,795		
Notary Fee State	\$ -		
General Consulting Fees (Eliminated PG 28 Line 23)	\$ -		
<b>Total Other Administrative and General</b>	\$ 90,922	\$ -	\$ -



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

Name of Facility The Nathaniel Witherell	License No. 564-C	Report for Year Ended 9/30/2016	Page 17	of 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #	
Town of Greenwich 101 Field Point Road Greenwich, CT 06830	808,307	Enterprise Cost entails the Town processing the Facility's payroll Labor Negotiations and	PG16M.12 & PG15/le	
		Administrator's fringe benefits package and union contracts, town provides		
		Legal, Accounting, Human Resource, Purchasing, Information Technology and Insurance support.		
Morrison Management Specialists P.O. Box 102289 Atlanta Ga 30368-2289	591,695	Supervision Prep, Resident Food, Ordering of Food, supplies, supplements, Staff Supervision, Café Management	PG18 Line 2C	

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Nathaniel Witherell	564-C	9/30/2016	18	37
Item	Total	CCNH	RHNS	(Specify)
<b>2. Dietary</b>				
<b>a. In-House Preparation &amp; Service</b>				
1. Raw Food	\$ 728,203	728,203		
2. Non-Food Supplies	\$ 120,724	120,724		
3. Other (Specify) _____	\$ _____			
<b>b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)</b>	\$ _____			
<b>c. Management Services**</b>	\$ 591,695	591,695		
<b>d. Other (Specify) _____</b>	\$ _____			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	\$ 1,440,622	1,440,622		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	511	511		
H. Is cost of employee meals included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify cost. \$44,413
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify amt. \$63,399
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				PG30/IV.1
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. \$5,682
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 Nathaniel Witherell		License No. 564-C	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. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) Laundry & Chemical Supplies		\$	11,315	11,315	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	11,315	11,315	
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4. All allocations should add to total recorded in 3E.  
 \*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.  
 \*\*\* Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
The Nathaniel Witherell		564-C	9/30/2016		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. \$	129,637	129,637		
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*		\$			
d.	Other ( <i>Specify</i> )		\$			
4E.	<b>Total Housekeeping Expenditures (4a + b + c + d)</b>		\$ 129,637	129,637		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy		\$			
	2. Purchased from Omnicare		\$ 415,567	415,567		
b.	Medicine Cabinet Drugs		\$ 56,715	56,715		
c.	Medical and Therapeutic Supplies		\$ 483,281	483,281		
d.	Ambulance/Limousine***		\$ 4,758	4,758		
e.	Oxygen					
	1. For Emergency Use		\$			
	2. Other***		\$ 37,562	37,562		
f.	X-rays and Related Radiological Procedures***		\$ 90,232	90,232		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )		\$ 866	866		
h.	Laboratory***		\$ 33,625	33,625		
i.	Recreation		\$ 31,421	31,421		
j.	Other ( <i>Specify</i> )**** See Attached Schedule		\$ 29,780	29,780		
5K.	<b>Total Resident Care Expenditures (5a - 5j)</b>		\$ 1,183,807	1,183,807		

\* 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		License No.	Report for Year Ended	Page of					
The Nathaniel Witherell				564-C	9/30/2016	21	37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
		Yes	No						
Francis X Walsh MD	31 River Road Suite 200 Cos Cob, CT 06807	<input type="radio"/>	<input checked="" type="radio"/>	Medical Director	75,000			13	B8a
Morrison Management Specialists	P.O. Box 102289 Atlanta, GA 30368-2289	<input type="radio"/>	<input checked="" type="radio"/>	Management Dietary Services	527,379			18	2C
Morrison Management Specialists	P.O. Box 102289 Atlanta, GA 30368-2289	<input type="radio"/>	<input checked="" type="radio"/>	Food Cost	728,203			18	2a1
Morrison Management Specialists	P.O. Box 102289 Atlanta, GA 30368-2289	<input type="radio"/>	<input checked="" type="radio"/>	Supplies Non Food	120,724			18	2a1
Morrison Management Specialists	P.O. Box 102289 Atlanta, GA 30368-2289	<input type="radio"/>	<input checked="" type="radio"/>	Supplements	37,319			18	2a1
Morrison Management Specialists	P.O. Box 102289 Atlanta, GA 30368-2289	<input type="radio"/>	<input checked="" type="radio"/>	Labor Café	64,316			18	2C
Morrison Management Specialists	P.O. Box 102289 Atlanta, GA 30368-2289	<input type="radio"/>	<input checked="" type="radio"/>	Food Cost Café Witherell	31,961			18	2a1
Morrison Management Specialists	P.O. Box 102289 Atlanta, GA 30368-2289	<input type="radio"/>	<input checked="" type="radio"/>	Supplies Café Witherell	8,691			18	2a2
Can Man	NY 10710	<input type="radio"/>	<input checked="" type="radio"/>	Garbage Removal	32,831			22	6f
Clinical Laboratory Partners, LLC / Quest Diagnostics LLC	Drive Newington, CT 06111-1543	<input type="radio"/>	<input checked="" type="radio"/>	Laboratory	33,625			20	5h
Cablevision of Connecticut	P/O. Box 9256 Chelsea, MA 02150-9256	<input type="radio"/>	<input checked="" type="radio"/>	TV Cable Provider General Areas	3,992			16	m11
Direct TV, LLC	P.O. Box 60036 Los Angeles, CA 90060-0036	<input type="radio"/>	<input checked="" type="radio"/>	TV Cable Provider Resident Rooms	21,979			16	m11

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

\*\* Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
The Nathaniel Witherell	564-C	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 530,637	530,637				
b. Heat	\$ 83,358	83,358				
c. Light & Power	\$ 287,983	287,983				
d. Water	\$ 33,745	33,745				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$ 36,851	36,851				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 972,574</b>	<b>972,574</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 3,805	3,805				
b. Building & Building Improvements	\$ 1,523,849	1,523,849				
c. Non-Movable Equipment	\$ 52,007	52,007				
d. Movable Equipment	\$ 140,394	140,394				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 1,720,054</b>	<b>1,720,054</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$</b>					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 1,720,054</b>	<b>1,720,054</b>				

\* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

**Schedule of Other Repairs and Maintenance**

Description	CCNH	RHNS	(Specify)
Sanitation Removal	\$ 32,831		
Bio Waste Removal	\$ 2,220		
Fish Tank Cleaning	\$ 1,800		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 36,851</b>	<b>\$ -</b>	<b>\$ -</b>





The Nathaniel Witherell  
9/30/2016

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life
<b>Additions:</b>			
Oct-15	ROOM RENOVATIONS #223 (SPLIT)	\$ 5,000	15
Oct-15	ROOM RENOVATIONS #223 (SPLIT)	\$ 7,000	15
Oct-15	ROOM RENOVATIONS #221	\$ 12,000	15
Oct-15	ROOM RENOVATIONS #217	\$ 12,000	15
Oct-15	ROOM RENOVATIONS #220	\$ 12,000	15
Oct-15	ROOM RENOVATIONS #218	\$ 12,000	15
Nov-15	ROOM RENOVATIONS #219	\$ 12,000	15
Nov-15	ROOM RENOVATIONS #215	\$ 12,000	15
Nov-15	(10) 3" SKYKINE SERIES, 120V, (AMBIENT, READING, EXAM, NIGHT) SINGLE PULL CHAIN LIGHT FIXTURES	\$ 4,854	15
Nov-15	ROOM RENOVATIONS #216	\$ 12,000	15
Dec-15	ROOM RENOVATIONS #214	\$ 12,000	15
Dec-15	ROOM RENOVATIONS #214	\$ 12,000	15
Dec-15	ROOM RENOVATIONS #204	\$ 11,500	15
Dec-15	ROOM RENOVATIONS #206	\$ 11,500	15
Dec-15	ROOM RENOVATIONS #208	\$ 11,500	15
Jan-16	ROOM RENOVATIONS #202	\$ 11,500	15
Jan-16	ROOM RENOVATIONS #201	\$ 12,000	15
Feb-16	ROOM RENOVATIONS #203	\$ 12,000	15
Feb-16	ROOM RENOVATIONS #205	\$ 12,000	15
Feb-16	ROOM RENOVATIONS #211	\$ 12,000	15
Feb-16	ROOM RENOVATIONS #207	\$ 12,000	15
Jan-16	ARCHITECTVTURAL DESIGN FOR REPOINTING ADMINISTRATIVE BLDG.	\$ 12,000	45
Apr-16	ROOM RENOVATIONS (5)	\$ 62,146	15
Apr-16	ROOM RENOVATIONS (5)	\$ 2,670	15
May-16	ROOM RENOVATIONS (5)	\$ 60,238	15
Jun-16	(1) SOUND ENCLOSURE FOR CHILLER	\$ 18,075	20
Jun-16	ROOM RENOVATIONS (5)	\$ 55,175	15
Jun-16	ROOM RENOVATIONS (5)	\$ 20,153	15
Jun-16	ADDITIONS TO NURSE CALL SYSTEM	\$ 7,526	20
Jun-16	CONSTRUCTION DRAWINGS FOR RELOCATION OF NURSE STATION & CONVERSION OF UNITS	\$ 13,054	45
Jul-16	DESIGN SERVICES & CONTRACT DOCUMENTS	\$ 6,265	45
May-16	FEE FOR DESIGN SERVICES/CONTRACT DOCUMENTS/CONSTRUCTION ADMIN	\$ 24,850	45
May-16	ARCHITECTURAL DESIGN FOR GREENHOUSE REPLACEMENT	\$ 4,800	45
Jun-16	REPOINTING & RESTORATION WORK ADMIN. BLDG.	\$ 96,580	20
Aug-16	REPAVE PARKING LOT	\$ 71,950	15
<b>Total additions for Building Improvements</b>		\$ 686,336	
<b>Deletions:</b>			

2002	Carpeting DISPOSAL	(46,875)	15
2001	Sprinkler System DISPOSAL	(37,202)	15
2003	Dining Equipment DISPOSAL	(38,840)	15
2002	Fire Protective Sprinkler System DISPOSAL	(32,019)	20
2003	Kitchen Equipment DISPOSAL	(15,043)	15
2003	Kitchen Equipment DISPOSAL	(5,532)	15
1993	Shelving Unit DISPOSAL	(4,712)	15
1998	Recarpet Pavilion DISPOSAL	(1,538)	20
1997	Gutters & LDR/Pav DISPOSAL	(285)	20
<b>Total deletions for Building Improvements</b>		<b>\$ (180,046)</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
<b>Additions:</b>			
Jan-16	SECURITY GATES	\$ 18,920	\$ 10
Feb-16	SECURITY SYSTEM UPGRADE	\$ 26,443	\$ 10
Feb-16	SECURITY SYSTEM UPGRADE	\$ 24,475	\$ 10
Feb-16	SECURITY SYSTEM UPGRADE	\$ 22,322	\$ 10
Aug-16	DISHWASHERS (4)	\$ 13,605	\$ 10
<b>Total additions for Non-Movable Equipment</b>		<b>\$ 105,765</b>	
<b>Deletions:</b>			
2004	Clothes Dryers DISPOSAL	(6,118)	10
2005	Whirlpool DISPOSAL	(12,359)	10
2005	55-60 Milnor Washer DISPOSAL	(6,850)	10
<b>Total deletions for Non-Movable Equipment</b>		<b>\$ (25,327)</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
<b>Additions:</b>			
Feb-16	MAXIMOVE RESIDENT LIFT	\$ 7,702	10
Feb-16	(2) T4R RECUMBENT CROSS TRAINERS	\$ 8,075	7
Apr-16	(1) ICE MAKER FOR ICE PACKS	\$ 1,549	7
Apr-16	(1) AIR MATTRESS	\$ 3,160	10
Apr-16	(2) AIR MATTRESSES	\$ 4,110	10
Jun-16	(3) THERMOSCAN PRO 6000 EAR THERMOMETERS	\$ 1,050	7
Jun-16	(1) LX5 MOBILE COMPUTING CART	\$ 846	10
Aug-16	(2) SPOT VITAL SIGNS MONITOR	\$ 4,294	7
Sep-16	(20) CUSHIONS, (3) WALKERS, (8) 5 STAR BASE STOOLS W/CAL 133 BLK W/DK CAST	\$ 3,527	5
Aug-16	OUTDOOR GRILL	\$ 2,674	7
<b>Total additions for Movable Equipment</b>		\$ 36,987	
<b>Deletions:</b>			
2008	Van DISPOSAL	(\$44,366)	\$5
1997	Wheel Chairs DISPOSAL	(\$37,050)	\$5
2012	Copier DISPOSAL	(\$12,420)	\$5
2002	Ultrasound Equipment DISPOSAL	(\$11,595)	\$10
2009	Copy Machine DISPOSAL	(\$8,930)	\$5
2006	Mechanical Lifts DISPOSAL	(\$8,795)	\$10
2009	Nobles Strive DISPOSAL	(\$8,653)	\$8
2011	Air Conditioner Salon DISPOSAL	(\$6,923)	\$5
2010	Furniture West Wing DISPOSAL	(\$4,772)	\$15
1998	Air Curtain Fridge DISPOSAL	(\$4,395)	\$10
2006	Carpet Extractor DISPOSAL	(\$3,350)	\$7
1995	Amer Vapor Cleaning System DISPOSAL	(\$3,100)	\$8
1997	Retrofit Dish Table DISPOSAL	(\$995)	\$5
2007	Tub Rehab DISPOSAL	(\$401)	\$10
<b>Total deletions for Movable Equipment</b>		\$ (155,745)	

\*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
<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

**Depreciation**

\$
\$ *
\$ **

**Depreciation**

\$ 333
\$ 467
\$ 800
\$ 800
\$ 800
\$ 800
\$ 800
\$ 800
\$ 800
\$ 324
\$ 800
\$ 800
\$ 800
\$ 767
\$ 767
\$ 767
\$ 767
\$ 800
\$ 800
\$ 800
\$ 800
\$ 800
\$ 800
\$ 267
\$ 2,072
\$ 89
\$ 2,008
\$ 452
\$ 1,839
\$ 672
\$ 188
\$ 145
\$ 70
\$ 276
\$ 53
\$ 2,415
\$ 2,398
\$ 28,333 *

\$ (46,875)
\$ (37,202)
\$ (36,840)
\$ (32,019)
\$ (15,043)
\$ (5,532)
\$ (4,712)
\$ (1,538)
\$ (285)
\$ (180,046)**

---

**Depreciation**

\$ 1,892
\$ 2,644
\$ 2,448
\$ 2,232
\$ 680
\$ 9,896*
(6,118)
(12,359)
(6,850)
\$ (25,327)**

---

**Depreciation**

\$ 770
\$ 1,154
\$ 111
\$ 158
\$ 205
\$ 75
\$ 42
\$ 307
\$ 353
\$ 191
\$ 3,366 *
(\$44,366)
(\$37,050)
(\$12,420)
(\$11,595)
(\$8,930)
(\$8,795)
(\$8,653)
(\$6,923)
(\$4,772)
(\$4,395)
(\$3,350)
(\$3,100)
(\$995)
(\$401)
\$ (155,745) **

**Depreciation**

\$ *
\$ **

**Amortization Schedule\***

Name of Facility The Nathaniel Withere!!	License No. 564-C	Report for Year Ended 9/30/2016		Page 24	of 37
		Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**		
Item	Date of Acquisition Month   Year	Length of Amortization	Cost to Be Amortized	Amortization for This Year	Totals
<b>A. Organization Expense</b>					
1.					
2.					
3.					
<b>A-4. Subtotal</b>					
<b>B. Mortgage Expense</b>					
1.					
2.					
3.					
<b>B-4. Subtotal</b>					
<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)					
<b>C-4. Subtotal</b>					
<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 The Nathaniel Witherell	License No. 564-C	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 type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased	Granted 1903			
2. Date Structure Completed	Various			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	202			
6. Square Footage	122,397			
7. Acquisition Cost				
a. Land	Granted 1903			
b. Building				
<b>Part B - Owner and Related Parties</b>	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
<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
The Nathaniel Witherell		564-C	9/30/2016			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 69,800	69,800				
Name of Lender		Rate					
Town of Greenwich		2.00%					
Address of Lender							
101 Field Point RoadGreenwich, CT 06830							
2. Second Mortgage		\$ 664,430	664,430				
Name of Lender		Rate					
Town of Greenwich		3.32%					
Address of Lender							
101 Field Point RoadGreenwich, CT 06830							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. <b>Total Building Interest Expense (A1 - A4 + B5)</b>		\$ 734,230	734,230				

(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
The Nathaniel Witherell		564-C		9/30/2016		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				734,230	734,230		
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 734,230	734,230		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 132,564	132,564		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$ 139,873	139,873		
Medical Malpractice							
14d. Total Insurance Expenditures (14a + b + c)				\$ 272,437	272,437		
15. Total All Expenditures (A-13 thru C-14)				\$ 31,067,482	31,067,482		

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
The Nathaniel Witherell				564-C	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.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 135,324	135,324		
10.	15	1d&1	Accounting & Legal	\$ 65,313	65,313		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 124,015	124,015		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 158,649	158,649		
<b>Page 18 - Dietary Expenditures</b>							
24.	18	K8	Meals to employees, guests and others who are not residents	\$ 44,413	44,413		
<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	\$			
<b>Subtotal (Items 1 - 26)</b>				<b>\$ 527,713</b>	<b>527,713</b>		

\* 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)
<b>Total Other Fees Adjustments</b>			\$ -	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14a	Insurance Cost Elimination Rental Property Pavilion	\$ 1,372		
22	6a	Repair & Maintenance Cost Elimination Rental Property Pavilion	\$ 1,741		
22	5b	Heating Cost Elimination Rental Property Pavilion	\$ 5,123		
22	6c	Light & Power Cost Elimination Rental Property Pavilion	\$ 1,671		
22	6d	Water Cost Elimination Rental Property Pavilion	\$ 564		
22	6f	Other R&M Cost Elimination Rental Property Pavilion	\$ 0		
16	m13	Architects Fees	0		
16	m13	Tech Consulting	75171		
16	m13	General Consulting	0		
18	2c	Café Management	64315.73		
18	2a2	Café Supplies	8691.07		
<b>Total Other A&amp;G Adjustments</b>			\$ 158,649	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
The Nathaniel Witherell			564-C	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 527,713	527,713		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 415,567	415,567		
28.	20	5d	Ambulance/Limousine	\$ 4,758	4,758		
29.	20	5f	X-rays, etc	\$ 90,232	90,232		
30.	20	5h	Laboratory	\$ 33,625	33,625		
31.	20	5c	Medical Supplies	\$ 74,659	74,659		
32.	20	5e	Oxygen (non emergency)	\$ 37,562	37,562		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			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	\$			
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>51. Total Amount of Decrease (Items 1 - 50)</b>				\$ 1,184,116	1,184,116		

\*\*\* Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

The Nathaniel Witherell  
9/30/2016

**Schedule of Other Ancillary Costs**

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

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

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

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

Schedule of Unallowable Building Interest

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



**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
The Nathaniel Witherell	564-C	9/30/2016			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents (CT only)	\$ 19,431,866	19,431,866				
b. Medicaid Room and Board Contractual Allowance **	\$ (8,415,685)	(8,415,685)				
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 6,501,405	6,501,405				
b. Medicare Room and Board Contractual Allowance **	\$ 1,604,458	1,604,458				
4. a. Private-Pay Residents and Other	\$ 8,334,570	8,334,570				
b. Private-Pay Room and Board Contractual Allowance **	\$ (230,649)	(230,649)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 446,537	446,537				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (39,254)	(39,254)				
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 116,887	116,887				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (10,275)	(10,275)				
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 205,988	205,988				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (18,108)	(18,108)				
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$					
<b>III. Total Resident Revenue (Section I. thru Section II.)</b>	<b>\$ 27,927,740</b>	<b>27,927,740</b>				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$ 63,399	63,399				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 4,743,667	4,743,667				
<b>V. Total Other Revenue (1 thru 8)</b>	<b>\$ 4,807,066</b>	<b>4,807,066</b>				
<b>VI. Total All Revenue (III +V)</b>	<b>\$ 32,734,805</b>	<b>32,734,805</b>				

\* 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)
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

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

**Related Exp**

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

**Interest Income**

**Account**

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

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
Pg30IV8	Pavilion Rental	\$ 34,583		
PG30IV8	Friends of Nathaniel Witherell Contribution	\$ 600,000		
Pg30iIV8	Town of Greenwich General Fund Cash Contribution	\$ 4,090,784		
Pg30IV8	Other Income (Vending, Photocopies, etc.)	\$ 18,300		
<b>Total Other Revenue</b>		\$ 4,743,667	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
The Nathaniel Witherell	564-C	9/30/2016	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> )			\$	632,505
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	4,677,081
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	238,402
a. Prepaid Insurance	216,072			
b. Prepaid Sewer Taxes	22,331			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
_____				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>5,547,989</b>
<b>B. Fixed Assets</b>				
1. Land			\$	
2. Land Improvements	*Historical Cost	222,674	\$	40,301
	Accum. Depreciation	182,373		Net
3. Buildings	*Historical Cost	37,938,159	\$	24,797,542
	Accum. Depreciation	13,140,617		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	722,334	\$	176,088
	Accum. Depreciation	546,245		Net
6. Movable Equipment	*Historical Cost	1,683,879	\$	586,995
	Accum. Depreciation	1,096,883		Net
7. Motor Vehicles	*Historical Cost	89,344	\$	69,172
	Accum. Depreciation	20,172		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
_____				
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>25,670,099</b>

\* 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 The Nathaniel Witherell	License No. 564-C	Report for Year Ended 9/30/2016	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	31,218,088
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			<b>\$</b>	
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> )			\$	
_____				
_____				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			<b>\$</b>	
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			<b>\$</b>	<b>31,218,088</b>

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
The Nathaniel Witherell		564-C	9/30/2016	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	554,998
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> )				\$	233,701
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	1,963,759
Construction Draw Payable		Debt 2 Payable Current	1,126,000		
State User Fee Payable		233,224			
Resident Prepay Credit Balances		490,535			
Debt 1 Payable Current		114,000			
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				<b>\$</b>	<b>2,752,458</b>

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

(Carry Total forward to next page)

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

Name of Facility The Nathaniel Witherell		License No. 564-C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
				Total Brought Forward:	
				2,752,458	
<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> )				\$ 20,649,000	
Name and Address of Lender	Amount	Loan Date			
Town of Greenwich 101 Field Point Road Greenwich, CT 06830	1,596,000	1/27/11			
Town of Greenwich 101 field Point Road Greenwich, CT 06830	19,053,000	1/23/14			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 20,649,000	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 23,401,458	

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


Name of Facility	License No.	Report for Year Ended	Page	of
The Nathaniel Witherell	564-C	9/30/2016	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			\$	20,110,702
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(9,275,466)
6. Gain or Loss for Period			\$	(3,018,606)
7. Total Net Worth			\$	7,816,630
<b>C. Total Reserves and Net Worth</b>			\$	7,816,630
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	31,218,088

### H. Changes in Total Net Worth

Name of Facility The Nathaniel Witherell	License No. 564-C	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			\$	
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	
D. Net Income or Deficit			\$	
E. Balance			\$	
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <i>Balance at End of Period</i>			\$	
09/30/16			\$	



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

Name of Facility The Nathaniel Witherell	License No. 564-C	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title Director of Financial Operations	Date Signed 1/10/17		
Printed Name of Preparer Chris Alexander				
Address Address 70 Parsonage Road Greenwich, CT 06830		Phone Number 203-618-4334		