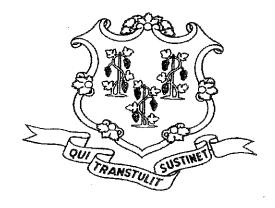
### **State of Connecticut**



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

Cost Year 2016

Name of Facility (as	L'acracal)						
Wilton Meadows He	,						
Address (No. & Stre	- ·	• •					
439 Danbury Road,	Wilton, CT 068	897					
Type of Facility							
Chronic and C	Convalescent		Rest Home wi	th Nursing	5	•	
✓ Nursing Hom	e only		Supervision or	ıly		(Specify)	
(CCNH)			(RHNS)				
Report for Year Begi	inning		Report for Yea	ar Ending			
10/1/2015			9/30/2016	_			
License Numbers:		CCNH 2032C	RHNS		(Specify)	M	edicare Provider 07-5317
Medicaid Provider N	umbers:	CC	CNH	RI	HNS	IC	CF-IID
For Department Us	e Only	•			1		
Sequence Number	Signed and	Date	Sequence N	Vumber	Signed or	nd Notarized	Date Received
Assigned	Notarized	Received	Assign	ed	Signed at	nu Notarizeu	Date Received

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### State of Connecticut Annual Report of Long-Term Care Facility CSP-1 Rev.9/2002

**General Information** 

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2016	l	37

### Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT 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 Wilton Meadows Health Care Center, 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.

	**************************************	1-2	let 1(0)	Date
Signed (Administrator)		Date	Signed (Owner)	Date
Why I, Job	m.	1/24/17		
Printed Name (Administrator)			Printed Name (Owner)	
Mary Tobin Mary L. Tobin				
Subscribed and Sworn	State of	Date	Signed (Notary Public)	Comm. Expires
to before me: Lanet Ruz	act	1/26/17	Gonet Kuya	_ / /
Address of Notary Public		-	I I I I I I I I I I I I I I I I I I I	LANET RICK
439 Danbury	Road Wi	Hon, CT	06897	HISSION EXPINES JULY 31, 202

(Notary Seal)

### **General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2016	1	37

### Administrator's/Owner's Certification

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

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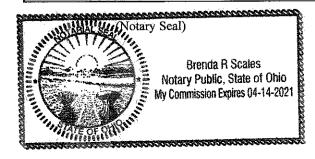
I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the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

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Signed (Administrator)		Date	Signed (Owner)  Date  01-	-26-17
Printed Name (Administrator	)		Printed Name (Owner) Fred Rzepka, President	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public) Comm.	Expires /
4 1 1 CNT / TN 1 1'			// 7	

Address of Notary Public

25250 Rockside Road, Cleveland, OH 44146



### State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page	of
				1A	37
Name of Facility		Period Cov	ered:	From	То
Wilton Meadows Health Care Center				10/1/2015	9/30/2016
Address of Facility					
439 Danbury Road, Wilton, CT 06897					
Report Prepared By		Phone Nun		Date	
Blum Shapiro & Company, P.C.		860-561 <i>-</i> 40	000	2/10/2017	
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. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			<u></u>	

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**

	Pho	one No. of Fac	ility	Report for Ye	ar Ended	Page	of	
	203	3-834-0199		9/30/2016		2	37	
Name of Facility (as shown on license)		,		Street, City, Sto				
Wilton Meadows Health Care Center		<del></del>	y Roa	ad, Wilton, CT	06897			
CCNH		RHNS		(Specify)		Medicare P	rovider d	Νо.
License Numbers: 2032C			<u> </u>			07-5317		
Type of Facility (Check appropriate box(es))								
Nursing Home only (CCNH)		st Home with l pervision only			(Specify)	I		
Type of Ownership (Check appropriate box)								
O Proprietorship O LLC   O Partnership	0	Profit Corp.		Non-Profit Cor		Government	O Tru	ıst
If this facility opened or closed during report year prov	ide:		Date	e Opened	Date Clos	sed 		
Has there been any change in ownership		· Van	_	NT-	TE IIV on II	1-in fix11:		
or operation during this report year?	0	) Yes	<u> </u>	No	II Yes,	explain fully	у	
Administrator		<del></del>				<del></del>		
Name of Administrator				Nursing Ho	ome			
Mary Tobin				Administrat	or's	001877		
				License N	No.:			
Other Operators/Owners who are assistant administrator	ors (fu	ll or part time)	of th					
Name				License N	Ло.:			
					_			
					.			

### General Information and Questionnaire Partners/Members

Name of Facility Wilton Meadows Health Care	Center	License No. 2032C	Report for Y 9/30/2016	ear Ended	Page of 3 37
Legal Name of Part Wilton Meadows Limited Part		Business 439 Danbury R CT 06897		1	/or Town(s) in Registered
Name of Partners/Members	Business A	Address	,	Title	% Owned
TransCon Builders, Inc.	25250 Rockside Road Heights, OH 44146	l, Bedford	Limited part	tner	70.12%
Wilton Meadows Health Care	25250 Rockside Road Heights, OH 44146	l, Bedford	General part	tner	2.08%
Fred Rzepka	3330 Warrensville Ce Shaker Heights, OH	-	Limited par	tner	16.3%
Peter Rzepka	3330 Warrensville Ce Shaker Heights, OH		Limited par	tner	11.5%
	·				

### General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year E	Ended	Page of
Wilton Meadows Health Care Center	2032C	9/30/2016		3A 37
If this facility is owned or operated as a corp	oration, provide	the following inform	nation:	
Legal Name of Corporation		ness Address		ich Incorporated
N/A				
Name of Directors, Officers	Busin	ness Address	Title	No. Shares Held by Each
N/A				
				,
Names of Stockholders Owning at Least 10% of Shares				

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

### General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Wilton Meadows Health Care Center	2032C	9/30/2016	3B 37
If this facility is owned or operated as an individua	l proprietorship, p	rovide the following informat	ion:
Owi	ner(s) of Facility		
N/A			
	·		
0.100.000		0.110	
			· · · · · · · · · · · · · · · · · · ·
,			
			*
		,	

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-4 Rev. 10/2005

## General Information and Questionnaire Related Parties\*

Name of Facility Wilton Meadows Health Care Center		License No 203	. No. 2032C	Report for Year Ended 9/30/2016		Page 4	of 37
Are any individuals recei	Are any individuals receiving compensation from the facility related through	cility rela	ited through		If "Yes," provide the Name/Address and	e Name/Add	ress and
marriage, ability to contr	marriage, ability to control, ownership, family or business association?	ss associ		O Yes O No	complete the information on Page 11 of the report.	nation on Pag	ge 11 of the report.
Are any individuals or co	Are any individuals or companies which provide goods or services,	or servic	es,				
including the rental of pr related through family as	including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or bu	this fax control,	ility, or business	• Yes O No			
association to any of the	association to any of the owners, operators, or officials of this facility?	of this fa	cility?	A SA	If "Yes," provide the following information:	e following	information:
		Alsc	Also Provides		Indicate Where		
		Goods	Goods/Services to		Costs are Included		
Name of Related	Business	Non-Re	Non-Related Parties	Description	in Annual Report	Cost	Actual Cost to the Related Party
_	Addless	xes	NO 70	Frovided	rage#/ Luie#	nahnitan	Com T named t
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	0	•	Management Fec	See Attached	269,328	269,328
Hamden Healthcare	1270 Sherman Lane, Hamden, CT 06514	0	•	Administration, Quality Assurance	See attached	(31,799)	(31,799)
TBI Profit Sharing Plan	25250 Rockside Road, Bedford Heights, OH 44146	0	•	Pension	pg 15 line 1a7	34,936	34,936
Greens at Cannondale	435 Danbury Road, Wilton, CT	0	•	Maintenance and Administration Services	See attached	(58,789)	(58,789)
Candlewood Valley	30 Park Lane East, New Milford, CT 06776	0	•	Administration, Quality Assurance	See attached	(31,223)	(31,223)
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	0	•	Interest Income / Loan Funds	pg 30 line IV 5	165,957	165,957
Greens at Greenwich	King Street, Greenwich, CT 06831	0	•	Maintenance and Administrative Services	See attached	(18,056)	(18,056)
Danbury Commons		0	•	Administrative Services	See attached	(943)	(943)
Wilton Meadows Home Office	439 Danbury Road, Wilton, CT 06897	0	•	Accounting Services, Dietary	See attached	10,659	10,659

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Provide the percentage amount of revenue received from non-related parties.

### General Information and Questionnaire Related Parties\*

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	09/30/2016	4b	37

Description	A/C#	Amount	Subtotals				
TransCon Builders, Inc.						***************************************	
Telephone	75500	1,375		15	1h1		
Travel	75510	14,381		16	L4		
TransCon Auto - Ohio	75511	1,024		16	L4		
TransCon Auto - CT	75512	2,252		16	L4		
Travel - Meals	75520	1,376		16	L4		
Management Fees	75530	121,239		16	m12		
Wages Director of Operations	75100	18,525		10	A1		
DO PRT	75200	915		15	1a4		
DO Benefits	75300	371		15	1a5		
Wages Controller	75110	15,261		10	A11a		
Controller PRT	75210	1,245		15	1a4		
Controller Benefits	75310	1,300		15	1a5		
Wages-Finance Other	75115	75,017		10	A4		
Finance Other PRT	75215	5,623		15	1a4		
Finance Other Benefits	75315	7,598		15	1a5		
Wages Assistant Controller	75120	1,441		10	A4		
Assistant Controller PRT	75220	97		15	1a4		
Assistant Controller Benefits	75320	290		15	1a5		
A CONSTRUCTION OF SOME	70020	269,328	269,328	10	Tao		
		200,020	200,020				
Interest Income on Intercompany Loans	59513	165,957	165,957	30	IV 5		
Hamden Healthcare							
Administration Svc from WM To HH		(15,185)					
Quality Assurance/MDS to Hamden from WM		(16,614)	(31,799)	13	b12		
Greens at Cannondale							
Maintenance Services from WM To GC		(42,108)		22	6f		
Administration Svc from WM To GC	+	(16,681)	(58,789)		OI .		
Greens at Greenwich							
Maintenance Services from WM To GG		(12,402)		22	6f		
Administration Svc from WM To GG		(5,654)	(18,056)	22	OI .		
Candlewood							
Administration Svc from WM		(23,610)					
Quality Assurance/MDS to Candlewood from WM		(7,613)	(31,223)	13	b12		
Quality / Gourance/1910 to Canale Wood IIOIII VVIVI		(1,010)	(31,223)	15	DIZ		
Danbury Commons		(0.40)	(0.10)				
Administration Svc from WM To DC		(943)	(943)				
Wilton Meadows (Home Office)							
Accounting Services	73440	11,868		15	1ad		
Dietary Allocation to Greens at Cannondale		(1,209)	10,659	13			
TBI Profit Sharing Plan							
401K Plan - Other Participants							
Hamden							
Greens at Greenwich							
Greens at Cannondale							
Greenwich Woods							
Candlewood							
Owners Management Co							
TransCon							
Danbury Commons		34,936	34,936	15	1a7		
•		, -	• * * *				

### **General Information and Questionnaire Basis for Allocation of Costs**

Name of Facility	License No		Report for Year Ended	Page	of			
Wilton Meadows Health Care Center	2032C		9/30/2016	5	37			
If the facility is licensed as CDH and/or RCH o	r provides A	IDS or TB	I services with special Medicai	d rates,	costs			
must be allocated to CCNH and RHNS as follo	ws:							
Item			Method of Allocation					
Dietary		Number of	meals served to residents					
Laundry		Number of	pounds processed					
Housekeeping			square feet serviced					
			hours of routine care provided	•				
Nursing	•		classification, i.e., Director (or					
		Registered	Nurses, Licensed Practical Nu	rses, Aic	des and			
		Attendants						
Direct Resident Care Consultants		Number of	hours of resident care provide	d by EA	CH			
		specialist (	(See listing page 13)					
Maintenance and operation of plant		Square feet						
Property costs (depreciation)		Square feet						
Employee health and welfare		Gross salar	ies					
Management services		** *	e cost center involved					
All other General Administrative expenses		Total of Di	rect and Allocated Costs					
The preparer of this report must answer the following	lowing ques	tions applic	able to the cost information pro	ovided.				
1. In the preparation of this Report, were all	⊙ Yes	O No	If "No," explain fully why suc	h alloca	tion was			
costs allocated as required?	o res	O No	not made.					
2. Explain the allocation of related company ex	xpenses and	attach copy	of appropriate supporting data	1.				
3. Did the Facility appropriately allocate and s	elf-disallow	direct and	ndirect costs to non-nursing ho	me cost	centers?			
(e.g., Assisted Living, Home Health, Outpat								
			If "No," explain fully why suc	h alloca	tion was			
	• Yes	O No	not made.	n anota	cion was			
			AND ANALYSIS					
	•							

Annual Report of Long-Term Care Facility State of Connecticut CSP-6 Rev. 9/2002

## 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.

Ō Amount Claimed 8,987 Page of Lease Annual Amount 8,987 Report for Year Ended Term of Lease 5 years 9/30/2016 Lease\*\* Date of 10/23/14 Description of Items Leased 2032C License No. Copier Related \* to  $\stackrel{\mathsf{o}}{\mathsf{Z}}$ 0 Operators, 0 0 0 0 0 0 0 0 0 Owners, Officers Yes 0 0 0 0 0 0 0 0 0 0 Wilton Meadows Health Care Center Name and Address of Lessor Name of Facility Ricoh

Is a Mileage Log Book Maintained for All Leased Vehicles?

8,987

Total \*\*\*

No \_ ⊙

O Yes

<sup>\*</sup> Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also. \*\* Attach copies of newly acquired leases.

<sup>\*\*\*</sup> Amount should agree to Page 22, Line 6e.

### Annual Report of Long-Term Care Facility

CSP-7 Rev. 6/95

### General Information and Questionnaire Accounting Basis

Wilton Mandania Harlet Come Conti	Report for Year Ended	+	~ .	of
Wilton Meadows Health Care Cent 2032C	9/30/2016		7	37
The records of this facility for the period covered by this repo	ort were maintained on the following basis:			
Accrual O Cash O Modified Cash				
Is the accounting basis for this				
period the same as for the • Yes	If "No," explain.			
previous period? O No	- Proposition of the Control of the			
Y-donordon's account - The				
Independent Accounting Firm  Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)	*****		4
1 See attached	12441000 (110. a. Diroci, Otty, Dimo, Zip Cotto)			
2				
3				
4			****	
Services Provided by This Firm (describe fully)				
1 See attached		\$	36,005	
2		\$		
3		\$		
4		\$		
And Address of the Andrews of the An		Charge for Ser	vices Provid	ded
	• .	\$	36,005	
Are These Charges Reflected in the Expenditure Portion of This Report?	If Yes, Specify Expense Classification and Line No.	-		
O Yes O No pg 15 line 1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney		Telephone Nu	mber	
		İ		
1 See attached				
2 3				
2 3 4				
2 3 4 5				
2 3 4 5 Address (No. & Street, City, State, Zip Code)				
2 3 4 5 Address (No. & Street, City, State, Zip Code) 1				
2 3 4 5 Address (No. & Street, City, State, Zip Code) 1 2				
2 3 4 5 Address (No. & Street, City, State, Zip Code) 1 2 3				
2 3 4 5 Address (No. & Street, City, State, Zip Code) 1 2				
2 3 4 5 Address (No. & Street, City, State, Zip Code) 1 2 3 4				
2 3 4 5 Address (No. & Street, City, State, Zip Code) 1 2 3 4 5		\$	59,781	
2 3 4 5 Address (No. & Street, City, State, Zip Code) 1 2 3 4 5 Services Provided by This Firm (describe fully)		\$ \$	59,781	
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			59,781	
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 2		\$	59,781	
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 2 3		\$ \$	59,781	
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 2 3 4		\$ \$ \$		ded
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 2 3 4		\$ \$ \$ Charge for Se	rvices Provid	ded
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 2 3 4 5	If Yes, Specify Expense Classification and Line No.	\$ \$ \$ \$		ded
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 2 3 4	If Yes, Specify Expense Classification and Line No.	\$ \$ \$ Charge for Se	rvices Provid	ded

### General Information and Questionnaire Accounting Basis

	Name of Facility	License No.	Report for Year Ended	Page	of	i
		2032C	09/30/2016	7a	37	
,						
	Dof	Interferentiame	Amount	Vandar Tatal		

Ref	InterfaceName	Amount	Vendor Tota
Blum, Shapiro & Co., P.C.	Calls/Meetings Re Wage Enhancements Issues - Split	600	
Blum, Shapiro & Co., P.C.	9/30/15 Accrual Reversal	(16,665)	
Blum, Shapiro & Co., P.C.	Final Bill Re 9/30/15 Finance Statements	8,282	
Blum, Shapiro & Co., P.C.	Final Billing C/R Period Ending 9/30/15	8,535	
Blum, Shapiro & Co., P.C.	Accrual for Cost Report Prep period ended 9/30/16	8,300	
Blum, Shapiro & Co., P.C.	Accrual for Wage Enhancement Benefit period ended 9/30/16	1,000	
Blum, Shapiro & Co., P.C.	Accrual for 9/30/16 Financial Statements Review	8,400 _	18,452
Howard, Wershbale & Co.	Prep 9/30/15 Medicare Cost Report	4,985	
Howard, Wershbale & Co.	9/30/15 Accrual Reversal	(5,200)	
loward, Wershbale & Co.	Accrual for Cost Report Prep period ended 9/30/16	5,000	4,78
RSM US LLP	Prep Of 2015 Income Tax Returns	800	
RSM US LLP	9/30/15 Accrual Reversal	. (700)	
RSM US LLP	Accrual for 2016 Income Tax Return Prep	800_	90
Wilton Meadows	Oct 2015 Bookkeeping Services	955	
Wilton Meadows	Nov 2015 Bookkeeping Services	793	
Vilton Meadows	Dec 2015 Bookkeeping Services	885	
Vilton Meadows	Jan 2016 Bookkeeping Services	759	
Vilton Meadows	Feb 2016 Bookkeeping Services	865	
Vilton Meadows	Bookeeping Services March 2016	825	
Wilton Meadows	Bookkeeping April 2016	613	
Wilton Meadows	Bookkeeping - May 2016	447	
Vilton Meadows	Bookkeeping - June 2016	562	
Wilton Meadows	Bookkeeping - July 2016	1,801	
Wilton Meadows	Bookkeeping - August 2016	1,666	
Wilton Meadows	Bookkeeping - Sept 2016	1,697 _	11,86

Total Accounting Expense \_\_\_\_\_\_36,005

### General Information and Questionnaire Accounting Basis

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2016	Page 7b	of 37
Ref Goldman Gruder & Woods, LLC	Interface Name Legal Services Re WM (vs)	Transaction Date 12/1/2015	Amount 690	Disallow 69
Boldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/1/2015	100	10
Soldman Gruder & Woods, LLC	Legal Services Re General Matters	12/1/2015	150	15
ioldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/1/2015	2,190	. 2,19
oldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/1/2015	50	5
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/1/2015	25	2
coldman Gruder & Woods, LLC	Legal Services Re General Matters	12/1/2015	430	43
· · · · · · · · · · · · · · · · · · ·	Legal Services Re WM (vs)	12/1/2015	225	22
Foldman Gruder & Woods, LLC	` '	12/1/2015	500	50
oldman Gruder & Woods, LLC	Legal Services Re WM (vs)			
oldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/1/2015	428	42
oldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/1/2015	760	70
oldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/24/2015	1,268	1,20
Soldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/24/2015	100	11
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/24/2015	210	2.
Soldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/26/2016	446	44
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/26/2016	118	1
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/26/2016	89	:
Soldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/26/2016	1,146	1,14
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/26/2016	200	20
Soldman Gruder & Woods, LLC	Legal Services Re WM (vs)	3/1/2016	215	2
•	• , ,	3/1/2016	120	12
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)			24
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	3/1/2016	240	
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	3/1/2016	3,453	3,45
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/1/2016	2,150	2,1
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/1/2016	1,823	1,82
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/1/2016	2,208	2,20
Soldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/1/2016	1,748	1,74
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/1/2016	1,067	1,06
Soldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/1/2016	120	12
Soldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/1/2016	784	78
	Legal Services Re WM (vs)	5/1/2016	1,440	1,44
Soldman Gruder & Woods, LLC		5/1/2016	552	5
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)			
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/1/2016	2,016	2,0
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/1/2016	90	
Soldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/1/2016	600	60
Boldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/1/2016	30	3
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/1/2016	123	13
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/1/2016	150	15
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/1/2016	905	90
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/1/2016	90	9
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/1/2016	330	33
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/1/2016	330	33
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/25/2016	150	18
Soldman Gruder & Woods, LLC	Legal Services Re WM (vs)	7/25/2016	750	75
	Legal Services Re WM (vs)	7/25/2016	520	52
Soldman Gruder & Woods, LLC		9/1/2016	3,023	3,0
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)			
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/1/2016	1,560	1,5
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/1/2016	180	1
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/1/2016	210	2
Soldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/1/2016	450	4:
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/23/2016	5,4 <del>6</del> 0	5,4
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/23/2016	30	:
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/23/2016	30	;
Soldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/23/2016	330	33
Soldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/23/2016	30	:
Soluman Grader & Woods, EEG	Logal Colvices Ite VVIII (VS)	0,20,20.0	20	
	Anniate and Of Canana solar	4/26/2016	225	2
reasurer, State Of Connecticut	Appointment Of Conservator	7/1/2016	225	2:
reasurer, State Of Connecticut	Appointment Of Conservator Of The Person/Voluntary	77 1720 10	220	2.
		0/00/0040	450	
Vilton Meadows Petty Cash	Petty Cash Reimb Feb 2016	2/29/2016	450	4:
Vilton Meadows Petty Cash	Petty Cash Reimb August 2016	9/1/2016	275	2
Baker & Hostetler, LLP	Prof Services Thru 5/31/16 Re: General Matters	7/1/2016	. 770	
•				
red Bondi	Serve Papers	3/20/2016	50	:
Aurtha Cullina LLP	Prof Services Thru 10/31/15 Re General Matters	11/11/2015	3,525	
/lurtha Cullina LLP	Prof Services Thru 11/30/15	12/10/2015	783	
Aurtha Cullina LLP	Prof Services Thru 12/31/15 Re: Gen Matters	1/15/2016	2,340	
	Prof Services Thru 1/31/16 Re	2/9/2016	882	
furtha Cullina LLP		2/9/2016	135	
Turtha Cullina LLP	Prof Services Thru 1/31/16 Re Gen Matters			
furtha Cullina LLP	Prof Services Thru 2/29/16	3/15/2016	825	
lurtha Cullina LLP	Prof Services Thru 4/30/16	5/17/2016	168	
furtha Cullina LLP	Prof Services Thru 6/30/16 Re	7/19/2016	3,360	
Aurtha Cullina LLP	Prof Serv Thru 8/31/16 Re: Gen Matters	9/15/2016	450	
Vinget,Spadafora & Schwartzberg, LLP	Prof Services Thru 8/31/16 Re(vs) WM	9/30/2016	2,889	
			59,781	43,6

State of Connecticut Annual Report of Long-Term Care Facility CSP-8 Rev. 9/2002

## Schedule of Resident Statistics

Name of Facility Wilton Meadows Health Care Center			License No. 2032	e No. 2032C			Report for 9/30/2016	Report tor Year Ended 9/30/2016	pe		Page 8	of 37
						Period 10/1 Thru 6/30	1 Thru 6/	30		Period 7/	Period 7/1 Thru 9/30	0
	Total	Total	Total	T-0+0-1								
	Levels	Level	Level	(Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHINS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	148	148			. 148	148		A CONTRACTOR OF THE PARTY OF TH	148	148		
B. On last day of THIS report period	148	148			148	148			148	148		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	137	137			137	137			136	136		
B. As of midnight of THIS report period	138	138			136	136			138	138		
3. Total Number of Days Care Provided During Period												
A. Medicare	7,129	7,129			5,347	5,347			1,782	1,782		
B. Medicaid (Conn.)	32,072	32,072			23,806	23,806			8,266	8,266		
C. Medicaid (other states)												
D. Private Pay	5,217	5,217			4,005	4,005			1,212	1,212		
E. State SSI for RCH												
F. Other (Specify) Hospice/Managed Care/Evercan	ar 5,081	5,081			3,651	3,651			1,430	1,430		
G. Total Care Days During Period (3A thru F)	49,499	49,499			36,809	36,809			12,690	12,690		
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved	רח											
Beds												
A. Medicaid Bed Reserve Days	80	8			1				7	7		
B. Other Bed Reserve Days	93	93			93	93						
5. Total Resident Days (3G + 4A + 4B)	49,600	49.600			36.903	36.903			12,697	12,697		

Schedule of Resident Statistics (Cont'd)

Name of Facil	me of Facility License No.													of	
Wilton Meado	-	lth Care	e Center	2	032C					9/30/201	6		9	37	
				-						_		_			
	-	_	in the certified		pacity du	ıring t	he repo	ort yea	ar?	0	Yes	•	No		
If "YES"	· ^		llowing informa	tion:											
		Place of	f Change		Cł	ange	in Bed			Ca	pacity Afte	er Change			
Date of	CCNH	RHNS	(Specify)	<u> </u>	Lost		(	Gaine	d	1.					
Change					x	(4)	443	(2)	(2)	~~~	DIDIO	(0. 10.)	D C	C1	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason re	or Change	
-				ļ											
				***************************************				,			4 1		1 C		
	•	_	in certified bed	-	-	g the i	eport y	ear (a	s repor	ted in itei	n 4 above)	provide the nu	mber of		
RESIDE	ENT DA	YS for	90 days followi	ng the	change.					T					
					_						*****	DIDIG	(Can a	.:4.	
4 . 1			Change in R	esider	it Days					CCNH RHNS			(Spe	cify)	
1st chang															
	2nd change 3rd change														
4th chan		· · · · · · · · · · · · · · · · · · ·													
		dents an	d Rates on Sept	ember	30 of Co	st Ye	ar								
			Medicare		Medi	caid				Se	lf-Pay		Other State Assisted		
												;			
											:				
	Item		CCNH	C	CNH_	R.I	HNS	CC	CNH	RI	INS	(Specify)	R.C.H.	ICF-MR	
No. of R	esidents	3	20	)	91				27	l					
				20 91 27											
Per Dien	n Rate								F40.00						
Per Dien a. One b	n Rate ed rm.		PPS		219.15 N/A				540.00	70					
Per Dien a. One b b. Two	n Rate bed rm. bed rms		PPS N/A		219.15 N/A				540.00 N/A						
Per Dien a. One b b. Two c. Three	n Rate bed rm. bed rms or mor		n/A		N/A	jos s			N/A						
Per Dien a. One b b. Two	n Rate bed rm. bed rms or mor					195									
Per Dien a. One b b. Two c. Three	n Rate bed rm. bed rms or mor		n/A		N/A				N/A						
Per Dien a. One b b. Two c. Three bed 1	n Rate ped rm. bed rms or more rms.	e f Physic	<sub>N/A</sub> <sub>PPS</sub> al Therapy Trea		N/A 219.15				N/A	ТО	TAL	CCNH	RHNS	(Specify)	
Per Dien a. One b b. Two c. Three bed r  7. Total Nu A.	n Rate ped rm. bed rms or mor rms.	e f Physic are - Par	N/A PPS al Therapy Trea t B	tment	N/A 219.15				N/A	ТО	TAL 2,412	CCNH 2,412	RHNS	(Specify)	
Per Dien a. One b b. Two c. Three bed r  7. Total Nu A.	n Rate ped rm, bed rms or mor rms.  mber of Medica Medica	e f Physic are - Par aid (Exc	N/A  PPS  al Therapy Trea  t B  lusive of Part B	tment	N/A 219.15				N/A	ТО	2,412	2,412	RHNS	(Specify)	
Per Dien a. One b b. Two c. Three bed r  7. Total Nu A.	n Rate ped rm. bed rms or mor rms.  umber of Medica Medica 1. Mai	f Physic are - Par aid (Exc intenance	N/A  PPS  al Therapy Trea  t B  lusive of Part B  e Treatments	tment	N/A 219.15				N/A	ТО			RHNS	(Specify)	
Per Dien a. One b b. Two c. Three bed i  7. Total Nu A. B.	n Rate ped rm. bed rms or mor ms.  mber of Medica Medica 1. Mai 2. Res	f Physic are - Par aid (Exc intenance	N/A  PPS  al Therapy Trea  t B  lusive of Part B	tment	N/A 219.15				N/A	ТО	2,412 430	2,412 430	RHNS	(Specify)	
Per Dien a. One b b. Two c. Three bed i  7. Total Nu A. B.	n Rate ped rm. bed rms or mor ms.  mber of Medica Medica 1. Mai 2. Res Other	e f Physic are - Par aid (Exc intenanc torative	n/A  PPS  al Therapy Treat t B  lusive of Part B the Treatments  Treatments	tment:	N/A 219.15				N/A	ТО	2,412	2,412	RHNS	(Specify)	
Per Dien a. One b b. Two c. Three bed i  7. Total Nu A. B.	n Rate ped rm. bed rms or morems.  mber of Medica 1. Mai 2. Res Other Total I	f Physic are - Par aid (Exc intenance torative	N/A  PPS  al Therapy Treat t B  clusive of Part B the Treatments Treatments	tment	N/A 219.15				N/A	ТО	2,412 430 23,242	2,412 430 23,242	RHNS	(Specify)	
Per Dien a. One b b. Two c. Three bed i  7. Total Nu A. B.  C. D. 8. Total Nu A.	m Rate ped rm. bed rms or morems.  mber of Medica 1. Mai 2. Res Other Total I	f Physic are - Par aid (Exc intenance torative Physical f Speech are - Par	N/A  PPS  al Therapy Treat t B  clusive of Part B the Treatments  Treatments  Therapy Treat t Therapy Treat t B	tment: ) ments ments	N/A 219.15				N/A	ТО	2,412 430 23,242	2,412 430 23,242	RHNS	(Specify)	
Per Dien a. One b b. Two c. Three bed i  7. Total Nu A. B.  C. D. 8. Total Nu A.	m Rate ped rm. bed rms or morems.  mber of Medica Medica 1. Mai 2. Res Other Total I mber of Medica Medica	f Physic are - Par aid (Exc intenance torative Physical f Speech are - Par aid (Exc	n/A  pps  al Therapy Treat t B  clusive of Part B be Treatments Treatments  Therapy Treat n Therapy Treat t B  clusive of Part B	tment: ) ments ments	N/A 219.15				N/A	ТО	2,412 430 23,242 26,084	2,412 430 23,242 26,084	RHNS	(Specify)	
Per Dien a. One b b. Two c. Three bed i  7. Total Nu A. B.  C. D. 8. Total Nu A.	m Rate ped rm. bed rms or morems.  mber of Medica Medica 1. Mai 2. Res Other Total I mber of Medica Medica 1. Mai	f Physic are - Par aid (Exc intenance torative Physical f Speech are - Par aid (Exc intenance	n/A  pps  al Therapy Treat t B  clusive of Part B be Treatments  Therapy Treat t B  clusive of Part B be treatments	tment: ) ments ments	N/A 219.15				N/A	TO	2,412 430 23,242 26,084	2,412 430 23,242 26,084	RHNS	(Specify)	
Per Dien a. One b b. Two c. Three bed i  7. Total Nu A. B.  C. D. 8. Total Nu A. B.	m Rate ped rm. bed rms or mor rms.  mber of Medica Medica 1. Mai 2. Res Other Total I mber of Medica 1. Mai 2. Res Addica 1. Mai 2. Res Addica 2. Res Addica 3. Res Addica 4. Res Addica 6. Res Addica 7. Res Addica 8. Res	f Physic are - Par aid (Exc intenance torative Physical f Speech are - Par aid (Exc intenance	n/A  pps  al Therapy Treat t B  clusive of Part B be Treatments Treatments  Therapy Treat n Therapy Treat t B  clusive of Part B	tment: ) ments ments	N/A 219.15				N/A	ТО	2,412 430 23,242 26,084 467	2,412 430 23,242 26,084 467	RHNS	(Specify)	
Per Dien a. One b b. Two c. Three bed 1  7. Total Nu A. B.  C. D. 8. Total Nu A. B.	m Rate ped rm. bed rms or mor rms.  mber of Medica Medica 1. Mai 2. Res Other Total I mber of Medica 1. Mai 2. Res Other Other Total I mber of Medica 1. Mai 2. Res Other	f Physical fare - Paraid (Excontenance to rative fare - Paraid (Excontenance fare - Paraid (Excontenance fare fare fare fare fare fare fare far	n/A  PPS  al Therapy Treat t B  clusive of Part B the Treatments  Treatments  Therapy Treat the Therapy Treat the B  clusive of Part B the Treatments  Treatments  Treatments	tments ments )	N/A 219.15				N/A	ТО	2,412 430 23,242 26,084 467 88 1,452	2,412 430 23,242 26,084 467 88	RHNS	(Specify)	
Per Dien a. One b b. Two c. Three bed i  7. Total Nu A. B.  C. D. 8. Total Nu A. B.	m Rate ped rm. bed rms or mor ms.  mber of Medica 1. Mai 2. Res Other Total I mber of Medica 1. Mai 2. Res Other Total I Total S	f Physic are - Par aid (Excintenance of the Physical of Speech 1)	n/A  pps  al Therapy Treat t B  clusive of Part B the Treatments  Treatments  Therapy Treat the B clusive of Part B the Treatments the Treatments Treatments Treatments Treatments Treatments	tments ments )	N/A 219.15				N/A	ТО	2,412 430 23,242 26,084 467	2,412 430 23,242 26,084 467	RHNS	(Specify)	
Per Dien a. One b b. Two c. Three bed i  7. Total Nu A. B.  C. D. 8. Total Nu A. B.  C. D. 9. Total Nu	m Rate ped rm. bed rms or more ms.  mber of Medica 1. Mai 2. Res Other Total I mber of Medica 1. Mai 2. Res Other Total I mber of Total S mber of	f Physic are - Paraid (Excantenance of Physical f Speech are - Paraid (Excantenance of torative of Physical f Occup	al Therapy Treat t B clusive of Part B the Treatments Treatments Therapy Treat t B clusive of Part B the Treatments Therapy Treat t B clusive of Part B the Treatments Treatments Treatments Treatments Treatments Therapy Treatments Therapy Treatments	tments ments )	N/A 219.15				N/A	ТО	2,412 430 23,242 26,084 467 88 1,452	2,412 430 23,242 26,084 467 88	RHNS	(Specify)	
Per Dien a. One b b. Two c. Three bed i  7. Total Nu A. B.  C. D. 8. Total Nu A. B.  C. D. 9. Total Nu A.	m Rate ped rm. bed rms or more ms.  mber of Medica 1. Mai 2. Res Other Total I mber of Medica 1. Mai 2. Res Other Total I mber of Medica 1. Mai 2. Res Other	f Physical f Speech f Cocupare - Par	al Therapy Treat t B clusive of Part B the Treatments Treatments Therapy Treat t B clusive of Part B the Treatments Therapy Treat t B clusive of Part B the Treatments Treatments Treatments Treatments Treatments Therapy Treatments Therapy Treatments	tments ments ments Treat	N/A 219.15				N/A	TO	2,412 430 23,242 26,084 467 88 1,452 2,007	2,412 430 23,242 26,084 467 88 1,452 2,007	RHNS	(Specify)	
Per Dien a. One b b. Two c. Three bed i  7. Total Nu A. B.  C. D. 8. Total Nu A. B.  C. D. 9. Total Nu A.	m Rate bed rm. bed rms or more ms.  mber of Medica 1. Mai 2. Res Other Total I mber of Medica 1. Mai 2. Res Other Total S medica	f Physical f Speech I f Occupare - Paraid (Excintenance to a to	n/A  PPS  al Therapy Treat t B  clusive of Part B the Treatments  Treatments  Therapy Treat t B  clusive of Part B the Treatments  Treatments  Therapy Treat t B  clusive of Part B the Treatments  Treatments  Treatments  Therapy Treatments  Therapy Treatments	tments ments ments Treat	N/A 219.15				N/A	TO	2,412 430 23,242 26,084 467 88 1,452 2,007	2,412 430 23,242 26,084 467 88 1,452 2,007	RHNS	(Specify)	
Per Dien a. One b b. Two l c. Three bed i  7. Total Nu A. B.  C. D. 8. Total Nu A. B.  C. D. 9. Total Nu A. B.	m Rate bed rm. bed rms or morems.  mber of Medica 1. Mai 2. Res Other Total I mber of Medica 1. Mai 2. Res Medica 1. Mai 2. Res Other Total S mber of Medica 1. Mai 2. Res Other Total S mber of Medica 1. Mai 2. Res	f Physical f Speech of Occupare - Paraid (Exciptenance to a formative for a fo	al Therapy Treat t B clusive of Part B ce Treatments Treatments Therapy Treat t B clusive of Part B ce Treatments Therapy Treat t B clusive of Part B ce Treatments Treatments Treatments Therapy Treatments	tments ments ments Treat	N/A 219.15				N/A	TO	2,412 430 23,242 26,084 467 88 1,452 2,007 2,275 409	2,412 430 23,242 26,084 467 88 1,452 2,007 2,275	RHNS	(Specify)	
Per Dien a. One b b. Two l c. Three bed i  7. Total Nu A. B.  C. D. 8. Total Nu A. B.  C. D. 9. Total Nu A. B.	m Rate bed rm. bed rms or morens.  mber of Medica 1. Mai 2. Res Other Total I mber of Medica 1. Mai 2. Res Other Total S mber of Medica 1. Mai 2. Res Other Total S mber of Medica 1. Mai 2. Res Other Total S mber of Medica 1. Mai 2. Res Other	f Physical factorative  Physical factorative  Physical factorative  foccupare - Paraid (Excentenance to a continue)  Speech of Occupare - Paraid (Excentenance to a continue)	n/A  pps  al Therapy Treat t B  clusive of Part B be Treatments  Treatments  Therapy Treat t B  clusive of Part B be Treatments  Treatments  Therapy Treat t B  clusive of Part B be Treatments  Therapy Treatments	ments ) ments Treat	N/A 219.15 S ments				N/A	TO	2,412 430 23,242 26,084 467 88 1,452 2,007	2,412  430  23,242  26,084  467  88  1,452  2,007	RHNS	(Specify)	

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

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Report of 122		Dalair			1 -	
Name of Facility	License No.		Report for Year	Ended	Page	of
Wilton Meadows Health Care Center	2032C		9/30/2016		10	37
Are time records maintained by all individuals receiving co	ompensation?	0	Yes	0	No	
	· · · · · · · · · · · · · · · · · · ·		Total Cost a	ad House		
			10141 COSt 41	nu i iours	1	Т
			1			
Ţ.	CONTI	Υ.Υ	RHNS	¥ T	(Specify)	Hours
Item	CCNH	Hours	RHNS	Hours	(Specify)	HOURS
A. Salaries and Wages* 1. Operators/Owners (Complete also Sec. I						
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	121,531	2,194				
3. Assistant Administrator (Complete also Sec. IV		_,,,,				
of Schedule A1)						A SECULIAR DE LA CONTRACTOR DE LA CONTRA
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	445,196	15,166				
5. Dietary Service		,				
a. Head Dietitian	66,757			The state of the s		
b. Food Service Supervisor	52,940	2,371				
c. Dietary Workers	575,948					24 700000
6. Housekeeping Service						
a. Head Housekeeper						<del> </del>
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services	60.512	1.000				
a. Engineer or Chief of Maintenance	68,513	1,622 4,086				
b. Other Maintenance Workers 8. Laundry Service	73,666	4,080				
a. Supervisor						
b. Other Laundry Workers	210,330	12,264				
Sarber and Beautician Services	210,550	12,201			<b>-</b>	
10. Protective Services		-17				
11. Accounting Services						
a. Head Accountant	15,261	412				
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	220,553	4,151				
b. RN						
Direct Care	1,233,598					
2. Administrative**	490,114	12,429				
c. LPN						
1. Direct Care	1,337,975	43,930				
2. Administrative**	35,541				***	
d. Aides and Attendants e. Physical Therapists	2,590,194 46,905				-	
f. Speech Therapists	40,903	2,072			1	
g. Occupational Therapists					1	· ·
h. Recreation Workers	289,355	14,834			1	
i. Physicians		- 1,00				
Medical Director					A CONTRACTOR OF THE PROPERTY O	
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists		I				
			1			
k. Pharmacists						
k, Pharmacists 1. Podiatrists	212.225	0.000				
k. Pharmacists 1. Podiatrists m. Social Workers/Case Management	212,885	8,207				
k. Pharmacists 1. Podiatrists m. Social Workers/Case Management n. Marketing	212,885 8,334					
k. Pharmacists 1. Podiatrists m. Social Workers/Case Management		289				

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

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

### Schedule of Other Salaries and Wages (Page 10)

	CC	NH	RE	INS	(Specify)		
Position	\$	Hours	\$	Hours	\$	Hours	
Other Nursing Admin	\$ 167,495	8,310					
	61.000.0011.000.000						
Total	\$ 167,495	8,310	\$ -	100 100 100 100 100 100 100 100 100 100	\$ -		

### Schedule of Other Fees (Page 13)

	CC	NH	RE	INS	(Spec	eify)
Service	\$	Hours	\$	Hours	\$	Hours
Quality Assurance	\$ 11,379	153				
Other Purchased Services - Med A - See page 13a		Disallowed				
Total	\$ 47,725	153	\$ -		\$ -	

State of Connecticut Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

# Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties\*

Mome of Booility			Assistan	I isonio No	Assistant Auministrators and Ouler Netated Falles	Denost for	Neighbor Failles		Dogs	ų
INMINE OF FACILITY				LICELISE INO.		lechout not	I cai Eilucu		rage	TO.
Wilton Meadows Health Care Center	ter			2032C		9/30/2016			11	37
		Salary Paid	- T							
Name	CCNH	RHINS	(Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners							)			
						-				
										,
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).				·						
				-						
				·						

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

<sup>\*\*</sup> Include all employment worked during the cost year.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties\*

Name of Facility (as licensed)				I icense No	I I conce No	Report for Year Ended	ear Finded		Расе	Of
traine of tacinty (as necessar)				Tricollad 140.		To bott to	non Tritage		an i	5
Wilton Meadows Health Care Center	ter			2032C		9/30/2016			12	37
		Salary Paid	q							
				Fringe Benefits and/or Other		Total	Line Where		Total	
Name	CCNH	RHNS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Claimed on Name and Address of All Page 10 Other Employment**	Hours Worked	Compensation Received
Section III - Administrators***										
Mary Tobin, 40 Dean Road, New Milford, CT 06776	121,531	· ·		Non-preferential	Administrator	2,194 A2	A2			
Section IV - Assistant Administrators										
								·		
		,				] ,				

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

<sup>\*\*</sup> Include <u>all</u> other employment worked during the cost year.

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

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

CSP-13 Rev. 9/2002

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

Name of Facility	License No.	<u>c2 - 1101</u>	Report for Y		Page	of
Wilton Meadows Health Care Center	203	20	9/30/2016	ear Ended	13	37
Willow Meadows Health Care Center	203	<u> </u>	Total Cost	and Hours	1 17	J1
			Total Cost	and mours	1	
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee	CCIVII	Hours	Idito	Hours	(Specify)	TIOUID
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	16,073	19				
3. Pharmacist	10,673	192				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	466,830	6,628				
b. Other						
6. Social Worker						
7. Recreation Worker	10,065	62				
8. Physicians						
a. Medical Director (entire facility)	46,800	557				
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility		The second				
1. Infection Control Committee						
(Quarterly meetings)  2 Pharmaceutical Committee						
(Quarterly meetings)						
3. Staff Development Committee						
(Once annually)						
e. Other (Specify)						
Psychiatrist	12,200	Disallowed				
9. Speech Therapist						
a. Resident Care	101,660	1,045				
b. Other						
10. Occupational Therapist						
a. Resident Care	478,116	6,496				
b. Other						
11. Nurses and aides and attendants						
a. RN	10					
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	47.705	150				
	47,725	153				
B-13 Total Fees Paid in Lieu of Salaries  * Do not include in this section management consultants or services which	1,190,142	15,152	<u> </u>			

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

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

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

Name of Facility		License No.		Report for Y	ear Ended	Page	of
Wilton Meadows Health Care Center		2032C		9/30/2016		14	37
-			Related**	to Owners,			
Name & Address of Individual	Full Expla	nation of Service	Operator	rs, Officers	Explai	nation of Re	elationship
0 4 1		<del></del>	Yes	No			
See attached		Suit Marie -	0	0			
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			0	0			
	A. L. CONTROLLED		0	0			
			0	0			
	Law areas		0	0			
			0	0			

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

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

Name of Facility Wilton Meadows Hea	ılth Care Center	License No. 2032C	Report fo 9/30/2016	r Year Ended	Page 14a	of 37
A/C#	Category	Consultant	Total Paid Total Ho	urs		
87110	Dentist	Healthdrive Dental	16,073	19		
85050	Pharmacist	Value Health Care Services	10,673	192 Two 8 hr. visits per mo	onth	
80950 80980 80990	Physical Therapy	Preferred Therapy	466,830 6,	628		
61660	Entertainment	Various	10,065	62 81 Performances @ 4	5 min per	
87100	Medical Director	Alan Radin, MD	46,800	557		
87115	Psychiatrist	Geriatric & Adult Psychiatry LLC	12,200	Disallow		
82950 82980 82990	Speech Therapy	Preferred Therapy	101,660 1,	045		
81950 81980 81990	Occupational Therapy	Preferred Therapy	478,116 6,	496		
67850	Purchased Services	Value Health Care Service Technical Gas Products, Inc. Preferred Therapy Solutions US Laboratories	13,418 173 22,305 450 36,346	Disallow Disallow - Med A Disallow - Med A Disallow - Med A		
		Quality Assurance - Rossi-Stahl		153 Quality Review/MDS 153		
		Total Fees in Lieu of Salaries	<b>1,190,142</b> 15,1	52		

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

d Leone Esterlakment 1/12/16   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150	Name of Facility Wilton Meadows Health Ca	re Center	License No. 2032C	Report for Year Ended 9/30/2016	Page 14b
Lacene	ntertainer Name	Description		Amount	
Leone	fred Leone	Entertainment 1/13/16			
### A. Mazzola   Enterfairment (1920/15   100   Michael   Enterfairment (1920/15   100   Michael   Enterfairment (1920/16   100   V Cartun   Reflection On A. 16/14, 1928/15   100   V Cartun   Reflection On A. 18/15, 1921/15   100   V Cartun   Reflection On A. 18/15, 1921/15   100   V Cartun   Reflection On A. 18/15, 1921/15   100   V Cartun   Reflection On A. 18/15, 1921/16   100   V Cartun   Reflections	Ifred Leone	Entertainment 4/6/16	•		
Entertainment 129/016   100	Ifred Leone				
Michael   Entertainment 279/16   100   Michael   Entertainment 279/16   100   Michael   Entertainment 379/16   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   1	ennett A. Mazzola				
Michael   Enterlamones (929/16   100   Michael   Enterlamones (929/16   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100	lly Michael				
Michael   Enterlaimment 97716   100	ly Michael				
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y Cartun Reflection On Art 1956, 912/15 Yeartun Reflection On Art 1171, 112515 100 Yeartun Reflection On Art 1171, 112515 100 Yeartun Reflection On Art 1172, 1223/15 Yeartun Reflection On Art 1172, 1223/15 Yeartun Reflection On Art 125, 1223/16 Yeartun Reflection On Art 255, 1223/16 Yeartun Reflection On Art 255, 1223/16 Yeartun Reflections On Art 475, 720/16 Yeartun Reflections On Art 871, 922/16 Yeartun Reflections On Art 871, 922/16	arby Cartun	Reflection On Art 10/14, 10/28/15		100	
y Cartun Reflection On Art 11/11, 112515 100 y Cartun Reflection On Art 11/21, 122515 100 y Cartun Reflection On Art 12/2, 1223/15 100 y Cartun Reflection On Art 12/2, 1223/15 100 y Cartun Reflection On Art 23/2, 1223/16 100 y Cartun Reflection On Art 23/2, 1223/16 100 y Cartun Reflection On Art 23/2, 1223/16 100 y Cartun Reflections On Art 23/2, 1223/16 100 y Cartun Reflections On Art 18/7, 1720/16 y Cartun Reflections On Art 18/7,	arby Cartun				
y Cartum Reflectione On Art 126, 1720/16 y Cartum Reflection On Art 23, 224/16 y Cartum Reflection On Art 23, 224/16 y Cartum Reflection On Art 23, 224/16 y Cartum Reflections On Art 48, 4260/16 y Cartum Reflections On Art 87, 10/15/16 y Cartum Reflections On Art 87, 10/15/16 y Cartum Reflection On Art 87, 10/15/16 y Cartum Reflection On Art 87, 10/15/16 y Cartum Reflection On Art 87, 10/15/16 y Cartum Reflections On Art 87, 10/15/16 y Cartum Reflection On Art 87, 10/15/16 y Cartum	arby Cartun				
y Cartun Reflection On Att 235, 224/16 y Cartun Reflections On Att 237, 224/16 y Cartun Reflections On Att 3916 y Cartun Reflections On Att 3916 y Cartun Reflections On Att 484, 426/16 y Cartun Reflections On Att 487, 272/16 y Cartun Reflections On Att 487, 272/16 y Cartun Reflections On Att 487, 272/16 y Cartun Reflections On Att 87, 824/16 y Cartun Reflections On A	rby Cartun				
y Cartun         Reflection On Art 48, 426016         50           y Cartun         Reflections On Art 48, 426016         100           y Cartun         Lecture 51/816 - Reflection On Art 57, 76016         100           y Cartun         Reflections Con Art 178, 776016         100           y Cartun         Reflections On Art 78, 776016         100           y Cartun         Reflections On Art 8114, 922816	rby Cartun				
y Cartiun   Reflections On Art 486, 420/16 y Cartiun   Lecture 5/15/16 - Reflection On Art   50 y Cartiun   Reflections On Art 167, 67/1676   100 y Cartiun   Reflections On Art 167, 67/25/16   100 of Devonshuk   Entertainment 6/15/16   100   Devonshuk   Entertainment 6/15/16   100   Devonshuk   Entertainment 10/7/15   100   Reflections On Art 167, 9/25/16   Refl	rby Cartun				
y Cardun V Cardun Nefeccions Cun Art 19, 675-76 V Cardun Refeccions Cun Art 19, 675-76 V Cardun Refeccions Cun Art 19, 675-76 V Cardun Refeccions Cun Art 19, 7720-76 V Cardun Refeccions Cun Art 1974, 9729-76 V Cardun Refeccions Cun Art 1974, 9729-77 V Reference Cu	arby Cartun				
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y Cartun Reflection On Art 78, 720/16 y Cartun Reflection On Art 791, 824/16 100 y Cartun Reflection On Art 971, 824/16 100 Of Cartun Reflection On Art 971, 824/16 100 Of Cartun Reflection On Art 971, 824/16 100 Casal Music Entertainment 11/20/15 100 Casal Music Entertainment 12/91/5 100 Casal Music Entertainment 12/91/5 100 Casal Music Entertainment 20/16 85 Casal Casal Entertainment 20/16 85 Casal Casal Entertainment 20/16 85 Casal Casal Entertainment 11/14/16 86 Casal Casal Entertainment 11/14/16 86 Casal Marino Entertainment 11/14/16 86 Casal Marino Entertainment 11/14/16 86 Casal Casal Entertainment 11/14/16 86 Casal					
y Cartun Reflection On Art 5/10, 824/16 Q Cartun Reflections On Art 5/10, 824/16 Q Devonshuk Entertainment 15/34/16 Q Devonshuk Entertainment 15/24/15 Q 200 cast Music Entertainment 10/24/15 Q 200 Cast Music Entertainment 20/24/16 Q 200 Cast Music Cast					
V Cartun   Reflections On Art 9114, 9128/16   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100					
Deviorabluk					
Case   Music   Entertainment   1/20/15   100					
Kahn	recast Music				
Kahn	nry Kahn			125	
Kahn	ry Kahn				
Fahr	ry Kahn				
Fachs	ry Kahn				
Kahn	ry Kahn				
Kahn	ıry Kahn				
Kahn	ry Kahn				
Marino	ry Kahn				
Marino					
Claude Louispene					
Claude Louisgene					
Clauted Louisgene   Caribbean Steel Drum Party 8/10/16   100	an Claude Louisgene				
B. Gould	n Claude Louisgens				
B. Gould	n B. Gould				
B. Gould   Entertainment 6/1/16   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150   150	ın B. Gould				
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e Deviin Entertainment 9/14/16 125  y Batter Entertainment 10/14/15 e 145  y Batter Entertainment 12/2/15   145  y Batter Entertainment 12/2/15   145  y Batter Entertainment 12/2/16   145  y Batter Entertainment 12/2/16   145  y Batter Entertainment 12/2/16   145  y Batter Entertainment 12/16/16   145  y Batter Entertainment 12/16/16   145  y Patter Entertainment 12/16/16   145  y Patter Entertainment 12/16/16   125  s P. Mytych Entertainment 12/16/16   125  s P. Mytych Entertainment 12/16/16   125  s P. Mytych Entertainment 14/17/16   125  s P. Mytych Entertainment 14/17/18   115  cy Wildman Entertainment 14/17/16   150  y Bank 4690-8200-2306-1077   9  Williams Entertainment 19/2/16   125  s Worldwide, Inc. Misc Recreation Supplies   82  ador Salgado Entertainment 12/2/3/15   135  ador Salgado Entertainment 12/2/3/16   135  ypnn M. Sedgwick Entertainment 13/1/16   150  lynn M. Sedgwick Entertainment 13/1/16   150  mas Sansone Entertainment 11/1/16   150  mas Sansone Entertainment 11/1/16   150  mas Sansone Entertainment 15/1/16   150					
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Patter					
y Batter Entertainment 1/27/16					
y Batter         Entertainment 4/13/16         145           y Batter         Entertainment 17/13/16         145           y P. Mytych         Entertainment 12/16/15         125           s P. Mytych         Entertainment 8/18/16         125           s P. Mytych         Entertainment 8/18/16         125           s P. Mytych         Entertainment 8/18/16         125           ic Moments         Magic Show 5/10/16         250           cy Wildman         Entertainment 10/21/15         115           cy Wildman         Entertainment 11/16         115           cy Wildman         Entertainment 4/11/16         150           b Bank         4690-8300-2306-1077         9           Williams         Entertainment For Father's Day         200           ert A. Rissolo         Entertainment 8/24/16         125           s Worldwide, Inc.         Misc Recreation Supplies         32           rador Salgado         Entertainment 12/23/15         135           rador Salgado         Entertainment 12/23/16         135           lynn M. Sedgwick         Entertainment 2/13/16         125           lynn M. Sedgwick         Entertainment 2/13/16         125           lynn M. Sedgwick         Entertainment 11/4/15	Ty Batter				
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ador Salgado         Entertainment 7/20/16         135           lynn M. Sedgwick         Entertainment 11/7/15         150           lynn M. Sedgwick         Entertainment 2/13/16         125           lynn M. Sedgwick         Entertainment 8/13/16         150           Gray Foundation         Entertainment 8/13/16         125           mas Sansone         Entertainment 11/4/15         150           mas Sansone         Entertainment 11/6/16         150           mas Sansone         Entertainment 3/23/16         150           mas Sansone         Entertainment 5/11/16         150           mas Sansone         Entertainment 5/6/16         150           mas Sansone         Entertainment 9/21/16         150           mas Sansone         Entertainment 9/21/16         150           mas Sansone         Entertainment 9/21/16         20           e Nielson         Mother's Day Entertainment 5/6/16         200           e Nininger         Entertainment 9/28/16         130	vador Salgado				
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	ie Nininger, Inc.	Entertainment 3/16/16		130	
	w .,				
Total Entertainment 10,065			Total Entert	ainment 10,065	

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

CSP-15 Rev. 10/2005

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

Name of Facility	License No.	]	Report for Ye	ear Ended	Page	of
Wilton Meadows Health Care Center	2032C		9/30/2016		15	37
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Item			Total	CCNH	RHNS	(Specify)
1. Administrative and General						
a. Employee Health & Welfare Benefits						
Workmen's Compensation		\$	309,020	309,020		
2. Disability Insurance		\$				
3. Unemployment Insurance		\$	169,074	169,074		
4. Social Security (F.I.C.A.)		\$	630,767	630,767		
5. Health Insurance		\$	811,532	811,532		
6. Life Insurance (employees only)						
(not-owners and not-operators)		\$				
7. Pensions (Non-Discriminatory)		\$	34,936	34,936		
(not-owners and not-operators)						
8. Uniform Allowance		\$	396	396		
9. Other (Specify)		\$	3,892	3,892		
See Attached Schedule						
b. Personal Retirement Plans, Pensions, and		\$		Million 1		
Profit Sharing Plans for Owners and						
Operators (Discriminatory)*				4.29 E		
c. Bad Debts*		\$				
d. Accounting and Auditing		\$	36,005	36,005		
e. Legal (Services should be fully described	on Page 7)	\$	59,781	59,781		
f. Insurance on Lives of Owners and		\$				•
Operators (Specify)*						
g. Office Supplies		\$	29,751	29,751		
h. Telephone and Cellular Phones			- 1			
1. Telephone & Pagers		\$	77,742	77,742		
2. Cellular Phones		\$	5,686	5,686		
i. Appraisal (Specify purpose and		\$		-	***************************************	
attach copy)*						
j. Corporation Business Taxes (franchise ta	x)	\$		A common of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of th		
k. Other Taxes (Not related to property - Se	e Page 22)					100
1. Income*	_ ·	\$				
2. Other (Specify)		\$				
See Attached Schedule						
3. Resident Day User Fee		\$	748,312	748,312		
Subtotal		\$	2,916,894	2,916,894		

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

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

Wilton Meadows Health Care Center 9/30/2016

Attachment Page 15

### Schedule of Other Employee Benefits

Description		CCNH	RHNS	(Specify)
Group Benefit	\$	2,689		
Employee Physicals	\$	1,203		
	EXAMPLE TO THE			
		in the la		
		NUOVITA PAR	STATE AND	
				LOST THE REST
Total	\$	3,892	\$ -	\$ -

### **Schedule of Other Taxes**

Description	(	CCNH	RHNS	(Specify)
Total	\$ 1		\$	\$ -

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

Name of Facility	License No.		Report for Y	Year Ended	Page	of
Wilton Meadows Health Care Center	2032C		9/30/2016		. 16	37
,						
Item			Total	CCNH	RHNS	(Specify)
Subtot	als Brought Forwa	ırd:	2,916,894	2,916,894		
Travel and Entertainment						
1. Resident Travel and Entertainment		\$	2,683	2,683		
2. Holiday Parties for Staff		\$	82	82		
3. Gifts to Staff and Residents		\$	6,518	6,518		
4. Employee Travel		\$	23,403	23,403		
5. Education Expenses Related to Seminars a	and Conventions	\$	9,075	9,075		
6. Automobile Expense (not purchase or dep	reciation)	\$	8,886	8,886		
7. Other (Specify)		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expens	ses )	\$	4,679	4,679		
2. Advertising Telephone Directory (all such		\$	1,224	1,224	•	
3. Advertising Other (Specify)***	· · · · · · · · · · · · · · · · · · ·	\$	49,374	49,374		
See Attached Schedule				0.00		1946
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service	e is supplied	\$				
directly and not by contract or fee for serv						
7. Postage		\$	9,621	9,621		
* 8. Dues and Membership Fees to Professiona	<u>a</u> 1	\$	11,331	11,331		
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-	Allowable Org.***	\$	321	321		
9. Subscriptions		\$	3,759	3,759		,
10. Contributions***	1.1.1.11111	\$	. 275	275		
See Attached Schedule						
11. Services Provided by Contract (Specify an	d Complete	\$				
Schedule C-2, Page 21 for each firm or inc	_		96			
12. Administrative Management Services**		\$	121,239	121,239		
13. Other (Specify)		\$	242,552	242,552		
See Attached Schedule					ma.	
C-14 Total Administrative & General Expenditures	S	\$	3,411,916	3,411,916		

<sup>\*</sup> Do not include Subscriptions, which should go in item 9.

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

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

### Schedule of Other Travel and Entertainment

CCNH	RHNS	(Specify)
Harvey and process of the		
	Section symptom	
	Same and the second	
	Assistant de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya del companya del companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya	
	Service of the America	
\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising Promotions	\$ 12,557		
Business Promotions	\$ 36,817		
Total Other Advertising	\$ 49,374	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues - See page 16b	\$ 11,331		
			1660661160166
Total Dues	\$ 11,331	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	\$ 275		
Total Contributions	\$ 275	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Employee Background Checks	\$ 1,892		
Consulting Fees	\$ 4,948		and district and his
Recruiting Expense	\$ 14,397		stelenostalvivistavielista
Data Processing Fees	\$ 22,852		
Software Maintenance	\$ 32,480		
Professional Liability & Employee Dishonesty/Crime Insurance	\$ 59,651		sireinalisusessuseii.
Pacility Licenses	\$ 2,699		000000000000000000000000000000000000000
Employee Licenses	\$ 3,050		
Bank Charges	\$ 9,941		(included discollect
Late Charges	\$ 739		
Miscellaneous Administrative Expenses	\$ 90		
Medical Records Supplies	\$ 12,947		
Penalties Penalties	\$ 1,495		
Purchased Services - Temporary Help	\$ 75 <u>.371</u>		
Total Other Administrative and General	\$ 242,552	\$ -	\$ -

### **Detail of Dues and Subscriptions**

Name of Facility Wilton Meadows Health Care Center				Report for Ye 9/30/2016	ar Ended	Page 16b	of   37
witton Meadows Health Care Center			120320				1
Ref	Amount	Dues	Subscriptions	Chamber of Commerce	InterfaceName		
AANAC Membership	119	119	1		Membership/Conf.,Emily Quade,RN,BSN		
ACHCA Membership	6	6			Membership Renewal ID#26513		
Aliscripts	615		615		Qtrly subscription		
CAHCF	837				Monthly Membership Dues		
CAHCF	837				Monthly Membership Dues		
CAHCF	837				Monthly Membership Dues		
CAHCF	837				Monthly Membership Dues		
CAHCF	837				Monthly Membership Dues		
	837				Monthly Membership Dues		
CAHCF							
CAHCF	837				Monthly Membership Dues		
CAHCF	837				Monthly Membership Dues		
CAHCF	837				Monthly Membership Dues		
CAHCF	837				Monthly Membership Dues		
CAHCF	837				Monthly Membership Dues		
CAHCF	29				Annual Dues Mutual Aid Program		
CAHCF	836	10,072			Monthly Membership Dues		
CuraSpan Health Group, Inc.	1,520	,	1,520		Renewal Annual Subs 5/1/16-4/30/17		
Costco	(50)				Costco Membership Fees		
Wilton Meadows Petty Cash	55	5			Costco Membership Fees		
Fairfield County ICNC	48	48			Membership Dues		
Hersam Acom	35		35		2 Yr Subscription To Wilton Bulletin		
HRdirect	29		29		Poster Guard 1 Year		
NCCDP	100	100			CDP Renewal Fee		
Kiwanis Club Of Wilton	160				10/8/15 - 1/8/16		
Kiwanis Club Of Wilton	160				2nd Qtr Jan Thru March 2016		
Kiwanis Club Of Wilton	160				3rd Qtr Dues April - June 2016		
Kiwanis Club Of Wilton  Kiwanis Club Of Wilton	160	640			4th Qtr Dues July - Sept 2016		
IZIWANIS CAD OF WINOH	100	040			THE WE DIES SUB - OOM SO TO		
PNC Bank	36				Ohio CPA license renewal		
PNC Bank	80				Assoc, for long-term care financial managers		
PNC Bank	50	166			BJ's Membership Dues		
Society For Human Resource Mgmt	175	175			Membership - Maira Loglisci		
The Hour	1,560		1,560		Subscription		
Wilton Chamber Of Commerce Wilton Chamber Of Commerce	263 58			321	Membership Renewal June 2015-July 2016 Membership Renewal June 2016-July 2017		
*	15,411	11,331	3,759	32			

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

Name of Facility	License No.	Report for Year Ended	Page of
Wilton Meadows Health Care Center	2032C	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 #
TransCon Builders, Inc.			Page 16 Line M12
		·	

<sup>\*</sup> 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)

Mon	ne of Facility	_	License		age 3)	Dα	nort for V	ear Ended	Page	of
	ton Meadows Health Care Center				). 32C		9/30/2016		18	37
VV 11:	ion Meadows Health Care Center			200	020	$\frac{1}{1}$	7/30/2010		1 10	
	Item				Total		CCNH	RHNS	(St	ecify)
2.	Dietary						77.76			
	a. In-House Preparation & Service									
	1. Raw Food		\$		399,615		399,615			
	2. Non-Food Supplies		\$		48,620		48,620			
	3. Other (Specify)		\$							
	b. Purchased Services (by contract other		\$		1,812		1,812			<u> </u>
	than through Management Services)							No. of the second		
	(Complete Schedule C-2 att. Page 21)							in-		
	c. Management Services**		-\$							
	d. Other (Specify)		\$		5,252		5,252			
	Chemicals/Cleaning Supplies									
2E.	Total Dietary Expenditures $(2a + b + c + d)$		\$		455,299	<u> </u>	455,299			
2F.	Dietary Questionnaire				Total		CCNH	RHNS	(S <sub>I</sub>	ecify)
G.	Resident Meals: Total no. of meals served per of	day	<b>/:</b> *							
H.	Is cost of employee meals included in 2E?	<u> </u>	Yes		0	No	)			
I.	Did you receive revenue from employees?	0	Yes		•	No	)	If yes, specify amt.		
J.	Where is the revenue received reported in the C	Cos	t Repor	t? (	Page/Line	Iten	n)			
	Is cost of meals provided to persons other							If you specify		
K.	than employees or residents (i.e., Board	⊙	Yes		0	No	)	If yes, specify cost.		
	Members, Guests) included in 2E?							cost.		
L.	Is any revenue collected from these people?	•	Yes		0	No	)	If yes, specify amt.		\$1,104
M.	Where is the revenue received reported in the C	Cos	t Repor	t? (	Page/Line	Iten	n)		30 IV1	
	Is cost of food (other than meals, e.g.,									
N.	snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	•	Yes		0	No	)	If yes, specify cost.		
O.			Yes		•	No	)	If yes, specify		
<u> </u>								amt.		
P.	Where is the revenue received reported in the C	Cos	t Repor	t? (	Page/Line	Iten	n)			

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

<sup>\*\*</sup> 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)

of Facility	1		-		Page	of
Meadows Health Care Center	2	2032C	9/30/2016		19	37
Item		Total	CCNH	RHNS	(S <sub>1</sub>	pecify)
aundry In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.					
gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	13,874	13,874			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.					
processed.***	Amt. \$					
3. Personal clothing of residents	Lbs.					
washed, ironed, and/or processed.***	Amt. \$					· · · · · · · · · · · · · · · · · · ·
4. Repair and/or purchase of linens.***	Lbs.					
Durchased Corrigon (hy soutport other	Amt. \$					
than through Management Services)	Φ					
	\$	19,602	19,602			
Gas for Dryers \$11,109; Chemicals/Detergents	\$8,134;	Supplies \$359				
otal Laundry Expenditures $(3a+b+c+d)$	\$	33,476	33,476			
aundry Questionnaire						
cost of employee laundry included in 3E? O	Yes	•	No	If yes, specify cost.		
oid you receive revenue from employees?	Yes	•	No	If yes, specify amt.		
Where is the revenue received reported in the Cost	Report?		(Page/Line	Item)	*	
Cost of laundry provided to persons other			No	If yes, specify cost.		
oid you receive revenue from these people? O	Yes	•	No	If yes, specify amt.		
Where is the revenue received reported in the Cost	Report?		(Page/Line	Item)		
	Item  aundry In-House Processing*  1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***  2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***  3. Personal clothing of residents washed, ironed, and/or processed.***  4. Repair and/or purchase of linens.***  Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)  Management Services**  Other (Specify)  Gas for Dryers \$11,109; Chemicals/Detergents otal Laundry Expenditures (3a + b + c + d)  aundry Questionnaire  cost of employee laundry included in 3E?  Othere is the revenue received reported in the Cost Cost of laundry provided to persons other an employees or residents included in 3E?  id you receive revenue from these people?	Item  auundry In-House Processing*  1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***  2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***  3. Personal clothing of residents washed, ironed, and/or processed.***  4. Repair and/or purchase of linens.***  Lbs.  Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)  Management Services**  Other (Specify)  Gas for Dryers \$11,109; Chemicals/Detergents \$8,134; otal Laundry Expenditures (3a + b + c + d) \$aundry Questionnaire  cost of employee laundry included in 3E? O Yes  There is the revenue received reported in the Cost Report?  Cost of laundry provided to persons other an employees or residents included in 3E?  id you receive revenue from these people? O Yes	Item Total aundry In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***  3. Personal clothing of residents washed, ironed, and/or processed.***  4. Repair and/or purchase of linens.***  Lbs.  Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)  Management Services** Other (Specify) Gas for Dryers \$11,109, Chemicals/Detergents \$8,134; Supplies \$35 total Laundry Expenditures (3a + b + c + d) \$33,476 aundry Questionnaire cost of employee laundry included in 3E? O Yes ©  Vere is the revenue received reported in the Cost Report?  Cost of laundry provided to persons other an employees or residents included in 3E?  O Yes ©	Item Total CCNH  aundry In-House Processing*  1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***  2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***  3. Personal clothing of residents washed, ironed, and/or processed.***  4. Repair and/or purchase of linens.***  Lbs.  Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)  Management Services**  Stock (Sa + b + c + d) \$33,476 33,476 aundry Questionnaire  cost of employee laundry included in 3E? O Yes No  No  No  No  No  No  No  No  No  No	Item   Total   CCNH   RHNS	Item

<sup>\*</sup> 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.

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

<sup>\*\*\*</sup> 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)

,		License No.	Repo	rt for Year Er	nded	Page	of
Wil	Wilton Meadows Health Care Center 2033			9/30/2016		20	37
				- '			
	Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (Mops,	Amt,	\$	27,596	27,596		
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt,	\$	358,613	358,613		
	Page 21)						
	c. Management Services*		\$				
	d. Other (Specify)		\$				
4E.	Total Housekeeping Expenditures (4a +	b+c+d)	\$	386,209	386,209		
5.	Resident Care (Supplies)**				Mr. T		
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$[	366,284	366,284		
	Medicare \$268,318, Medicaid \$3,409, Medica	re OTC \$868, Ma	anaged	Care \$74,727, Eve	r Care \$7,125, F	acility \$11,837	
	b. Medicine Cabinet Drugs		\$	15,142	15,142		
	c. Medical and Therapeutic Supplies		\$	17,804	17,804		
	d. Ambulance/Limousine***		\$	2,608	2,608		
	e. Oxygen						
	1. For Emergency Use		\$				
	2. Other***		\$	20,996	20,996		
	f. X-rays and Related Radiological		\$	17,077	17,077		
	Procedures***						
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)			10			
	h. Laboratory***		\$	32,805	32,805		
	i. Recreation		\$	7,349	7,349		
	j. Other (Specify)****		\$	393,791	393,791	WEST WAR THE THE TOTAL TOTAL STREET	KALON/AMODINA POD POTOS STATES STATES STATES STATES
	See Attached Schedule	OTHER CO.					
5K.	Total Resident Care Expenditures (5a - 5	j)	\$	873,856	873,856		

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

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

<sup>\*\*\*</sup> Facility should self-disallow the expense on Page 29 of the Cost Report.

<sup>\*\*\*\*</sup> ICFMR's should provide a detailed schedule of all Day Program Costs.

### **Schedule of Other Resident Care**

Description	CCNH	RHNS	(Specify)
Medical Equipment Rental	\$ 15,206		
Basic Mattresses	\$ 4,197		
Specialty Mattresses	\$ 3,468		
Cable TV	\$ 14,905		
Equipment Rental	\$ 16,602		
Supplies	\$ 6,598		
Nursing Supplies	\$ 140,857		
Glucose Testing Supplies	\$ 7,653		
Incontinent Care	\$ 58,893		
Gloves	\$ 22,705		
Wound Care Supplies	\$ 32,068		
Nutritional Suppliments	\$ 35,587		
Syringes	\$ 1,290		
Tube Feeding - Medicare	\$ 21,923		
Medical Supplies - Medicare	\$ 11,745		
Medical Supplies - Evercare	\$ 94		
Total Other Resident Care	\$ 393,791	\$ -	\$ -

State of Connecticut Annual Report of Long-Term Care Facility CSP-21 Rev. 10/2001

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

Name of Facility Wilton Meadows Health Care Center	Center			License No. 2032C	Report for Year Ended 9/30/2016			·	Page of 21   37
		Related ** to Owners, Operators, Officers	o Owners, Officers				Total Cost/	Total Cost/Page Ref.***	_
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHINS	(Specify)	Pg Line
Stericycle	80 Industrial Park Road, Middletown, CT 06457	0	0	4	Trash Removal	41,220			22 6f
Winters Brothers Waste Systems of 304 White Street, CT Danbury, CT 068	304 White Street, Danbury, CT 06810	0	0		Trash Removal	27,996			22 6f
SMS Cleaning & Housekeeping		0	•		Housekeeping	355,135			20 / 22   4b / 6.
Shamrock Land Management		0	0		Grounds Maintenance, Snow Plow, Landscaping	35,985			22 6f
Daniels Equipment	445 Priscilla Lane, Auburn, NH 03032	0	•		Ozone Rental	15,314			22 6f
		0	0						
		0	0	:					
		0	0						
		0	0						
		0	0			,			
		0	0						
		0	0						
and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		0	0					:	
		0	0						

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

<sup>\*\*</sup> Refer to Page 4 for definition of related.

<sup>\*\*\*</sup> 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 Ye	ear Ended		Page	of
Wilton Meadows Health Care Center	2032C		9/30/2016			22	37
Item		,	Total	CCNH	RHNS	(Sp	ecify)
6. Maintenance & Operation of Plant							
a. Repairs & Maintenance		\$	64,963	64,963			
b. Heat		\$	50,229	50,229			
c. Light & Power		\$	138,784	138,784			
d. Water	- 	\$	48,212	48,212			
e. Equipment Lease (Provide detail on p	age 6)	\$	8,987	8,987			
f. Other (itemize)		\$	239,224	239,224	NAME OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRE		W
See Attached Schedule							
6g. Total Maint. & Operating Expense (6a -	6f)	\$	550,399	550,399			
7. Depreciation (complete schedule page 23	*)						
a. Land Improvements		\$	2,140	2,140			
b. Building & Building Improvements		\$	226,019	226,019			
c. Non-Movable Equipment		\$	11,798	11,798			
d. Movable Equipment		\$	56,025	56,025			
*7e. Total Depreciation Costs $(7a + b + c + d)$	)	\$	295,982	295,982			
8. Amortization (Complete att. Schedule Pag	ge 24*)						
a. Organization Expense		\$					
b. Mortgage Expense		\$					
c. Leasehold Improvements		\$			•		
d. Other (Specify)		\$					
*8e. Total Amortization Costs (8a + b + c + d	)	\$					
9. Rental payments on leased real property l	ess						
real estate taxes included in item 10b		\$					
10. Property Taxes							
a. Real estate taxes paid by owner		\$	198,215	198,215			
b. Real estate taxes paid by lessor		\$					
c. Personal property taxes		\$	11,519	11,519			
11. Total Property Expenses (7e + 8e + 9 +	10)	\$	505,716	505,716			

<sup>\*</sup> 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)
Small Equipment Purchase	\$ 6,283		
Equipment Rental	\$ 19,778		
Trash Removal	\$ 76,816		
Service Contracts	\$ 52,045		
Supplies	\$ 44,671		
Grounds Maintenance	\$ 30,603		
Grounds Landscaping	\$ 7,720		
Purchased Services	\$ 100		
Minor Decorating	\$ 1,208		
Total Other Repairs and Maintenance	\$ 239,224	\$ -	

State of Connecticut Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2006 Depreciation Schedule

Historical   License No.   Report for Year Ended   License No.   Report for Year Ended   License No.   Report for Year Ended   License No.				7		Dept celation Seneral	IVERIA				_	
Property Item   Property Item   Factorial   Less   Accommodated   Less   Les	Name of Facility			Licen	se No.			Report for Year E	guded	-	Page	Jo
Historical   Loss   Cost to Be   Reginating of   Computing   Loss   Exclusive of   Salvage   Cost to Be   Reginating of   Computing   Useful   Loss   Cost to Be   Reginating of   Cost   Cost   Loss   Cost to Be   Reginating of   Cost	Wilton Meadows Health Care Center		***************************************		2032C		Constitution	9/30/2016			23	37
Cost   Land   Property   Items   Exclusive vortex				His	torical			Accumulated				
Exclusive of Salvage   Cost to Be   Beginning of Computing Useful				_	Cost	Less	-,-	Depreciation to	Method of			
Land Improvements   Property Item   Land   Value   Depreciated   Year's Operations   Depreciation   Life   Land Improvements				Exch	usive of	Salvage	Cost to Be	Beginning of			Depreciation	
Land Improvements   209,287   209,287   209,287   209,287   209,287   209,287   209,287   209,287   209,287   209,287   209,287   209,287   209,287   209,287   209,287   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280,280   209,280   209,280   209,280   209,280   209,280   209,280,280   209,280   209,280   209,280   209,280   209,280   209,280,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   209,280   2	Property Item				'and	Value	Depreciated	Year's Operations	$\rightarrow$		for This Year	Totals
1. Acquired prior to this report period (attach schedule)         209,287         209,287         203,303 Tax         Various various during this report period (attach schedule)           2. Disposals (attach schedule)         3. Acquired during this report period (attach schedule)         6,999         6,599         7xx         Various various during this report period (attach schedule)         6,099         6,299         7xx         Various various during this report period (attach schedule)         174,222         174,222         118,888         7xx         Various various during this report period (attach schedule)         1xx         Various various various during this report period (attach schedule)         1xx         Various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various various variou												
2. Disposals (entuch schedule)           Subtoral during this report period (attach schedule)           Building and Purling this report period (attach schedule)         6,999         6,999         9,580,260         Tax         Various Various           3. Acquired during this report period (attach schedule)         1,231,508         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1,74,222         1	1. Acquired prior to this report period				209,287		209,287	203,303	Tax	Various	2,140	
3. Acquired during this report period (attach schedule)     3. Acquired fairnet of this report period (attach schedule)     3. Acquired fairnet of this report period (attach schedule)     4. Acquired fairnet strengt period (attach schedule)     5. Acquired fairnet schedule)     5. Acquired fairnet schedule)     6. 999   6. 999   7 ax   Various     5. Acquired fairnet schedule)     6. 999   6. 999   7 ax   Various     8. Acquired fairnet schedule)     9. Acquired fairnet schedule)     1. Acquired fairnet schedule)     2. Disposals (attach schedule)     3. Acquired fairnet schedule)     4. Acquired fairnet schedule)     5. Acquired fairnet schedule)     5. Acquired fairnet schedule)     6. 999   6. 999     8. Acquired fairnet schedule)     9. Sale schedule)     9. Sale schedule)     9. Sale schedule)     9. Sale schedule)     9. Sale schedule)     9. Sale schedule)     9. Sale schedule)     9. Sale schedule)     9. Sale schedule)     9. Sale schedule)     9. Sale schedule)     9. Sale schedule)     9. Sale schedule)     9. Sale schedule)     9. Sale schedule)     9. Sale schedule)     9. Sale schedule)     9. Sale schedule)     9. Sale schedule)     9. Sale schedule)     9. Sale schedule     9. Sale schedule)     9. Sale schedule)     9. Sale schedule)     9. Sale schedule)     9. Sale schedule     9. Sale sc	2. Disposals (attach schedule)											
Subtoral Building Improvements	3. Acquired during this report period (attach	h schedule)				A						
1. Acquired during this report period (attach schedule)  2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) 3. Acquired during this report period (attach schedule) 4. Acquired during this report period (attach schedule) 5. Acquired period to this report period (attach schedule) 5. Acquired period to this report period (attach schedule) 5. Acquired period to this report period (attach schedule) 6. Acquired period (attach schedule) 7. Acquired period (attach schedule) 6. Acquired period (attach schedule) 7. Acquired period (attach schedule) 8. Acquired period (attach schedule)	A-4. Subtotal											2,140
1.   Acquired prior to this report period (attach schedule)												
2. Disposals (attach schedule)         6,999         6,999         Tax         Various National Acquired during this report period (attach schedule)         1. Acquired during this report period (attach schedule)         1. Acquired during this report period (attach schedule)         1. Acquired prior to this report period (attach schedule)         1. Acquired prior to this report period (attach schedule)         1. Acquired prior to this report period (attach schedule)         1. Acquired prior to this report period (attach schedule)         1. Acquired prior to this report period (attach schedule)         1. Acquired prior to this report period (attach schedule)         1. Acquired prior to this report period (attach schedule)         1. Acquired prior to this report period (attach schedule)         1. Acquired prior to this report period (attach schedule)         1. Acquired prior to this report period (attach schedule)         1. Acquired prior to this report period (attach schedule)         2. Acquired prior to this report period (attach schedule)         2. Acquired prior to this report period (attach schedule)         2. Acquired prior to this report period (attach schedule)         2. Acquired prior to this report period (attach schedule)         3. Acquired prior to this report period (attach schedule)         3. Acquired prior to this report period (attach schedule)         3. Acquired prior to this report period (attach schedule)         3. Acquired prior to this report period (attach schedule)         3. Acquired prior to this report period (attach schedule)         3. Acquired prior to this report period (attach schedule)         3. Acquired prior to this report period (attach schedule)         3. Acquired prior to th	1. Acquired prior to this report period			11,	231,508		11,231,508	9,580,260	Tax	Various	225,720	
3. Acquired during this report period (attach schedule)  1. Acquired furing this report period (attach schedule)  2. Disposals (attach schedule)  3. Acquired during this report period (attach schedule)  2. Disposals (attach schedule)  3. Acquired during this report period (attach schedule)  3. Acquired during this report period (attach schedule)  3. Acquired during this report period (attach schedule)  3. Acquired during this report period (attach schedule)  3. Acquired during this report period (attach schedule)  4. Acquired during this report period (attach schedule)  5. Acquired during this report period (attach schedule)  6. Acquired during this report period (attach schedule)  7. Movable Equipment  8. Acquired during this report period (attach schedule)  9. Acquired during this report period (attach schedule)  1. Movable Equipment  9. Acquired during this report period (attach schedule)  1. Acquired during this report period (attach schedule)  1. Acquired during this report period (attach schedule)  2. Movable Equipment  3. Acquired during this report period (attach schedule)  4. Disposals attach schedule)  5. Acquired during this report period (attach schedule)  6. Acquired during this report period (attach schedule)  7. Acquired during this report period (attach schedule)  8. Acquired during this report period (attach schedule)  9. Acquired during this report period (attach schedule)  1.	2. Disposals (attach schedule)											
Non-Movable Equipment   Subtoral		h schedule)			666,9	***	666'9		Tax	Various	299	
174,222   118,888   Tax   Various     2. Disposals (attach schedule)   18 a mileage   19 and year of each vehicle)   18 a mileage   19 and year of each vehicle)   18 a mileage   19 and year of each vehicle)   19 a mileage   19 and year of each vehicle)   19 a mileage   19 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each vehicle)   10 and year of each year of each vehicle)   10 and year of each year of each year of each year of each year of each year of each year of each year of each year of each year of each year of each year of each year of each year of each year of each year of each year of each year of each year of each year of each year of each year of each year of each year of each year of each year of each year of each year of	Sal											226,019
1. Acquired prior to this report period (attach schedule)         1. Acquired prior to this report period (attach schedule)         1. Acquired prior to this report period (attach schedule)         1. Acquired during this report period (attach schedule)         1. Acquired during this report period (attach schedule)         1. Acquired during this report period (attach schedule)         1. Acquired during this report period (attach schedule)         1. Acquired during this report period (attach schedule)         1. Acquired during this report period (attach schedule)         1. Acquired during this report period (attach schedule)         1. Acquired during this report period (attach schedule)         1. Acquired during this report period (attach schedule)         1. Acquired during this report period (attach schedule)         1. Acquired during this report period (attach schedule)         1. Acquired during this report period (attach schedule)         1. Acquired during this report period (attach schedule)         1. Acquired during this report period (attach schedule)         1. Acquired during this report period (attach schedule)         1. Acquired during this report period (attach schedule)         1. Acquired during this report period (attach schedule)         1. Acquired during this report period (attach schedule)         1. Acquired during this report period (attach schedule)         1. Acquired during this report period (attach schedule)         1. Acquired during this report period (attach sch	1											
2. Disposals (attach schedule)   1. State	1. Acquired prior to this report period				174,222		174,222	118,888	Tax	Various	11,798	
Subtoral   Less   Les	2. Disposals (attach schedule)											
Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal   Subtotal	3 Acquired during this report period (attack	h schedule)	***************************************					BATTA CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRA	Tax	Varions		生 化二甲基苯甲基甲基苯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲
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Movable Equipment   Ves   No   Month   Ves   Exclusive of   Exclusive of   Exclusive of   Cost to Be   Beginning of   Computing   Useful		7.000										- Adjiettivensky
Movable Equipment   Yes   No   Mouth   Year   Exclusive of   Salvage   Cost to Be   Beginning of   Computing   Useful		is a mileage	7000		torical	- Lorden		Accumulated				
Movable Equipment         Yes         No         Month         Year         Land         Value         Cost to Be Depreciated         Beginning of Year's Operations         Computing Useful Life           1. Motor Vehicles (Specify name, model and year of each vehicle)         Yes         5 2001         10,866         10,866         Tax         5           b. 2011 Ford Explorer         Yes         2 2015         22,557         22,557         2,516         Tax         5           c. 2012 Jeep Patriot         Yes         4 2015         9,532         1,271         Tax         5           d. Disposal - 2011 Ford Explorer         Yes         4 2015         9,532         1,271         Tax         5           d. Disposal - 2011 Ford Explorer         Yes         4 2015         1,026,130         (22,557)         (2,516)         Tax         Various           a. Acquired prior to this report period (attach schedule)         Acquired during this report period (attach schedule)         (45,326)         (45,326)         Tax         Various           Subtotal         Acquired buring this report period (attach schedule)         Acquired buring this report period (attach schedule)         98,568         98,568         Yarious         Acquired buring this report period (attach schedule)         Acquired buring this report period (attach schedule)		maintained?	Acquisitio		Cost	Less		Depreciation to	Method of			
Yes   No   Month   Year   Land   Value   Depreciated   Year's Operations   Depreciation   Life				1	neive of	Salvage	Cost to Be	Reginning of	Committing		Depreciation	afailmean de a M
1. Motor Vehicles (Specify name, model and year of each vehicle)       Yes       5 2001       10,866       10,866       Tax         a. 1998 Ford and year of each vehicle)       Yes       2 2015       22,557       2,557       2,516       Tax         b. 2011 Ford Explorer       Yes       4 2015       9,532       1,271       Tax       1,271       Tax         c. 2012 Jeep Patriot       Yes       4 2015       9,532       1,271       Tax       1,271       Tax         d. Disposal - 2011 Ford Explorer       C. 2012 Jeep Patriot       (22,557)       (22,557)       (2,516)       Tax       Various         2. Movable Equipment       a. Acquired prior to this report period       1,026,130       902,105       Tax       Various         b. Disposals (attach schedule)       (45,326)       (45,326)       (45,326)       Tax       Various         c. Acquired during this report period       (45,326)       (45,326)       Tax       Various         Subtotal       Subtotal       98,568       98,568       Tax       Various					and	Value	Depreciated	Year's Operations			for This Year	Totals
1. Motor Vehicles (Specify name, model and year of each vehicle)       Yes       5 2001       10,866       10,866       Tax         a. 1998 Ford and year of each vehicle)       Yes       2 2015       22,557       22,557       2,516       Tax         b. 2011 Ford Explorer       Yes       4 2015       9,532       9,532       1,271       Tax         c. 2012 Jeep Patriot       Yes       4 2015       9,532       1,271       Tax       Various         d. Disposal - 2011 Ford Explorer       A Cquired prior to this report period       1,026,130       1,026,130       902,105       Tax       Various         b. Disposals (attach schedule)       A Cquired during this report period (attach schedule)       45,326       (45,326)       Tax       Various         C. Acquired during this report period (attach schedule)       98,568       98,568       Tax       Various							7					
and year of each vehicle)  a. 1998 Ford b. 2011 Ford Explorer c. 2012 Jeep Patriot A. Disposals (attach schedule) c. Acquired during this report period (attach schedule) Subfordal  a. 1998 Ford 1,0866 10,866 10,866 10,866 12,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,557 22,516 7ax Various 22,516 7ax Various 22,516 7ax Various 22,516 7ax Various 22,516 7ax Various 22,516 7ax Various 22,516 7ax Various 22,516 7ax Various 22,516 7ax Various 22,516 7ax Various 22,516 7ax Various 22,516 7ax Various 22,516 7ax Various 22,517 22,516 7ax Various 22,517 22,516 7ax Various 22,517 22,516 7ax Various 22,517 22,516 7ax Various 22,517 22,516 7ax Various 24,5326 24,5326 25,517 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,516 25,	1. Motor Vehicles (Specify name, model											
a. 1998 Ford b. 2011 Ford Explorer C. 2012 Jeep Patriot A. Disposals (attach schedule) C. Acquired during this report period (attach schedule) C. Acquired Light Substant Subtotal  a. 1998 Ford b. 2015 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,866 10,8	and year of each vehicle)											
b. 2011 Ford Explorer         Yes         2 2015         22,557         22,557         2,516         Tax           c. 2012 Jeep Patriot         Yes         4 2015         9,532         1,271         Tax         1,271         Tax         1,271         Tax         1,271         Tax         1,271         Tax         Various           2. Movable Equipment         a. Acquired prior to this report period         1,026,130         1,026,130         902,105         Tax         Various           b. Disposals (attach schedule)         c. Acquired during this report period         (45,326)         (45,326)         Tax         Various           Subtotal         Subtotal         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         <		Yes	5   20(	01	10,866		10,866	10,866	<u></u>	5		
c. 2012 Jeep Patriot         Yes         4 2015         9,532         9,532         1,271         Tax         Parious           d. Disposal - 2011 Ford Explorer         2. Movable Equipment         (2,516)         (2,516)         1,026,130         (2,516)         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130         1,026,130	2011 Ford Explorer	Yes	2 201	15	22,557		22,557	2,516	-	5	944	
d. Disposal - 2011 Ford Explorer       (22,557)       (2,516)         2. Movable Equipment       a. Acquired prior to this report period       1,026,130       902,105       Tax         b. Disposals (attach schedule)       (45,326)       (45,326)       (45,326)       Tax         c. Acquired during this report period (attach schedule)       98,568       98,568       Tax         Subtotal       Tax       Tax       Tax	2012 Jeep Patriot	Yes	4 201	15	9,532		9,532	1,271	Tax	5	2,923	
2. Movable Equipment       a. Acquired prior to this report period       1,026,130       1,026,130       902,105       Tax         b. Disposals (attach schedule)       (45,326)       (45,326)       Tax         c. Acquired during this report period (attach schedule)       98,568       98,568       Tax					(22,557)		(22,557)				(944)	
a. Acquired prior to this report period       1,026,130       1,026,130       902,105       Tax         b. Disposals (attach schedule)       (45,326)       (45,326)       Tax         c. Acquired during this report period (attach schedule)       98,568       98,568       Tax         Subtotal       Tax       Tax	2. Movable Equipment											
b. Disposals (attach schedule)  c. Acquired during this report period	a. Acquired prior to this report period			1,	026,130		1,026,130	902,105	Tax	Various	39,137	
c. Acquired during this report period (attach schedule)  Subtotal  Total Denomination	b. Disposals (attach schedule)				(45,326)		(45,326)	(45,326)	Tax	Various		
(attach schedule)         98,568         Pax         Tax           Subtotal         Total Description	c. Acquired during this report period											
D-3. Subtotal	(attach schedule)				98,568		98,568		Tax	Various	13,965	
	D-3. Subtotal											56,025
	E. Total Depreciation											295,982

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

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

<sup>\*</sup>Ties to Page 23, Line A3

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/16	Brick Replacment on Front of Planter	\$ 4,000	39	\$ 74
1/16	Boiler Pump #1 rebuild & reinstall	\$ 2,999	10	\$ 225
Total additions for	Building Improvements	\$ 6,999		\$ 299
Deletions:				
Total deletions for	Building Improvements	\$ -		\$ -

<sup>\*</sup>Ties to Page 23, Line B3

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

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
				Antiquine succession
Total additions for	Non-Movable Equipment	\$ -		\$ -
Deletions:				
		Version of the second		
		vaterices considerates		
Total deletions for	Non-Moyable Equipment	\$ -		\$ -

<sup>\*</sup>Ties to Page 23, Line C3

<sup>\*\*</sup>Ties to Page 23, Line A2

<sup>\*\*</sup>Ties to Page 23, Line B2

<sup>\*\*</sup>Ties to Page 23, Line C2

#### Schedule of Movable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
11/15	Convection Oven (pmts 2-4 of 4)	\$ 8,887	7	\$ 2,902
11/15	Wireless radios	\$ 2,836	5	\$ 1,248
12/15	SmartLinx Schedule Optimizer and Time & Attendance system	\$ 7,264	5	\$ 1,453
12/15	SuzyQ cart system	\$ 6,551	7	\$ 2,139
4/16	UniMac Clothes Washer	\$ 15,107	7	\$ 1,439
5/16	Maximove Scale Kits	\$ 3,722	5	\$ 465
6/16	SARA 3000 Standing and Raising Aid With Scale	\$ 5,215	5	\$ 596
6/16	Ice maker/Water dispenser	\$ 3,526	7	\$ 287
8/16	MiVoice Digital Phone System, 37 Mitel 8528 Telephones, 15 Mitel 8568	\$ 38,765	5	\$ 3,101
9/16	Schedule Optimizer and Time & Attendance system	\$ 6,695	5	\$ 335
Total additions for	   Movable Equipment	\$ 98,568		\$ 13,965
Deletions:				
4/16	UniMac Clothes Washer	\$ (11,406)	7	\$ -
7/16	Avaya Phone System	\$ (33,920)	5	\$ -
Total deletions for	Movable Equipment	\$ (45,326)		\$ -

<sup>\*</sup>Ties to Page 23, Line D2c

#### Schedule of Leasehold Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Acquire la la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la co				
Total additions for	Leasehold Improvement .	\$ -		\$ -
Deletions:				
Total deletions for	Leasehold Improvement	\$ -		\$ -

<sup>\*</sup>Ties to Page 24, Line C3

<sup>\*\*</sup>Ties to Page 23, Line D2b

<sup>\*\*</sup>Ties to Page 24, Line C2

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-23 Rev. 10/2006

# Fixed Asset Rollforward

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2016	23b	37
The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon				

2015 Book Value per CR 2016 Additions	Improvements 209,287	11,231,508 11,231,508 6,999	Equipment 174,222	Equipment 1,026,130 98,568	<b>Vehicles</b> 42,955
	209,287 213,166 (3,879)	11,238,507	174,222 174,826 (604)	(45,326) 1,079,372 1,087,962 (8,590)	20,398 <b>\$ 12,721,786</b> 20,398
	203,303	9,580,260	118,888 11,798	902,105 52,158 (45,376)	14,653 3,867 (3.460)
	205,443	9,806,279	130,686	908,937	15,060
	205,443	9,806,279	130,715	922,587	15,060 \$ 11,080,084
	ı	ı	(29)	(13,650)	(0)

Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006 State of Connecticut

# Amortization Schedule\*

Name of Facility Wilton Meadows Health Care Center		License No. 2032C		Report for Year Ended 9/30/2016	r Ended		Page 24	of 37
	Doto			Accumulated				
	Acquisition			Beginning of	Basis for			
	<b>T</b>	Length of	Cost to Be	Year's	Computing	Rate /	Rate Amortization	
Item	Month Year	Amortization	Amortized	Operations	Amortization**	¥ %	for This Year	Totals
A. Organization Expense								
1								i i
2.					•			
3.								
A-4. Subtotal								
B. Mortgage Expense								
1.								
2.						·		
3.								
B-4. Subtotal				Ultrage D			0.5	
C. Leasehold Improvements and Other								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period								
(attach schedule)								
C-4. Subtotal								
D. Total Amortization								
* Straight_line method must be used								

\* 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 Wilton Meadows Health Care Center  License N 20	o. 32C	Report for Year En 9/30/2016	ded		Page of 25   37
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility	_				If "Yes," complete Part B
or leased from a Related Party?*	•	Yes	O	No	If "No," complete Part C.
*If any owner or operator of this facility is relate	ed by family, r	narriage, ownership, abi	lity to control or		•
business association to any person or organization					
a related party transaction.					
Description		Total			17 mgs.u.
Date Land Purchased		03/01/88			
2. Date Structure Completed		03/01/88			
3. If NOT Original Owner, Date of Purcha	se	N/A			
4. Date of Initial Licensure		03/01/88			
5. Total Licensed Bed Capacity		148			
6. Square Footage		75,000			
7. Acquisition Cost a. Land		69,000			
b. Building		5,740,000			10 A 10 A 10 A 10 A 10 A 10 A 10 A 10 A
Part B - Owner and Related Parties			2nd Mortage	3rd Mortgage	4th Mortogo
1. Financing		1st Mortgage	and Mortgage	3rd Mortgage	4th Mortgage
a. Type of Financing (e.g., fixed, varial	رماد		i and a second		Company of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro
b. Date Mortgage Obtained	310)	1			
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)	1			*	
e. Amount of Principal Borrowed	<u> </u>				
f. Principal balance outstanding as of 9	/30/2016				
Complete if Mortgage was Refinanced		ш.			
During Current Cost Year	,				
g. Type of Financing (e.g., fixed, varial	ole)				
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)	)				
k. Amount of Principal Borrowed					
<ol> <li>Principal Outstanding on Note Paid-</li> </ol>	Off				
Part C - Arms-Length Leases for Rea	l Property 1	Improvements Only	у		
Name and Address of Lessor	Pro	perty Leased	Date of Lease	Term of Lease	Annual Amount of Lease
·					,
	<u></u>				
		-			

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 Ye		Page of	
Wilton Meadows Health Care Center 2032C		9/30/2016			26 37
Item		Total	CCNH	RHNS	(Specify)
12. Interest		Total	CCIVII	KILIAD	(Specify)
A. Building, Land Improvement & Non-Movabl	.e				
Equipment					
First Mortgage	\$	;			
Name of Lender	Rate				
Address of Lender					
2. Second Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
3. Third Mortgage	\$			interes of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage	\$				
Name of Lender	Rate				
Address of Lender	<u>-</u> I				
B. CHEFA Loan Information					
Original Loan Amount	\$				and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
2. Loan Origination Date			36		
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense				•	
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$				
		(0-	v Subtatale f	·	

(Carry Subtotals forward to next page)

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

						Page of 27   37
Item			Total	CCNH	RHNS	(Specify)
	otals Brou	ught Forward:				
12. C. Movable Equipment		<b>^</b>				
1. Automotive Equipment	n .	\$				
A. Item	Rate	Amount		and the second		
Lender						
Address of Lender						
2. Other ( <i>Specify</i> )	<del></del>	\$				
A. Item	Rate	Amount				
Lender		<u> </u>				
Address of Lender		***************************************				
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Inter	est					
Expense $(C1 + 2)$		\$				
12. D. Other Interest Expense (Specify) See attached		\$	7,665	7,665		
13. Total All Interest Expense (12B7 + 12d	C3 + 12D	) \$	7,665	· 7,665		
14. Insurance			-			
a. Insurance on Property (buildings of	nly)	\$	16,808	16,808		
b. Insurance on Automobiles		. \$	5,500	5,500		
c. Insurance other than Property (as s	pecified a	,				
1. Umbrella (Blanket Coverage)		\$				
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				olen.
14d. Total Insurance Expenditures (14a + 1		\$	22,308	22,308		
15. Total All Expenditures (A-13 thru C-1	4)	\$	15,700,077	15,700,077		

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2016	27a	37

Other Interest Expense (Include Amount and Description)

Interest Expense \$ 7,413

Interest - Car Loan \$ 252

Total Other Interest Expense \$ 7,665

### D. Adjustments to Statement of Expenditures

	e of Fa		Health Care Center	Lic	cense No. 2032C	Report for Yes 9/30/2016	ar Ended	Page 28	of
W IIIC	n iviea	idows	Heatin Care Center	1		9/30/2016		28	37
т.	_				Total				
	Page		T. 15. 1.1		Amount of	CONTI	DIDIC	(0	
No.	No.		Item Description		Decrease	CCNH	RHNS	(Spe	ecify)
	10 - S	Salarie	es and Wages	_					
1.			Outpatient Service Costs	\$		·			
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$	29,843	29,843			Dec Distriction de la compansion de la comp
	13 - I	rofes	sional Fees						
5.			Resident Care Physicians **	\$					
6.	13	b10	Occupational Therapy	\$	478,116	478,116			
7.			Other - See attached Schedule	\$	64,619	64,619			10000000000000000000000000000000000000
	s 15 &	16 -	Administrative and General			5,000,000			
8.			Discriminatory Benefits	\$					
9.			Bad Debts	\$	***************************************				
10.	15	1e	Accounting & Legal	\$	43,654	43,654			
11.			Telephone	\$					
12.	15	1h2	Cellular Telephone	\$	4,246	4,246			
13.			Life insurance premiums on the life		100				
			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.	16	1.4	Automobile Expense (e.g. personal use)	\$	1,250	1,250			
18.			Unallowable Advertising *	\$	50,598	50,598			
19.	- 10	1112, 111	Income Tax / Corporate Business Tax	\$	20,370	30,530			
20.	30	IV8	Fund Raising / Contributions	\$	275	275			
21.			Unallowable Management Fees	\$	121,239	121,239			
22.	10	11112	Barber and Beauty	\$	121,237	121,237			
23.			Other - See attached Schedule	\$	40,802	40,802			
	18 _ T	diotar	y Expenditures	Ψ	40,002	40,802			
24.	30		Meals to employees, guests and others						
24.	30	IVI	who are not residents	\$	1,104	1,104	to a second		
Dana	10 Y	arra d	ry Expenditures	φ	1,104	1,104			
25.	17 - L	шипи	Laundry services to employees, guests	-					
۷3.			and others who are not residents	ŧ.			7. F.		
	20 7	T		\$	ili and				
	20 - E		keeping Expenditures						
26.			Housekeeping services to employees, guests						
			and others who are not residents	\$					
			Subtotal (Items 1 - 26)	\$	835,746	835,746 arrv Subtotal fo			

<sup>\*</sup> All except "Help Wanted".

<sup>(</sup>Carry Subtotal forward to next page)

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

#### Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	a12n	Marketing	\$ 8,334		
10	a2	Administrator Salary over Allowable Amount	\$ 21,509		
Total Othe	r Salaries	Adjustment	\$ 29,843	\$ -	\$ -

#### Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	Ъ2	Dentist	\$ 16,073		
13	b12	Purchased Services-Med A Services	\$ 36,346		
13	b8e	Psychiatrist	\$ 12,200		
Total Othe	r Fees Adj	ustments	\$ 64,619	\$ -	\$

#### Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	L3	Employee Relations	\$ 2,240		
16	m13	Late Fees	\$ 739		
16	m13	Bank Charges	\$ 9,941		
16	m13	Penalties	\$ 1,495		
16	m13	Miscellaneous Administrative Expenses	\$ 90		
16	m8a	Chamber of Commerce Dues	\$ 321		
16	m13	Crime Insurance Policy	\$ 1,867		
16	m8a	Newspapers	\$ 3,759		
15	la .	Benefits and Taxes on Disallowed Marketing & Recruiting Salary Noted Above	\$ 1,667		
15	1a	Benefits on Disallowed Administrator Salary Noted Above	\$ 4,302		
16	L4	Condo Rent	\$ 14,381		
Total Othe	er A&G Ad	ljustments	\$ 40,802	\$ -	\$ -

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

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

			D. Adjustments to Statement						
Name	e of Fa	icility		Lic	ense No.	Report for Y	ear Ended	Page	of
Wilto	n Me	adows	Health Care Center		2032C	9/30/2016		29	37
					Total				
Item	Page	Line			Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Spe	ecify)
			Subtotals Brought Forward	\$	835,746	835,746			
Page	20 - I	Reside	nt Care Supplies***						
27.			Prescription Drugs	\$	366,284	366,284			
28.	20	5d	Ambulance/Limousine	\$	2,608	2,608			
29.	20	5f	X-rays, etc	\$	17,077	17,077			
30.	20	5h	Laboratory	\$	32,805	32,805			
31.	20	5c	Medical Supplies	\$	17,804	17,804			
32.	20	5e2	Oxygen (non emergency)	\$	20,996	20,996			
33.	20	20j	Occupational Therapy	\$	6,318	6,318			
34.			Other - See Attached Schedule	\$	79,113	79,113			
Page	22 - 1	Mainte	enance and Property						
<i>35</i> .			Excess Movable Equipment Depreciation			4.00			
			See Attached Schedule	\$	10,531	10,531			
36.			Depreciation on Unallowable						
			Motor Vehicles	\$					
37.			Unallowable Property and Real						
1			Estate Taxes	\$					
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$	15,618	15,618			
Page	27 - 1	nsura	ince						
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
Othe	r - Mi	scella	neous						
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	\$	38,085	38,085			
Not I	For P	rofit P	Providers Only		1,000				
50.		Ī	Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -						
			See Attached Schedule	\$					
51.	Total	Amo	unt of Decrease (Items 1 - 50)	\$	1,442,985	1,442,985			

<sup>\*\*\*</sup> 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.

Wilton Meadows Health Care Center 9/30/2016

#### **Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5c	Nursing Supplies	\$ 10,075		
20	5j	Medical Supplies - Medicare	\$ 11,745		
20	5j	Medical Equipment Rental	\$ 15,206		
20	5j	PT Equipment Rental	\$ 16,602		
20	- 5j	Tube Feeding - Medicare	\$ 21,923		
20	5j	Specialty Mattresses	\$ 3,468		
20	5j	Medical Supplies - Evercare	\$ 94		
Total Othe	r Ancillary	Costs	\$ 79,113	\$ -	

#### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
23	d2	Excess Movable Equipment Depreciation	\$ 9,587		
23	đ2	Disallowed Vehicle Depreciation	\$ 944		
	455 1830 1830 183				
Total Exce	ss Movable	e Equipment Depreciation	\$ 10,531	\$ -	\$ -

#### **Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Cable TV	\$ 14,905		
22	6f	TV for Resident Rooms	\$ 489		
27	14b	Insurance on Disallowed Vehicles	\$ 224		
					0.050700001035110000
Cotal Othe	r Property	Adjustments	\$ 15,618	\$ -	<b>S</b> -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12d	Interest Expense	\$ 7,665		
18	2a	Meals on Wheels Disallowance	\$ 12,617		
		Outpatient Treatment	\$ 345		
30	IV 8	Other Misc. Income	<b>\$</b> 17,186		
30	IV 8	Equipment Rental Income	\$ 272		
Total Othe	r Adjustm	ents	\$ 38,085	\$ -	\$ -

#### Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unal	lowable Bi	allding Interest	\$ -	\$ -	\$ -

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#### F. Statement of Revenue

Name of Facility License No. Wilton Meadows Health Care Center 2032C		Report for Y 9/30/2016	ear Ended		Page of 30   37
Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue			COMP.	A TOTAL STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T	(Specially)
1. a. Medicaid Residents (CT only)	\$	16,582,421	16,582,421		
b. Medicaid Room and Board Contractual Allowance **	\$	(9,372,813)	(9,372,813)		
2. a. Medicaid (All other states)	\$	(>,5 (2,515)	(5,572,512)		
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$	3,551,736	3,551,736		
b. Medicare Room and Board Contractual Allowance **	\$	1,094,830	1,094,830		
a. Private-Pay Residents and Other	\$	4,363,571	4,363,571		
b. Private-Pay Room and Board Contractual Allowance **	\$	(597,396)	(597,396)		
II. Other Resident Revenue	Ψ	(377,370)	(637,830)		
	\$	274,819	274,819		
a. Prescription Drugs - Medicare     b. Prescription Drugs - Medicare Contractual Allowance **	\$	(274,853)	(274,853)		
	\$		96,122		
c. Prescription Drugs - Non-Medicare		96,122			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(88,172)	(88,172)		
2. a. Medical Supplies - Medicare	\$ \$				
b. Medical Supplies - Medicare Contractual Allowance **					
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$	064.004	064004		
3. a. Physical Therapy - Medicare	\$	864,234	864,234		-
b. Physical Therapy - Medicare Contractual Allowance **	\$	(810,554)	(810,554)	12 24	-
c. Physical Therapy - Non-Medicare	\$	279,139	279,139		V V
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(235,608)	(235,608)		
4. a. Speech Therapy - Medicare	\$	169,158	169,158		
b. Speech Therapy - Medicare Contractual Allowance **	\$	(134,782)	(134,782)		
c. Speech Therapy - Non-Medicare	\$	66,500	66,500		-
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(57,730)	(57,730)	ht.	
5. a. Occupational Therapy - Medicare	\$	945,744	945,744		
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(884,128)	(884,128)		
c. Occupational Therapy - Non-Medicare	\$	260,620	260,620		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(242,365)	(242,365)		
6. a. Other (Specify) - Medicare	\$				
b. Other (Specify) - Non-Medicare	\$	4,465	4,465		
III. Total Resident Revenue (Section I. thru Section II.)	\$	15,854,958	15,854,958		
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$	1,104	1,104		
2. Rental of rooms to non-residents	\$				
3. Telephone	\$		0	***************************************	
4. Rental of Television and Cable Services	\$				
5. Interest Income (Specify)	\$	166,371	166,371		
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (Specify)	\$	17,458	17,458		
V. Total Other Revenue (1 thru 8)	\$	184,933	184,933		
VI. Total All Revenue (III +V)	\$	16,039,891	16,039,891		

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

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

#### Schedule of Other Resident Revenue - Medicare

#### Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
24364 (943469) Villigo (188429)	X-Ray	\$ 9,307		
100000000000000000000000000000000000000	Lab	\$ 22,972		\$44.00 (\$6.00)
	Oxygen	\$ 7,037		
	Contractual Adjustment - X-Ray and Lab	\$ (32,279)		
000000000000000000000000000000000000000	Contractual Adjustment - Oxygen	\$ (7,037)		rice in a finite i
Total Oth	er Resident Revenue - Medicare	\$ -	\$ -	\$ -

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

#### Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
\$46850000 BBS	X-Ray .	\$ 3,010		
	Lab	\$ 14,070		
	Oxygen	\$ 13,707		
	Contractual Adjustment - X-Ray and Lab	\$ (13,603)		
	Contractual Adjustment - Oxygen	<b>\$</b> (12,719)		
00000000000000000000000000000000000000				
Total Oth	er Resident Revenue	\$ 4,465	\$ -	\$ -

#### **Interest Income**

#### Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
schilferinfinderin Heritageweigering	Interest Income		\$ 414		
10.000000000000000000000000000000000000	Interest Income - Intercompany		\$ 165,957		
Total Inte	rest Income		\$ 166,371	\$ -	\$ -

#### Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Miscellaneous Income	\$ 17,186		
	Equipment Rental	\$ 272		
Fotal Oth	r Revenue	\$ 17,458	\$ -	s -

#### State of Connecticut Annual Report of Long-Term Care Facility CSP-30 Rev.10/2005

F. Statement of Revenue

Name of Facility	_ ;	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2016	30b	37

A/C 59511	Operating Interest	Savings Interest		rity Dep erest	Medicare/Blue Cross/ABC	Misc.	Total	General Ledger	Difference
Asset	Cash	Cash	Cash		A/R				
Location on Balance Sheet	Cash	Cash	Cash		Resident A/R				
Oct-1	5	22	5	C	)		225	225	-
Nov-1		(17	2)	-			(172)	(172)	-
Dec-1	5	24		_			245	245	-
Jan-1	6	17	0	C	)		170	170	-
Feb-1	6	. 3	2	C	)		32	32	-
Mar-1	6	. 11	6	-			116	116	-
Apr-1	6	(24	8)		)		(248)	(248)	-
May-1	6	. 4	3	-			43	43	-
Jun-1	6	4	4	C	)		44	44	-
Jul-1	6	(4	5)	0	)		(45)	(45)	-
Aug-1	6	2	:1	(	)		21	21	_
Sep-1		(1	6)		)		(16)	(16)	
Totals	-	41	4	C	) · -		414	414	-

The associate expense relates to Other Interest Expense on Page 27, Line 12D

A/C # 59513 Interest Income - Intercompany Loans

	L/R	L/R	L/R Greenwich			General	
Asset	TransCon	Candlewood	Woods	L/R Hamden	Total	Ledger	Difference
Location on Balance Sheet	Loans to Owr	Loans to Owne	Loans to Owners	Loans to Owners o	r Related Parties		
Oct-15	13,617				13,617	13,617	-
Nov-15	14,280				14,280	14,280	-
Dec-15	12,802				12,802	12,802	-
Jan-16	13,849				13,849	13,849	-
Feb-16	12,957				12,957	12,957	-
Mar-16	14,839				14,839	14,839	-
Apr-16	13,995				13,995	13,995	-
May-16	14,541				14,541	14,541	-
Jun-16	14,112				14,112	. 14,112	-
Jul-16	14,098				14,098	14,098	-
Aug-16	13,636				13,636	13,636	_
Sep-16	13,231				13,231	13,231	-
Totals	165,957	See		<u>-</u>	165,957	165,957	
				Total Interest	166,371	166,371	=

# G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	i Pag	e of
Wilton Meadows Health Care Ce	nter 2032C	9/30/2016	31	37
	Account			Amount
Assets				
A. Current Assets	•			
1. Cash (on hand and in bo	anks)		\$	302,580
2. Resident Accounts Rece	eivable (Less Allowance	for Bad Debts)	\$	3,132,542
3. Other Accounts Receiva	able (Excluding Owners	or Related Parties)	\$	109,554
4 Inventories			\$	
5. Prepaid Expenses			\$	194,775
a. Prepaid Expenses		110,767		
b. Prepaid Insurance		84,008		
с				
d			and the second	
6. Interest Receivable			\$ .	
7. Medicare Final Settleme	ent Receivable		\$	
8. Other Current Assets (it	emize)		\$	
				Harmonia and San San San San San San San San San San
A-9. Total Current Assets (Line	s A1 thru 8)		\$	3,739,451
B. Fixed Assets				
1. Land			\$	542,222
<ol><li>Land Improvements</li></ol>	*Historical Cost	213,166	<b> </b> \$	7,723
	Accum. Deprecia			
3. Buildings	*Historical Cost	11,238,806	\$	1,432,527
	Accum. Deprecia	etion 9,806,279 Net		
4. Leasehold Improvement	ts *Historical Cost	2007	\$	
	Accum. Deprecia	ation Net		
<ol><li>Non-Movable Equipment</li></ol>		174,826	<b> </b> \$	44,111
	Accum. Deprecia			
<ol><li>Movable Equipment</li></ol>	*Historical Cost	1,087,962	\$	165,375
	Accum. Deprecia	ntion 922,587 Net		
7. Motor Vehicles	*Historical Cost	20,398	\$	5,338
	Accum. Deprecia	tion 15,060 Net		
8. Minor Equipment-Not I	Depreciable		\$	
9. Other Fixed Assets (iten	nize)		\$	
B-10. Total Fixed Assets (Lin	ies B1 thru 9)		\$	2,197,296

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

# G. Balance Sheet (cont'd)

Nam	Name of Facility		License No.	Report for Year Ended	I	Page	of
Wilte	on N	Meadows Health Care Center	2032C	9/30/2016		32	37
			Account			Amo	unt
				Total Brought Forward:	\$		5,936,747
C.	Le	asehold or like property record	ded for Equity Purpose	es.			
	1.	Land			\$		
	2.	Land Improvements	*Historical Cost				
			Accum. Depreciatio	n Net	\$		
	3.	Buildings	*Historical Cost	<u>:</u>			
			Accum. Depreciatio	n Net	\$		
	4.	Non-Movable Equipment	*Historical Cost				
			Accum. Depreciatio	n Net	\$		
	5.	Movable Equipment	*Historical Cost				
			Accum. Depreciatio	n Net	\$		
	6.	Motor Vehicles	*Historical Cost				
			Accum. Depreciatio	n Net	\$		
	7.	Minor Equipment-Not Depre	ciable		\$		
C-8	To	tal Leasehold or Like Proper	ties (C1 thru 7)		\$		
D.	Inv	vestment and Other Assets					
	1.	Deferred Deposits			\$		
	2.	Escrow Deposits			\$		
	3.	Organization Expense	*Historical Cost				
			Accum. Depreciatio	n Net	\$		
	4.	Goodwill (Purchased Only)			\$		
	5.	Investments Related to Resid	lent Care (itemize)		\$		
	6.	Loans to Owners or Related	Parties (itemize)		\$		5,127,191
		Name and Address	Amount	Loan Date			
		•					
		See attached	5,127,191	Various			
	7.	Other Assets (itemize)			\$		3,535
		Deposits		3,535			
D-8.	To	tal Investments and Other As	sets (Lines D1 thru 7)		\$		5,130,726
D-9.	To	otal All Assets (Lines A9 + B1	0 + C8 + D8)		\$		11,067,473

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center		9/30/2016	32a	37

#### 6. Loans to Owners or Related Parties (itemize)

Name	Amount	Loan Date	
Candlewood New Milford, LLC	15,343	Various	
Hamden Health Care, LP	15,461	Various	
Wilton Retirement Housing, LLC	124	Various	
Greenwich Retirement Housing, LLC	4,959	Various	
TransCon Builders, Inc.	5,091,304	Various	
Total	\$ 5,127,191	Pg. 32 D6	

# G. Balance Sheet (cont'd)

Name of Facility		License No. Report for Year Ended		Ended	Page	of	
Wilton Mead	lows	Health Care Center	2032C	9/30/2016		33	37
"		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Account			Aı	mount
Liabilities							
A.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable				\$	998,086
	2.	Notes Payable (itemize)				\$	
				<del></del>			
		Market Commission Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Cont					
		T 5 11 6 7 1		> /1- · · >			5
	3.	Loans Payable for Equipm		, ,		\$	- A
		Name of Lender	Purpose	Amount	Date Due		
				•			
							460
			·				
	4.	Accrued Payroll (Exclusiv	e of Owners and/or S	Stockholders only)		\$	623,395
	5.	Accrued Payroll (Owners	and/or Stockholders	only)	9	\$	
	6.	Accrued Payroll Taxes Pa	yable			\$	45,978
	7.	Medicare Final Settlemen			9	\$	
	8.	Medicare Current Financi	ng Payable		9	\$	
	9.	Mortgage Payable (Curren	nt Portion)		5	\$	
	10.	Interest Payable (Exclusive	e of Owner and/or Re	elated Parties)	9	\$	
	11.	Accrued Income Taxes*				\$	
	12.	Other Current Liabilities (	itemize )			\$	881,416
		Current Portion Capital Lease/Note	s 54,8	363 Provider User Fee	188,528		
		Property, Real Estate & Sales Taxe	s 106,5	591 Deferred Income	16,740		
		Accrued 401k Employer Liability	21,9	984			
		Operating Expenses	492,1	710			50 S4 S40
A-13	To	<b>tal Current Liabilities</b> (Lir	es A1 thru 12)			\$	2,548,875

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

# G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended		Page		of
Wilton Meadows Health Care Center	2032C	9/30/2016		34		37
Account					mount	
Total Brought Forward:					2,54	18,875
Liabilities (cont'd)						
B. Long-Term Liabilities	•					
1. Loans Payable-Equipment	(itemize)		\$			
Name of Lender	Purpose	Amount	Date Due			
<ol><li>Mortgages Payable</li></ol>			\$			
<ol><li>Loans from Owners or Re</li></ol>	lated Parties (itemize	?)	\$			
Name and Address of Lender	Amount	Loan D	Date			
			and the second second			
•						
4. Other Long-Term Liabilit	ies (itemize)		\$		<u> </u>	30,276
		30,276	100000			, <b>2</b> / 0
Long Term Portion of Capital Leases 30,276						
B-5. Total Long-Term Liabilities (Lines B1 thru 4)						30,276
C. Total All Liabilities (Lines A	-13 + B-5)		<u>\$</u>			79,151

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

ı	License No. Report for Year Ended	Page	
Wili	ton Meadows Health Care Center 2032C 9/30/2016 Account	35	Amount 37
Α.	Reserves		7 xiiiount
	Reserve for value of leased land	<b> </b> \$	
	Reserve for depreciation value of leased buildings and appurtenances     to be amortized	\$	
	3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )	\$	
	4. Reserve for leasehold real properties on which fair rental value is based	\$	
	5. Reserve for funds set aside as donor restricted	\$	
	6. Total Reserves	\$	· · ·
B:	Net Worth		- 445 5
	1. Owner's Capital	\$	8,148,508
	2. Capital Stock	\$	
	3. Paid-in Surplus	\$	
	4. Treasury Stock	\$	
	5. Cumulated Earnings	\$	
	6. Gain or Loss for Period 10/1/2015 thru 9/30/2016	\$	339,814
	7. Total Net Worth	\$	8,488,322
C.	Total Reserves and Net Worth	\$	8,488,322
D.	Total Liabilities, Reserves, and Net Worth	\$	11,067,473

# H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year	Ended	Page	of
Wilton Meadows Health Ca	re Center 2032C	9/30/2016		36	37
Account					nount
A. Balance at End of Price	or Period as shown on Report of	of 09/30/2015	\$	•	8,422,124
B. Total Revenue (From	Statement of Revenue Page 30	<i>)</i> )	\$	}	16,039,891
C. Total Expenditures (F	rom Statement of Expenditure	s Page 27)	\$	)	15,700,077
D. Net Income or Deficit	-		\$	}	339,814
E. Balance			\$	)	8,761,938
F. Additions					
Additional Capital  2. Other (itemize)	Contributed (itemize)	·			
F-3. Total Additions				3	
G. Deductions					
	ers/Operators/Partners (Specify	·)	1		
	ss (No., City, State, Zip)	Title	Amount		
2. Other Withdrawin			\$	5	
	Purpose Amount				
3. Total Deductions				3	
H. Balance at End of Pe	<i>riod</i> 09/3	0/16	9	<u> </u>	8,761,938

# I. Preparer's/Reviewer's Certification

Name of Facility		License No.	Report for Year Ended	Page	of			
Wilton Meadows Health Care Center		2032C	9/30/2016	37	37			
Check appropriate category								
Ø	Chronic and Convalescent Nursing Home only (CCNH)  Rest Home with Nursing Supervision only (RHNS)							
	P	reparer/Reviewer Certifica	ition					
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.								
Signature of Preparer  Blum, Shapino & Company, P.C.  Date Signed  2/6/17								
Printed	d Name of Preparer							
	Shapiro & Company, P.C.							
Addres	s Address		Phone Number					
29 Sou	nth Main Street, Suite 400, West Hartford	d, CT 06127	860-561-4000					