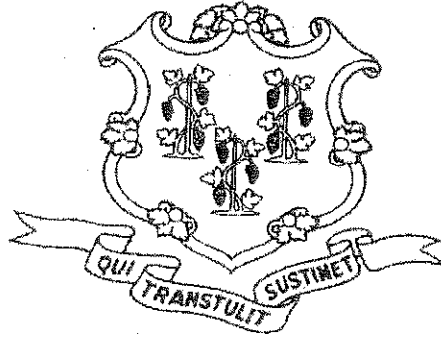


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Wintonbury Care Center LLC	
Address (No. & Street, City, State, Zip Code) 140 Park Avenue, Bloomfield, CT 06002	
Type of Facility	
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home-with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> NurseFac-Aids	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2221-C	RHNS	NurseFac-Aids AIDS	Medicare Provider 07-5264
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Medicaid Provider Numbers:	CCNH 10876	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2016	Page 1	of 37
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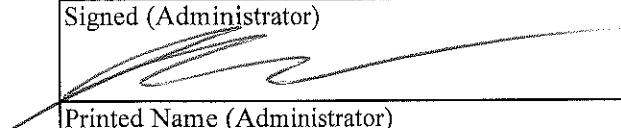
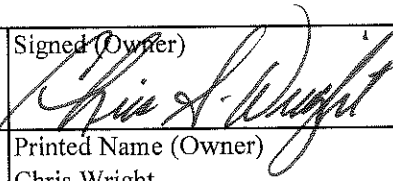
Administrator's/Owner's Certification

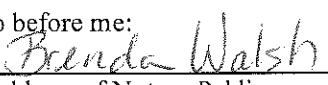

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Wintonbury Care Center LLC [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator) 	Date 2/10/17	Signed (Owner) 	Date 2/10/17
Printed Name (Administrator) Jaime Faucher		Printed Name (Owner) Chris Wright	

Subscribed and Sworn to before me: 	State of CT	Date 2/10/17	Signed (Notary Public) 	<div style="border: 1px solid black; padding: 2px;"> Commission Expires Notary Public - Connecticut My Commission Expires February 29, 2020 </div>
Address of Notary Public 341 Bidwell St., Manchester, CT 06040				

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Wintonbury Care Center LLC	Period Covered:	From 10/1/2015	To 9/30/2016	
Address of Facility 140 Park Avenue, Bloomfield, CT 06002				
Report Prepared By iCare	Phone Number 860-570-2140	Date 2/15/2016		
Item	Total	CCNH	RHNS	NurseFac- Aids
1. Dietary wages paid \$				
2. Laundry wages paid \$				
3. Housekeeping wages paid \$				
4. Nursing wages paid \$				
5. All other wages paid \$				
6. Total Wages Paid \$				
7. Total salaries paid \$				
8. Total Wages and Salaries Paid (As per page 10 of Report) \$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-243-9591		Report for Year Ended 9/30/2016		Page 2	of 37
Name of Facility (as shown on license) Wintonbury Care Center LLC			Address (No. & Street, City, State, Zip) 140 Park Avenue, Bloomfield, CT 06002		
License Numbers:	CCNH 2221-C	RHNS	NurseFac-Aids AIDS	Medicare Provider No. 07-5264	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input checked="" type="checkbox"/> NurseFac-Aids	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator Jaime Faucher			Nursing Home Administrator's License No.:	001701	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

General Information and Questionnaire
Partners/Members

Name of Facility Wintonbury Care Center LLC		License No. 2221-C	Report for Year Ended 9/30/2016	Page 3	of 37
Legal Name of Partnership/LLC Wintonbury Care Center LLC		Business Address 140 Park Avenue, Bloomfield, CT 06002		State(s) and/or Town(s) in Which Registered CT	
Name of Partners/Members	Business Address	Title		% Owned	
V. Robert Salazar	2500 18th Street, Suite 200, Denver, CO 80211	Member		31.3	
David Sebbag	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		21.4	
Ari Krausz	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		21.3	
Solomon Melamed	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		1	
Christopher Wright	341 Bidwell Street, Manchester, Ct 06040	Member		5	
Premier First Investors	245 S. Benton Street, Lakewood, CO 80226	Member		10	
Global World Investors	245 S. Benton Street, Lakewood, CO 80226	Member		10	

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Related Parties*

Name of Facility Wintonbury Care Center, LLC		License No. 2221-C	Report for Year Ended 9/3/2016		Page 4	of 37
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Actual Cost to the Related Party
		Yes	No			
Bidwell Care Center, LLC	333 Bidwell St. Manchester, CT 06040			Shared Employees		506
Chelsea Place Care Center, LLC	25 Lorraine St. Hartford, CT 06105			Shared Employees		904
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088			Laundry Services	19 3	-
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088			Shared Employees		32
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032			Bank Fees	16 M	(747)
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032			Shared Employees		27,556 (27,556)
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			Laundry Services	19 3	-
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			Shared Employees		25 (25)
Meriden Care Center, LLC (Silver Springs)	33 Roy St. Meriden, CT 06450			Shared Employees		166 (166)
Trinity Hill Care Center, LLC	151 Hillside Ave. Hartford, CT 06106			Shared Employees		25,288 (25,288)
Westside Care Center, LLC	349 Bidwell St. Manchester, CT 06040			Shared Employees		(626)
Wintonbury Care Center, LLC	140 Park Ave. Bloomfield, CT 06002			Shared Employees		-
Secure Care Center, LLC	60 West Street, Rocky Hill, CT 06067			Shared Employees		5,258 (5,258)
Tonchipoins therapy	171 Main St. East Windsor, CT 06088			OT/PT/ST	13 5,8,10	592,125 (592,125)
Bidwell Realty, LLC	341 Bidwell St. Manchester, CT 06040			Building Lease & Rent	22,22,27 10,9,14	689,427 (689,427)
iCare Management, LLC	341 Bidwell St. Manchester, CT 06040			Postage & Legal	16, 15 M,E	29,488 (29,488)
iCare Health Management, LLC	341 Bidwell St. Manchester, CT 06040			Shared EEs not part of mgmt agmt		144,340 (144,340)
				Management Services, Direct	20 51	161,182 (161,182)
				Management Services, Indirect	20 51	36,822 (36,822)
				Management Services, Administrative	16 M12	408,269 (408,269)
						-
						-
						-
						-
All 9 Care Centers, mgmt co, really cos				Share Common 401k, Pension and Insurance plans, courier, legal and various other services		-

* Use additional sheets if necessary.

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

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 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.

Name of Facility Wintonbury Care Center LLC		License No. 2221-C	Report for Year Ended 9/30/2016	Page 6	of 37		
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Accelerated Care Plus Corp. 4850 Jonie Street, Suite A-1 Reno, ADP, Inc., One ADP Drive MS-100, Augusta, GA 30909	<input type="radio"/>	<input checked="" type="radio"/>	Ormistim Electrotherapy and Ormistim Therapeutic Ultrasound Equipment	05/18/10	1 yr with automatic	22,609	22,609
GE Capital C/O Ricoh USA, P.O.Box 41564, Philadelphia, PA 19101	<input type="radio"/>	<input checked="" type="radio"/>	Time Clocks and Payroll Punch Equip	06/01/10	60 Months	8,714	8,714
Pitney-Bowes P. O. Box 856390, Louisville, KY 40285-6390	<input type="radio"/>	<input checked="" type="radio"/>	Copier	03/04/14	48 months	12,687	12,687
	<input type="radio"/>	<input checked="" type="radio"/>	Postage Rental	02/01/02	Month to month	1,265	1,265
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
						Total ***	45,275

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

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire
Accounting Basis

Name of Facility Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2016	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm 1 O'Connor, Davies LLP 2 3 4		Address (No. & Street, City, State, Zip Code) 100 Great Meadow Road, Ste 401, Wethersfield, CT 06109		
Services Provided by This Firm (<i>describe fully</i>)				
1	Taxes, financial statements, accounting support	\$	3,533	
2		\$		
3		\$		
4		\$		
			Charge for Services Provided	
			\$	3,533
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15D				
Legal Services Information				
Name of Legal Firm or Independent Attorney 1 iCare Health Management, LLC 2 Starble and Harris 3 Durant Nichols / Robinson & Cole, LLP 4 Various others (American Arbitration , Various Arbitration, Murtha Cullina, Jackson Lewis)) 5 Starble and Harris, iCare Health Management LLC		Telephone Number 860-570-2140 860-678-7775 860-275-8200 860-678-7775 & 860-570-2140		
Address (<i>No. & Street, City, State, Zip Code</i>) 1 341 Bidwell Street, Manchester CT 2 32 Main Street, Avon, CT 3 280 Trumbull St, Hartford, CT 4 5 32 Main Street, Avon, CT & 341 Bidwell Street, Manchester CT				
Services Provided by This Firm (<i>describe fully</i>)				
1	Lease and contract issues, general legal advice, Labor Law	\$	20,189	
2	Lease and contract issues, general legal advice, union funds advice	\$	1,461	
3	Employment law, arbitrations, contract negotiations	\$	4,901	
4	Employment Arbitrations, healthcare law	\$	4,411	
5	Collections	\$	8,644	
			Charge for Services Provided	
			\$	39,606
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15E				

Schedule of Resident Statistics (Cont'd)

Name of Facility Wintonbury Care Center LLC			License No. 2221-C			Report for Year Ended 9/30/2016			Page 9	of 37			
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds					Capacity After Change			Reason for Change	
	CCNH (1)	RHNS (2)	NurseFac-Aids (3)	Lost (1) (2) (3)			Gained (1) (2) (3)			CCNH	RHNS		NurseFac-Aids
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	NurseFac-Aids			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	NurseFac-Aids	R.C.H.	ICF-MR				
No. of Residents	16		124		4								
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	455.00		240.00		441.00								
c. Three or more bed rms.													
					private/insurance								
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	NurseFac-Aids		
A. Medicare - Part B								3,543	3,543				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								3,226	3,226				
C. Other								7,230	7,230				
D. Total Physical Therapy Treatments								13,999	13,999				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								615	615				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								314	314				
C. Other								549	549				
D. Total Speech Therapy Treatments								1,478	1,478				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								2,182	2,182				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								2,176	2,176				
C. Other								7,355	7,355				
D. Total Occupational Therapy Treatments								11,713	11,713				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Wintonbury Care Center LLC	2221-C	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	NurseFac- Aids	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)	132,957	2,025				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	200,756	8,779				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	60,520	2,135				
c. Dietary Workers	479,849	25,732				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	341,027	18,674				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	75,521	1,971				
b. Other Maintenance Workers	33,796	2,170				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	44,444	2,131				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	194,194	4,418				
b. RN						
1. Direct Care	580,355	14,411				
2. Administrative**	260,112	7,266				
c. LPN						
1. Direct Care	1,125,713	42,270				
2. Administrative**						
d. Aides and Attendants	2,161,880	111,325				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	141,676	6,846				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	161,792	5,399				
n. Marketing						
o. Other (Specify) See Attached Schedule	72,828	4,052				
<i>A-13. Total Salary Expenditures</i>	6,067,420	259,605				

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

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of			
Wintonbury Care Center LLC		2221-C	9/30/2016		11	37			
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
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).									

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

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

Name of Facility (as licensed) Wintonbury Care Center LLC		License No. 2221-C		Report for Year Ended 9/30/2016		Page 12	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
Section III - Administrators***									
Jaime Faucher	132,957		same as employees less union funds	Administrator	2,025	A2			
			same as employees less union funds	Administrator		A2			
			same as employees less union funds	Administrator		A2			
Section IV - Assistant Administrators									

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Wintonbury Care Center LLC	2221-C	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	NurseFac-Aids	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	41,600	832				
2. Dentist						
3. Pharmacist	10,969	1				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	281,990	3,706				
b. Other						
6. Social Worker	6,046	246				
7. Recreation Worker	18,814	125				
8. Physicians						
a. Medical Director (entire facility)	43,928	501				
b. Utilization Review (Title 18 and 19 only) monthly meeting	200	2				
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Physician Care Contract Services	8,524	61				
9. Speech Therapist						
a. Resident Care	72,843	951				
b. Other						
10. Occupational Therapist						
a. Resident Care	230,537	3,309				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	63,321	778				
2. Administrative***	46,215	1,098				
b. LPN						
1. Direct Care	42,876	966				
2. Administrative***						
c. Aides	(3,131)	(117)				
d. Other						
12. Other (Specify) See Attached Schedule	162,487	4,392				
B-13 Total Fees Paid in Lieu of Salaries	1,027,219	16,851				

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

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

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

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

Name of Facility Wintonbury Care Center LLC		License No. 2221-C		Report for Year Ended 9/30/2016	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Omnicare	Pharmacy Consulting	<input type="radio"/>	<input checked="" type="radio"/>			
Tocubpoints Therapy	Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Chelsea Place, Chestnut Point, Kettle Brook, Trinity Hill, Wintonbury, Farmington, Silver	Shared Employees	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Healthcare Dental	Audiology, Dental and Podiatry	<input type="radio"/>	<input checked="" type="radio"/>			
Ready Nurse, Nurse Network	Nursing pool (RN, LPN, CNA)	<input type="radio"/>	<input checked="" type="radio"/>			
Bogacki Robert	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Paulekas Wayne	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2016	15	37
Item	Total	CCNH	RHNS	NurseFac-Aids
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 547,674	547,674		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 585,935	585,935		
5. Health Insurance	\$ 1,146,616	1,146,616		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 347,414	347,414		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 29,825	29,825		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 190,097	190,097		
d. Accounting and Auditing	\$ 3,533	3,533		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 39,606	39,606		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 20,817	20,817		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 27,178	27,178		
2. Cellular Phones	\$ 2,088	2,088		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 1,098,127	1,098,127		
Subtotal	\$ 4,038,911	4,038,911		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2016	16	37
Item	Total	CCNH	RHNS	NurseFac-Aids
Subtotals Brought Forward:	4,038,911	4,038,911		
I. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 2,699	2,699		
5. Education Expenses Related to Seminars and Conventions	\$ 2,968	2,968		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 407	407		
7. Other (<i>Specify</i>) See Attached Schedule	\$ 253	253		
m. Other Administrative and General Expenses				
1. Advertising-Help-Wanted (<i>all such expenses</i>)	\$ 5,537	5,537		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 10,228	10,228		
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 5,418	5,418		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 10,939	10,939		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$			
10. Contributions*** See Attached Schedule	\$ 932	932		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 135,822	135,822		
12. Administrative Management Services**	\$ 408,269	408,269		
13. Other (<i>Specify</i>) See Attached Schedule	\$ 28,302	28,302		
C-14 Total Administrative & General Expenditures	\$ 4,650,684	4,650,684		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	NurseFac-Aids
MEALS	\$ 253		\$ -
Total Other Travel and Entertainment	\$ 253	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	NurseFac-Aids
COMMUNICATIONS SPECIAL EVENTS	\$ 10,228		\$ -
Total Other Advertising	\$ 10,228	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	NurseFac-Aids
Dues			
CAHCF DUES	\$ 10,938.96		\$ -
OTHER DUES			
Total Dues	\$ 10,939	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	NurseFac-Aids
contributions	\$ 932		\$ -
Total Contributions	\$ 932	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	NurseFac-Aids
SOCIAL SERVICE SUPPLIES	\$ -		\$ -
SOC SVC MINOR EQUIPMENT	\$ -		\$ -
ADMINISTRATIVE MINOR EQUIPMENT	\$ 1,790		\$ -
EMPLOYEE RELATIONS	\$ 8,128		\$ -
EMPLOYEE RELATIONS-OTHER	\$ 1,067		\$ -
PERMITS & LICENSES	\$ 1,832		\$ -
VOLUNTEER EXPENSE	\$ -		\$ -
BANK FEES	\$ 12,025		\$ -
CMS REVISIT USER FEES	\$ 1		\$ -
PENALTIES	\$ -		\$ -
LATE FEES	\$ 1,536		\$ -
INTERNET EXPENSES	\$ 1,922		\$ -
Rounding	\$ -		\$ -
Total Other Administrative and General	\$ 28,302	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Wintonbury Care Center LLC	2221-C	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 #
iCare Management, LLC/iCare Health Management, LLC	408,269	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	161,182	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	36,822	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2016	18	37
Item	Total	CCNH	RHNS	NurseFac-Aids
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 309,844	309,844		
2. Non-Food Supplies	\$ 34,745	34,745		
3. Other (<i>Specify</i>) _____ DIETARY SUPPLEMENTS	\$ 25,807	25,807		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	\$ 399	399		
c. Management Services**	\$			
d. Other (<i>Specify</i>) _____ DIETARY MINOR EQUIPMENT	\$ 6,451	6,451		
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 377,246	377,246		
2F. Dietary Questionnaire	Total	CCNH	RHNS	NurseFac-Aids
G. Resident Meals: Total no. of meals served per day.*	429	429		
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

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

Name of Facility Wintonbury Care Center LLC		License No. 2221-C	Report for Year Ended 9/30/2016	Page 19	of 37
Item		Total	CCNH	RHNS	NurseFac-Aids
3. Laundry					
a. In-House Processing*		Lbs.			
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	217	217	
2.	Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
		Amt. \$			
3.	Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
		Amt. \$			
4.	Repair and/or purchase of linens.***	Lbs.			
		Amt. \$			
b.	Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	212,194	212,194	
c.	Management Services**	\$			
d.	Other (Specify) LAUNDRY SUPPLIES	\$	3,090	3,090	
3E.	Total Laundry Expenditures (3a + b + c + d)	\$	215,501	215,501	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Wintonbury Care Center LLC		2221-C	9/30/2016		20	37
Item			Total	CCNH	RHNS	NurseFac-Aids
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$ 24,793	24,793		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt.	\$ 42,443	42,443		
c.	Management Services*		\$			
d.	Other (<i>Specify</i>) _____ HOUSEKEEPING MINIR EQUIPMENT		\$			
4E.	Total Housekeeping Expenditures (4a + b + c + d)		\$ 67,236	67,236		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy		\$			
2.	Purchased from OMNICARE PHARMACY		\$ 176,465	176,465		
b.	Medicine Cabinet Drugs		\$ 21,219	21,219		
c.	Medical and Therapeutic Supplies		\$ 90,136	90,136		
d.	Ambulance/Limousine***		\$ 70	70		
e.	Oxygen					
1.	For Emergency Use		\$ 4,196	4,196		
2.	Other***		\$			
f.	X-rays and Related Radiological Procedures***		\$ 8,722	8,722		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 14,870	14,870		
i.	Recreation		\$			
j.	Other (Specify)**** See Attached Schedule		\$ 395,487	395,487		
5K.	Total Resident Care Expenditures (5a - 5j)		\$ 711,163	711,163		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	NurseFac-Aids
NURSING ADMIN SUPPLIES	\$ 720		\$ -
NURSING MINOR EQUIP	\$ 7,358		\$ -
MEDICAL RECORDS SUPPLIES	\$ 159		\$ -
MEDICAL RECORDS MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATIONS - DIRECT	\$ 161,182		\$ -
NON-COVERED PPS DR. VISITS	\$ 258		\$ -
RESIDENT CARE SUPPLIES	\$ 19		\$ -
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 7,668		\$ -
PERSONAL CARE SUPPLIES	\$ 10,144		\$ -
INCONTINENCY SUPPLIES	\$ 25,910		\$ -
VACCINE RESIDENTS	\$ 1,910		\$ -
PATIENT SPECIAL NEEDS	\$ 742		\$ -
PHYSICAL THERAPY SUPPLIES	\$ -		\$ -
PHYSICAL THERAPY EQUIPMENT RENT	\$ -		\$ -
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -		\$ -
OCCUPATIONAL THERAPY SUPPLIES	\$ -		\$ -
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -		\$ -
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -		\$ -
SPEECH THERAPY SUPPLIES	\$ -		\$ -
SPEECH THERAPY EQUIPMENT RENT	\$ -		\$ -
SPEECH THERAPY MINOR EQUIPMENT	\$ -		\$ -
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 49,306		\$ -
EQUIPMENT RENTAL: AIDS UNIT	\$ -		\$ -
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 6,443		\$ -
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ -		\$ -
HI LOW BED RENTAL & MATTRESSES	\$ -		\$ -
IV THERAPY SUPPLIES	\$ 62,688		\$ -
IV THERAPY CONTRACT SERVICE	\$ -		\$ -
MEDICAL WASTE CONTRACT SERVICE	\$ 3,217		\$ -
ACTIVITIES SUPPLIES	\$ 4,177		\$ -
ACTIVITIES MINOR EQUIPMENT	\$ 192		\$ -
MANAGEMENT ALLOCATION - INDIRECT	\$ 36,822		\$ -
ADMISSIONS SUPPLIES	\$ -		\$ -
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ 14,412		\$ -
STRIKE COSTS NON REIMBURSABLE	\$ 2,159		\$ -
Total Other Resident Care	\$ 395,487	\$ -	\$ -

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

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

Name of Facility Wintonbury Care Center LLC		License No. 2221-C	Report for Year Ended 9/30/2016	Page of 21 37							
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***					
		Yes	No			CCNH	RHNS	NurseFac-Aids	Pg	Line	
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input type="radio"/>	VENDOR	Housekeeping Services	42,480				20	4b
Health Services Group/Unitex Textile Rental Services	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input type="radio"/>	VENDOR	Laundry Services	212,436				19	3b
Eagle Elevator		<input type="radio"/>	<input type="radio"/>	VENDOR	Elevator Contract					22	6F
Bioserve, Inc.		<input type="radio"/>	<input type="radio"/>	VENDOR	Medical Waste	3,217				22	6F
A-1 Snowblowing / Brickman Landscaping/Twin Landscaping Inc		<input type="radio"/>	<input type="radio"/>	VENDOR	Snow Removal/Landscaping	21,337				22	6F
CWPM - Recycling	Box 415, Plainville, CT 06062	<input type="radio"/>	<input type="radio"/>	VENDOR	Trash removal	23,067				22	6F
American Health Tech		<input type="radio"/>	<input type="radio"/>	VENDOR	Software Maintenance Contract	17,758				16	M11
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	<input type="radio"/>	<input type="radio"/>	VENDOR	Payroll Services	53,986				16	M11
National Datacare Corp		<input type="radio"/>	<input type="radio"/>	VENDOR	Resident Trust Software	4,019				16	M11
Prime Care Technology services		<input type="radio"/>	<input type="radio"/>	VENDOR	Computer Consulting Services	31,822				16	M11
Priority Express		<input type="radio"/>	<input type="radio"/>	VENDOR	Courier Services	5,420				16	M11
Point Right Inc		<input type="radio"/>	<input type="radio"/>	VENDOR	Nursing Software	4,680				16	M11
		<input type="radio"/>	<input type="radio"/>	VENDOR							
		<input type="radio"/>	<input type="radio"/>	VENDOR							

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Wintonbury Care Center LLC	2221-C	9/30/2016			22	37
Item	Total	CCNH	RHNS	NurseFac-Aids		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 34,081	34,081				
b. Heat	\$ 47,089	47,089				
c. Light & Power	\$ 99,899	99,899				
d. Water	\$ 34,889	34,889				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 45,275	45,275				
f. Other (<i>itemize</i>)	\$ 81,311	81,311				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 342,543	342,543				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 13,991	13,991				
c. Non-Movable Equipment	\$ 515	515				
d. Movable Equipment	\$ 67,261	67,261				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 81,767	81,767				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 177,448	177,448				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 177,448	177,448				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 523,744	523,744				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 99,191	99,191				
c. Personal property taxes	\$ 19,745	19,745				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 901,895	901,895				

* 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	NurseFac-Aids
PLANT SUPPLIES	\$ 12,791		\$ -
PLANT CONTRACT SERVICE LABOR	\$ 2,920		\$ -
ELEVATOR CONTRACT SERVICE	\$ -		\$ -
FIRE/SPRINKLER CONTRACT SERVICE	\$ 2,008		\$ -
LANDSCAPING CONTRACT SERVICE	\$ 10,420		\$ -
SNOW REMOVAL CONTRACT SERVICE	\$ 10,917		\$ -
TRASH REMOVAL CONTRACT SERVICE	\$ 23,067		\$ -
HVAC CONTRACT SERVICE	\$ -		\$ -
SECURITY CONTRACT SERVICE	\$ -		\$ -
PLANT CONTRACT SERVICE OTHER	\$ 9,151		\$ -
PLANT MINOR EQUIPMENT	\$ 10,038		\$ -
RENT AUTO	\$ -		\$ -
RENT EQUIPMENT	\$ -		\$ -
RENT OTHER	\$ -		\$ -
Total Other Repairs and Maintenance	\$ 81,311	\$ -	\$ -

Depreciation Schedule

Name of Facility Wintonbury Care Center LLC		License No. 2221-C		Report for Year Ended 9/30/2016				Page 23	of 37
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
A-4. Subtotal									
B. Building and Building Improvements									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
B-4. Subtotal									
C. Non-Movable Equipment									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Movable Equipment									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a. 1995 Dodge Van									
b.									
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period									
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)									
D-3. Subtotal									
E. Total Depreciation									
								67,261	
								81,767	

Wintonbury Care Center LLC
9/30/2016

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/2015	Parking lot crack fills	\$ 16,735	96	\$ 1,918
10/19/2015	Replace Copper Pipes in Hallway	\$ 13,097	300	\$ 524
9/30/2015	Concrete Patio	\$ 13,506	180	\$ 900
10/19/2015	UpgradeRoof (eagle rivet)	\$ 1,064	120	\$ 97
12/1/2015	Painting of Ceiling Lobby (Allied)	\$ 5,351	60	\$ 803
1/5/2016	Painting 1st Floor: Freedom Property Srv	\$ 27,119	60	\$ 3,616
4/18/2016	Carpet: Allied Flooring & Paint	\$ 61,259	60	\$ 5,105
Total additions for Building Improvements		\$ 138,131		\$ 12,963 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

	Total deletions for Non-Movable Equipment	\$		\$	**
--	---	----	--	----	----

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/13/2015	Dryer: Yankee Equipment System	\$ 4,360	120	\$ 400
7/9/2016	Beds & Mattress: Medline & J. Faucher	\$ 8,403	60	\$ 280
10/26/2015	Dish Machine (Proline)	\$ 32,157	120	\$ 2,948
6/9/2016	Desk: Medline	\$ 2,389	60	\$ 119
Total additions for Movable Equipment		\$ 47,309		\$ 3,747 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/14/2015	Dish Washer: Precision Electrical	\$ 6,652	120	499
8/1/2016	Compressor for AC: Saucier Mechanical	\$ 8,555	180	48
8/17/2016	Compressor for AC: Saucier Mechanical	\$ 6,370	180	35
Total additions for Leasehold Improvement		\$ 21,577		\$ 582 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2016		Page 24	of 37			
		Date of Acquisition	Item					
Month	Year	Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
A. Organization Expense								
1.								
2.								
3.								
A-4. Subtotal								
B. Mortgage Expense								
1.								
2.								
3.								
B-4. Subtotal								
C. Leasehold Improvements and Other								
1.			1,838,590	839,619			176,866	
2.								
3.								
C-4. Subtotal								
D. Total Amortization								
			21,577				582	177,448
								177,448

* 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 Wintonbury Care Center LLC	License No. 2221-C	Report for Year Ended 9/30/2016	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased	04/01/99			
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	04/01/99			
4. Date of Initial Licensure	04/01/99			
5. Total Licensed Bed Capacity	150			
6. Square Footage	60,838			
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	FIXED HUD			
b. Date Mortgage Obtained	05/30/13			
c. Interest Rate for the Cost Year	3.25%			
d. Term of Mortgage (number of years)	24			
e. Amount of Principal Borrowed	3,622,200			
f. Principal balance outstanding as of 9/30/2016	3,321,021			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Wintonbury Care Center LLC		2221-C	9/30/2016			26	37
Item			Total	CCNH	RHNS	NurseFac-Aids	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount			\$				
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$				

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Wintonbury Care Center LLC		2221-C		9/30/2016			27	37
Item				Total	CCNH	RHNS	NurseFac-Aids	
Subtotals Brought Forward:								
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify) INTEREST				\$	56,638	56,638		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	56,638	56,638		
14. Insurance								
a. Insurance on Property (buildings only)				\$	11,424	11,424		
b. Insurance on Automobiles				\$	2,666	2,666		
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$	65,068	65,068		
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$	3,297	3,297		
14d. Total Insurance Expenditures (14a + b + c)				\$	82,455	82,455		
15. Total All Expenditures (A-13 thru C-14)				\$	14,500,000	14,500,000		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Wintonbury Care Center LLC			2221-C	9/30/2016	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	NurseFac-Aids
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 190,097	190,097		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 10,228	10,228		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 97,580	97,576		4
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 297,905	297,901		4

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
16		Management fee over cost	\$ -		\$ -
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
16a		PENALTIES	\$ -		\$ -
16a		LATE FEES	\$ 1,536		\$ -
16a		PRIOR PERIOD EXPENSES			
		rounding	0.000		
		Provider User Fee for Medicare days	96,040.38		4.00
Total Other A&G Adjustments			\$ 97,576	\$ -	\$ 4

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Wintonbury Care Center LLC			2221-C	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	NurseFac-Aids
Subtotals Brought Forward				\$ 297,905	297,901		4
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$ 70	70		
29.			X-rays, etc	\$ 8,722	8,722		
30.			Laboratory	\$ 14,870	14,870		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 258	258		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 60	60		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 321,885	321,881		4

*** 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.

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Wintonbury Care Center LLC
9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
20	5J	NON-COVERED PPS DR. VISITS	257.79		-
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)	-		
13	B9A	ST- Resident Care (for outpatient therapy - see schedule)	-		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	-		
Total Other Ancillary Costs			\$ 258	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
20	4A1	Houskeeping Supplies (for Outpatient Therapy - see schedule)	\$ 10		
20	4B	Housekeeping purchased services (for Outpatient Therapy see schedule)	\$ 10		
22	6B	Heat (for outpatient Therapy see schedule)	\$ 10		
22	6C	Light and Power (for outpatient therapy see schedule)	\$ 10		
22	6D	water (for outpatient therapy see schedule)	\$ 10		
22	6A	Repair&Maint (for outpatient therapy see schedule)	\$ 10		
Total Other Adjustments			\$ 60	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Wintonbury Care Center LLC	2221-C	9/30/2016			30	37
Item	Total	CCNH	RHNS	NurseFac-Aids		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 11,276,851	11,276,851				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,950,367	1,950,367				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 281,091	281,091				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 158,985	158,985				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (158,985)	(158,985)				
c. Prescription Drugs - Non-Medicare	\$ 9,788	9,788				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (9,788)	(9,788)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 341,836	341,836				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (241,232)	(241,232)				
c. Physical Therapy - Non-Medicare	\$ 130,252	130,252				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (130,252)	(130,252)				
4. a. Speech Therapy - Medicare	\$ 88,144	88,144				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (39,483)	(39,483)				
c. Speech Therapy - Non-Medicare	\$ 25,658	25,658				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (25,658)	(25,658)				
5. a. Occupational Therapy - Medicare	\$ 327,894	327,894				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (260,667)	(260,667)				
c. Occupational Therapy - Non-Medicare	\$ 93,302	93,302				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (80,101)	(80,101)				
6. a. Other (<i>Specify</i>) - Medicare	\$ 658	658				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 101,072	101,072				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 13,839,732	13,839,732				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 891	891				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 19,097	19,097				
V. Total Other Revenue (1 thru 8)	\$ 19,988	19,988				
VI. Total All Revenue (III + V)	\$ 13,859,720	13,859,720				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Nurse/Pac-Aids
	Lab Medicare	\$ 81,357		
	Lab Medicare CA	\$ (81,357)		
	Oxygen Medicare	\$ 47		
	Oxygen Medicare CA	\$ (47)		
	Equipment rental	\$ 3,062		
	Equipment rental CA	\$ (3,062)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds Medicare	\$ -		
	Therapy Beds Medicare CA	\$ -		
	Radiology Medicare	\$ 7,723		
	Radiology Medicare CA	\$ (7,723)		
	IV Therapy	\$ 78,483		
	IV Therapy CA	\$ (78,483)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose testing	\$ -		
	Glucose testing CA	\$ -		
	Outpatient therapy Medicare	\$ 658		
	Total Other Resident Revenue - Medicare	\$ 658	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Nurse/Pac-Aids
	Lab	3,436.64		
	Lab CA	(3,436.64)		
	Oxygen	\$ 206		\$ -
	Oxygen CA	\$ (206)		\$ -
	Equipment rental	\$ 17,434		
	Equipment rental CA	\$ (17,434)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds	\$ -		
	Therapy Beds CA	\$ -		
	Radiology	\$ 992		
	Radiology CA	\$ (992)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose Testing	\$ -		
	Glucose Testing CA	\$ -		
	IV therapy	\$ 9,829		\$ -
	IV therapy CA	\$ (9,829)		\$ -
	Flu shot revenue	\$ -		
	Outpatient therapy	\$ -		
	PRIOR YEAR ADJ - ANCILLARY & OTHER	\$ 101,072		
	rounding	\$ 0.16		
	Total Other Resident Revenue	\$ 101,072	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Nurse/Pac-Aids
	INTEREST INCOME		\$ 891		
	Total Interest Income		\$ 891	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Nurse/Pac-Aids
	MEALS	\$ -		
	TELEVISION INCOME	\$ 8,940		
	CONCESSIONS / VENDING INCOME	\$ -		
	RESIDENT LATE FEE REVENUE	\$ 17		
	RESIDENT ATTORNEY FEE REVENUE	\$ -		
	TELEPHONE INCOME	\$ -		
	OTHER INCOME	\$ -		
	OPTUM DIVIDENDS REVENUE	\$ 10,140		
	Total Other Revenue	\$ 19,097	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	25,577
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,497,810
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(11,891)
4. Inventories			\$	19,383
5. Prepaid Expenses			\$	908,059
a. Prepaid Insurance	858,582			
b. Prepaid Property Taxes	13,635			
c. Prepaid Expenses Other	35,843			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(552,154)
Due From (to) Related Parties	(53,770)			
Other Owners reserves	(498,384)			
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,886,784
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	153,552	\$	139,475
	Accum. Depreciation	14,077 Net		
4. Leasehold Improvements	*Historical Cost	1,860,167	\$	843,100
	Accum. Depreciation	1,017,067 Net		
5. Non-Movable Equipment	*Historical Cost	12,259	\$	429
	Accum. Depreciation	11,830 Net		
6. Movable Equipment	*Historical Cost	852,701	\$	232,096
	Accum. Depreciation	620,605 Net		
7. Motor Vehicles	*Historical Cost	14,156	\$	
	Accum. Depreciation	14,156 Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
Construction in Progress				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,215,100

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	4,101,884
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____ Net	
			\$	
3. Buildings			*Historical Cost _____ Net	
			\$	
4. Non-Movable Equipment			*Historical Cost _____ Net	
			\$	
5. Movable Equipment			*Historical Cost _____ Net	
			\$	
6. Motor Vehicles			*Historical Cost _____ Net	
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____ Net	
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	39,982
Patient Trust Funds				39,982
Long Term Deposit - primecare				
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	39,982
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	4,141,867

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC		2221-C	9/30/2016	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	578,683
2. Notes Payable (<i>itemize</i>)				\$	1,561,493
Working Capital Line of Credit					1,561,493
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	303,880
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	3,208,285
Related Party Payables			2,020,056		
Accrued Expenses			107,782		
Accrued Resident User Fees			247,195		
Accrued Workers Comp Expense			833,252		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	5,652,341

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Wintonbury Care Center LLC		License No. 2221-C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				5,652,341	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					\$
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable					\$
3. Loans from Owners or Related Parties (<i>itemize</i>)					\$
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)					\$
Patient Trust Funds		39,982			39,982
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 39,982
C. Total All Liabilities (Lines A-13 + B-5)					\$ 5,692,323

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	1,000
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(911,177)
6. Gain or Loss for Period			\$	(640,280)
	10/1/2015	thru	9/30/2016	
7. Total Net Worth			\$	(1,550,457)
C. Total Reserves and Net Worth			\$	(1,550,457)
D. Total Liabilities, Reserves, and Net Worth			\$	4,141,867

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Wintonbury Care Center LLC	2221-C	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	13,859,720
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	14,500,000
D. Net Income or Deficit			\$	(640,280)
E. Balance			\$	(640,280)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(640,280)
				09/30/16

I. Preparer's/Reviewer's Certification

Name of Facility Wintonbury Care Center LLC		License No. 2221-C	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input checked="" type="checkbox"/> NurseFac-Aids	
Preparer/Reviewer Certification					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer <i>iCare Management LLC</i>		Title		Date Signed <i>2/14/17</i>	
Printed Name of Preparer iCare Management LLC					
Address Address 341 Bidwell Street, Manchester, CT 06040				Phone Number 860-570-2140	