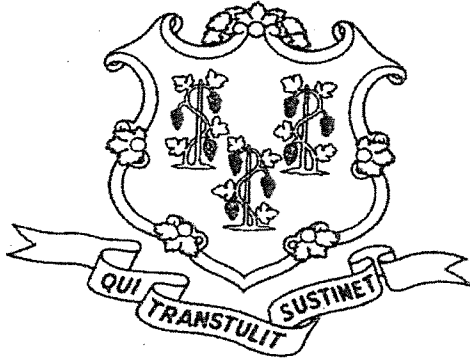


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Aaron Manor Nursing & Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 3 South Wig Hill Road, Chester, CT 06412	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2168-C	RHNS	Residential Care Home 90787	Medicare Provider 07-5410
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Medicaid Provider Numbers:	CCNH 21684	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) Aaron Manor Nursing & Rehabilitation Center	License No. 2168-C	Report for Year Ended 9/30/2015	Page 1	of 37
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**Administrator's/Owner's Certification**

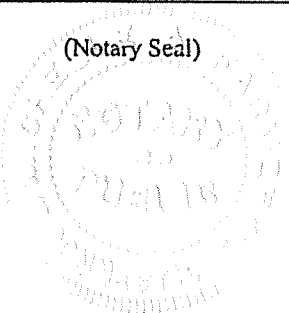
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Aaron Manor Nursing & Rehabilitation Center [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator) <i>Carroll B. Skoglund, Jr.</i>		Date	Signed (Owner) <i>Robert Sbriglio</i>		Date 2/11/2016
Printed Name (Administrator) Carroll Skoglund			Printed Name (Owner) Robert Sbriglio, MD, MPH		
Subscribed and Sworn to before me: <i>Michelle A. Farmer</i>	State of CT	Date 2/11/16	Signed (Notary Public) <i>Michelle A. Farmer</i>		Comm. Expires MICHELLE A. FARMER NOTARY PUBLIC - State of Connecticut My Commission Expires December 31, 2017
Address of Notary Public 190 Park St, Saybrook, CT 06488					



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 Aaron Manor Nursing & Rehabilitation Center		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 3 South Wig Hill Road, Chester, CT 06412				
Report Prepared By Ryders Health Management		Phone Number 203-381-1327	Date 1/15/2016	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**



**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility	Report for Year Ended	Page	of
860-526-5316	9/30/2015	2	37

Name of Facility (as shown on license)	Address (No. & Street, City, State, Zip)
Aaron Manor Nursing & Rehabilitation Center	3 South Wig Hill Road, Chester, CT 06412

License Numbers:	CCNH 2168-C	RHNS	Residential Care Home 90787	Medicare Provider No. 07-5410
------------------	----------------	------	--------------------------------	----------------------------------

Type of Facility (Check appropriate box(es))			
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home	

Type of Ownership (Check appropriate box)			
<input type="radio"/> Proprietorship	<input type="radio"/> LLC	<input type="radio"/> Partnership	<input checked="" type="radio"/> Profit Corp.
<input type="radio"/> Non-Profit Corp.	<input type="radio"/> Government	<input type="radio"/> Trust	

If this facility opened or closed during report year provide:	Date Opened	Date Closed

Has there been any change in ownership or operation during this report year?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," explain fully.
--	--------------------------------------	--------------------------	--------------------------

Stan DeCosta was Administrator from 2/7/14 through 08/30/15 and Carroll Skoglund was the Administrator from 8/30/15 through 09/30/15

**Administrator**

Name of Administrator	Nursing Home Administrator's License No.:
Carroll Skoglund	002017

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:
N/A	



**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility Aaron Manor Nursing & Rehabilitation Cent	License No. 2168-C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Aaron Manor Nursing & Rehabilitation Center	3 South Wig Hill Road, Chester, CT 06412	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
The Dr. Robert Sbriglio 2009 Trust	3 South Wig Hill Road, Chester, CT 06412		2	
The Martin Sbriglio 2009 Trust	3 South Wig Hill Road, Chester, CT 06412		2	
Dr. Robert Sbriglio, MPH, NHA	3 South Wig Hill Road, Chester, CT 06412	Secretary	48	
Mr. Martin Sbriglio, RN, NHA	3 South Wig Hill Road, Chester, CT 06412	Treasurer	48	
Names of Stockholders Owning at Least 10% of Shares				
Dr. Robert Sbriglio, MPH, NHA	3 South Wig Hill Road, Chester, CT 06412	Secretary	48	
Mr. Martin Sbriglio, RN, NHA	3 South Wig Hill Road, Chester, CT 06412	Treasurer	48	

**General Information and Questionnaire**  
**Individual Proprietorship**

Name of Facility	License No.	Report for Year Ended	Page	of
Aaron Manor Nursing & Rehabilitation Center	2168-C	9/30/2015	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

## General Information and Questionnaire Related Parties\*

Name of Facility Aaron Manor Nursing & Rehabilitation Center	License No. 2168-C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No  No  
 If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No				
See Attached Schedule		<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.

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

Aaron Manor Nursing and Rehabilitation Center  
 Cost Report 9/30/2015  
 List of Related Parties  
 Page 4 Attachment

Name of Related Individual or Company	Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Financial Report Page #/ Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No				
Ryders Health Management (RHM)	88 Ryders Lane, Suite 208, Stratford, CT 06614	X		Financial and Managerial Support	16/m12	131,985.00	131,985
Aaron Manor Realty	3 South Wig Hill Road, Chester, CT 06412	X		Rental of Real Estate	22/9	99,600	99,600
RHM (CT Healthcare WC Trust)	PO Box 30393, Hartford, CT 06150	X		Workers Compensation Insurance	15/1a1	114,533	114,533
RHM (CNA HealthPro)		X		Property Insurance	27/14a	6,638	6,638
RHM (CNA HealthPro)		X		Auto Insurance	27/14b	1,683	1,683
RHM (OneBeacon Professional Insurance)	199 Scott Swamp Road, Farmington, CT 06032	X		Liability Insurance	27/14c1	22,838	22,838
RHM (IHP, Guardian Dental and PDS)		X		Health Insurance	15/1a5	364,870	364,870
RHM (ADP Retirement Services, Inc.)	4801 Olympia Plaza Drive, Ste. 2000, Louisville, KY 40241	X		401k Plan	15/1a7	7,550	7,550
Mystic Healthcare	475 High Street, Mystic, CT 06355	X		Loan to Facility	32/D7	58,229	58,229
Ryders Health Management	88 Ryders Lane, Suite 208, Stratford, CT 06614	X		Loan to Facility	32/D7	63,868	63,868
Aaron Manor Realty	3 South Wig Hill Road, Chester, CT 06412	X		Loan from Facility	34/B4	510,551	510,551

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

Name of Facility Aaron Manor Nursing & Rehabilitation Center	License No. 2168-C	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

Management Fees were allocated October 2014 thru April 2015 by beds. Aaron Manor is 9.29%. May 2015 and after Management Fees are allocated based on Total Cost Year 2014 Expense minus Management Fees. Aaron Manor is 8.22%. Facility expenses are allocated to the Subsidiary based upon the above identified methods (detailed schedules are available upon request).

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

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

## General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Aaron Manor Nursing & Rehabilitation Center		2168-C		9/30/2015		6	37
Name and Address of Lessor	Related * to		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
GE Capital Lease, PO Box 642111, Pittsburgh, PA 15264-2111	<input type="radio"/>	<input checked="" type="radio"/>	Copiers	08/27/14	60 months	7,022	7,022
	<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"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?				<input type="radio"/> Yes	<input type="radio"/> No	<b>Total ***</b>	
						7,022	

\* 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.



*201-SS*

EQUIPMENT	
Equipment Model & Description	Serial Number
<input checked="" type="checkbox"/> See attached schedule for additional Equipment/Accessories	
Billing Address:	3 S.Wig Hill Rd, CHESTER, CT 06412
Equipment Location:	3 S.Wig Hill Rd, CHESTER, CT 06412
SUPPLIER	
BBI TECHNOLOGIES INC	TRANSACTION TERMS
Name	Purchase Option: Fair Market Value
269 WOODMONT RD	Lease Payment: \$381.00 (plus applicable taxes)
Address	Term: 60 (months) Billing Period: Monthly
MILFORD CT 06460	The following additional payments are due on the date this Lease is signed by you:
City State Zip	Advance Payment: \$0.00 (Plus Applicable Taxes) Applied to: <input type="checkbox"/> First <input type="checkbox"/> Last
	Document Fee: \$75.00 (included on first invoice)

YOU HAVE SELECTED THE EQUIPMENT, THE SUPPLIER AND ITS REPRESENTATIVES ARE NOT OUR AGENTS AND ARE NOT AUTHORIZED TO MODIFY THE TERMS OF THIS LEASE. YOU ARE AWARE OF THE NAME OF THE MANUFACTURER OF EACH ITEM OF EQUIPMENT AND YOU WILL CONTACT EACH MANUFACTURER FOR A DESCRIPTION OF YOUR WARRANTY RIGHTS. WE MAKE NO WARRANTIES TO YOU, EXPRESS OR IMPLIED, AS TO THE MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, SUITABILITY OR OTHERWISE. WE PROVIDE THE EQUIPMENT TO YOU AS-IS. YOU AGREE TO USE THE EQUIPMENT ONLY IN THE LAWFUL CONDUCT OF YOUR BUSINESS, AND NOT FOR PERSONAL, HOUSEHOLD OR FAMILY PURPOSES. WE SHALL NOT BE LIABLE FOR CONSEQUENTIAL OR SPECIAL DAMAGES. WE MAKE NO REPRESENTATION OR WARRANTY OF ANY KIND, EXPRESS OR IMPLIED, WITH RESPECT TO THE LEGAL, TAX OR ACCOUNTING TREATMENT OF THIS LEASE AND YOU ACKNOWLEDGE THAT WE ARE AN INDEPENDENT CONTRACTOR AND NOT A FIDUCIARY OF LESSEE. YOU WILL OBTAIN YOUR OWN LEGAL, TAX AND ACCOUNTING ADVICE RELATED TO THIS LEASE AND WILL MAKE YOUR OWN DETERMINATION OF THE PROPER LEASE TERM FOR ACCOUNTING PURPOSES. YOUR PAYMENT OBLIGATIONS ARE ABSOLUTE AND UNCONDITIONAL AND ARE NOT SUBJECT TO CANCELLATION, REDUCTION OR SETOFF FOR ANY REASON WHATSOEVER. BOTH PARTIES AGREE TO WAIVE ALL RIGHTS TO A JURY TRIAL. THIS LEASE SHALL BE GOVERNED BY THE LAWS OF IOWA. YOU CONSENT TO THE JURISDICTION AND VENUE OF FEDERAL AND STATE COURTS IN IOWA.

TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, FEDERAL LAW REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY AND RECORD INFORMATION THAT IDENTIFIES EACH PERSON WHO OPENS AN ACCOUNT. WHAT THIS MEANS TO YOU: WHEN YOU OPEN AN ACCOUNT, WE WILL ASK FOR YOUR NAME, ADDRESS AND OTHER INFORMATION THAT WILL ALLOW US TO IDENTIFY YOU. WE MAY ALSO ASK TO SEE IDENTIFYING DOCUMENTS. BY SIGNING THIS LEASE, YOU ACKNOWLEDGE RECEIPT OF PAGES 1 AND 2 OF THIS LEASE, AND AGREE TO THE TERMS ON BOTH PAGES 1 AND 2. ORAL AGREEMENTS OR COMMITMENTS TO LOAN MONEY, EXTEND CREDIT OR TO FORBEAR FROM ENFORCING REPAYMENT OF A DEBT INCLUDING PROMISES TO EXTEND OR RENEW SUCH DEBT ARE NOT ENFORCEABLE. TO PROTECT YOU AND US FROM MISUNDERSTANDING OR DISAPPOINTMENT, ANY AGREEMENTS WE REACH COVERING SUCH MATTERS ARE CONTAINED IN THIS WRITING, WHICH IS THE COMPLETE AND EXCLUSIVE STATEMENT OF THE AGREEMENT BETWEEN US, EXCEPT AS WE MAY LATER AGREE IN WRITING TO MODIFY IT.

**TERMS AND CONDITIONS**

- 1. COMMENCEMENT OF LEASE.** Commencement of this Lease and acceptance of the Equipment shall occur upon delivery of the Equipment to you ("Commencement Date"). To the extent that the Equipment includes intangible property or associated services such as periodic software licenses and prepaid database subscription rights, such intangible property shall be referred to as "Software". You understand and agree that we have no right, title or interest in the Software and you will comply throughout the Term of this Lease with any license and/or other agreement ("Software License") entered into with the supplier of the Software ("Software Supplier"). You are responsible for entering into any Software License with the Software Supplier no later than the Commencement Date of this Lease. You agree to inspect the Equipment upon delivery and verify by telephone or in writing such information as we may require. If you signed a purchase order or similar agreement for the purchase of the Equipment, by signing this Lease you assign to us all of your rights, but none of your obligations under it. All attachments, accessories, replacements, replacement parts, substitutions, additions and repairs to the Equipment shall form part of the Equipment under this Lease.
- 2. LEASE PAYMENTS.** You agree to remit to us the Lease Payment and all other sums when due and payable each Billing Period at the address we provide to you from time to time. You agree that you will remit payments to us in the form of company checks (or personal checks in the case of sole proprietorships), direct debit or wires only. You also agree cash and cash equivalents are not acceptable forms of payment for this Lease and that you will not remit such forms of payment to us. Payment in any other form may delay processing or be returned to you. Furthermore, only you or your authorized agent as approved by us will remit payments to us. Lease Payments will include any freight, delivery, installation and other expenses we finance on your behalf at your request. Lease Payments are due whether or not you receive an invoice. You authorize us to adjust the Lease Payments by not more than 15% to reflect any reconfiguration of the Equipment or adjustments to reflect applicable sales taxes or the cost of the Equipment by the manufacturer and/or Supplier.
- 3. LEASE CHARGES.** You agree to: (a) pay all costs and expenses associated with the use, maintenance, servicing, repair or replacement of the Equipment; (b) pay all fees, assessments, taxes and charges governmentally imposed upon Lessor's purchase, ownership, possession, leasing, renting, operation, control or use of the Equipment and pay all premiums and other costs of insuring the Equipment; (c) reimburse us for all costs and expenses incurred in enforcing this Lease; and (d) pay all other costs and expenses for which you are obligated under this Lease (a) through (d) collectively referred to as "Lease Charges". You agree, at our discretion, to either: (1) reimburse us for all personal property and other similar taxes and governmental charges associated with the ownership, possession or use of the Equipment when billed by the jurisdictions; or (2) remit to us each Billing Period our estimate of the pro-rated equivalent of such taxes and governmental charges. In the event that the Billing Period sums includes a separately stated estimate of personal property and other similar taxes, you acknowledge and agree that such amount represents our estimate of such taxes that will be payable with respect to the Equipment during the Term. As compensation for our internal and external costs in the administration of taxes related to each unit of Equipment, you agree to pay us a "Tax Administrative Fee" equal to \$12 per unit of Equipment per year during the Term, not to exceed the maximum permitted by applicable law. The Tax Administrative Fee, at our sole discretion, may be increased by an amount not exceeding 10% thereof for each subsequent year of the Term to reflect our increased cost of administration and we will notify you of any such increase by indicating such increased amount in the relevant invoice or in such other manner as we may deem appropriate. We may take on your behalf any action required under this Lease which you fail to take, and upon receipt of our invoice you will promptly pay our costs (including insurance premiums and other payments to affiliates), plus reasonable processing fees. Restrictive endorsements on checks you send to us will not reduce your obligations to us. We may charge you a return check or non-sufficient funds charge of \$25 for any check which is returned by the bank for any reason (not to exceed the maximum amount permitted by law).
- 4. LATE CHARGES.** For any payment which is not received within three (3) days of its due date, you agree to pay a late charge equal to the higher of 5% of the amount due or \$35 (not to exceed the maximum amount permitted by law) as reasonable collection costs.

LESSOR ("We", "Us")	LESSEE ("You")
General Electric Capital Corporation	AARON MANOR, INC.
By: X _____	By: X <i>[Signature]</i>
Name _____	<i>Ioannis Vournelis</i> IT Coordinator
Title _____	Name _____ Title _____
Date _____	<i>2/19/2014</i> <i>06-1199881</i>
	Date _____ Federal Tax ID _____



SCHEDULE "A"

Lease / Agreement # Z603699001

Equipment Description:	Equipment MFG Model & Description	Serial Number	Accessories	Equipment Location Address
	Copy/star CS 65011 - COP/STAR COPIER	<u>LAG4300338</u>		<u>3 S.Wig Hill Rd, Chester, CT 06412</u>
	Copy/star CS 35011 - COP/STAR COPIER	<u>LAB3X00801</u>		<u>3 S.Wig Hill Rd, Chester, CT 06412</u>

AARON MANOR, INC.

LESSEE / CUSTOMER (You?)

By:  

Name: Ioannis Vournelis

Title: IT Coordinator

Date: 8/19/2014

Date of Signature



# BBI TECHNOLOGIES

## OFFICE EQUIPMENT SOLUTIONS

### COPIER MAINTENANCE AGREEMENT

269 Woodmont Road, PO Box 3680 Milford, CT 06460

Toll Free 1-800-548-9336 Local 203-878-3581 Fax 203-878-1219

Visit us on the web at [www.bbitech.com](http://www.bbitech.com)

*We pledge and dedicate the skills and technical knowledge of our certified, factory trained technicians and customer support staff to insure the performance of your office equipment.*

**PRIORITY SERVICE** You receive priority attention on your service call request

**PREVENTATIVE MAINTENANCE** To minimize downtime, preventive maintenance is performed per manufacturer specifications

**GENUINE KYOCERA/ COPYSTAR OEM** parts and supplies

**SERVICE HOURS 8:30 AM to 5:00 PM** - Monday through Friday excluding holidays

**PLEASE READ THE FOLLOWING EXCEPTIONS CAREFULLY:**

- A. Repair or adjustment caused by water, fire, accident, abuse, mis-operation or foreign matter in equipment
- B. Repair or adjustment resulting from input power line fluctuations or failure to comply with proper grounding requirements
- C. Replacement of parts or assemblies which are no longer available from the manufacturer
- D. BBI will not relocate your equipment under this agreement
- E. Network printer/scan/fax reconfiguration or reinstallation of software

**RENEWAL** Upon completion of the "period covered" below, this agreement will be renewed quarterly, unless cancelled by either party within 30 days written notice.

This agreement may be subject to an annual increase.

Customer Name

AARON MANOR INC.

Period Covered

8/27/2014 to 8/27/2019

Street Address

3 . S. WIG HILL RD

City

CHESTER

State

CT

Zip

06412

Contact

PHONE

Email Address

Equipment Covered by this Agreement:

MAKE	MODEL	SERIAL NUMBER
KYOCERA / COPYSTAR	CS 6501i	LAG4300338
KYOCERA / COPYSTAR	CS 3501i	LAB3X00801

ID 10377

ID 10373

This agreement is for 60 months at a rate of \$ .0069 per copy

Billed Quarterly starting \_\_\_\_\_

Meter readings will be conducted in 3 (Three) month intervals. Any overage will be billed at \$ .0069 per copy.

**COPIER FULL SERVICE & SUPPLY:** Includes all parts, labor, travel and consumables. Not included are paper and staples.

Approved For Service BBI Technologies, Inc.	BBI Representative	DATE	CUSTOMER SIGNATURE	DATE
				8/19/2014

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

Name of Facility Aaron Manor Nursing & Rehabilitation	License No. 2168-C	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 1 Marcum LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, 12th Fl, New Haven, CT06511
--	--

Services Provided by This Firm (*describe fully*)

1 Tax Returns, Medicare Cost Report and Year End Review	\$ 21,154
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 21,154

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

- Yes     No    151d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Pullman & Comley LLC 2 Murtha Cullina LLP 3 Jackson/Lewis 4 5	Telephone Number 203-330-2000 860-240-6000 914-872-8060
---	--

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

- 1 850 Main St., PO Box 7006, Bpt., CT 06601-7006  
 2 PO Box 150435, Hartford, CT 06115-0435  
 3 44 South Broadway, White Plains, NY 10601  
 4  
 5

Services Provided by This Firm (*describe fully*)

1 Labor Relations	\$ 2,821
2 Debt Collection- Self Disallowed	\$ 45
3 Labor Relations	\$ 762
4	\$
5	\$
	Charge for Services Provided
	\$ 3,628

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

- Yes     No    15 1E

**Schedule of Resident Statistics**

Name of Facility Aaron Manor Nursing & Rehabilitation Center	License No. 2168-C	Report for Year Ended 9/30/2015						Page 8	of 37
		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		Residential Care Home	Residential Care Home		
		Total CCNH Level	Total RHNS Level	Total CCNH	Total RHNS				
1. Certified Bed Capacity									
A. On last day of PREVIOUS report period	60	60	60	60	60	60	60		
B. On last day of THIS report period	60	60	60	60	60	60	60		
2. Number of Residents									
A. As of midnight of PREVIOUS report period	54	54	54	54	54	54	54		
B. As of midnight of THIS report period	58	58	58	58	58	58	58		
3. Total Number of Days Care Provided During Period									
A. Medicare	4,473	4,473	4,473	3,265	3,265	1,208	1,208		
B. Medicaid (Conn.)	12,049	12,049	12,049	9,085	9,085	2,964	2,964		
C. Medicaid (other states)									
D. Private Pay	4,195	4,195	4,195	3,327	3,327	868	868		
E. State SSI for RCH									
F. Other (Specify) managed care	188	188	188	101	101	87	87		
G. Total Care Days During Period (3A thru F)	20,905	20,905	20,905	15,778	15,778	5,127	5,127		
Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds									
A. Medicaid Bed Reserve Days	10	10	10	10	10	15	15		
B. Other Bed Reserve Days	55	55	55	40	40	15	15		
5. Total Resident Days (3G + 4A + 4B)	20,970	20,970	20,970	15,828	15,828	5,142	5,142		

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

Name of Facility Aaron Manor Nursing & Rehabilitation Center			License No. 2168-C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	Residential Care Home			
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	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents	9		31		18								
Per Diem Rate													
a. One bed rm.	see attached				\$399/\$407								
b. Two bed rms.			212.74		\$368/\$375								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	Residential Care Home		
A. Medicare - Part B								1,070	1,070				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								11,263	11,263				
<b>D. Total Physical Therapy Treatments</b>								12,333	12,333				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								360	360				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								844	844				
<b>D. Total Speech Therapy Treatments</b>								1,204	1,204				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,337	1,337				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								11,990	11,990				
<b>D. Total Occupational Therapy Treatments</b>								13,327	13,327				



**OCTOBER 1, 2014 – SEPTEMBER 30, 2015  
CONNECTICUT – FEDERAL SNF MEDICARE RATES**

CMS MSA CT Counties Transition Wage Index RUG-IV Category	ADL Score	CMI Rural	CMI Urban	Fairfield	W. Hartford, E. Hartford	New Haven	Litchfield (Rural)
				CBSA 14860 1.3289 10/1/14→9/30/15	Hartford, Middlesex, Tolland CBSA 25540 1.1119 10/1/14→9/30/15	CBSA 35300 1.2207 10/1/14→9/30/15	CBSA 7 1.1273 10/1/14→9/30/15
RUX	11 - 16	66	66	\$953.56	\$836.94	\$895.41	\$864.70
RUL	2 - 10	65	65	\$932.78	\$818.70	\$875.90	\$847.10
RVX	11 - 16	64	63	\$848.74	\$744.94	\$796.99	\$759.76
RVL	2 - 10	62	61	\$761.46	\$668.34	\$715.03	\$685.86
RHX	11 - 16	61	62	\$768.96	\$674.92	\$722.07	\$680.42
RHL	2 - 10	57	57	\$685.85	\$601.97	\$644.03	\$610.04
RMX	11-16	58	58	\$705.39	\$619.12	\$662.38	\$618.35
RML	2 - 10	55	55	\$647.20	\$568.05	\$607.74	\$569.08
RLX	2 - 16	52	53	\$619.49	\$543.73	\$581.71	\$538.21
RUC	11 - 16	60	60	\$722.91	\$634.50	\$678.82	\$669.38
RUB	6 - 10	59	59	\$722.91	\$634.50	\$678.82	\$669.38
RUA	0 - 5	54	51	\$604.46	\$530.54	\$567.60	\$569.08
RVC	11 - 16	53	54	\$620.16	\$544.32	\$582.35	\$566.21
RVB	6 - 10	49	47	\$537.05	\$471.37	\$504.30	\$495.82
RVA	0 - 5	48	46	\$534.97	\$469.55	\$502.35	\$494.06
RHC	11 - 16	47	48	\$540.40	\$474.31	\$507.44	\$486.86
RHB	6 - 10	41	40	\$486.36	\$426.88	\$456.70	\$441.11
RHA	0 - 5	34	26	\$428.18	\$375.81	\$402.07	\$391.85
RMC	11 - 16	40	38	\$474.74	\$416.68	\$445.79	\$423.03
RMB	6 - 10	36	32	\$445.64	\$391.14	\$418.47	\$398.40
RMA	0 - 5	19	18	\$366.69	\$321.84	\$344.33	\$331.52
RLB	11 - 16	37	37	\$461.56	\$405.12	\$433.42	\$404.48
RLA	0 - 10	8	7	\$297.41	\$261.04	\$279.27	\$265.47
ES3	2 - 16	63	64	\$870.57	\$764.10	\$817.48	\$745.21
ES2	2 - 16	56	56	\$681.48	\$598.14	\$639.92	\$585.07
ES1	2 - 16	51	52	\$608.75	\$534.30	\$571.63	\$523.49
HE2	15 - 16	50	50	\$587.96	\$516.06	\$552.11	\$505.90
HE1	15 - 16	39	41	\$488.23	\$428.52	\$458.46	\$421.43
HD2	11 - 14	46	49	\$550.56	\$483.23	\$516.99	\$474.22
HD1	11 - 14	35	36	\$459.13	\$402.98	\$431.14	\$396.80
HC2	6 - 10	44	44	\$519.39	\$455.87	\$487.72	\$447.83
HC1	6 - 10	28	29	\$434.19	\$381.09	\$407.71	\$375.69
HB2	2 - 5	43	43	\$513.16	\$450.40	\$481.87	\$442.55
HB1	2 - 5	27	28	\$430.04	\$377.45	\$403.82	\$372.16
LE2	15 - 16	45	45	\$533.94	\$468.64	\$501.38	\$460.14
LE1	15 - 16	31	33	\$446.66	\$392.04	\$419.43	\$386.24
LD2	11 - 14	42	42	\$513.16	\$450.40	\$481.87	\$442.55
LD1	11 - 14	26	27	\$430.04	\$377.45	\$403.82	\$372.16
LC2	6 - 10	33	35	\$450.82	\$395.69	\$423.33	\$389.76
LC1	6 - 10	18	19	\$380.17	\$333.67	\$356.99	\$329.93
LB2	2 - 5	25	25	\$427.97	\$375.63	\$401.87	\$370.40
LB1	2 - 5	15	15	\$363.55	\$319.09	\$341.38	\$315.85
CE2	15 - 16	38	39	\$475.75	\$417.57	\$446.74	\$410.88
CE1	15 - 16	30	31	\$438.35	\$384.74	\$411.62	\$379.20
CD2	11 - 14	32	34	\$450.82	\$395.69	\$423.33	\$389.76
CD1	11 - 14	23	23	\$413.42	\$362.86	\$388.21	\$358.08
CC2	6 - 10	21	21	\$394.71	\$346.44	\$370.64	\$342.25
CC1	6 - 10	17	17	\$365.62	\$320.91	\$343.33	\$317.62
CB2	2 - 5	16	16	\$365.62	\$320.91	\$343.33	\$317.62
CB1	2 - 5	13	13	\$338.61	\$297.20	\$317.97	\$294.74
CA2	0 - 1	9	9	\$309.52	\$271.67	\$290.65	\$270.10
CA1	0 - 1	6	6	\$288.74	\$253.43	\$271.13	\$252.51
BB2	2 - 5	11	11	\$328.22	\$288.08	\$308.20	\$285.94
BB1	2 - 5	10	10	\$313.67	\$275.31	\$294.54	\$273.63
BA2	0 - 1	4	4	\$272.12	\$238.84	\$255.53	\$238.43
BA1	0 - 1	3	3	\$259.65	\$227.89	\$243.81	\$227.87
PE2	15 - 16	29	30	\$438.35	\$384.74	\$411.62	\$379.20
PE1	15 - 16	24	24	\$417.57	\$366.50	\$392.11	\$361.61
PD2	11 - 14	22	22	\$413.42	\$362.86	\$388.21	\$358.08
PD1	11 - 14	20	20	\$392.64	\$344.62	\$368.70	\$340.49
PC2	6 - 10	14	14	\$355.24	\$311.79	\$333.57	\$308.81
PC1	6 - 10	12	12	\$338.61	\$297.20	\$317.97	\$294.74
PB2	2 - 5	7	8	\$301.21	\$264.38	\$282.84	\$263.06
PB1	2 - 5	5	5	\$288.74	\$253.43	\$271.13	\$252.51
PA2	0 - 1	2	2	\$249.26	\$218.78	\$234.06	\$219.07
PA1	0 - 1	1	1	\$238.87	\$209.65	\$224.30	\$210.28
Default				\$238.87	\$209.65	\$224.30	\$210.28



**OCTOBER 1, 2014 – SEPTEMBER 30, 2015  
CONNECTICUT (CONTINUED) – FEDERAL SNF MEDICARE RATES**

CMS MSA CT Counties Transition Wage Index RUG-IV Category	ADL Score	CMI Rural	CMI Urban	New London CBSA 35980 1,1813 10/1/14-9/30/15
RUX	11 - 16	66	66	\$874.24
RUL	2 - 10	65	65	\$855.19
RVX	11 - 16	64	63	\$778.14
RVL	2 - 10	62	61	\$698.12
RHX	11 - 16	61	62	\$705.00
RHL	2 - 10	57	57	\$628.80
RMX	11-16	58	58	\$646.71
RML	2 - 10	55	55	\$593.37
RLX	2 - 16	52	53	\$567.96
RUC	11 - 16	60	60	\$662.77
RUB	6 - 10	59	59	\$662.77
RUA	0 - 5	54	51	\$554.18
RVC	11 - 16	53	54	\$568.58
RVB	6 - 10	49	47	\$492.37
RVA	0 - 5	48	46	\$490.47
RHC	11 - 16	47	48	\$495.45
RHB	6 - 10	41	40	\$445.90
RHA	0 - 5	34	26	\$392.56
RMC	11 - 16	40	38	\$435.25
RMB	6 - 10	36	32	\$408.57
RMA	0 - 5	19	18	\$336.19
RLB	11 - 16	37	37	\$423.17
RLA	0 - 10	8	7	\$272.67
ES3	2 - 16	63	64	\$798.15
ES2	2 - 16	56	56	\$624.79
ES1	2 - 16	51	52	\$558.11
HE2	15 - 16	50	50	\$539.06
HE1	15 - 16	39	41	\$447.61
HD2	11 - 14	46	49	\$504.76
HD1	11 - 14	35	36	\$420.94
HC2	6 - 10	44	44	\$476.19
HC1	6 - 10	28	29	\$398.07
HB2	2 - 5	43	43	\$470.47
HB1	2 - 5	27	28	\$394.27
LE2	15 - 16	45	45	\$489.53
LE1	15 - 16	31	33	\$409.51
LD2	11 - 14	42	42	\$470.47
LD1	11 - 14	26	27	\$394.27
LC2	6 - 10	33	35	\$413.32
LC1	6 - 10	18	19	\$348.54
LB2	2 - 5	25	25	\$392.37
LB1	2 - 5	15	15	\$333.31
CE2	15 - 16	38	39	\$436.18
CE1	15 - 16	30	31	\$401.89
CD2	11 - 14	32	34	\$413.32
CD1	11 - 14	23	23	\$379.03
CC2	6 - 10	21	21	\$361.88
CC1	6 - 10	17	17	\$335.21
CB2	2 - 5	16	16	\$335.21
CB1	2 - 5	13	13	\$310.45
CA2	0 - 1	9	9	\$283.78
CA1	0 - 1	6	6	\$264.72
BB2	2 - 5	11	11	\$300.92
BB1	2 - 5	10	10	\$287.58
BA2	0 - 1	4	4	\$249.48
BA1	0 - 1	3	3	\$238.05
PE2	15 - 16	29	30	\$401.89
PE1	15 - 16	24	24	\$382.84
PD2	11 - 14	22	22	\$379.03
PD1	11 - 14	20	20	\$359.98
PC2	6 - 10	14	14	\$325.69
PC1	6 - 10	12	12	\$310.45
PB2	2 - 5	7	8	\$276.16
PB1	2 - 5	5	5	\$264.72
PA2	0 - 1	2	2	\$228.53
PA1	0 - 1	1	1	\$219.00
Default				\$219.00



### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Aaron Manor Nursing & Rehabilitation Center	2168-C	9/30/2015	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	Residential Care Home	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	96,168	2,652				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	195,230	10,932				
5. Dietary Service						
a. Head Dietitian	20,841	544				
b. Food Service Supervisor	44,989	2,199				
c. Dietary Workers	203,331	16,205				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	108,716	9,072				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	63,492	2,116				
b. Other Maintenance Workers	21,541	1,685				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
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	85,488	2,323				
b. RN						
1. Direct Care	699,425	20,925				
2. Administrative**	169,536	4,668				
c. LPN						
1. Direct Care	336,327	12,152				
2. Administrative**						
d. Aides and Attendants	783,174	51,582				
e. Physical Therapists	181,259	5,661				
f. Speech Therapists	31,122	551				
g. Occupational Therapists	180,947	4,711				
h. Recreation Workers	75,255	4,168				
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	61,171	2,224				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	106,853	2,658				
<i>A-13. Total Salary Expenditures</i>	3,464,866	157,027				

\* 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		
Aaron Manor Nursing & Rehabilitation Center		2168-C		9/30/2015		11	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
<b>Section I - Operators/Owners</b>									
Dr. Robert Sbriglio, MPH							Lord Chamberlain, 7003 Main St, Stratford, CT 06614	2,128	129,698
Martin Sbriglio, RN, NHA							Ryders Health Management, 88 Ryders Landing, Suite 208, Stratford, CT 06614	2,272	130,000
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>									
Margaret Sbriglio, LPN, NHA							Ryders Health Management	1,040	26,000

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

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

Name of Facility (as licensed)		License No.		Report for Year Ended		Page	of			
Aaron Manor Nursing & Rehabilitation Center		2168-C		9/30/2015		12	37			
Name	Salary Paid		Residential Care Home	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								
<b>Section III - Administrators***</b>										
Stan DeCosta	10/1/14 - 8/31/15	87,311		non-discriminatory	Administrative	2,030	A2	Cheshire House Nursing & Rehabilitation, 3396 East Main St, Waterbury,	134	8,027
Caroll Skoglund	8/3/15 - 9/30/15	8,858		non-discriminatory	Administrative	622	A2			
<b>Section IV - Assistant Administrators</b>										

\*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.  
 \*\* Include **all** other employment worked during the cost year.  
 \*\*\* If more than one Administrator is reported, include dates of employment for each.

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Aaron Manor Nursing & Rehabilitation Center	2168-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	6,840	143				
3. Pharmacist	9,948	207				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	42,000	420				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Medical Staff	744	7				
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>59,532</b>	<b>777</b>				

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

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

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



## 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 Year Ended	Page	of
Aaron Manor Nursing & Rehabilitation Center	2168-C	9/30/2015	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 114,533	114,533		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 322,071	322,071		
5. Health Insurance	\$ 364,870	364,870		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 7,550	7,550		
8. Uniform Allowance	\$ 12,575	12,575		
9. Other ( <i>Specify</i> ) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 127,617	127,617		
d. Accounting and Auditing	\$ 21,154	21,154		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 3,628	3,628		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 11,417	11,417		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 17,187	17,187		
2. Cellular Phones	\$ 660	660		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ 273	273		
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	\$ 346,766	346,766		
<b>Subtotal</b>	\$ 1,350,300	1,350,300		

\* 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
Aaron Manor Nursing & Rehabilitation Center	2168-C	9/30/2015		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
<b>Subtotals Brought Forward:</b>		1,350,300	1,350,300		
<b>l. Travel and Entertainment</b>					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 8,974	8,974			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 3,660	3,660			
5. Education Expenses Related to Seminars and Conventions	\$ 4,979	4,979			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 888	888			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$ 1,080	1,080			
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 2,294	2,294			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 18,940	18,940			
4. Fund-Raising***	\$				
5. Medical Records	\$ 8,640	8,640			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 3,881	3,881			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 5,452	5,452			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 54,875	54,875			
12. Administrative Management Services**	\$ 131,985	131,985			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 43,260	43,260			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 1,639,207	1,639,207			

\* 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	Residential Care Home
Meals & Entertainment	\$ 1,080		
<b>Total Other Travel and Entertainment</b>	<b>\$ 1,080</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Adv. & Pub. Rel. Donations	\$ 18,940		
<b>Total Other Advertising</b>	<b>\$ 18,940</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
CAHCF	\$ 4,094		
American Express	\$ 20		
ACHCA	\$ 310		
Stan DeCosta - ACHCA Membership	\$ 335		
Lynn Mead - CPA Membership Renewal	\$ 44		
Secretary of State Business Filing Reversal	\$ (20)		
Chester Rotary	\$ 130		
Middlesex Chamber of Commerce - Self-Dissallowed	\$ 501		
ICNC	\$ 38		
<b>Total Dues</b>	<b>\$ 5,452</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
<b>Total Contributions</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Melissa Hays - Social Work Consultant	\$ 1,380		
Post Acute Consulting	\$ 625		
Harmony Healthcare International Inc. - Medicare Consultant	\$ 18,106		
Pinnacle Rehab Staffing - Staffing Consultant	\$ 5,318		
PAC Planning - Harvard Pilgrim healthcare Contract Consulting	\$ 153		
Sales & Use Tax	\$ 126		
Unemployment Tax Management Corp.	\$ 734		
National Government Services - Revalidation Fee for Medicare Participation	\$ 542		
Kristy Baracco - Massage Therapy License	\$ 250		
Treasurer, State of CT - Controlled Substance License	\$ 40		
Matthew Boggio - Major Contractor License	\$ 41		
Town of Chester - Food Service License Renewal	\$ 300		
Treasurer, State of CT - Facility License Renewal	\$ 740		
Physician Care - Employees (Pre-employment Screening)	\$ 8,989		
Bank Charges	\$ 5,916		
<b>Total Other Administrative and General</b>	<b>\$ 43,260</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Aaron Manor Nursing & Rehabilitation C	License No. 2168-C	Report for Year Ended 9/30/2015	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Ryders Health Management, 88 Ryders Lane, Suite 208, Stratford, CT 06614	131,985	Financial and Managerial Support	16/m12

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

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

Name of Facility Aaron Manor Nursing & Rehabilitation Center		License No. 2168-C	Report for Year Ended 9/30/2015	Page 18	of 37
Item	Total	CCNH	RHNS	Residential Care Home	
<b>2. Dietary</b>					
<b>a. In-House Preparation &amp; Service</b>					
1. Raw Food	\$ 127,094	127,094			
2. Non-Food Supplies	\$ 24,205	24,205			
3. Other ( <i>Specify</i> ) _____	\$ _____				
<b>b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)</b>	\$ _____				
<b>c. Management Services**</b>	\$ _____				
<b>d. Other (<i>Specify</i>) _____</b>	\$ _____				
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	\$ 151,299	151,299			
<b>2F. Dietary Questionnaire</b>	Total	CCNH	RHNS	Residential Care Home	
<b>G. Resident Meals: Total no. of meals served per day:*</b>					
<b>H. Is cost of employee meals included in 2E?</b>	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
<b>I. Did you receive revenue from employees?</b>	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
<b>J. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>					
<b>K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?</b>	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
<b>L. Is any revenue collected from these people?</b>	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
<b>M. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>					
<b>N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?</b>	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
<b>O. Is any revenue collected from employees?</b>	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
<b>P. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>					

\* 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		License No.	Report for Year Ended	Page	of
Aaron Manor Nursing & Rehabilitation Center		2168-C	9/30/2015	19	37
Item		Total	CCNH	RHNS	Residential Care Home
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	77,239	77,239	
c. Management Services**		\$			
d. Other (Specify)		\$			
3E. <b>Total Laundry Expenditures</b> (3a + b + c + d)		\$	77,239	77,239	
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
Aaron Manor Nursing & Rehabilitation Center		2168-C	9/30/2015		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt.	\$ 19,862	19,862		
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt.	\$			
c.	Management Services*		\$			
d.	Other ( <i>Specify</i> )		\$			
4E.	<b>Total Housekeeping Expenditures</b> (4a + b + c + d)		\$ 19,862	19,862		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy		\$			
2.	Purchased from Medicare Drugs \$100047.09 Managed Care \$42850.38		\$ 142,897	142,897		
b.	Medicine Cabinet Drugs		\$ 13,270	13,270		
c.	Medical and Therapeutic Supplies		\$			
d.	Ambulance/Limousine***		\$ 17,910	17,910		
e.	Oxygen					
1.	For Emergency Use		\$			
2.	Other***		\$ 14,107	14,107		
f.	X-rays and Related Radiological Procedures***		\$ 7,558	7,558		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )		\$			
h.	Laboratory***		\$ 21,361	21,361		
i.	Recreation		\$ 12,935	12,935		
j.	Other ( <i>Specify</i> )**** See Attached Schedule		\$ 144,858	144,858		
5K.	<b>Total Resident Care Expenditures</b> (5a - 5j)		\$ 374,896	374,896		

\* 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	Residential Care Home
Physician Care - Patients	\$ 8,726		
Routine Medical Supplies	\$ 118,799		
Physical Therapy Supplies	\$ 17,333		
<b>Total Other Resident Care</b>	\$ 144,858	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended			Page	of
Aaron Manor Nursing & Rehabilitation Center	2168-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 129,383	129,383				
b. Heat	\$ 42,953	22,198			20,755	
c. Light & Power	\$ 110,587	106,205			4,381	
d. Water	\$					
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 7,022	7,022				
f. Other ( <i>itemize</i> )	\$					
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 289,944	264,808			25,136	
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 755	755				
b. Building & Building Improvements	\$ 170,757	156,801			13,956	
c. Non-Movable Equipment	\$ 43,547	41,323			2,224	
d. Movable Equipment	\$ 21,865	21,865				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 236,925	220,745			16,180	
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 99,600	99,600				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 53,457	53,457				
c. Personal property taxes	\$ 7,431	7,431				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 397,413	381,233			16,180	

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



### Depreciation Schedule

Name of Facility Aaron Manor Nursing & Rehabilitation Center		License No. 2168-C	Report for Year Ended 9/30/2015					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	
<b>A. Land Improvements</b>									
1. Acquired prior to this report period	125,458		125,458	119,251	varies	varies	755		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
<b>A-4. Subtotal</b>								755	
<b>B. Building and Building Improvements</b>									
1. Acquired prior to this report period	2,988,343		2,988,343	1,170,421	varies	varies	139,023		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	330,205		330,205		S/L	10 years	31,734		
<b>B-4. Subtotal</b>								170,757	
<b>C. Non-Movable Equipment</b>									
1. Acquired prior to this report period	384,024		384,024	203,851	varies	varies	43,871		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	(3,805)		(3,805)		varies	varies	(324)		
<b>C-4. Subtotal</b>								43,547	
<b>D. Movable Equipment</b>									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a. 2009 Ford Pickup			22,275	10,117	S/L	7 years	4,753		
b.									
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period			513,869	488,211	varies	varies	16,695		
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)			13,164		S/L	10 years	417		
<b>D-3. Subtotal</b>								21,865	
<b>E. Total Depreciation</b>								236,925	

Aaron Manor Nursing & Rehabilitation Center  
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
	Total 2015 Building Improvements - see attached for detail	\$ 330,205	10 years	\$ 31,734
<b>Total additions for Building Improvements</b>		\$ 330,205		\$ 31,734 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
	Total 2015 Non-Moveable Equipment Additions - see attached for detail	\$ (3,805)	Varies	\$ (324)
<b>Total additions for Non-Movable Equipment</b>		\$ (3,805)		\$ (324) *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2



**Book Group Summary 10/01/14 - 9/30/15**

FYE: 9/30/2015

Group	Cost Beginning	Cost Acquisitions	Cost Disposals	Cost Ending	Depreciation Prior	Depreciation Additions	Depreciation Reductions	Depreciation Ending
No Group	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Auto	33,274.28	0.00	0.00	33,274.28	10,116.58	4,753.47	0.00	14,870.05
Computer Software	5,575.02	725.75	0.00	6,300.77	964.36	2,019.38	0.00	2,983.74
Equip - HA	6,161.85	0.00	0.00	6,161.85	6,161.85	0.00	0.00	6,161.85
Equip - ICF	36,972.27	0.00	0.00	36,972.27	36,972.27	0.00	0.00	36,972.27
Equip - Moveable	470,735.18	13,164.33	0.00	483,899.51	445,077.65	17,111.95	0.00	462,189.60
Improvement - HA	184,956.61	0.00	0.00	184,956.61	74,990.41	13,957.76	0.00	88,948.17
Improvements - SNF	980,175.94	330,204.99	0.00	1,310,380.93	425,007.33	109,629.47	0.00	534,636.80
Land Improvements	125,457.66	0.00	0.00	125,457.66	119,250.57	755.11	0.00	120,005.68
LHI - ICF	69,622.90	0.00	0.00	69,622.90	56,108.12	2,210.26	0.00	58,318.38
Non moveable - HA	8,922.47	0.00	0.00	8,922.47	8,717.55	204.92	0.00	8,922.47
Nonmoveable - ICF	53,532.27	0.00	0.00	53,532.27	53,532.27	0.00	0.00	53,532.27
Nonmoveable - SNF	315,993.77	-4,531.07	0.00	311,462.70	140,638.43	41,322.89	0.00	181,961.32
SNF Add and renovatio	1,753,585.58	0.00	0.00	1,753,585.58	614,310.64	44,963.74	0.00	659,274.38
<b>Grand Total</b>	<b>4,044,965.80</b>	<b>339,564.00</b>	<b>0.00</b>	<b>4,384,529.80</b>	<b>1,991,848.03</b>	<b>236,928.95</b>	<b>0.00</b>	<b>2,228,776.98</b>

**Book Asset Detail 10/01/14 - 9/30/15**

Asset	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
<b>Group: Auto</b>											
264	MMS - Furniture	10/31/08	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
<b>Group: Auto</b>											
317	Lombard Ford	12/22/11	5,690.00	0.00	0.00	2,235.36	812.86	3,048.22	2,641.78	S/L	7.00
334	Lombard Ford - 2009 Ford pickup p	10/01/12	27,584.28	0.00	0.00	7,881.22	3,940.61	11,821.83	15,762.45	S/L	7.00
<b>Group: Computer Software</b>											
<b>Auto</b>											
			33,274.28	0.00c	0.00	10,116.58	4,753.47	14,870.05	18,404.23		
<b>Group: Computer Software</b>											
367	February '14 Additions	2/28/14	4,484.59	0.00	0.00	872.00	1,494.86	2,366.86	2,117.73	S/L	3.00
368	March '14 Additions	3/31/14	1.74	0.00	0.00	0.29	1.45	1.74	0.00	S/L	3.00
369	April '14 Additions	4/30/14	616.43	0.00	0.00	85.62	205.48	291.10	325.33	S/L	3.00
370	May '14 Additions	5/31/14	464.94	0.00	0.00	51.66	154.98	206.64	258.30	S/L	3.00
371	June '14 Additions	6/30/14	16.03	0.00	0.00	1.34	5.34	6.68	9.35	S/L	3.00
372	Ash Creek Enterprises	6/30/14	-48.78	0.00	0.00	-48.78	0.00	-48.78	0.00	S/L	3.00
373	July '14 Additions	7/31/14	40.07	0.00	0.00	2.23	13.36	15.59	24.48	S/L	3.00
381	Ryders Mgt - Ash Creek Ent 1	1/31/15	293.18	0.00c	0.00	0.00	65.15	65.15	228.03	S/L	3.00
382	Ryders Mgt - Ash Creek Ent 2	1/31/15	224.25	0.00c	0.00	0.00	49.83	49.83	174.42	S/L	3.00
383	Ryders Mgt - Ash Creek Ent 3	4/30/15	208.32	0.00c	0.00	0.00	28.93	28.93	179.39	S/L	3.00
<b>Group: Equip - HA</b>											
			6,300.77	0.00c	0.00	964.36	2,019.38	2,983.74	3,317.03		
<b>Group: Equip - HA</b>											
74	ENTERTAINMENT CENTER	6/15/93	3,066.70	0.00	0.00	3,066.70	0.00	3,066.70	0.00	200DB	7.00
75	DISHWASHER	12/19/94	2,544.00	0.00	0.00	2,544.00	0.00	2,544.00	0.00	200DB	7.00
76	ELECTROLUX VACUUM	1/18/99	551.15	0.00	0.00	551.15	0.00	551.15	0.00	200DB	7.00
189	2 compressors	11/30/03	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
<b>Group: Equip - ICF</b>											
<b>Equip - HA</b>											
			6,161.85	0.00c	0.00	6,161.85	0.00	6,161.85	0.00		
<b>Group: Equip - ICF</b>											
30	FAX MACHINE	2/15/92	689.00	0.00	0.00	689.00	0.00	689.00	0.00	200DB	7.00
32	FLOOR BUFFER	8/24/93	1,225.36	0.00	0.00	1,225.36	0.00	1,225.36	0.00	200DB	7.00
33	AMBULATION WALKER	12/15/93	325.00	0.00	0.00	325.00	0.00	325.00	0.00	200DB	7.00
34	WINDOW TREATMENTS	1/06/94	6,267.25	0.00	0.00	6,267.25	0.00	6,267.25	0.00	200DB	7.00
35	CARPET EXTRACTION	2/25/94	1,541.49	0.00	0.00	1,541.49	0.00	1,541.49	0.00	200DB	7.00
36	BED ALARM	12/31/94	561.80	0.00	0.00	561.80	0.00	561.80	0.00	200DB	7.00
37	HOSPITAL BEDS	2/28/95	1,757.94	0.00	0.00	1,757.94	0.00	1,757.94	0.00	200DB	7.00
38	RESIDENT FURNISHINGS	3/19/95	4,504.79	0.00	0.00	4,504.79	0.00	4,504.79	0.00	200DB	7.00
39	BED ALARM	6/30/95	482.30	0.00	0.00	482.30	0.00	482.30	0.00	200DB	7.00
40	BEDS	6/30/95	14,423.02	0.00	0.00	14,423.02	0.00	14,423.02	0.00	200DB	7.00
41	COMPUTER	9/11/95	1,876.63	0.00	0.00	1,876.63	0.00	1,876.63	0.00	200DB	7.00
42	LARGE SCREEN TV	9/26/95	3,317.69	0.00	0.00	3,317.69	0.00	3,317.69	0.00	200DB	7.00

Asset Id	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
<b>Equip - ICF</b>											
			36,972.27	0.00c	0.00	36,972.27	0.00	36,972.27	0.00		
<b>Group: Equip - Moveable</b>											
90	COMPUTER	10/05/95	2,101.83	0.00	0.00	2,101.83	0.00	2,101.83	0.00	200DB	5.00
91	GENECARE SOFTWARE	10/11/95	5,013.80	0.00	0.00	5,013.80	0.00	5,013.80	0.00	200DB	5.00
92	40 WOOD CHAIRS	1/19/96	10,263.53	0.00	0.00	10,263.53	0.00	10,263.53	0.00	200DB	7.00
93	DRAPES	1/27/96	3,654.99	0.00	0.00	3,654.99	0.00	3,654.99	0.00	200DB	7.00
94	SNOW THROWER	1/08/96	1,271.95	0.00	0.00	1,271.95	0.00	1,271.95	0.00	200DB	7.00
95	19 GLIDER CHAIRS	12/05/95	6,045.12	0.00	0.00	6,045.12	0.00	6,045.12	0.00	200DB	7.00
96	ICE MACHINE	4/18/96	1,985.72	0.00	0.00	1,985.72	0.00	1,985.72	0.00	200DB	7.00
97	COMPUTER/NETWORK	5/15/96	15,461.16	0.00	0.00	15,461.16	0.00	15,461.16	0.00	200DB	5.00
98	40 ARM CHAIRS	11/30/96	6,982.39	0.00	0.00	6,982.39	0.00	6,982.39	0.00	200DB	7.00
99	TRAY TRUCK	2/17/97	1,650.00	0.00	0.00	1,650.00	0.00	1,650.00	0.00	200DB	7.00
100	WANDER DETECTION DOOR S'	3/31/97	20,613.82	0.00	0.00	20,613.82	0.00	20,613.82	0.00	200DB	7.00
101	LASER JET	6/30/97	837.40	0.00	0.00	837.40	0.00	837.40	0.00	200DB	7.00
102	17 HEAD & FOOT BOARD	7/22/97	2,306.56	0.00	0.00	2,306.56	0.00	2,306.56	0.00	200DB	7.00
103	10 4 DRAWER DRESSERS	7/22/97	2,459.20	0.00	0.00	2,459.20	0.00	2,459.20	0.00	200DB	7.00
104	20 TABLES W/LOCKS	7/22/97	4,028.00	0.00	0.00	4,028.00	0.00	4,028.00	0.00	200DB	7.00
105	26 OVER BED TABLE TOPS	7/22/97	992.16	0.00	0.00	992.16	0.00	992.16	0.00	200DB	7.00
106	1 BED	7/22/97	959.83	0.00	0.00	959.83	0.00	959.83	0.00	200DB	7.00
107	1 MIRROR	7/22/97	58.88	0.00	0.00	58.88	0.00	58.88	0.00	200DB	7.00
108	1 DESK	7/22/97	285.93	0.00	0.00	285.93	0.00	285.93	0.00	200DB	7.00
109	3 DRAWER CABINET	7/22/97	204.06	0.00	0.00	204.06	0.00	204.06	0.00	200DB	7.00
110	10 4 DRAWER DRESSERS	8/31/97	2,459.20	0.00	0.00	2,459.20	0.00	2,459.20	0.00	200DB	7.00
111	20 BEDSTANDS	8/31/97	5,005.39	0.00	0.00	5,005.39	0.00	5,005.39	0.00	200DB	7.00
112	26 OVER BED TABLE TOPS	8/31/97	992.16	0.00	0.00	992.16	0.00	992.16	0.00	200DB	7.00
113	2 FREEZERS	9/30/97	1,462.69	0.00	0.00	1,462.69	0.00	1,462.69	0.00	200DB	7.00
114	CONFERENCE TABLE	9/19/97	738.00	0.00	0.00	738.00	0.00	738.00	0.00	200DB	7.00
115	CONFERENCE TABLE CHAIRS	9/19/97	2,268.82	0.00	0.00	2,268.82	0.00	2,268.82	0.00	200DB	7.00
116	FLOOR COVERING	11/30/97	1,202.04	0.00	0.00	1,202.04	0.00	1,202.04	0.00	200DB	15.00
117	BEDMATE KIT	3/05/98	548.09	0.00	0.00	548.09	0.00	548.09	0.00	200DB	7.00
118	ELECTROLUX VACUUM	4/28/98	665.36	0.00	0.00	665.36	0.00	665.36	0.00	200DB	5.00
119	COMP USA COMPUTER	5/31/98	1,229.57	0.00	0.00	1,229.57	0.00	1,229.57	0.00	200DB	5.00
120	NEW PHONES & EXT	5/31/98	1,168.14	0.00	0.00	1,168.14	0.00	1,168.14	0.00	200DB	7.00
121	GENERATOR	7/14/98	1,175.35	0.00	0.00	1,175.35	0.00	1,175.35	0.00	200DB	7.00
122	REPLACE DAMAGED PHONES	8/31/98	953.74	0.00	0.00	953.74	0.00	953.74	0.00	200DB	15.00
123	NEW PHONES	10/31/98	1,433.12	0.00	0.00	1,433.12	0.00	1,433.12	0.00	200DB	10.00
124	MED PART PORTABLE SCALE	10/31/98	1,694.50	0.00	0.00	1,694.50	0.00	1,694.50	0.00	200DB	15.00
125	MED PART PARALLEL BARS	12/31/98	1,783.25	0.00	0.00	1,783.25	0.00	1,783.25	0.00	200DB	15.00
126	VOLTAGE REGULATOR	2/28/99	1,299.53	0.00	0.00	1,299.53	0.00	1,299.53	0.00	200DB	15.00
127	REFRIGERATOR	5/10/99	2,329.35	0.00	0.00	2,329.35	0.00	2,329.35	0.00	200DB	10.00
128	SNET 10 STATION PHONE SYST	6/30/99	1,128.11	0.00	0.00	1,128.11	0.00	1,128.11	0.00	200DB	10.00
129	ALLADDIN TEMP RITE DIETAR	8/31/99	8,680.87	0.00	0.00	8,680.87	0.00	8,680.87	0.00	200DB	10.00
130	ENCLOSED TRAY TRUCK	9/29/99	1,303.35	0.00	0.00	1,303.35	0.00	1,303.35	0.00	200DB	10.00
131	MICRO AIR MATTRESS	11/30/99	2,114.70	0.00	0.00	2,114.70	0.00	2,114.70	0.00	200DB	7.00
132	2 ELECTRIC BEDS	12/29/99	2,126.76	0.00	0.00	2,126.76	0.00	2,126.76	0.00	200DB	7.00
133	KYE SOFTWARE	3/15/00	1,431.00	0.00	0.00	1,431.00	0.00	1,431.00	0.00	200DB	5.00



Asset #	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period	
<b>Group: Equip - Moveable (continued)</b>												
134	IBM FILE SERVER	4/06/00	7,149.70	0.00	0.00	7,149.70	0.00	7,149.70	0.00	200DB	5.00	
135	20 QT. COUNTER	4/30/00	1,902.70	0.00	0.00	1,902.70	0.00	1,902.70	0.00	200DB	5.00	
136	GATEWAY COMPUTER	8/14/00	1,537.00	0.00	0.00	1,537.00	0.00	1,537.00	0.00	200DB	5.00	
138	2 DELL COMPUTERS	10/31/00	2,804.78	0.00	0.00	2,804.78	0.00	2,804.78	0.00	200DB	5.00	
139	6 INVACARE MATTRESSES	10/31/00	1,781.76	0.00	0.00	1,781.76	0.00	1,781.76	0.00	200DB	7.00	
140	6 INVACARE ELECTRIC BEDS	10/31/00	5,192.06	0.00	0.00	5,192.06	0.00	5,192.06	0.00	200DB	7.00	
141	ARJO INC. MEDICAL EQUIP	12/31/00	2,927.76	0.00	0.00	2,927.76	0.00	2,927.76	0.00	200DB	7.00	
142	DIRECTEC FILE SYSTEM	12/31/00	11,476.92	0.00	0.00	11,476.92	0.00	11,476.92	0.00	200DB	5.00	
143	DIRECTEC SOFTWARE	1/31/01	2,645.00	0.00	0.00	2,645.00	0.00	2,645.00	0.00	200DB	5.00	
144	BERNIE'S 14 T	2/19/01	3,709.55	0.00	0.00	3,709.55	0.00	3,709.55	0.00	200DB	7.00	
145	FOOD TRUCK	3/31/01	1,368.70	0.00	0.00	1,368.70	0.00	1,368.70	0.00	200DB	7.00	
146	PHONE CABLE	3/31/01	1,844.40	0.00	0.00	1,844.40	0.00	1,844.40	0.00	200DB	7.00	
148	DIRECTEC COMPUTER	4/30/01	2,001.28	0.00	0.00	2,001.28	0.00	2,001.28	0.00	200DB	5.00	
149	RAND MATERIAL HANDLER	6/13/01	1,818.96	0.00	0.00	1,818.96	0.00	1,818.96	0.00	200DB	5.00	
150	DRAPES	9/30/01	34,443.77	0.00	0.00	34,443.77	0.00	34,443.77	0.00	200DB	7.00	
151	INVACARE ELECTRIC BEDS	9/30/01	6,977.09	0.00	0.00	6,977.09	0.00	6,977.09	0.00	200DB	7.00	
152	STOVE & REFRIG.	9/30/01	1,167.70	0.00	0.00	1,167.70	0.00	1,167.70	0.00	200DB	7.00	
153	DRESSERS AND NIGHT STAND:	9/30/01	20,575.33	0.00	0.00	20,575.33	0.00	20,575.33	0.00	200DB	7.00	
154	LOVE SEATS	9/30/01	2,130.59	0.00	0.00	2,130.59	0.00	2,130.59	0.00	200DB	7.00	
155	3 DOOR FREEZER	12/31/01	4,227.23	0.00	0.00	3,793.64	192.71	3,986.35	240.88	200DB	15.00	
170	TRANE 10 SEER CONDENSER	8/31/02	2,490.00	0.00	0.00	2,490.00	0.00	2,490.00	0.00	200DB	7.00	
178	Phone Country	1/31/03	4,604.92	0.00	0.00	4,604.92	0.00	4,604.92	0.00	200DB	5.00	
179	Raintec Roam pak	6/30/03	1,633.00	0.00	0.00	1,633.00	0.00	1,633.00	0.00	S/L	5.00	
180	Network Hardware	8/30/03	1,077.48	0.00	0.00	1,077.48	0.00	1,077.48	0.00	S/L	5.00	
181	Nurse call system	9/30/03	666.41	0.00	0.00	666.41	0.00	666.41	0.00	S/L	5.00	
190	2 compressors	11/30/03	3,463.02	0.00	0.00	3,463.02	0.00	3,463.02	0.00	S/L	5.00	
191	POWER LIFTER	9/21/04	3,368.00	0.00	0.00	3,368.00	0.00	3,368.00	0.00	S/L	5.00	
192	GENERATOR COMPONENT	9/30/04	5,475.96	0.00	0.00	5,475.96	0.00	5,475.96	0.00	S/L	5.00	
203	ikon - new fax machine	12/31/04	2,171.94	0.00	0.00	2,171.94	0.00	2,171.94	0.00	S/L	5.00	
204	S&U Taxes	12/31/04	202.00	0.00	0.00	202.00	0.00	202.00	0.00	S/L	5.00	
216	Digital Chair Scale	3/31/06	1,118.75	0.00	0.00	1,118.75	0.00	1,118.75	0.00	S/L	7.00	
217	Dell Computer	3/31/06	2,319.74	0.00	0.00	2,319.74	0.00	2,319.74	0.00	S/L	7.00	
218	Dangud Plumbing	6/15/06	3,509.01	0.00	0.00	3,509.01	0.00	3,509.01	0.00	S/L	7.00	
219	Midwest Medical Supply	9/14/06	1,798.09	0.00	0.00	1,798.09	0.00	1,798.09	0.00	S/L	7.00	
228	Direct Supply - Ice Machines	10/26/06	2,424.15	0.00	0.00	2,424.15	0.00	2,424.15	0.00	S/L	5.00	
229	Midwest Medical - 14 beds and rail:	12/31/06	15,072.00	0.00	0.00	15,072.00	0.00	15,072.00	0.00	S/L	5.00	
230	Lift	3/30/07	7,103.60	0.00	0.00	7,103.60	0.00	7,103.60	0.00	S/L	5.00	
231	Biometric Kisok care tracker system	4/03/07	23,757.00	0.00	0.00	23,757.00	0.00	23,757.00	0.00	S/L	5.00	
241	Direct Supply - Heavy duty slicer	10/30/07	1,936.33	0.00	0.00	1,936.33	23.04	1,936.33	0.00	S/L	7.00	
242	MMS - beds & rails	11/30/07	15,711.53	0.00	0.00	15,337.42	374.11	15,711.53	0.00	S/L	7.00	
243	Sales & Use	12/31/07	116.00	0.00	0.00	111.85	4.15	116.00	0.00	S/L	7.00	
244	Resource Systems - Staff Messaging	1/31/08	2,131.37	0.00	0.00	2,029.87	101.50	2,131.37	0.00	S/L	7.00	
245	Alarm Systems - security main entr:	3/31/08	3,629.44	0.00	0.00	3,370.19	259.25	3,629.44	0.00	S/L	7.00	
246	MMS - head and foot boards	4/30/08	8,513.92	0.00	0.00	7,804.40	709.52	8,513.92	0.00	S/L	7.00	
247	Alarm System - door security	5/27/08	4,220.92	0.00	0.00	3,818.94	401.98	4,220.92	0.00	S/L	7.00	
248	MMS - beds and rails	9/23/08	5,248.97	0.00	0.00	4,499.10	749.87	5,248.97	0.00	S/L	7.00	
265	MMS - Furniture	10/31/08	21,573.12	0.00	0.00	18,234.40	3,081.87	21,573.12	256.85	S/L	7.00	
266	Direct Supply	8/21/09	1,265.03	0.00	0.00	918.66	180.72	1,099.38	165.65	S/L	7.00	
267	MMS - Bed Risers	8/31/09	2,314.56	0.00	0.00	1,680.80	330.65	2,011.45	303.11	S/L	7.00	

Asset Id	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period	
<b>Group: Equip - Moveable (continued)</b>												
268	Nu-Step	8/31/09	3,742.00	0.00	0.00	2,717.40	534.57	3,251.97	490.03	S/L	7.00	
269	Direct Supply - Chair Lift	9/30/09	2,318.05	0.00	0.00	1,655.75	331.15	1,986.90	331.15	S/L	7.00	
270	WIP Reclass - MISC.	9/30/09	11,841.26	0.00	0.00	8,458.05	1,691.61	10,149.66	1,691.60	S/L	7.00	
298	Direct Supply - Recliners	10/31/09	2,744.51	0.00	0.00	2,698.76	45.75	2,744.51	0.00	S/L	5.00	
299	Direct Supply - Tables	11/30/09	1,265.11	0.00	0.00	1,222.93	42.18	1,265.11	0.00	S/L	5.00	
300	Medline Industries	2/28/10	7,583.28	0.00	0.00	6,951.36	631.92	7,583.28	0.00	S/L	5.00	
301	June Additions	6/30/10	28,920.90	0.00	0.00	24,582.77	4,338.13	28,920.90	0.00	S/L	5.00	
331	NuStep, Inc	8/09/12	3,719.00	0.00	0.00	1,611.57	743.80	2,355.37	1,363.63	S/L	5.00	
332	National Business Furniture, LLC	9/28/12	2,924.00	0.00	0.00	1,169.60	584.80	1,754.40	1,169.60	S/L	5.00	
342	Mapletree Cabinets	11/30/12	4,150.00	0.00	0.00	1,521.67	830.00	2,351.67	1,798.33	S/L	5.00	
343	Direct Supply - vertical file cabinets	12/31/12	2,559.11	0.00	0.00	895.69	511.82	1,407.51	1,151.60	S/L	5.00	
379	Tablet Based Ultrasound System	5/08/15	5,264.33	0.00c	0.00	0.00	219.35	219.35	5,044.98	S/L	10.00	
380	Heat Pump System Labor & Materi:	6/30/15	7,900.00	0.00c	0.00	0.00	197.50	197.50	7,702.50	S/L	10.00	
			<b>483,899.51</b>	<b>0.00c</b>	<b>0.00</b>	<b>445,077.65</b>	<b>17,111.95</b>	<b>462,189.60</b>	<b>21,709.91</b>			

**Group: Improvement - HA**

<b>Equip - Moveable</b>												
9	FENCE	8/13/87	1,046.87	0.00	0.00	900.76	33.23	933.99	112.88	S/L	31.50	
10	LANDSCAPING	5/09/87	1,250.00	0.00	0.00	1,086.16	39.68	1,125.84	124.16	S/L	31.50	
11	IMPROVEMENTS	5/09/87	993.56	0.00	0.00	863.48	31.54	895.02	98.54	S/L	31.50	
12	LABRIOLA ALUMIMUM SIDING	8/17/98	23,290.00	0.00	0.00	10,205.16	597.18	10,802.34	12,487.66	S/L	39.00	
13	SEAMLESS GUTTERS	9/29/99	502.44	0.00	0.00	193.56	12.88	206.44	296.00	S/L	39.00	
14	NEW ROOF	9/30/00	34,214.20	0.00	0.00	12,345.48	877.29	13,222.77	20,991.43	S/L	39.00	
284	Deep River Hardware	5/31/10	426.50	0.00	0.00	184.82	42.65	227.47	199.03	S/L	10.00	
285	June Additions	6/23/10	27,867.46	0.00	0.00	11,843.69	2,786.75	14,630.44	13,237.02	S/L	10.00	
286	July Additions	7/26/10	9,548.81	0.00	0.00	3,978.67	954.88	4,933.55	4,615.26	S/L	10.00	
287	August Additions	8/21/10	3,313.97	0.00	0.00	1,353.22	331.40	1,684.62	1,629.35	S/L	10.00	
288	September Additions	9/30/10	34,624.09	0.00	0.00	13,849.64	3,462.41	17,312.05	17,312.04	S/L	10.00	
289	WIP RECLASS	9/30/10	3,030.22	0.00	0.00	1,212.08	303.02	1,515.10	1,515.12	S/L	10.00	
311	October	10/31/10	15,335.00	0.00	0.00	6,006.21	1,533.50	7,539.71	7,795.29	S/L	10.00	
312	November	11/30/10	10,378.00	0.00	0.00	3,978.23	1,037.80	5,016.03	5,361.97	S/L	10.00	
313	December	12/31/10	8,200.00	0.00	0.00	3,075.00	820.00	3,895.00	4,305.00	S/L	10.00	
314	February	2/28/11	10,865.85	0.00	0.00	3,893.61	1,086.59	4,980.20	5,885.65	S/L	10.00	
315	September	9/30/11	40.01	0.00	0.00	12.00	4.00	16.00	24.01	S/L	10.00	
330	Tri-State Class LLC	10/26/11	29.63	0.00	0.00	8.64	2.96	11.60	18.03	S/L	10.00	
			<b>184,956.61</b>	<b>0.00c</b>	<b>0.00</b>	<b>74,990.41</b>	<b>13,957.76</b>	<b>88,948.17</b>	<b>96,008.44</b>			

**Group: Improvements - SNF**

<b>Improvement - HA</b>												
77	FLOORS & LIGHTING	10/18/95	69,876.46	0.00	0.00	34,148.40	1,791.70	35,940.10	33,936.36	S/L	39.00	
78	CUSTOM NURSE STATION	2/09/96	22,950.06	0.00	0.00	10,959.52	588.46	11,547.98	11,402.08	S/L	39.00	
79	ROOF REPAIR	5/02/96	5,530.00	0.00	0.00	2,658.48	141.79	2,800.27	2,729.73	S/L	39.00	
80	HARRIGAN FLOORING	7/29/97	14,799.51	0.00	0.00	14,799.51	0.00	14,799.51	0.00	150DB	15.00	
81	BRICK COLUMNS	7/31/97	3,000.00	0.00	0.00	1,346.04	76.92	1,422.96	1,577.04	S/L	39.00	
82	CARPETING	6/30/98	4,507.54	0.00	0.00	2,018.96	115.58	2,134.54	2,373.00	S/L	39.00	
83	THRESHOLDS	8/24/98	958.00	0.00	0.00	429.72	24.56	454.28	503.72	S/L	39.00	
84	DISTEFANO - PIPING	9/29/99	551.20	0.00	0.00	541.00	10.20	551.20	0.00	S/L	15.00	
85	ROOF REPAIR	9/30/98	4,810.00	0.00	0.00	2,152.96	123.33	2,276.29	2,533.71	S/L	39.00	

Book Asset Detail 10/01/14 - 9/30/15

FYE: 9/30/2015

Asset Id	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
<b>Group: Improvements - SNF (continued)</b>											
86	80 WATER HEATER	9/29/99	740.94	0.00	0.00	740.94	0.00	740.94	0.00	S/L	15.00
87	DOOR HARDWARE	9/30/01	3,639.00	0.00	0.00	3,316.03	161.49	3,477.52	161.48	200DB	15.00
88	RAINTech SPEAKERS	2/28/01	1,346.20	0.00	0.00	1,269.69	54.01	1,323.70	22.50	200DB	15.00
89	DOOR HARDWARE	2/28/02	2,756.00	0.00	0.00	2,451.80	125.88	2,577.68	178.32	200DB	15.00
176	Electric Plumbing Work	9/30/03	45,835.22	0.00	0.00	33,612.48	3,055.68	36,668.16	9,167.06	S/L	15.00
177	GC Settlement	9/30/03	40,984.70	0.00	0.00	30,055.41	2,732.31	32,787.72	8,196.98	S/L	15.00
183	Plumbing - 2nd well	5/28/04	4,223.74	0.00	0.00	2,909.66	281.58	3,191.24	1,032.50	S/L	15.00
184	plumbing - 2nd well completion	7/31/04	1,939.80	0.00	0.00	1,314.75	129.32	1,444.07	495.73	S/L	15.00
185	Asphalt shingle roof	7/31/04	8,500.00	0.00	0.00	5,761.14	566.67	6,327.81	2,172.19	S/L	15.00
186	plank flooring	9/20/04	1,193.87	0.00	0.00	795.90	79.59	875.49	318.38	S/L	15.00
187	plank flooring	9/30/04	2,387.75	0.00	0.00	1,591.80	159.18	1,750.98	636.77	S/L	15.00
188	Wallpaper	9/30/04	2,187.92	0.00	0.00	1,458.60	145.86	1,604.46	583.46	S/L	15.00
193	Asphalt	6/20/04	5,250.00	0.00	0.00	5,250.00	0.00	5,250.00	0.00	S/L	10.00
194	Painting	11/14/03	1,590.00	0.00	0.00	1,590.00	0.00	1,590.00	0.00	S/L	10.00
196	new sewer line - repair water heater	1/30/05	5,182.35	0.00	0.00	5,009.65	172.70	5,182.35	0.00	S/L	10.00
197	newnew construction	2/28/05	1,315.50	0.00	0.00	1,260.69	54.81	1,315.50	0.00	S/L	10.00
198	deposit on septic system	4/25/05	4,000.00	0.00	0.00	3,766.67	233.33	4,000.00	0.00	S/L	10.00
199	New carpet Admin Office	4/30/05	1,547.91	0.00	0.00	1,457.61	90.30	1,547.91	0.00	S/L	10.00
200	Interior Design Fee for res. Rooms	8/10/05	5,000.00	0.00	0.00	4,583.33	416.67	5,000.00	0.00	S/L	10.00
201	New Sewer Line	8/29/05	2,986.38	0.00	0.00	2,712.65	273.73	2,986.38	0.00	S/L	10.00
202	Lumber, supplies for new floor	9/30/05	2,197.04	0.00	0.00	1,977.30	219.74	2,197.04	0.00	S/L	10.00
205	Tomaszek & Sons Plumbing	3/31/06	4,871.02	0.00	0.00	4,140.35	487.10	4,627.45	243.57	S/L	10.00
206	A-L Consulting	4/05/06	4,500.00	0.00	0.00	3,825.00	450.00	4,275.00	225.00	S/L	10.00
207	Tony "2 Coats" Painting	6/30/06	1,370.00	0.00	0.00	1,130.25	137.00	1,267.25	102.75	S/L	10.00
208	Tony "2 Coats" Painting	6/30/06	2,900.00	0.00	0.00	2,392.50	290.00	2,682.50	217.50	S/L	10.00
209	Antonio's Carpet	8/08/06	8,000.00	0.00	0.00	6,533.33	800.00	7,333.33	666.67	S/L	10.00
210	A-L Consulting	8/22/06	8,260.00	0.00	0.00	6,676.83	826.00	7,502.83	757.17	S/L	10.00
211	Dashu, Ernie	8/22/06	1,720.00	0.00	0.00	1,390.33	172.00	1,562.33	157.67	S/L	10.00
212	Tony "2 Coats" Painting	9/30/06	175.00	0.00	0.00	140.00	17.50	157.50	17.50	S/L	10.00
213	Antonio's Carpet	9/30/06	13,605.70	0.00	0.00	10,884.56	1,360.57	12,245.13	1,360.57	S/L	10.00
214	Mary Gary	9/30/06	3,000.00	0.00	0.00	2,400.00	300.00	2,700.00	300.00	S/L	10.00
221	A-L - Septic System repair	10/31/06	1,500.00	0.00	0.00	304.48	38.46	342.94	1,157.06	S/L	39.00
222	Elliptical manway on tank	4/12/07	3,500.00	0.00	0.00	673.05	89.74	762.79	2,737.21	S/L	39.00
223	Three sprinkler replacement	4/30/07	16,594.87	0.00	0.00	3,155.87	425.51	3,581.38	13,013.49	S/L	39.00
224	3 Hydropneumatic tanks	5/17/07	5,249.54	0.00	0.00	987.07	134.60	1,121.67	4,127.87	S/L	39.00
225	Raintech - Delay door opener	6/30/07	2,226.00	0.00	0.00	413.83	57.08	470.91	1,755.09	S/L	39.00
226	Builders Hardware - Doors	7/31/07	2,490.00	0.00	0.00	457.59	63.85	521.44	1,968.56	S/L	39.00
227	Antonio's carpet - VCT	9/24/07	1,733.25	0.00	0.00	311.08	44.44	355.52	1,377.73	S/L	39.00
233	Matt Boggio - Labor	12/31/07	4,536.00	0.00	0.00	3,061.80	453.60	3,515.40	1,020.60	S/L	10.00
234	A-L Consulting Design Report	12/21/07	5,159.00	0.00	0.00	3,482.32	515.90	3,998.22	1,160.78	S/L	10.00
235	D&D Painting Service	12/31/07	4,410.60	0.00	0.00	2,977.16	441.06	3,418.22	992.38	S/L	10.00
236	Antonios Carpet	12/31/07	2,510.50	0.00	0.00	1,694.59	251.05	1,945.64	564.86	S/L	10.00
237	Gerald Kruszewski	3/26/08	4,313.20	0.00	0.00	2,803.58	431.32	3,234.90	1,078.30	S/L	10.00
238	Perri Mechanical - storage tanks	5/22/08	19,769.00	0.00	0.00	12,520.37	1,976.90	14,497.27	5,271.73	S/L	10.00
239	Sullivan - parking lot and driveway	7/30/08	31,165.90	0.00	0.00	4,927.97	799.13	5,727.10	25,438.80	S/L	39.00
240	Sullivan - street printing for parking	9/30/08	2,453.90	0.00	0.00	1,472.34	245.39	1,717.73	736.17	S/L	10.00
252	Raintech - Main Control/Nuse Mast	10/31/08	6,286.86	0.00	0.00	3,719.75	628.69	4,348.44	1,938.42	S/L	10.00
254	Harevey Building Products	5/19/09	23,290.71	0.00	0.00	12,421.71	2,329.07	14,750.78	8,539.93	S/L	10.00
255	BHR Construction Labor	5/19/09	40,000.00	0.00	0.00	21,333.33	4,000.00	25,333.33	14,666.67	S/L	10.00

Asset #	d	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
<b>Group: Improvements - SNF (continued)</b>												
256		Home Depot Lumber	5/31/09	1,564.03	0.00	0.00	834.13	156.40	990.53	573.50	S/L	10.00
257		BHR Construction Labor	6/25/09	1,162.66	0.00	0.00	610.42	116.27	726.69	435.97	S/L	10.00
258		Home Depot - Lumber	6/30/09	1,109.74	0.00	0.00	582.59	110.97	693.56	416.18	S/L	10.00
259		Perri Mechanical	8/21/09	2,572.62	0.00	0.00	1,307.74	257.26	1,565.00	1,007.62	S/L	10.00
260		Perri Mechanical	8/21/09	3,756.64	0.00	0.00	1,909.61	375.66	2,285.27	1,471.37	S/L	10.00
261		Perri Mechanical	8/21/09	3,051.74	0.00	0.00	1,551.28	305.17	1,856.45	1,195.29	S/L	10.00
262		Bel-Aire	9/30/09	2,266.84	0.00	0.00	1,133.40	226.68	1,360.08	906.76	S/L	10.00
263		WIP Reclass	9/30/09	100,182.00	0.00	0.00	50,091.00	10,018.20	60,109.20	40,072.80	S/L	10.00
290		Bowman Signs	10/21/09	3,000.00	0.00	0.00	1,475.00	300.00	1,775.00	1,225.00	S/L	10.00
291		Allied Satellite	11/30/09	9,540.00	0.00	0.00	4,611.00	954.00	5,565.00	3,975.00	S/L	10.00
292		Bowman Signs	12/21/09	731.20	0.00	0.00	347.32	73.12	420.44	310.76	S/L	10.00
293		January Additions	1/31/10	12,747.66	0.00	0.00	5,948.92	1,274.77	7,223.69	5,523.97	S/L	10.00
294		March Additions	3/23/10	6,836.04	0.00	0.00	3,076.20	683.60	3,759.80	3,076.24	S/L	10.00
295		April Additions	4/29/10	5,974.46	0.00	0.00	2,638.74	597.45	3,236.19	2,738.27	S/L	10.00
296		May Additions	5/28/10	18,202.30	0.00	0.00	7,887.66	1,820.23	9,707.89	8,494.41	S/L	10.00
297		June Additions	6/30/10	4,528.40	0.00	0.00	1,924.57	452.84	2,377.41	2,150.99	S/L	10.00
306		October	10/01/10	2,158.80	0.00	0.00	863.52	215.88	1,079.40	1,079.40	S/L	10.00
307		March	3/31/11	4,561.50	0.00	0.00	1,596.53	456.15	2,052.68	2,508.82	S/L	10.00
308		April	4/30/11	273.69	0.00	0.00	93.51	27.37	120.88	152.81	S/L	10.00
309		June	6/30/11	1,908.00	0.00	0.00	620.10	190.80	810.90	1,097.10	S/L	10.00
310		August	8/24/11	4,610.00	0.00	0.00	1,421.42	461.00	1,882.42	2,727.58	S/L	10.00
318		Garrison Construction, Inc	11/22/11	11,847.00	0.00	0.00	3,356.65	1,184.70	4,541.35	7,305.65	S/L	10.00
319		RBJ	10/19/11	2,420.00	0.00	0.00	705.83	242.00	947.83	1,472.17	S/L	10.00
320		Garrison Construction	3/31/12	3,684.00	0.00	0.00	921.00	368.40	1,289.40	2,394.60	S/L	10.00
321		Spectrum Floors	4/30/12	1,025.00	0.00	0.00	247.71	102.50	350.21	674.79	S/L	10.00
322		ACI	5/31/12	3,243.68	0.00	0.00	756.86	324.37	1,081.23	2,162.45	S/L	10.00
323		Schroeder, John	5/31/12	450.00	0.00	0.00	105.00	45.00	150.00	300.00	S/L	10.00
324		RJB Home Improvement	9/17/12	13,735.00	0.00	0.00	2,747.00	1,373.50	4,120.50	9,614.50	S/L	10.00
325		Garrison Construction, Inc.	9/26/12	30,552.00	0.00	0.00	6,110.40	3,055.20	9,165.60	21,386.40	S/L	10.00
326		D & D Painting Services	9/19/12	3,789.22	0.00	0.00	757.84	378.92	1,136.76	2,652.46	S/L	10.00
327		Spectrum Floors Inc.	9/17/12	2,137.64	0.00	0.00	427.52	213.76	641.28	1,496.36	S/L	10.00
328		A-L Consulting, LLC	8/15/12	2,430.00	0.00	0.00	526.50	243.00	769.50	1,660.50	S/L	10.00
329		CLA Engineers, Inc.	8/01/12	200.00	0.00	0.00	43.33	20.00	63.33	136.67	S/L	10.00
335		October Additions	10/31/12	971.25	0.00	0.00	186.16	97.13	283.29	687.96	S/L	10.00
336		December additions	12/31/12	5,354.17	0.00	0.00	936.98	535.42	1,472.40	3,881.77	S/L	10.00
337		April additions	4/30/13	462.00	0.00	0.00	65.45	46.20	111.65	350.35	S/L	10.00
338		May additions	5/31/13	23,413.55	0.00	0.00	3,121.81	2,341.36	5,463.17	17,950.38	S/L	10.00
339		June additions	6/30/13	7,973.25	0.00	0.00	996.66	797.33	1,793.99	6,179.26	S/L	10.00
340		August additions	8/31/13	20,964.20	0.00	0.00	2,271.12	2,096.42	4,367.54	16,596.66	S/L	10.00
341		September additions	9/30/13	12,461.85	0.00	0.00	1,246.19	1,246.19	2,492.38	9,969.47	S/L	10.00
346		July additions	7/31/13	44,165.15	0.00	0.00	5,152.61	4,416.52	9,569.13	34,596.02	S/L	10.00
347		October '13 Additions	10/31/13	7,648.16	0.00	0.00	701.08	764.82	1,465.90	6,182.26	S/L	10.00
348		November '13 Additions	11/30/13	7,725.26	0.00	0.00	643.77	772.53	1,416.30	6,308.96	S/L	10.00
349		December '13 Additions	12/31/13	15,675.00	0.00	0.00	1,175.63	1,567.50	2,743.13	12,931.87	S/L	10.00
350		January '14 Additions	1/31/14	11,651.11	0.00	0.00	776.74	1,165.11	1,941.85	9,709.26	S/L	10.00
351		February '14 Additions	2/28/14	30,256.41	0.00	0.00	1,764.96	3,025.64	4,790.60	25,465.81	S/L	10.00
352		March '14 Additions	3/31/14	5,954.74	0.00	0.00	297.74	595.47	893.21	5,061.53	S/L	10.00
353		April '14 Additions	4/30/14	5,279.23	0.00	0.00	219.97	527.92	747.89	4,531.34	S/L	10.00
354		May '14 Additions	5/31/14	5,391.80	0.00	0.00	179.73	539.18	718.91	4,672.89	S/L	10.00

**Book Asset Detail 10/01/14 - 9/30/15**

FYE: 9/30/2015

Asset #	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
<b>Group: Improvements - SNF (continued)</b>											
355	June '14 Additions	6/30/14	315.00	0.00	0.00	7.88	31.50	39.38	275.62	S/L	10.00
356	July '14 Additions	7/31/14	3,952.47	0.00	0.00	65.87	395.25	461.12	3,491.35	S/L	10.00
357	August '14 Additions	8/31/14	4,194.44	0.00	0.00	34.95	419.44	454.39	3,740.05	S/L	10.00
358	Galia, Greg W/E 8/8/14	8/08/14	-240.00	0.00	0.00	-240.00	0.00	-240.00	0.00	S/L	10.00
359	September '14 Additions	9/30/14	2,976.90	0.00	0.00	0.00	297.69	297.69	2,679.21	S/L	10.00
374	Capitalize Completed Projects as of 10/01/14	10/01/14	310,068.13	0.00c	0.00	0.00	31,006.81	31,006.81	279,061.32	S/L	10.00
375	Alarms Systems - Connect Sprinkle	12/05/14	3,549.77	0.00c	0.00	0.00	295.81	295.81	3,253.96	S/L	10.00
376	Antonios Carpet Installation	5/27/15	9,315.19	0.00c	0.00	0.00	310.51	310.51	9,004.68	S/L	10.00
377	Install Compressor A/C Unit	7/27/15	2,756.59	0.00c	0.00	0.00	45.94	45.94	2,710.65	S/L	10.00
378	Bathroom Remodel	8/14/15	4,515.31	0.00c	0.00	0.00	75.26	75.26	4,440.05	S/L	10.00
<b>Improvements - SNF</b>			<b>1,310,380.93</b>	<b>0.00c</b>	<b>0.00</b>	<b>425,007.33</b>	<b>109,629.47</b>	<b>534,636.80</b>	<b>775,744.13</b>		
<b>Group: Land Improvements</b>											
2	Seal Coat	7/31/91	21,281.00	0.00	0.00	15,679.67	675.59	16,355.26	4,925.74	S/L	31.50
3	WELL UPGRADES	12/27/94	33,739.12	0.00	0.00	33,739.12	0.00	33,739.12	0.00	150DB	15.00
4	DRILL WELL	11/30/90	2,505.00	0.00	0.00	1,899.24	79.52	1,978.76	526.24	S/L	31.50
5	WELL COSTS - OIL SPILLS	6/30/95	26,121.40	0.00	0.00	26,121.40	0.00	26,121.40	0.00	150DB	15.00
6	EXCAVATION	7/31/97	8,500.00	0.00	0.00	8,500.00	0.00	8,500.00	0.00	150DB	15.00
7	PAVING	9/03/97	4,618.00	0.00	0.00	4,618.00	0.00	4,618.00	0.00	150DB	15.00
8	LANDSCAPING	10/31/97	28,693.14	0.00	0.00	28,693.14	0.00	28,693.14	0.00	150DB	15.00
<b>Land Improvements</b>			<b>125,457.66</b>	<b>0.00c</b>	<b>0.00</b>	<b>119,250.57</b>	<b>755.11</b>	<b>120,005.68</b>	<b>5,451.98</b>		
<b>Group: LHI - ICF</b>											
15	FENCE	8/13/87	700.00	0.00	0.00	602.64	22.22	624.86	75.14	S/L	31.50
16	SEPTIC TANK	9/30/87	25,014.40	0.00	0.00	22,462.32	794.11	23,256.43	1,757.97	S/L	31.50
17	SEWER	9/30/88	1,200.00	0.00	0.00	992.20	38.10	1,030.30	169.70	S/L	31.50
18	ROOF	6/18/90	8,420.00	0.00	0.00	6,493.60	267.30	6,760.90	1,659.10	S/L	31.50
19	CARPETING/WALL PAPER	4/15/91	33,448.50	0.00	0.00	24,918.32	1,061.86	25,980.18	7,468.32	S/L	31.50
20	CARPETING	10/25/90	840.00	0.00	0.00	639.04	26.67	665.71	174.29	S/L	31.50
<b>LHI - ICF</b>			<b>69,622.90</b>	<b>0.00c</b>	<b>0.00</b>	<b>56,108.12</b>	<b>2,210.26</b>	<b>58,318.38</b>	<b>11,304.52</b>		
<b>Group: Non moveable - HA</b>											
63	ALARM SYSTEM	8/07/91	3,327.48	0.00	0.00	3,327.48	0.00	3,327.48	0.00	200DB	7.00
64	5 WARDROBE CABINETS	4/30/99	1,553.96	0.00	0.00	1,553.96	0.00	1,553.96	0.00	200DB	7.00
65	WATER HEATER	11/30/99	1,991.74	0.00	0.00	1,991.74	0.00	1,991.74	0.00	200DB	7.00
220	50 Gallon Water Heater	10/01/05	2,049.29	0.00	0.00	1,844.37	204.92	2,049.29	0.00	S/L	10.00
<b>Non moveable - HA</b>			<b>8,922.47</b>	<b>0.00c</b>	<b>0.00</b>	<b>8,717.55</b>	<b>204.92</b>	<b>8,922.47</b>	<b>0.00</b>		
<b>Group: Nonmoveable - ICF</b>											
45	TELEPHONE SYSTEM	6/15/89	17,206.56	0.00	0.00	17,206.56	0.00	17,206.56	0.00	200DB	7.00
46	SIGN	3/01/90	808.92	0.00	0.00	808.92	0.00	808.92	0.00	200DB	7.00
47	NURSE CALL SYSTEM	4/03/90	1,625.94	0.00	0.00	1,625.94	0.00	1,625.94	0.00	200DB	7.00

Asset Id	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
<b>Group: Nonmoveable - ICF (continued)</b>											
48	WATER HEATER	5/29/90	1,900.00	0.00	0.00	1,900.00	0.00	1,900.00	0.00	200DB	7.00
49	ELEVATOR VALVE CONVERSIK	2/16/91	4,621.04	0.00	0.00	4,621.04	0.00	4,621.04	0.00	200DB	7.00
50	PIT REPAIRS	1/22/91	4,158.58	0.00	0.00	4,158.58	0.00	4,158.58	0.00	200DB	7.00
51	WANDER SECURITY SYSTEM	11/15/91	4,933.32	0.00	0.00	4,933.32	0.00	4,933.32	0.00	200DB	7.00
52	CARPETING	5/15/92	2,925.00	0.00	0.00	2,925.00	0.00	2,925.00	0.00	200DB	7.00
53	CUBICLE CURTAINS	6/15/93	2,164.10	0.00	0.00	2,164.10	0.00	2,164.10	0.00	200DB	7.00
54	ALARM SYSTEM	6/15/93	3,541.46	0.00	0.00	3,541.46	0.00	3,541.46	0.00	200DB	7.00
55	DISHWASHER	8/15/93	3,047.50	0.00	0.00	3,047.50	0.00	3,047.50	0.00	200DB	7.00
56	SPRINKLER TANK AIR COMPRI	2/08/94	4,510.59	0.00	0.00	4,510.59	0.00	4,510.59	0.00	200DB	7.00
182	Southern New England	9/30/03	2,089.26	0.00	0.00	2,089.26	0.00	2,089.26	0.00	S/L	5.00
<b>Nonmoveable - ICF</b>			<b>53,532.27</b>	<b>0.00c</b>	<b>0.00</b>	<b>53,532.27</b>	<b>0.00</b>	<b>53,532.27</b>	<b>0.00</b>		

Asset Id	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
<b>Group: Nonmoveable - SNF</b>											
156	TIME CLOCK	11/20/95	6,602.04	0.00	0.00	6,602.04	0.00	6,602.04	0.00	200DB	7.00
157	WASHER/SANITIZER	6/24/97	6,216.27	0.00	0.00	6,216.27	0.00	6,216.27	0.00	200DB	7.00
158	BUILD IN LAMPS	8/20/97	3,275.82	0.00	0.00	3,275.82	0.00	3,275.82	0.00	200DB	7.00
159	MDS SOFTWARE	6/17/98	5,194.00	0.00	0.00	5,194.00	0.00	5,194.00	0.00	200DB	5.00
160	SMOKE DETECTORS	8/24/98	1,627.10	0.00	0.00	1,627.10	0.00	1,627.10	0.00	200DB	5.00
161	SPRINKLER SYSTEM	9/30/98	8,194.00	0.00	0.00	8,194.00	0.00	8,194.00	0.00	200DB	7.00
162	TELEPHONE SYSTEM	4/13/99	24,500.00	0.00	0.00	24,500.00	0.00	24,500.00	0.00	200DB	10.00
163	GRECIA LADY	2/29/00	750.00	0.00	0.00	750.00	0.00	750.00	0.00	200DB	10.00
164	2 OVEN RANGES	5/31/00	3,630.50	0.00	0.00	3,630.50	0.00	3,630.50	0.00	200DB	7.00
165	GRECIA LADY	9/30/00	797.60	0.00	0.00	797.60	0.00	797.60	0.00	200DB	7.00
166	WANDER DETECTION SYSTEM	2/28/01	2,745.40	0.00	0.00	2,745.40	0.00	2,745.40	0.00	200DB	7.00
167	NURSE CALL SYSTEM	9/30/01	22,254.70	0.00	0.00	22,254.70	0.00	22,254.70	0.00	200DB	7.00
195	R&B Refrigeration	7/05/04	2,902.28	0.00	0.00	2,902.28	0.00	2,902.28	0.00	S/L	10.00
232	Electric Water Heater	1/22/07	1,295.00	0.00	0.00	1,295.00	0.00	1,295.00	0.00	S/L	5.00
249	Gerald Kruszewski - Booster Pump	3/31/08	3,625.20	0.00	0.00	3,625.20	258.92	3,625.20	0.00	S/L	7.00
250	Hartford Provisions - water pump	6/30/08	1,653.42	0.00	0.00	1,476.25	177.17	1,653.42	0.00	S/L	7.00
251	R&B Refrigeration - vacuum pump	7/31/08	1,065.14	0.00	0.00	938.32	126.82	1,065.14	0.00	S/L	7.00
274	Sprinkler	1/31/09	1,893.16	0.00	0.00	1,532.55	270.45	1,803.00	90.16	S/L	7.00
275	Sprinkler	1/31/09	1,086.50	0.00	0.00	879.53	155.21	1,034.74	51.76	S/L	7.00
276	Backflow	1/31/09	765.96	0.00	0.00	620.05	109.42	729.47	36.49	S/L	7.00
277	Voicemail	1/31/09	1,415.10	0.00	0.00	1,145.57	202.16	1,347.73	67.37	S/L	7.00
278	Air Compressor	3/31/09	1,552.90	0.00	0.00	1,220.12	221.84	1,441.96	110.94	S/L	7.00
279	Temp. Control	6/23/09	1,798.26	0.00	0.00	1,348.67	256.89	1,605.56	192.70	S/L	7.00
280	Water Heater	7/22/09	1,644.76	0.00	0.00	1,214.01	234.97	1,448.98	195.78	S/L	7.00
281	Installed Heater	7/31/09	1,168.00	0.00	0.00	862.11	166.86	1,028.97	139.03	S/L	7.00
282	A/C	8/14/09	3,180.00	0.00	0.00	2,347.16	454.29	2,801.45	378.55	S/L	7.00
283	Hot Water Heater	9/30/09	5,711.91	0.00	0.00	4,079.95	815.99	4,895.94	815.97	S/L	7.00
302	Sewer Pump	1/31/10	2,805.45	0.00	0.00	1,870.31	400.78	2,271.09	534.36	S/L	7.00
303	50-Gallon Water Heater	2/28/10	4,904.70	0.00	0.00	3,211.41	700.67	3,912.08	992.62	S/L	7.00
304	June Additions	6/22/10	6,837.00	0.00	0.00	4,151.02	976.71	5,127.73	1,709.27	S/L	7.00
305	Kitchen A/C	7/31/10	850.30	0.00	0.00	506.13	121.47	627.60	222.70	S/L	7.00
316	Raintech Sound	10/31/10	10,726.67	0.00	0.00	6,001.82	1,532.38	7,534.20	3,192.47	S/L	7.00
333	Dantels Oil Company, Inc.	9/17/12	9,296.00	0.00	0.00	2,656.00	1,328.00	3,984.00	5,312.00	S/L	7.00
344	Hot water boiler	11/30/12	6,640.00	0.00	0.00	1,739.05	948.57	2,687.62	3,952.38	S/L	7.00

**Book Asset Detail 10/01/14 - 9/30/15**

Asset Id	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Value	Book Method	Book Period	
<b>Group: Nonmoveable - SNF (continued)</b>												
345	Daniels Oil Company, Inc. - oil tank	2/28/13	-6,296.00	0.00	0.00	-1,424.10	-899.43	-2,323.53	-3,972.47	S/L	7.00	
360	January '14 Additions	1/14/14	1,418.40	0.00	0.00	212.76	283.68	496.44	921.96	S/L	5.00	
361	April '14 Additions	4/30/14	152,196.66	0.00	0.00	12,683.06	30,439.33	43,122.39	109,074.27	S/L	5.00	
362	May '14 Additions	5/31/14	5,064.13	0.00	0.00	337.61	1,012.83	1,350.44	3,713.69	S/L	5.00	
363	July '14 Additions	7/31/14	4,143.38	0.00	0.00	138.11	828.68	966.79	3,176.59	S/L	5.00	
364	August '14 Additions	8/31/14	565.00	0.00	0.00	9.42	113.00	122.42	442.58	S/L	5.00	
365	September '14 Additions	9/30/14	2,766.51	0.00	0.00	0.00	553.30	553.30	2,213.21	S/L	5.00	
366	Perri Mechanical	9/30/14	-2,469.45	0.00	0.00	-2,469.45	0.00	-2,469.45	0.00	S/L	5.00	
384	New Ice Machine	10/01/14	3,613.03	0.00c	0.00	0.00	722.61	722.61	2,890.42	S/L	5.00	
385	2 Direct Supply - Vulcan Range	11/25/14	1,855.90	0.00c	0.00	0.00	309.32	309.32	1,546.58	S/L	5.00	
386	Hunter Power Equip - Credit on Get	12/31/14	-10,000.00	0.00c	0.00	0.00	-1,500.00	-1,500.00	-8,500.00	S/L	5.00	
	<b>Nonmoveable - SNF</b>		<b>311,462.70</b>	<b>0.00c</b>	<b>0.00</b>	<b>140,638.43</b>	<b>41,322.89</b>	<b>181,961.32</b>	<b>129,501.38</b>			
<b>Group: SNF Add and renovations</b>												
172	SNF Addition	2/01/01	1,672,923.55	0.00	0.00	586,238.22	42,895.48	629,133.70	1,043,789.85	S/L	39.00	
173	Capatalized Interest	2/01/01	69,324.82	0.00	0.00	24,293.32	1,777.56	26,070.88	43,253.94	S/L	39.00	
174	SNF Addition Architect Fees	2/01/01	11,337.21	0.00	0.00	3,779.10	290.70	4,069.80	7,267.41	S/L	39.00	
	<b>SNF Add and renovations</b>		<b>1,753,585.58</b>	<b>0.00c</b>	<b>0.00</b>	<b>614,310.64</b>	<b>44,963.74</b>	<b>659,274.38</b>	<b>1,094,311.20</b>			
	<b>Grand Total</b>		<b>4,384,529.80</b>	<b>0.00c</b>	<b>0.00</b>	<b>1,991,848.03</b>	<b>236,928.95</b>	<b>2,228,776.98</b>	<b>2,155,752.82</b>			

**Book Current Year Additions**

FYE: 9/30/2015

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Book Cost</u>
<b><u>Group: Computer Software</u></b>			
381	Ryders Mgt - Ash Creek Ent 1	1/31/15	293.18
382	Ryders Mgt - Ash Creek Ent 2	1/31/15	224.25
383	Ryders Mgt - Ash Creek Ent 3	4/30/15	208.32
	<b>Computer Software</b>		<u>725.75</u>
<b><u>Group: Equip - Moveable</u></b>			
379	Tablet Based Ultrasound System	5/08/15	5,264.33
380	Heat Pump System Labor & Materials	6/30/15	7,900.00
	<b>Equip - Moveable</b>		<u>13,164.33</u>
<b><u>Group: Improvements - SNF</u></b>			
374	Capitalize Completed Projects as of 10/1/14	10/01/14	310,068.13
375	Alarms Systems - Connect Sprinkler System	12/05/14	3,549.77
376	Antonios Carpet Installation	5/27/15	9,315.19
377	Install Compressor A/C Unit	7/27/15	2,756.59
378	Bathroom Remodel	8/14/15	4,515.31
	<b>Improvements - SNF</b>		<u>330,204.99</u>
<b><u>Group: Nonmoveable - SNF</u></b>			
384	New Ice Machine	10/01/14	3,613.03
385	2 Direct Supply - Vulcan Range	11/25/14	1,855.90
386	Hunter Power Equip - Credit on Generator	12/31/14	-10,000.00
	<b>Nonmoveable - SNF</b>		<u>-4,531.07</u>
	<b>Grand Total</b>		<u>339,564.00</u>



**Amortization Schedule\***

Name of Facility		License No.		Report for Year Ended		Page	of		
Aaron Manor Nursing & Rehabilitation Center		2168-C		9/30/2015		24	37		
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility Aaron Manor Nursing & Rehabilitatio	License No. 2168-C	Report for Year Ended 9/30/2015	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased	04/01/1951				
2. Date Structure Completed	1971 (RHNS); 1951 (HFA)				
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	60 (CCH); 18 (HFA)				
6. Square Footage	37,223				
7. Acquisition Cost					
a. Land	13,428 (CCH&RHNS); 6,714 (HFA)				
b. Building	219,066 (CCH); 14,000 (HFA)				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of					
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Aaron Manor Nursing & Rehabilitatio		2168-C	9/30/2015			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
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. <b>Total Building Interest Expense (A1 - A4 + B5)</b>		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Aaron Manor Nursing & Rehabilitation		2168-C		9/30/2015			27	37
Item				Total	CCNH	RHNS	Residential Care Home	
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)				\$	2,621	2,621		
Interest Expense \$17.91 Finance Charges \$2,603.14								
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	2,621	2,621		
14. Insurance								
a. Insurance on Property (buildings only)				\$	6,638	6,638		
b. Insurance on Automobiles				\$	1,683	1,683		
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$	22,838	22,838		
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$				
14d. Total Insurance Expenditures (14a + b + c)				\$	31,159	31,159		
15. Total All Expenditures (A-13 thru C-14)				\$	6,508,039	6,466,722	41,317	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Aaron Manor Nursing & Rehabilitation Center				2168-C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
<b>Page 10 - Salaries and Wages</b>							
1.	10	A12e	Outpatient Service Costs	\$ 12,462	12,462		
2.			Salaries not related to Resident Care	\$			
3.	10	aA12	Occupational Therapy	\$ 180,947	180,947		
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 107,617	107,617		
10.	15	1e	Accounting & Legal	\$ 45	45		
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.	16	i6	Automobile Expense (e.g. personal use)	\$ 888	888		
18.	16	m3	Unallowable Advertising *	\$ 18,940	18,940		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 1,581	1,581		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
<b>Subtotal (Items 1 - 26)</b>				<b>\$ 322,479</b>	<b>322,479</b>		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Other Fees Adjustments</b>			\$ -	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m8	Middlesex Chamber of Commerce	\$ 501		
16	i7	Meals & Entertainment	\$ 1,080		
<b>Total Other A&amp;G Adjustments</b>			\$ 1,581	\$ -	\$ -



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

Name of Facility				License No.	Report for Year Ended	Page	of
Aaron Manor Nursing & Rehabilitation Center				2168-C	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 322,479	322,479		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 142,897	142,897		
28.	20	5d	Ambulance/Limousine	\$ 17,910	17,910		
29.	20	5f	X-rays, etc	\$ 7,558	7,558		
30.	20	5h	Laboratory	\$ 21,361	21,361		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 14,107	14,107		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 1,039	1,039		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.	22	7d	Depreciation on Unallowable Motor Vehicles	\$ 4,753	4,753		
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 42,495	155		42,339
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.	30	IV5	Interest Income on Accounts Rec	\$ 33	33		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>51. Total Amount of Decrease (Items 1 - 50)</b>				\$ 574,633	532,293		42,339

\*\*\* 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.

Aaron Manor Nursing & Rehabilitation Center  
9/30/2015

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5j	PT Supplies (associated with outpatient)	\$ 1,035		
20	5j	OT Supplies (associated with outpatient)	\$ 4		
<b>Total Other Ancillary Costs</b>			\$ 1,039	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ -

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	6b	Heat (associated with outpatient)	\$ 25		
22	6c	Electricity (associated with outpatient)	\$ 100		
27	14a	Property Insurance (associated with outpatient)	\$ 7		
27	14c1	Umbrella Insurance (associated with outpatient)	\$ 23		
22	6a	Repair & Maintenance (HA Landscaping and snow removal)			\$ 4,920
22	6b	Fuel - HA			\$ 15,338
22	6b	Gas - HA			\$ 2,199
22	6c	Electricity - HA			\$ 3,702
22	7b	Depr. - Improvements - HA			\$ 13,956
22	7c	Depr. - Non-Movable Equipment - HA			\$ 2,224
<b>Total Other Property Adjustments</b>			\$ 155	\$ -	\$ 42,339



Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -

**F. Statement of Revenue**

Name of Facility		License No.		Report for Year Ended		Page of	
Aaron Manor Nursing & Rehabilitation C		2168-C		9/30/2015		30   37	
Item	Total	CCNH	RHNS	Residential Care Home			
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>							
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 3,939,302	3,939,302					
b. Medicaid Room and Board Contractual Allowance **	\$ (1,399,249)	(1,399,249)					
2. a. Medicaid ( <i>All other states</i> )	\$						
b. Other States Room and Board Contractual Allowance **	\$						
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,342,467	1,342,467					
b. Medicare Room and Board Contractual Allowance **	\$ 523,590	523,590					
4. a. Private-Pay Residents and Other	\$ 1,918,169	1,918,169					
b. Private-Pay Room and Board Contractual Allowance **	\$ (201,582)	(201,582)					
<b>II. Other Resident Revenue</b>							
1. a. Prescription Drugs - Medicare	\$						
b. Prescription Drugs - Medicare Contractual Allowance **	\$						
c. Prescription Drugs - Non-Medicare	\$						
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$						
2. a. Medical Supplies - Medicare	\$						
b. Medical Supplies - Medicare Contractual Allowance **	\$						
c. Medical Supplies - Non-Medicare	\$						
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$						
3. a. Physical Therapy - Medicare	\$						
b. Physical Therapy - Medicare Contractual Allowance **	\$						
c. Physical Therapy - Non-Medicare	\$ 160,299	160,299					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$						
4. a. Speech Therapy - Medicare	\$						
b. Speech Therapy - Medicare Contractual Allowance **	\$						
c. Speech Therapy - Non-Medicare	\$ 40,268	40,268					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$						
5. a. Occupational Therapy - Medicare	\$						
b. Occupational Therapy - Medicare Contractual Allowance **	\$						
c. Occupational Therapy - Non-Medicare	\$ 147,392	147,392					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$						
6. a. Other ( <i>Specify</i> ) - Medicare	\$						
b. Other ( <i>Specify</i> ) - Non-Medicare	\$						
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 6,470,656	6,470,656					
<b>IV. Other Revenue*</b>							
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> )	\$ 56	56					
6. Private Duty Nurses' Fees	\$						
7. Barber, Coffee, Beauty and Gift shops	\$						
8. Other ( <i>Specify</i> )	\$						
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 56	56					
<b>VI. Total All Revenue</b> (III + V)	\$ 6,470,713	6,470,713					

\* 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.



### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Aaron Manor Nursing & Rehabilitation	2168-C	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> )			\$	24,493
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,355,998
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	97,342
a. Prepaid Corporate Taxes	28,145			
b. Prepaid Payroll	69,197			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	3,603
Refunds	3,603			
A-9. <b>Total Current Assets</b> (Lines A1 thru 8)			\$	1,481,436
<b>B. Fixed Assets</b>				
1. Land			\$	
2. Land Improvements	*Historical Cost	125,458	\$	5,452
	Accum. Depreciation	120,006		Net
3. Buildings	*Historical Cost	3,318,548	\$	1,977,370
	Accum. Depreciation	1,341,178		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	380,218	\$	132,820
	Accum. Depreciation	247,398		Net
6. Movable Equipment	*Historical Cost	527,034	\$	21,710
	Accum. Depreciation	505,323		Net
7. Motor Vehicles	*Historical Cost	33,275	\$	18,405
	Accum. Depreciation	14,870		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	290,033
Work in Progress		290,033		
B-10. <b>Total Fixed Assets</b> (Lines B1 thru 9)			\$	2,445,790

\* 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
Aaron Manor Nursing & Rehabilitation	2168-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	3,927,226
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net _____
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net _____
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net _____
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net _____
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net _____
			\$	
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net _____
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address		Amount	Loan Date	
7. Other Assets ( <i>itemize</i> )			\$	122,097
Due from Mystic Healthcare		58,229		
Due from Ryders Health Management		63,868		
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	122,097
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	4,049,323

\* 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 Aaron Manor Nursing & Rehabilitation Center		License No. 2168-C	Report for Year Ended 9/30/2015	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	378,821
2. Notes Payable ( <i>itemize</i> )				\$	
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	106,872
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> )				\$	191,957
AFLAC - Individual and Group		4,593	AP - Management Fee	1,353	
Patient Fund		13,221	AP - PT Supplies, Help V	956	
Accrued PTO		81,999	AP - Data Processing	16	
Accrued Expense - Pension		7,126	Accrued User Fee	82,693	
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				<b>\$</b>	<b>677,649</b>

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

(Carry Total forward to next page)

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

Name of Facility Aaron Manor Nursing & Rehabilitation Center		License No. 2168-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				677,649	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
Name of Lender		Purpose	Amount	Date Due	\$
2. Mortgages Payable					
\$					
3. Loans from Owners or Related Parties ( <i>itemize</i> )					
\$					
Name and Address of Lender		Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )					
Due to Officers, Partners and Owners			702,687	\$ 1,324,448	
Due to Aaron Manor Realty			510,551		
Due to Chamberlain Healthcare			100,000		
Due to Lord Chamberlain and Cheshire House			11,210		
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 1,324,448	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 2,002,097	

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

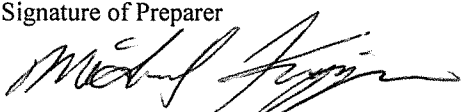
Name of Facility	License No.	Report for Year Ended	Page	of
Aaron Manor Nursing & Rehabilitatio	2168-C	9/30/2015	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	2,083,881
6. Gain or Loss for Period	10/1/2014	thru 9/30/2015	\$	(37,655)
7. Total Net Worth			\$	2,047,225
<b>C. Total Reserves and Net Worth</b>			\$	2,047,225
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	4,049,323



### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Aaron Manor Nursing & Rehabilitation C	2168-C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	2,085,881
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	6,470,713
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	6,508,039
D. Net Income or Deficit			\$	37,655
E. Balance			\$	2,123,536
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. <b>Balance at End of Period</b>			\$	2,123,536

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

Name of Facility Aaron Manor Nursing & Rehabilitation	License No. 2168-C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title Dir. of Finance	Date Signed 2/11/2016		
Printed Name of Preparer				
Ryders Health Management				
Address Address		Phone Number		
88 Ryders Lane, Suite 208, Stratford, CT 06614		203-381-1327		