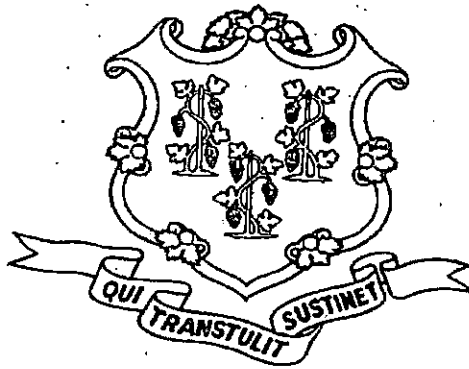


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Holly View Manor, Inc.	
Address (No. & Street, City, State, Zip Code) 38 Prospect Place Bristol, CT 06010	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing 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	RHNS	Residential Care Home 1819	Medicare Provider
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Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Holly View Manor, Inc.	License No. 1819	Report for Year Ended 9/30/2015	Page 1	of 37
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Administrator's/Owner's Certification

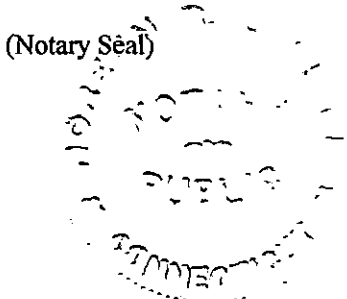
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Holly View Manor, Inc. [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>Lori A. Langeway</i>		Date 1-14-16	Signed (Owner) <i>Lori A. Langeway</i>		Date 1-14-16
Printed Name (Administrator) Lori A. Langeway			Printed Name (Owner) Lori A. Langeway		
Subscribed and Sworn to before me: <i>Nathan R. Crespi</i>	State of CT	Date 1/14/16	Signed (Notary Public) <i>Nathan R. Crespi</i>	Comm. Expires 06/30/20	
Address of Notary Public 35 Atlantic Dr. Old Saybrook CT 06475					





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 Holly View Manor, Inc.		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 38 Prospect Place Bristol, CT 06010				
Report Prepared By Brodeur & Co. CPAs, P.C.		Phone Number 860-388-4627	Date 12/29/2015	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$ 62,068			62,068
2. Laundry wages paid	\$ 20,251			20,251
3. Housekeeping wages paid	\$ 27,914			27,914
4. Nursing wages paid	\$			
5. All other wages paid	\$ 83,469			83,469
6. Total Wages Paid	\$ 193,702			193,702
7. Total salaries paid	\$ 52,022			52,022
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 245,724			245,724

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-582-0693		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Holly View Manor, Inc.		Address (No. & Street, City, State, Zip) 38 Prospect Place Bristol, CT 06010		
License Numbers:	CCNH	RHNS	Residential Care Home 1819	Medicare Provider No.
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 type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Lori A. Langeway		Nursing Home Administrator's License No.:		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Holly View Manor, Inc.	License No. 1819	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		
Holly View Manor, Inc.	38 Prospect Place Bristol, CT 06010	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Lori A. Langeway	62 Trelli Lane Bristol, CT 06010	Pres/Treas	10	
Joseph P. Langeway	62 Trelli Lane Bristol, CT 06010	Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Lori A. Langeway	62 Trelli Lane Bristol, CT 06010		10	

General Information and Questionnaire Related Parties*

Name of Facility Holly View Manor, Inc.	License No. 1819	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 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	%**				
Lanco, LLC	62 Trelli Lane Bristol, CT 06010	<input type="radio"/>	<input checked="" type="radio"/>		Rental of Real Estate	Pg. 22, Line 9	51,600	51,600
Lori A. Langeway	62 Trelli Lane Bristol, CT 06010	<input type="radio"/>	<input checked="" type="radio"/>		Officer Loan	Pg. 31, Line A8	4,524	4,524
Jason Langeway	62 Trelli Lane Bristol, CT 06010	<input type="radio"/>	<input checked="" type="radio"/>		See Page 11a			
Joseph P. Langeway	62 Trelli Lane Bristol, CT 06010	<input type="radio"/>	<input checked="" type="radio"/>		See Page 11a			
Patricia Damiano	80 Sonstrom Rd., Bristol, CT 06010	<input type="radio"/>	<input checked="" type="radio"/>		See Page 11a			
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Holly View Manor, Inc.	License No. 1819	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 (See listing page 13)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

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

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

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

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)
 Yes No If "No," explain fully why such allocation was not made.

N/A

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 Holly View Manor, Inc.			License No. 1819			Report for Year Ended 9/30/2015		Page of 6 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
	<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	Total ***				

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility Holly View Manor, Inc.	License No. 1819	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 Brodeur & Co. CPAs, P.C. 2 3 4	Address (No. & Street, City, State, Zip Code) 10 Springbrook Rd. Old Saybrook, CT 06475
--	--

Services Provided by This Firm (*describe fully*)

1 Preparation of trial balance, tax returns, annual cost report, DSS audit/reimbursement support	\$ 8,315
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 8,315

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

Yes No Pg. 15, Line 1d

Legal Services Information

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

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

1
2
3
4
5

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

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

Yes No

Schedule of Resident Statistics

Name of Facility Holly View Manor, Inc.		License No. 1819			Report for Year Ended 9/30/2015				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	16			16	16			16	16				16
B. On last day of THIS report period	16			16	16			16	16				16
2. Number of Residents													
A. As of midnight of PREVIOUS report period	16			16	16			16	15				15
B. As of midnight of THIS report period	16			16	15			15	16				16
3. Total Number of Days Care Provided During Period													
A. Medicare													
B. Medicaid (Conn.)													
C. Medicaid (other states)													
D. Private Pay													
E. State SSI for RCH	5,592			5,592	4,199			4,199	1,393				1,393
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	5,592			5,592	4,199			4,199	1,393				1,393
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	5,592			5,592	4,199			4,199	1,393				1,393

Schedule of Resident Statistics (Cont'd)

Name of Facility Holly View Manor, Inc.			License No. 1819			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									16				
Per Diem Rate													
a. One bed rm.									81.88				
b. Two bed rms.									81.88				
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments							TOTAL	CCNH	RHNS	Residential Care Home			
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Physical Therapy Treatments													
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Speech Therapy Treatments													
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Occupational Therapy Treatments													

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Holly View Manor, Inc.	1819	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
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)					52,022	2,080
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)					17,238	927
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers					62,068	4,470
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers					27,914	2,552
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers					28,973	1,539
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers					20,251	1,807
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						
b. RN						
1. Direct Care						
2. Administrative**						
c. LPN						
1. Direct Care						
2. Administrative**						
d. Aides and Attendants					23,973	1,843
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers					13,285	722
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						
n. Marketing						
o. Other (Specify) See Attached Schedule						
A-13. Total Salary Expenditures					245,724	15,940

* 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 Holly View Manor, Inc.				License No. 1819	Report for Year Ended 9/30/2015			Page 11	of 37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
See Pg 11a										

* 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.

Page 11 - Other Related Parties

Name and Address	Salary Paid	Description	Hours Worked	Line Where Claimed (Pg 10)
Jason Langeway 62 Trelli Lane Bristol, CT 06010	132	Other Admin	8	A.4
	<u>1,191</u>	Recreation	<u>73</u>	A.12.h
	<u>\$ 1,323</u>		<u>81</u>	
Joseph Langeway 62 Trelli Lane Bristol, CT 06010	8,278	Dietary	440	A.5.c
	2,070	Recreation	110	A.12.h
	28,973	Maintenance	1,539	A.7.b
	<u>2,070</u>	Other Admin	<u>110</u>	A.4
	<u>\$ 41,391</u>		<u>2,199</u>	
Patricia Damiano 80 Sonstrom Road Bristol, CT 06010	\$ 10,024	Recreation	539	A.12.h
	<u>\$ 15,036</u>	Other Admin	<u>809</u>	A.4
	<u>\$ 25,060</u>		<u>1,348</u>	

**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	
Holly View Manor, Inc.				1819	9/30/2015			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section III - Administrators***										
Lori A. Langeway			52,022		Administrator	2,080		None		
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Holly View Manor, Inc.	1819	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)						
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)						
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-13 Total Fees Paid in Lieu of Salaries						

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.
 ** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.
 *** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Holly View Manor, Inc.	1819	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	\$ 8,849			8,849
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 7,198			7,198
4. Social Security (F.I.C.A.)	\$ 18,798			18,798
5. Health Insurance	\$ 36,514			36,514
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 751			751
8. Uniform Allowance	\$			
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*	\$			
d. Accounting and Auditing	\$ 8,315			8,315
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$ 218			218
g. Office Supplies	\$ 1,709			1,709
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 3,182			3,182
2. Cellular Phones	\$			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250			250
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	\$			
Subtotal	\$ 85,784			85,784

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

(Carry Subtotals forward to next page)

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Residential Care Home
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Total Other Advertising	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
CBIA Membership			\$ 275
CARCH			\$ 500
BJ Shopping Membership			\$ 220
Total Dues	\$ -	\$ -	\$ 995

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Special Olympics CT			\$ 50
Bristol Police Explorer			\$ 50
Total Contributions	\$ -	\$ -	\$ 100

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Payroll Processing Services			\$ 4,063
DMV Auto Registration			\$ 90
Bristol-Burlington Health District - Food Service License			\$ 350
Penston Service Fee			\$ 100
Computer & Internet Service			\$ 716
Miscellaneous			\$ 623
Total Other Administrative and General	\$ -	\$ -	\$ 5,942

Schedule C-1 - Management Services*

Name of Facility Holly View Manor, Inc.	License No. 1819	Report for Year Ended 9/30/2015	Page 17	of 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #	

* 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 Holly View Manor, Inc.		License No. 1819	Report for Year Ended 9/30/2015		Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 43,278				43,278
2.	Non-Food Supplies	\$ 1,160				1,160
3.	Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**		\$				
d. Other (Specify) _____		\$				
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 44,438				44,438
2F. Dietary Questionnaire		Total	CCNH	RHNS	Residential Care Home	
G. Resident Meals: Total no. of meals served per day:*		48				48
H. Is cost of employee meals included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No						
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost.						
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. \$11,033						
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

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

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

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

Name of Facility Holly View Manor, Inc.		License No. 1819	Report for Year Ended 9/30/2015		Page 19	of 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. \$	616			616
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. \$	373			373
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**		\$				
d. Other (Specify)		\$				
3E. Total Laundry Expenditures (3a + b + c + d)		\$	989			989
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 Holly View Manor, Inc.		License No. 1819	Report for Year Ended 9/30/2015	Page 20	of 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. \$	909			909
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.	Total Housekeeping Expenditures (4a + b + c + d)	\$	909			909
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$				
b.	Medicine Cabinet Drugs	\$				
c.	Medical and Therapeutic Supplies	\$				
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$				
f.	X-rays and Related Radiological Procedures***	\$				
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$				
i.	Recreation	\$	1,773			1,773
j.	Other (<i>Specify</i>)**** See Attached Schedule	\$	1,499			1,499
5K.	Total Resident Care Expenditures (5a - 5j)	\$	3,272			3,272

* 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
Resident Care Supplies-Non Discriminatory (T Paper, Soap, Shampoo)			\$ 1,499
Total Other Resident Care	\$ -	\$ -	\$ 1,499

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

Name of Facility Holly View Manor, Inc.			License No. 1819	Report for Year Ended 9/30/2015	Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Holly View Manor, Inc.	1819	9/30/2015			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 14,319				14,319	
b. Heat	\$ 8,196				8,196	
c. Light & Power	\$ 10,092				10,092	
d. Water	\$ 1,554				1,554	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 5,901				5,901	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 40,062				40,062	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 717				717	
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$					
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 717				717	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 1,296				1,296	
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 1,296				1,296	
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 51,600				51,600	
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 9,962				9,962	
c. Personal property taxes	\$ 629				629	
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 64,204				64,204	

* 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 Holly View Manor, Inc.				License No. 1819		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		
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period				90,158		82,044	81,317	S/L	25	717			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal											717		
C. Non-Movable Equipment													
1. Acquired prior to this report period				3,839		3,839	3,839	S/L	Various				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		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
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. 2007 Jeep Cherokee		X		1	2007	27,758		27,758	27,758	S/L	4		
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period				var	var	34,470		34,470	34,470	SL	10		
b. Disposals (attach schedule)				var	var	491		491	491	SL	var		
c. Acquired during this report period (attach schedule)													
D-3. Subtotal													
E. Total Depreciation													
											717		

Schedule of Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/21/2015	Sprinkler	\$ 5,810	5	\$ 1,065
Total additions for Leasehold Improvement		\$ 5,810		\$ 1,065 *
Deletions:				
Total deletions for Leasehold Improvement		\$		\$ **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

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

Asset	d t	Property Description	Date In Service	DSS Cost	DSS Sec 179 Exp	c	DSS Bonus Amt	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period
Department: BUILDING - EQUITY PURPOSE													
7001		BUILDING	9/01/89	70,446.00	0.00		0.00	70,446.00	0.00	70,446.00	0.00	S/L	25.00
7002		ASBESTOS REMOVAL	2/08/90	19,712.00	0.00		0.00	18,917.72	788.48	19,706.20	5.80	S/L	25.00
BUILDING - EQUITY PURPOSE				90,158.00	0.00		0.00	89,363.72	788.48	90,152.20	5.80		

x 91%
82,044

x 91% x 91% Bus use
 81,321 717
 Rnd
 diff. (4)
81,317

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

Asset	d t	Property Description	Date In Service	DSS Cost	DSS Sec 179 Exp	c	DSS Bonus Amt	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period
Department: NON-MOVEABLE EQUIPMENT													
4001		SECURITY SYSTEM	4/10/90	1,500.00	0.00		0.00	1,500.00	0.00	1,500.00	0.00	S/L	15.00
4002		SECURITY SYSTEM	4/19/90	1,171.00	0.00		0.00	1,171.00	0.00	1,171.00	0.00	S/L	15.00
4003		SPRINKLER	3/17/92	1,168.00	0.00		0.00	1,168.00	0.00	1,168.00	0.00	S/L	21.50
NON-MOVEABLE EQUIPMENT				3,839.00	0.00c		0.00	3,839.00	0.00	3,839.00	0.00		
Grand Total				233,334.68	0.00c		0.00	223,410.88	2,733.41	226,144.29	7,190.39		
Less: Dispositions and Transfers				491.00	0.00		0.00	491.00	0.00	491.00	0.00		
Net Grand Total				232,843.68	0.00c		0.00	222,919.88	2,733.41	225,653.29	7,190.39		

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

Asset	d t	Property Description	Date In Service	DSS Cost	DSS Sec 179 Exp	c	DSS Bonus Amt	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period
Department: AUTO													
4		'07 CHEROKEE	1/12/07	27,757.68	0.00		0.00	27,757.68	0.00	27,757.68	0.00	S/L	4.00
		AUTO		27,757.68	0.00	c	0.00	27,757.68	0.00	27,757.68	0.00		

Depreciation Schedule

Movable Equipment - acquired prior to this report period

Description	Date Acquired	Historical Cost	Salvage Value	Cost to be Depreciated	Accum. Depn. BOY	Method	Useful Life	Depreciation This Year
Furn. & Fixt. (For equity purposes only)	various	<u>23,658</u>		<u>23,658</u>	<u>23,658</u>	S/L	5	-
Furniture & Equipment Prior year - still own	various	<u>10,812</u>		<u>10,812</u>	<u>10,812</u>	S/L	Various	-
Total Movable Equipment per Cost Report		<u>34,470</u>		<u>34,470</u>	<u>34,470</u>			-

Reconcile to Books:

less: Furn & Equipment - equity only	(23,658)
Furn & Equip (not for equity*)	<u>13,185</u>
Total Furn & Equipment per books	<u>23,997</u>

Total acquired prior to this report period

* Not depreciated for equity purposes - February 8, 1990 asset allocation for income tax purposes only.

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

Asset	d t	Property Description	Date In Service	DSS Cost	DSS Sec 179 Exp	c	DSS Bonus Amt	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period
Department: FURN & FIXT - EQUITY PURP													
8001		FURNITURE	9/30/77	21,453.00	0.00		0.00	21,453.00	0.00	21,453.00	0.00	S/L	5.00
8002		FURNITURE	9/30/84	321.00	0.00		0.00	321.00	0.00	321.00	0.00	S/L	5.00
8003		FURNITURE	9/30/85	526.00	0.00		0.00	526.00	0.00	526.00	0.00	S/L	5.00
8005		FURNITURE	9/30/87	1,358.00	0.00		0.00	1,358.00	0.00	1,358.00	0.00	S/L	5.00
FURN & FIXT - EQUITY PURP				23,658.00	0.00	c	0.00	23,658.00	0.00	23,658.00	0.00		

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

Asset	d t	Property Description	Date In Service	DSS Cost	DSS Sec 179 Exp	c	DSS Bonus Amt	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period
Department: FURNITURE AND EQUIPMENT													
5	d	COMPUTER	5/31/07	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
6		TRAILER	6/30/07	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
7	d	WASHER	7/31/07	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
8		PORCH FURNITURE	11/01/07	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
9		PORCH FURNITURE	11/07/07	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
10	d	DISHWASHER	4/04/08	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
11	d	DRYER	9/04/08	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
14		Sofa	6/15/09	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
15	d	Canon D480 Copier	6/29/09	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
16		Kitchen Table and Chairs	3/23/09	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
18		Mattress Sets (3) - Sleepys	2/23/10	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
19		Mattress Sets (2) - Sleepys	4/16/10	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
21		Washer (Lowe's)	6/10/10	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
22		Snowblower (City True Value)	12/17/10	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
23		Beds -- twin (Sleepy's)	2/10/11	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
24	d	Washer (Lowe's)	2/25/11	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
25		Window Air Conditioners	5/27/11	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
27		2 Chairs Rm 7	2/15/12	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
28		Furniture & Flooring Rm 4	12/12/11	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
29		Kitchen Refrigerator	7/15/12	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
30		Dishwasher (Lowe's)	1/05/12	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
31		Lawn Mower (Kohler)	5/26/12	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
32		Computer Equipment (Best Buy)	9/21/12	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
1002		DINING ROOM FURNITURE	8/09/90	1,080.00	0.00		0.00	1,080.00	0.00	1,080.00	0.00	S/L	15.00
1004		FURNITURE	8/29/90	1,422.00	0.00		0.00	1,422.00	0.00	1,422.00	0.00	S/L	15.00
1010		FURNITURE	3/08/90	1,102.00	0.00		0.00	1,102.00	0.00	1,102.00	0.00	S/L	15.00
1013		BATHROOM FIXTURES	7/17/90	257.00	0.00		0.00	257.00	0.00	257.00	0.00	S/L	15.00
1014		FURNITURE	9/29/90	216.00	0.00		0.00	216.00	0.00	216.00	0.00	S/L	10.00
1015		FURNITURE	5/10/90	528.00	0.00		0.00	528.00	0.00	528.00	0.00	S/L	10.00
1020		L/R & D/R DRAPES	9/25/91	1,216.00	0.00		0.00	1,216.00	0.00	1,216.00	0.00	S/L	5.00
1021		FURNITURE	12/15/91	271.00	0.00		0.00	271.00	0.00	271.00	0.00	S/L	15.00
1029		OFFICE CHAIR	12/04/93	212.00	0.00		0.00	212.00	0.00	212.00	0.00	S/L	15.00
1031		UPRIGHT FREEZER	9/13/94	392.00	0.00		0.00	392.00	0.00	392.00	0.00	S/L	10.00
1033		MIT FIREPLACE & ACCESSOR	9/19/94	150.00	0.00		0.00	150.00	0.00	150.00	0.00	S/L	10.00
1039		CABINET END TABLES - LIV RC	9/19/94	110.00	0.00		0.00	110.00	0.00	110.00	0.00	S/L	10.00
1044		AIR COMPRESSOR	1/15/94	637.00	0.00		0.00	637.00	0.00	637.00	0.00	S/L	15.00
1047		FAX MACHINE	1/21/95	361.00	0.00		0.00	361.00	0.00	361.00	0.00	S/L	6.00
1049		FURNITURE AND PICTURES	2/15/95	280.00	0.00		0.00	280.00	0.00	280.00	0.00	S/L	15.00
1056		BEDROOM DRESSERS (2)-RM 4	9/19/96	200.00	0.00		0.00	200.00	0.00	200.00	0.00	S/L	15.00
1059		CARPET-RM 6	11/09/96	171.00	0.00		0.00	171.00	0.00	171.00	0.00	S/L	5.00
1062		BUREAU-RM 2	4/28/97	100.00	0.00		0.00	100.00	0.00	100.00	0.00	S/L	15.00
1063		ROUND TABLE	5/05/97	191.00	0.00		0.00	191.00	0.00	191.00	0.00	S/L	15.00
1070		NIGHT STAND	7/31/97	26.00	0.00		0.00	26.00	0.00	26.00	0.00	S/L	15.00
1071		DINING RM LIGHT FIXTURES (2)	9/24/97	316.00	0.00		0.00	316.00	0.00	316.00	0.00	S/L	10.00
1078		NIGHTSTAND	7/09/98	159.00	0.00		0.00	159.00	0.00	159.00	0.00	S/L	15.00
1080		REFRIGERATOR - PANTRY	7/16/98	401.00	0.00		0.00	401.00	0.00	401.00	0.00	S/L	10.00
1084		BEDDING - ROOM 5	9/18/98	297.00	0.00		0.00	297.00	0.00	297.00	0.00	S/L	5.00
1090		FREEZER	5/19/99	527.00	0.00		0.00	527.00	0.00	527.00	0.00	S/L	10.00
1093	d	REFRIGERATOR	9/27/99	150.00	0.00		0.00	150.00	0.00	150.00	0.00	S/L	10.00

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

Asset	d t	Property Description	Date In Service	DSS Cost	DSS Sec 179 Exp	c	DSS Bonus Amt	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period
Department: FURNITURE AND EQUIPMENT (continued)													
1095		UTILITY CABINET & LADDERS	9/27/99	90.00	0.00		0.00	90.00	0.00	90.00	0.00	S/L	15.00
1096		NIGHT TABLE	9/27/99	100.00	0.00		0.00	100.00	0.00	100.00	0.00	S/L	15.00
1100	d	1 QUEEN ANNE CHAIR	1/06/00	201.00	0.00		0.00	201.00	0.00	201.00	0.00	S/L	10.00
1101	d	USED DRESSER & MIRROR	2/24/00	140.00	0.00		0.00	140.00	0.00	140.00	0.00	S/L	10.00
9010		DRYER	5/18/15	0.00	0.00c		0.00	0.00	0.00	0.00	0.00		0.0
9011		AIR CONDITIONER	3/03/15	0.00	0.00c		0.00	0.00	0.00	0.00	0.00		0.0
9012		AIR CONDITIONER	6/10/15	0.00	0.00c		0.00	0.00	0.00	0.00	0.00		0.0
9015		PRINTER AND STAND	9/01/15	0.00	0.00c		0.00	0.00	0.00	0.00	0.00		0.0
FURNITURE AND EQUIPMENT				11,303.00	0.00c		0.00	11,303.00	0.00	11,303.00	0.00		
*Less: Dispositions and Transfers				491.00	0.00		0.00	491.00	0.00	491.00	0.00		
Net FURNITURE AND EQUIPMENT				10,812.00	0.00c		0.00	10,812.00	0.00	10,812.00	0.00		

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Holly View Manor, Inc.			1819		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							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	var	var	various	65,178	63,900	S/L	various	231	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				5,810				1,065	
C-4. Subtotal									1,296
D. Total Amortization									1,296

* 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.

Amortization Schedule

Leasehold Improvements and Other

Description	Date Acquired	Length of Amortization	Acquisition Cost	Cost to be Amortized	Accum. Depn 100%	BOY 91%	Basis for Computing	Rate	Amortization This Year
Acquired prior to this report period									
Leasehold Improvements* (Equity Purposes Only)	Various	Various	21,917	19,944	21,917	19,944	S/L	Various	-
Leasehold Improvements* (entire building)	Various	Various	40,628	36,970	40,628	36,971	S/L	Various	-
Leasehold Improvements (patient area)	Various	Various	<u>8,264</u>	<u>8,264</u>	<u>6,984</u>	<u>6,984</u>	S/L	Various	231
Total acquired prior to this report period			70,809	65,178	69,529	63,900			<u>231</u>
Reconcile to Books:									
less Leasehold Improv - equity only			(21,917)						
New Additions			<u>5,810</u>						
Total Leasehold Improvements per Books			<u>54,702</u>						

* 91.00% shown represents portion of building used for patient care.
 (See attached depreciation schedules and page 36a reconciliation)

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

Asset	d t	Property Description	Date In Service	DSS Cost	DSS Sec 179 Exp c	DSS Bonus Amt	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period
Department: L/HOLD IMPROV - EQUITY PU												
9001		IMPROVEMENTS	9/30/82	4,356.00	0.00	0.00	4,356.00	0.00	4,356.00	0.00	S/L	10.00
9002		LEASEHOLD	9/30/83	1,426.00	0.00	0.00	1,426.00	0.00	1,426.00	0.00	S/L	10.00
9003		LEASEHOLD	9/30/84	1,905.00	0.00	0.00	1,905.00	0.00	1,905.00	0.00	S/L	10.00
9004		LEASEHOLD	9/30/85	2,143.00	0.00	0.00	2,143.00	0.00	2,143.00	0.00	S/L	10.00
9005		LEASEHOLD	9/30/86	3,878.00	0.00	0.00	3,878.00	0.00	3,878.00	0.00	S/L	10.00
9006		ALARM SYSTEM	9/30/88	1,724.00	0.00	0.00	1,724.00	0.00	1,724.00	0.00	S/L	10.00
9007		FURNACE & INSTALLATION	9/30/88	6,485.00	0.00	0.00	6,485.00	0.00	6,485.00	0.00	S/L	10.00
L/HOLD IMPROV - EQUITY PU				21,917.00	0.00c	0.00	21,917.00	0.00	21,917.00	0.00		

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

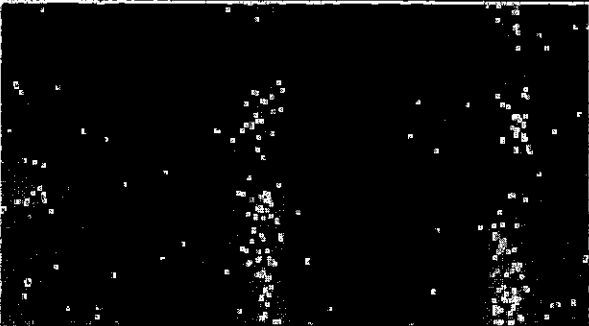
Asset	d t	Property Description	Date In Service	DSS Cost	DSS Sec 179 Exp	c	DSS Bonus Amt	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period
Department: L/HOLD IMPROV-ENTIRE BUIL													
3001		CEILING FANS	7/17/90	406.00	0.00		0.00	406.00	0.00	406.00	0.00	S/L	15.00
3002		FLOORING	7/30/90	1,300.00	0.00		0.00	1,300.00	0.00	1,300.00	0.00	S/L	10.00
3003		WALLPAPER	8/03/90	500.00	0.00		0.00	500.00	0.00	500.00	0.00	S/L	10.00
3004		WALLPAPER	8/24/90	814.00	0.00		0.00	814.00	0.00	814.00	0.00	S/L	10.00
3005		WALLPAPER HANGING	8/04/90	775.00	0.00		0.00	775.00	0.00	775.00	0.00	S/L	10.00
3006		CARPET	8/31/90	1,000.00	0.00		0.00	1,000.00	0.00	1,000.00	0.00	S/L	5.00
3007		FLOORING	9/05/90	826.00	0.00		0.00	826.00	0.00	826.00	0.00	S/L	10.00
3008		FLOORING	9/10/90	370.00	0.00		0.00	370.00	0.00	370.00	0.00	S/L	10.00
3009		GARAGE DOORS	9/11/90	766.00	0.00		0.00	766.00	0.00	766.00	0.00	S/L	10.00
3010		MATERIALS	9/26/90	579.00	0.00		0.00	579.00	0.00	579.00	0.00	S/L	18.00
3011		ELECTRICAL WORK	9/28/90	4,710.00	0.00		0.00	4,710.00	0.00	4,710.00	0.00	S/L	20.00
3012		CARPET	9/29/90	468.00	0.00		0.00	468.00	0.00	468.00	0.00	S/L	5.00
3013		FLOORING	9/30/90	1,125.00	0.00		0.00	1,125.00	0.00	1,125.00	0.00	S/L	10.00
3014		SAND PAINT CEILINGS	6/04/90	500.00	0.00		0.00	500.00	0.00	500.00	0.00	S/L	12.00
3015		SAND PAINT CEILINGS	6/25/90	2,240.00	0.00		0.00	2,240.00	0.00	2,240.00	0.00	S/L	12.00
3016		WALLPAPER	8/02/90	385.00	0.00		0.00	385.00	0.00	385.00	0.00	S/L	10.00
3017		CHIMNEY RESTORATION	12/08/93	1,030.00	0.00		0.00	1,030.00	0.00	1,030.00	0.00	S/L	10.00
3018		CHIMNEY #2 AND ROOF REPAIR	4/04/94	1,945.00	0.00		0.00	1,945.00	0.00	1,945.00	0.00	S/L	10.00
3019		PATIO - NEW	5/01/99	1,049.00	0.00		0.00	1,049.00	0.00	1,049.00	0.00	S/L	10.00
3020		DRIVEWAY-NEW PAVEMENT	8/01/99	845.00	0.00		0.00	845.00	0.00	845.00	0.00	S/L	10.00
3021		SIDING ON GARAGE	9/01/99	804.00	0.00		0.00	804.00	0.00	804.00	0.00	S/L	10.00
3023		NEW ROOF	3/17/00	16,701.00	0.00		0.00	16,701.00	0.00	16,701.00	0.00	S/L	10.00
3024		NEW BURNER	10/06/99	1,490.00	0.00		0.00	1,490.00	0.00	1,490.00	0.00	S/L	10.00
9008		SPRINKLER	10/21/14	5,810.00	0.00	e	0.00	0.00	1,065.17	1,065.17	4,744.83	S/L	5.00
9009		SPRINKLER	10/02/14	0.00	0.00	c	0.00	0.00	0.00	0.00	0.00		0.0
L/HOLD IMPROV-ENTIRE BUIL				46,438.00	0.00	c	0.00	40,628.00	1,065.17	41,693.17	4,744.83		

Current (5810)
40,628

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

Asset	d t	Property Description	Date In Service	DSS Cost	DSS Sec 179 Exp	c	DSS Bonus Amt	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period
Department: L/HOLD IMPROV - PATIENT A													
3501		STORM WINDOWS	12/03/90	164.00	0.00		0.00	164.00	0.00	164.00	0.00	S/L	20.00
3502		DOWNSTAIRS BATHROOM REN	4/15/91	1,165.00	0.00		0.00	1,165.00	0.00	1,165.00	0.00	S/L	20.00
3504		FLOORING	3/04/92	321.00	0.00		0.00	321.00	0.00	321.00	0.00	S/L	10.00
3505		FIRE ESCAPE RAILING	4/20/92	259.00	0.00		0.00	259.00	0.00	259.00	0.00	S/L	20.00
3506		VANITIES	6/01/92	130.00	0.00		0.00	130.00	0.00	130.00	0.00	S/L	20.00
3507		DH WINDOWS	8/18/92	776.00	0.00		0.00	685.52	31.04	716.56	59.44	S/L	25.00
3508		WINDOWS	9/15/93	469.00	0.00		0.00	395.88	18.76	414.64	54.36	S/L	25.00
3509		NEW WINDOWS (2)	6/10/94	390.00	0.00		0.00	318.80	15.60	334.40	55.60	S/L	25.00
3510		ELECTRICAL WORK	3/22/96	1,246.00	0.00		0.00	1,213.90	32.10	1,246.00	0.00	S/L	20.00
3511		WINDOWS (2) RM 6	10/02/95	276.00	0.00		0.00	209.52	11.04	220.56	55.44	S/L	25.00
3512		WINDOW - RM 4	9/09/96	168.00	0.00		0.00	122.36	6.72	129.08	38.92	S/L	25.00
3513		WINDOW-RM 5	9/09/96	168.00	0.00		0.00	122.36	6.72	129.08	38.92	S/L	25.00
3514		FIRE DOOR	10/10/96	286.00	0.00		0.00	204.72	11.44	216.16	69.84	S/L	25.00
3515		WINDOW - UPSTAIRS HALL	9/12/97	168.00	0.00		0.00	115.36	6.72	122.08	45.92	S/L	25.00
3516		WINDOWS (2) - RM 4	9/12/97	280.00	0.00		0.00	190.60	11.20	201.80	78.20	S/L	25.00
3517		WINDOW - M. BATH	9/12/97	250.00	0.00		0.00	171.00	10.00	181.00	69.00	S/L	25.00
3518		SHOWER	9/11/97	1,748.00	0.00		0.00	1,194.96	69.92	1,264.88	483.12	S/L	25.00
L/HOLD IMPROV - PATIENT A				8,264.00	0.00	c	0.00	6,983.98	231.26	7,215.24	1,048.76		

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

Name of Facility Holly View Manor, Inc.		License No. 1819	Report for Year Ended 9/30/2015		Page 25	of 37	
11. Property Questionnaire							
Part A							
Is the property either owned by the Facility or leased from a Related Party?*				<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.							
Description		Total					
1. Date Land Purchased							
2. Date Structure Completed							
3. If NOT Original Owner, Date of Purchase		01/01/07					
4. Date of Initial Licensure							
5. Total Licensed Bed Capacity		16					
6. Square Footage		7,271					
7. Acquisition Cost							
a. Land							
b. Building							
Part B - Owner and Related Parties				1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing							
a. Type of Financing (e.g., fixed, variable)				Fixed			
b. Date Mortgage Obtained				01/01/07			
c. Interest Rate for the Cost Year				7.42%			
d. Term of Mortgage (number of years)				15			
e. Amount of Principal Borrowed				350,000			
f. ##				194,081			
Complete if Mortgage was Refinanced During Current Cost Year							
g. Type of Financing (e.g., fixed, variable)							
h. Date of Refinancing							
i. New Interest Rate							
j. Term of Mortgage (number of years)							
k. Amount of Principal Borrowed							
l. Principal Outstanding on Note Paid-Off							
Part C - Arms-Length Leases for Real Property Improvements Only							
Name and Address of Lessor		Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease		

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

New to doc
11/1/10

NOTICE: THIS DOCUMENT IS A FAX OFFICE
FUTURE LAWYERS, PUBLIC RECORDS, BOSTON, MA 02108

This Indenture,

Made by and between LANCO, LLC, a Connecticut Limited Liability Company with its principal place of business in the Town of Bristol, County of Hartford and State of Connecticut, hereinafter referred to as

Lessor, and HOLLY VIEW MANOR, INC., a Connecticut corporation with its principal place of business in the Town of Bristol, County of Hartford and State of Connecticut, hereinafter referred to as

Lessee. WITNESSETH: That the Lessor has leased, and does hereby lease to the said Lessee the entire realty known as 38 Prospect Place, Bristol, Connecticut, to be used as a rest home,

for the term of three years from the first day of January A.D. 2010.
for the annual rent of \$51,600.00 Dollars,
payable in equal monthly payments of \$4,300.00 Dollars,
cash, to wit: on the first day of each month in advance.

And the said Lessor covenants, with the said Lessee that it has good right to lease said premises in manner aforesaid, and that it will permit said Lessee to occupy, possess and enjoy said premises during the term aforesaid, without hindrance or molestation from it, keeping all the covenants on its part, as hereinafter contained, without hindrance or any person claiming by, from or under

And the said Lessee covenants with the said Lessor to hire said premises and to pay the rent therefor as aforesaid, that it will commit no waste, nor suffer the same to be committed thereon, nor injure nor misuse the same; and also that it will not assign this lease nor underlet a part or the whole of said leased premises, nor make alterations therein, nor use the same for any purpose but that hereinbefore authorized, without written permission from said Lessor but will deliver up the same at the expiration or sooner determination of its tenancy in as good condition as they are now in, ordinary wear, fire and other unavoidable casualties excepted.

And it is further agreed that in the event the Lessor
an attorney in order to enforce a provision of this lease, the Lessor shall pay a reasonable at-
torney's fee.

And it is further agreed that in the event the Lessor
and agrees that no accumulation of boxes, barrels,
packages, waste paper, or other articles shall be permitted in or upon the premises.

And it is further agreed that in the event the Lessor
have no claim against Lessor for the value of any unexpired term of said lease.
Domain for any public or quasi public use or purpose, then and in that event, the term of this
lease shall cease and terminate from the date of the vesting in such proceeding and Lessor shall

And it is further agreed that in the event the Lessor
building or buildings erected on the premises hereby leased shall be partially damaged by fire or
otherwise, the same shall be repaired as speedily as possible at the expense of the said Lessor
; that in case the damage shall be so extensive as to render the building
or damaged premises untenable, the rent shall cease until such time as the building shall be put
in complete repair; but in the case of the total destruction of the premises, by fire or otherwise,
the rent shall be paid up to the time of such destruction and then and from thenceforth this

And it is further agreed between the parties to these premises, that in case the
building or buildings erected on the premises hereby leased shall be partially damaged by fire or
otherwise, the same shall be repaired as speedily as possible at the expense of the said Lessor
; that in case the damage shall be so extensive as to render the building
or damaged premises untenable, the rent shall cease until such time as the building shall be put
in complete repair; but in the case of the total destruction of the premises, by fire or otherwise,
the rent shall be paid up to the time of such destruction and then and from thenceforth this

And it is further agreed that the said Lessor
rates, or rent, for all water used and consumed on said leased premises during the term
aforesaid, in addition to the rent hereinbefore provided for.

And it is further agreed that the said Lessor
to pay the water
agents, to applicants for purchase
to the inspection of said Lessor
or lease, and for necessary repairs.

And it is further agreed between the parties hereto, that the Lessor to comply
with, and to conform to all the Laws of the State of Connecticut, and the by-laws, rules and
regulations of the City and Town within which the premises hereby leased are situated, relating
to Health, Nuisance, Fire, Highways and Sidewalks, so far as the premises hereby leased are, or
may be concerned; and to save the Lessor harmless from all fines, penalties and costs for
violation of or non-compliance with the same, and that said premises shall be at all times open
to the inspection of said Lessor

And it is further agreed that in case the said Lessor
of the said Lessor endorsed hereon, or on the duplicate hereof, at any time hold over the said
premises, beyond the period above specified at the termination of this Lease, then the said
Lessor shall hold said premises upon the same terms, and under the same stipulations and
agreements as are in this instrument contained, and no holding over by said Lessee shall

And it is further agreed that in case the said Lessor
operate to renew this Lease without such written consent of said Lessor

And it is further agreed between the parties hereto, that whenever this Lease shall
terminate either by lapse of time or by virtue of any of the express stipulations therein, the said
Lessee hereby waives all right to any notice to quit possession, as prescribed by the statute
relating to summary process.

And it is further agreed that in case the said Lessor
of the said Lessor endorsed hereon, or on the duplicate hereof, at any time hold over the said
premises, beyond the period above specified at the termination of this Lease, then the said
Lessor shall hold said premises upon the same terms, and under the same stipulations and
agreements as are in this instrument contained, and no holding over by said Lessee shall

And it is further agreed that in case the said Lessor
operate to renew this Lease without such written consent of said Lessor

And it is further agreed that in case the said Lessor
of the said Lessor endorsed hereon, or on the duplicate hereof, at any time hold over the said
premises, beyond the period above specified at the termination of this Lease, then the said
Lessor shall hold said premises upon the same terms, and under the same stipulations and
agreements as are in this instrument contained, and no holding over by said Lessee shall

And it is further agreed that in case the said Lessor
operate to renew this Lease without such written consent of said Lessor

And it is further agreed that in case the said Lessor
of the said Lessor endorsed hereon, or on the duplicate hereof, at any time hold over the said
premises, beyond the period above specified at the termination of this Lease, then the said
Lessor shall hold said premises upon the same terms, and under the same stipulations and
agreements as are in this instrument contained, and no holding over by said Lessee shall

And Lessee shall be responsible for the payment of any and all utilities whatsoever, in addition to paying for all realty and personal property taxes due the City of Bristol.

And Lessee shall be responsible for the payment of any and all insurance with regard to said realty, including fire and liability coverage in behalf of the Lessor.

The parties acknowledge that this is a triple net lease with all expenses with regard to said realty, including any and all repairs, to be paid for by the Lessee.

In Witness Whereof, the parties hereto have hereunto set their hands and seals, and to a duplicate of the same tenor and date, this 1st day of January A.D., 2010

Signed, Sealed and Delivered in presence of

Signature lines for Debra A. Hudak, Patricia Wamman, and Loxi A. Langeway, with corresponding typed names and titles for Lanco, LLC and Holly View Manor, Inc.

State of Connecticut, County of Hartford } SS. Bristol January 1, A.D., 2010

Personally appeared Loxi A. Langeway, President of Holly View Manor, Inc. of the foregoing instrument and acknowledge the same to be her free act and deed, and the free act and deed of said corporation, before me.

Signature of Debra A. Hudak, Notary Public, Commissioner of Superior Court.

State of Connecticut, County of Hartford } January 1 A.D., 2010

Personally appeared Joseph Langeway, Managing Member of Lanco, LLC of the foregoing instrument and severally acknowledged the same to be his free act and deed, before me in said capacity.

Signature of Debra A. Hudak, Notary Public, Commissioner of Superior Court, with My Commission Expires 11/20/13.

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

Name of Facility		License No.	Report for Year Ended			Page	of
Holly View Manor, Inc.		1819	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. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility Holly View Manor, Inc.		License No. 1819		Report for Year Ended 9/30/2015			Page of 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)				\$	33			33
Interest Ins								
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	33			33
14. Insurance								
a. Insurance on Property (buildings only)				\$				
b. Insurance on Automobiles				\$	2,604			2,604
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$				
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$	10,388			10,388
Liability /Fire								
14d. Total Insurance Expenditures (14a + b + c)				\$	12,992			12,992
15. Total All Expenditures (A-13 thru C-14)				\$	513,584			513,584

D. Adjustments to Statement of Expenditures

Name of Facility Holly View Manor, Inc.				License No. 1819	Report for Year Ended 9/30/2015	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.	10	7b	Salaries not related to Resident Care	\$ 2,608			2,608
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 73			73
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.	15	1f	Life insurance premiums on the life of Owners, Partners, Operators	\$ 218			218
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 696			696
19.			Income Tax / Corporate Business Tax	\$			
20.	16	1m10	Fund Raising / Contributions	\$ 100			100
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 1,276			1,276
Page 18 - Dietary Expenditures							
24.	18	2a	Meals to employees, guests and others who are not residents	\$ 11,033			11,033
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 16,004			16,004

* 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
10	A.2	Adm Salary>Cap - see page 28b			\$ 73
Total Other Salaries Adjustment			\$ -	\$ -	\$ 73

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
		Fringe Benefits on Disallowed Maint Wages - See Page 28a			\$ 642
		Fringe Benefits on Adm>Cap - See Page 28b			\$ 11
15	m 13	Miscellaneous Expenses			\$ 623
Total Other A&G Adjustments			\$ -	\$ -	\$ 1,276

Page 28 - Adjustments to Statement of Expenditures

Page	Line	Description	GL Number	Amount
Item # 2 - Salaries not related to Patient Care				
<u>Third Floor Rental Allocation (see page 29a)</u>				
10	7b	Maintenance Wages	6103	<u>2,608</u>
		Total Adjustment		<u>2,608</u>
Item #23 - Administrative and General (other)				
<u>Fringe Benefits on Maintenance Wages</u>				
				<u>Per Page 15</u>
15	1.a.1	Workmen's Comp	6314	8,849
15	1.a.2	Unemployment Insurance	6651/6652	7,198
15	1.a.3	Social Security (FICA)	6650	18,798
15	1.a.4	Health Insurance	6311	25,685
15	1.a.7	Pension Expense	N/A	
		Total Fringes		<u>60,530</u>
		Total Wages Paid		<u>245,724</u>
		Fringe Benefit Percentage		24.63%
		Dissallowed Maintenance Wages		<u>2,608</u>
		Dissallowed fringes		<u>642</u>

Page 28 - Adjustments to Statement of Expenditures

Page	Line	Description	GL Number	Amount
Item # 4 - Salaries and Wages (other)				
<u>Excess Administrator's Salary</u>				
10	A.2	Administrator's Salary	6607	52,022
		Allowable Salary		<u>51,949</u>
		Disallowed		<u>73</u>

<u>Allowable Salary FYE 9/30/15</u>				
	<u>Increment</u>	<u>Beds</u>		
Base				49,037.00
Per Bed Incr	182.00	16		<u>2,912.00</u>
Total Allowable				<u>51,949.00</u>

Item #23 - Administrative and General (other)

<u>Fringe Benefit Adjustment on Excess Administrator Salary</u>				
15	1.a.1	Workmen's Comp	6314	N/A
15	1.a.3	Unemployment Insurance	6651/6652	7,198
15	1.a.4	Social Security (FICA)	6650	18,798
15	1.a.5	Health Insurance	6605	10,829
				<u>36,825</u>
		Total Fringes		<u>36,825</u>
10	A-13	Total Wages Paid		245,724
				<u>14.99%</u>
		Disallowed Fringes		<u>11</u>

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Holly View Manor, Inc.			1819	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				\$ 16,004			16,004
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10b	Unallowable Property and Real Estate Taxes	\$ 897			897
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 4,541			4,541
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 4,415			4,415
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 25,857			25,857

*** 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.

Holly View Manor, Inc.
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Ancillary Costs			\$	\$	\$

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Excess Movable Equipment Depreciation			\$	\$	\$

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
		Third Floor Rental Expense Allocation Maintenance Pg 29a			\$ 3,606
		Third Floor Rental Expense Allocation Insurance Pg 29a			\$ 935
Total Other Property Adjustments			\$	\$	\$ 4,541

Page 29 - Adjustments to Statement of Expenditures

Page	Line	Description	GL Number	Amount									
				<table border="1"> <tr> <td>Total</td> <td>Reduction</td> <td>Allowable</td> </tr> <tr> <td>100%</td> <td>9.00%</td> <td>91.00%</td> </tr> </table>				Total	Reduction	Allowable	100%	9.00%	91.00%
Total	Reduction	Allowable											
100%	9.00%	91.00%											
<u>Item #2 Salaries and Wages Not Related to Patient Care</u>													
<u>Third Floor Rental Expense Allocation</u>													
10	A.7.b	Maintenance Wages	6103	\$28,973	\$2,608	\$26,365							
<u>Item #37 - Unallowable Property and Real Estate Taxes</u>													
<u>Third Floor Rental Expense Allocation</u>													
22	10.b	Real Estate Tax	6503	\$9,962	\$897	\$9,065							
<u>Item #39 - Maintenance and Property (other)</u>													
<u>Third Floor Rental Expense Allocation</u>													
<u>Maintenance Items</u>													
22	6.a	Repairs	6455	\$14,319	\$1,289	\$13,030							
22	6.b	Heat	6862	8,196	738	7,458							
22	6.c	Light & Power	6863	10,092	908	9,184							
22	6.d	Water	6865	1,554	140	1,414							
22	6.f	Sewer	6861	1,671	150	1,521							
22	6.f	Fire Protection	6456	2,047	184	1,863							
22	6.f	Oil Burner Service	6452	542	49	493							
22	6.f	Gas	6864	593	53	540							
22	6.f	Pest Control	6453	1,048	94	954							
Total - Other				\$40,062	\$3,606	\$36,456							
<u>Insurance</u>													
27	14.c	Insurance	6310	\$10,388	\$935	\$9,453							

Page 29 - Adjustments to Statement of Expenditures

Page	Line	Description	Mileage	GL Number	Amount	
					Business	Personal
<u>Item #49 - Other</u>						
<u>Personal Use of Auto</u>						
		Total	10,871			
		Business	4,521		41.59%	58.41%
16	1.6	Auto Expense		6841	4,608	2,692
27	14.b	Insurance on Automobiles		6313	2,604	1,521
22	10.c	Personal Property Taxes		6502	290	<u>169</u>
		Personal Use of Auto		6299		<u><u>4,382</u></u>

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Holly View Manor, Inc.	1819	9/30/2015			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 457,222			457,222		
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$					
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$					
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
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	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$					
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$					
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 457,222			457,222		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 11,033			11,033		
2. Rental of rooms to non-residents	\$ 39,517			39,517		
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$ 6			6		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 4,382			4,382		
V. Total Other Revenue (1 thru 8)	\$ 54,938			54,938		
VI. Total All Revenue (III +V)	\$ 512,160			512,160		

* 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
Holly View Manor, Inc.	1819	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	12,160
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	32,140
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4 Inventories			\$	1,731
5. Prepaid Expenses			\$	7,208
a. Prepaid Real Estate Taxes	2,491			
b. Payroll Taxes Check date 10/1/15	4,717			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	5,786
Officer Loan	5,786			
A-9. Total Current Assets (Lines A1 thru 8)			\$	59,025
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>54,702</u>		\$	5,794
	Accum. Depreciation <u>48,908</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>3,839</u>		\$	
	Accum. Depreciation <u>3,839</u>	Net		
6. Movable Equipment	*Historical Cost <u>23,997</u>		\$	13,186
	Accum. Depreciation <u>10,811</u>	Net		
7. Motor Vehicles	*Historical Cost <u>27,758</u>		\$	
	Accum. Depreciation <u>27,758</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	18,980

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Holly View Manor, Inc.	1819	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	78,005
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
\$				
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	90,158		
	Accum. Depreciation	90,158	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	21,917		
	Accum. Depreciation	21,917	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable				
\$				
C-8 Total Leasehold or Like Properties (C1 thru 7)				
\$				
D. Investment and Other Assets				
1. Deferred Deposits				
\$				
2. Escrow Deposits				
\$				
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)				
\$				
5. Investments Related to Resident Care (<i>itemize</i>)				
\$				

6. Loans to Owners or Related Parties (<i>itemize</i>)				
\$				
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)				
\$				

D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$				
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$ 78,005				

* 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 Holly View Manor, Inc.		License No. 1819	Report for Year Ended 9/30/2015	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	2,420
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>)				\$	5,295
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	1,599
6. Accrued Payroll Taxes Payable				\$	527
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>)				\$	16,744
Resident Fund Payable		2,914			
Accrued Accounting Fees		13,830			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	26,585

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

(Carry Total forward to next page)

U.S. Income Tax Return for an S Corporation

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

▶ Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

2014

For calendar year 2014 or tax year beginning **10/01/14**, ending **09/30/15**

A S election effective date 10/01/89	TYPE OR PRINT	Name HOLLY VIEW MANOR, INC.	D Employer identification number 06-1284336
B Business activity code number (see instructions) 623000		Number, street, and room or suite no. If a P.O. box, see instructions. 38 PROSPECT PLACE	E Date incorporated 01/26/1989
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code BRISTOL CT 06010	F Total assets (see instructions) \$ 78,006

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If "Yes," attach Form 2553 if not already filed

H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year ▶ **1**

Caution. Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales	1a	505,134		
	b Returns and allowances	1b	288		
	c Balance. Subtract line 1b from line 1a			1c	504,846
	2 Cost of goods sold (attach Form 1125-A)			2	49,513
	3 Gross profit. Subtract line 2 from line 1c			3	455,333
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)			4	
Deductions <small>(see instructions for limitations)</small>	5 Other income (loss) (see instructions—attach statement)		SEE STMT 1	5	4,382
	6 Total income (loss). Add lines 3 through 5			6	459,715
	7 Compensation of officers (see instructions—attach Form 1125-E)			7	62,637
	8 Salaries and wages (less employment credits)			8	193,702
	9 Repairs and maintenance			9	10,311
	10 Bad debts			10	
	11 Rents			11	51,600
	12 Taxes and licenses			12	36,836
	13 Interest			13	33
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14	3,325
	15 Depletion (Do not deduct oil and gas depletion.)			15	
	16 Advertising			16	1,482
	17 Pension, profit-sharing, etc., plans			17	751
	18 Employee benefit programs			18	25,685
	19 Other deductions (attach statement)			19	74,162
20 Total deductions. Add lines 7 through 19			20	460,524	
21 Ordinary business income (loss). Subtract line 20 from line 6			21	-809	
Tax and Payments	22a Excess net passive income or LIFO recapture tax (see instructions)	22a			
	b Tax from Schedule D (Form 1120S)	22b			
	c Add lines 22a and 22b (see instructions for additional taxes)			22c	
	23a 2014 estimated tax payments and 2013 overpayment credited to 2014	23a			
	b Tax deposited with Form 7004	23b			
	c Credit for federal tax paid on fuels (attach Form 4136)	23c			
	d Add lines 23a through 23c			23d	
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached			24	
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			25	
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			26	
27 Enter amount from line 26 Credited to 2015 estimated tax			27	Refunded ▶	

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Signature of officer **LORI LANGEWAY** Date _____ Title **PRESIDENT**

Paid Preparer Use Only

Print/Type preparer's name MICHAEL J. MICHAUD	Preparer's signature	Date 12/30/15	Check <input type="checkbox"/> if self-employed	PTIN P00429449
Firm's name ▶ BRODEUR & COMPANY, CPAS, P.C.		Firm's EIN ▶ 06-0885645		
Firm's address ▶ P.O. BOX 164 OLD SAYBROOK, CT 06475		Phone no. 860-388-4627		

Schedule B Other Information (see instructions)

1 Check accounting method:	a <input type="checkbox"/> Cash	b <input checked="" type="checkbox"/> Accrual	Yes	No
	c <input type="checkbox"/> Other (specify) ▶			
2 See the instructions and enter the:	a Business activity ▶ RESIDENTIAL CARE			
	b Product or service ▶ ROOM & BOARD			
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation				X
4 At the end of the tax year, did the corporation:	a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below			X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below

	Yes	No
		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.		Yes	No
(i) Total shares of restricted stock ▶			
(ii) Total shares of non-restricted stock ▶			
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.		Yes	No
(i) Total shares of stock outstanding at the end of the tax year ▶			
(ii) Total shares of stock outstanding if all instruments were executed ▶			
6 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		Yes	No
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount. If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.	<input type="checkbox"/>		
8 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ▶ \$			
9 Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$			
10 Does the corporation satisfy both of the following conditions?		Yes	No
a The corporation's total receipts (see instructions) for the tax year were less than \$250,000			
b The corporation's total assets at the end of the tax year were less than \$250,000			
If "Yes," the corporation is not required to complete Schedules L and M-1.			
11 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction \$		Yes	No
12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions			Yes
13a Did the corporation make any payments in 2014 that would require it to file Form(s) 1099?		Yes	No
b If "Yes," did the corporation file or will it file required Forms 1099?		Yes	No

Schedule K Shareholders' Pro Rata Share Items		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1 -809
	2 Net rental real estate income (loss) (attach Form 8825)	2
	3a Other gross rental income (loss)	3a
	b Expenses from other rental activities (attach statement)	3b
	c Other net rental income (loss). Subtract line 3b from line 3a	3c
	4 Interest income	4 6
	5 Dividends: a Ordinary dividends	5a
	b Qualified dividends	5b
	6 Royalties	6
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a
	b Collectibles (28%) gain (loss)	8b
	c Unrecaptured section 1250 gain (attach statement)	8c
	9 Net section 1231 gain (loss) (attach Form 4797)	9
	10 Other income (loss) (see instructions) Type ▶	10
	11 Section 179 deduction (attach Form 4562) SEE STMT 3	11 1,806
Credits	12a Charitable contributions SEE STMT 4	12a 100
	b Investment interest expense	12b
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)
	d Other deductions (see instructions) Type ▶	12d
	13a Low-income housing credit (section 42(j)(5))	13a
	b Low-income housing credit (other)	13b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c
Foreign Transactions	d Other rental real estate credits (see instructions) Type ▶	13d
	e Other rental credits (see instructions) Type ▶	13e
	f Biofuel producer credit (attach Form 6478)	13f
	g Other credits (see instructions) Type ▶	13g
	14a Name of country or U.S. possession ▶	14a
	b Gross income from all sources	14b
	c Gross income sourced at shareholder level	14c
	Foreign gross income sourced at corporate level	
	d Passive category	14d
	e General category	14e
	f Other (attach statement)	14f
	Deductions allocated and apportioned at shareholder level	
	g Interest expense	14g
h Other	14h	
Deductions allocated and apportioned at corporate level to foreign source income		
i Passive category	14i	
j General category	14j	
k Other (attach statement)	14k	
Other information		
l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l	
m Reduction in taxes available for credit (attach statement)	14m	
n Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a 138
	b Adjusted gain or loss	15b
	c Depletion (other than oil and gas)	15c
	d Oil, gas, and geothermal properties – gross income	15d
	e Oil, gas, and geothermal properties – deductions	15e
	f Other AMT items (attach statement)	15f
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a
	b Other tax-exempt income	16b
	c Nondeductible expenses	16c 218
	d Distributions (attach statement if required) (see instructions)	16d
	e Repayment of loans from shareholders	16e

Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount	
Other Information	17a Investment income	17a	6
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement) SEE STATEMENT 5		
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18	-2,709

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		14,252		12,162
2a	Trade notes and accounts receivable	44,575		32,140	
b	Less allowance for bad debts	()	44,575	()	32,140
3	Inventories		1,706		1,731
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement) STMT 6		2,491		7,208
7	Loans to shareholders		1,097		5,786
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	105,513		110,787	
b	Less accumulated depreciation	(91,048)	14,465	(91,808)	18,979
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (attach statement)				
15	Total assets		78,586		78,006
Liabilities and Shareholders' Equity					
16	Accounts payable		2,520		2,418
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement) STMT 7		21,106		24,165
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock		1,000		1,000
23	Additional paid-in capital				
24	Retained earnings		53,960		50,423
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock	()		()	
27	Total liabilities and shareholders' equity		78,586		78,006

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. The corporation may be required to file Schedule M-3 (see instructions)

1 Net income (loss) per books	-3,537	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize)		a Tax-exempt interest \$	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize):		6 Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	3,835
b Travel and entertainment \$		STMT 9	8,985
STMT 8 13,648	13,648	7 Add lines 5 and 6	12,820
4 Add lines 1 through 3	10,111	8 Income (loss) (Schedule K, line 18). Line 4 less line 7	-2,709

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	49,629		
2 Ordinary income from page 1, line 21			
3 Other additions STMT 10	6		
4 Loss from page 1, line 21	809		
5 Other reductions STMT 11	2,124		
6 Combine lines 1 through 5	46,702		
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	46,702		

Cost of Goods Sold

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.
 ▶ Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

Name **HOLLY VIEW MANOR, INC.** Employer identification number **06-1284336**

1	Inventory at beginning of year	1	1,706
2	Purchases	2	43,208
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule) STMT 12	5	6,330
6	Total. Add lines 1 through 5	6	51,244
7	Inventory at end of year	7	1,731
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions)	8	49,513

9a Check all methods used for valuing closing inventory:

- (i) Cost
- (ii) Lower of cost or market
- (iii) Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)

d If the LIFO inventory method was used for this tax year, enter the amount of closing inventory computed under LIFO 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

HOLLY VIEW MANOR, INC.

Identifying number

06-1284336

Business or activity to which this form relates

REGULAR DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	4,231
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	SEE STATEMENT 13	1,806	1,806
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	1,806
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	1,806
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	61,828
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	1,806
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	1,347
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property	10/21/14	5,810	39 yrs.	MM	S/L	143
	10/02/14	2,425	39.0	MM	S/L	60

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	1,775
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,325
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2014)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [] No 24b If "Yes," is the evidence written? [X] Yes [] No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25
26 Property used more than 50% in a qualified business use:
'07 CHEROKEE 01/12/07 100.00% 27,758 27,758 5.0 200DBHY 1,775
27 Property used 50% or less in a qualified business use:
% S/L-
% S/L-
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 1,775
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) 10,871
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32 10,871
34 Was the vehicle available for personal use during off-duty hours? [X] Yes [] No
35 Was the vehicle used primarily by a more than 5% owner or related person? [X] Yes [] No
36 Is another vehicle available for personal use? [X] Yes [] No

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions):
43 Amortization of costs that began before your 2014 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

Attachment
Sequence No. **27**

▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Name(s) shown on return

Identifying number

HOLLY VIEW MANOR, INC.

06-1284336

1 Enter the gross proceeds from sales or exchanges reported to you for 2014 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) **1**

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SEE STATEMENT 14						

3 Gain, if any, from Form 4684, line 39 **3**

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 **4**

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 **5**

6 Gain, if any, from line 32, from other than casualty or theft **6**

7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: **7 0**

Partnerships (except electing large partnerships) and S corporations Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years (see instructions) **8**

9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) **9**

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7 **11** ()

12 Gain, if any, from line 7 or amount from line 8, if applicable **12**

13 Gain, if any, from line 31 **13**

14 Net gain or (loss) from Form 4684, lines 31 and 38a **14**

15 Ordinary gain from installment sales from Form 6252, line 25 or 36 **15**

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 **16**

17 Combine lines 10 through 16 **17**

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions **18a**

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 **18b**

For Paperwork Reduction Act Notice, see separate instructions.

Federal Statements

Statement 1 - Form 1120S, Page 1, Line 5 - Other Income (Loss)

Description	Amount
PERSONAL AUTO USE	\$ 4,382
TOTAL	\$ 4,382

Statement 2 - Form 1120S, Page 1, Line 19 - Other Deductions

Description	Amount
ACCOUNTING FEES	\$ 8,315
ALARM SERVICE/FIRE PROTECTION	2,047
AUTO EXPENSE	4,608
AUTO INSURANCE	2,604
COMPUTER & INTERNET	716
DUES & SUBSCRIPTIONS	1,647
ELECTRICITY	10,092
EMPLOYEE MILEAGE REIMBURSEMNT	707
FEES & LICENSES	440
FUEL OIL	8,196
LIABILITY INSURANCE	10,388
MISCELLANEOUS EXPENSE	623
NATURAL GAS	593
OFFICE SUPPLIES	1,486
OIL BURNER SERVICES	542
PARTIES & GIFTS - RESIDENTS	397
PAYROLL SERVICES	4,063
PENSION ADMIN FEES	100
PEST CONTROL	1,048
POSTAGE	294
SEWER	1,671
TELEPHONE	3,182
WATER	1,554
WORKERS COMP	8,849
TOTAL	\$ 74,162

Statement 3 - Form 1120S, Page 3, Schedule K, Line 11 - Section 179 Deduction

Description	Amount
SECTION 179 - PERSONAL PROP	\$ 1,806
TOTAL	\$ 1,806

Statement 4 - Form 1120S, Page 3, Schedule K, Line 12a - Cash Contributions

Description	Cash Contrib 50%	Cash Contrib 30%	Total
MISC CHARITABLE DONATIONS	\$ 100	\$	\$ 100
TOTAL	\$ 100	\$ 0	\$ 100

Federal Statements

Statement 5 - Form 1120S, Page 4, Schedule K, Line 17d - Other Items and Amounts

Description	Amount
DISPOSAL OF SECTION 179 PROPERTY - SEE ATTACHED WRK	

Statement 6 - Form 1120S, Page 4, Schedule L, Line 6 - Other Current Assets

Description	Beginning of Year	End of Year
PREPAID REAL ESTATE TAX	\$ 2,491	\$ 2,491
PAYROLL ESCROW 10/1/15		4,717
TOTAL	<u>\$ 2,491</u>	<u>\$ 7,208</u>

Statement 7 - Form 1120S, Page 4, Schedule L, Line 18 - Other Current Liabilities

Description	Beginning of Year	End of Year
ACCRUED ACCOUNTING FEES	\$ 14,515	\$ 13,830
ACCRUED PAYROLL	4,738	5,295
ACCRUED PAYROLL TAXES	468	527
ACCRUED PAYROLL-ADMINISTRATOR	1,385	1,599
RESIDENTS FUND PAYABLE		2,914
TOTAL	<u>\$ 21,106</u>	<u>\$ 24,165</u>

Statement 8 - Form 1120S, Page 5, Schedule M-1, Line 3 - Expenses on Books Not on Return

Description	Amount
ACCRUED OFFICER SALARY - EOY	\$ 1,599
ACCRUED ACCOUNTING FEES - EOY	7,600
CAPITALIZED ASSETS	4,231
OFFICER LIFE INS PREMIUMS	218
TOTAL	<u>\$ 13,648</u>

Statement 9 - Form 1120S, Page 5, Schedule M-1, Line 6 - Deductions on Return Not on Books

Description	Amount
ACCRUED ACCOUNTING FEES - BOY	\$ 7,600
ACCRUED OFFICER SALARY - BOY	1,385
TOTAL	<u>\$ 8,985</u>

Statement 10 - Form 1120S, Page 5, Schedule M-2, Line 3(a) - Other Additions

Description	Amount
INTEREST INCOME	\$ 6
TOTAL	<u>\$ 6</u>

Statement 11 - Form 1120S, Page 5, Schedule M-2, Line 5(a) - Other Reductions

<u>Description</u>	<u>Amount</u>
OFFICER LIFE INS PREMIUMS	\$ 218
CHARITABLE CONTRIBUTIONS	100
SECTION 179 EXPENSE	<u>1,806</u>
TOTAL	<u>\$ 2,124</u>

Statement 12 - Form 1125-A, Line 5 - Other Costs

<u>Description</u>	<u>Amount</u>
DIETARY SUPPLIES	\$ 1,160
HOUSEKEEPING SUPPLIES	909
LAUNDRY	616
LINENS	373
PATIENT SUPPLIES	1,499
RECREATION SUPPLIES	1,773
TOTAL	\$ <u>6,330</u>

Regular Depreciation

Statement 13 - Form 4562, Part I, Line 6 - Section 179 Expense

<u>Description of Property</u>	<u>Cost</u>	<u>Expense</u>
DRYER	\$ 550	\$ 550
AIR CONDITIONER	508	508
AIR CONDITIONER	525	525
PRINTER AND STAND	223	223
TOTAL	\$ <u>1,806</u>	\$ <u>1,806</u>

Federal Statements

Statement 14 - Form 4797, Part I, Line 2 - Property Held More Than 1 Year

Desc	Date Acquired	Date Sold	Sales Price	Depr Allowed	Basis	Gain or Loss
REFRIGERATOR	9/27/99	10/01/14	\$	\$ 150	\$ 150	\$
1 QUEEN ANNE CHAIR	1/06/00	10/01/14		201	201	
USED DRESSER & MIRROR	2/24/00	10/01/14		140	140	
TOTAL						\$ 0

G. Balance Sheet (cont'd)

Name of Facility Holly View Manor, Inc.		License No. 1819	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				26,585	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	

B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 26,585	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Holly View Manor, Inc.	1819	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	51,128
6. Gain or Loss for Period			\$	(708)
7. Total Net Worth			\$	51,420
C. Total Reserves and Net Worth			\$	51,420
D. Total Liabilities, Reserves, and Net Worth			\$	78,005

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Holly View Manor, Inc.	1819	9/30/2015	36	37
Account			Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2014		\$	54,959
B.	Total Revenue <i>(From Statement of Revenue Page 30)</i>		\$	512,160
C.	Total Expenditures <i>(From Statement of Expenditures Page 27)</i>		\$	512,868
D.	Net Income or Deficit		\$	(708)
E.	Balance		\$	54,251
F.	Additions			
	1. Additional Capital Contributed <i>(itemize)</i>			
	2. Other <i>(itemize)</i> pr yr adj - dietary food			95
F-3.	Total Additions		\$	95
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>		\$	2,926
	Purpose	Amount		
	pr yr adj - resident allowances	2,926		
	3. Total Deductions		\$	2,926
H.	Balance at End of Period		\$	51,420
	09/30/15			

Page 36 - Expense Reconciliation

Total Expense - Page 27	513,584
Rounding	1
Depreciation - Book/Cost Report Difference	<u>(717)</u>
Total Expenses per Trial Balance (Page 36, line C)	<u>512,868</u>

I. Preparer's/Reviewer's Certification

Name of Facility Holly View Manor, Inc.	License No. 1819	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		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title CPA	Date Signed 1/5/16		
Printed Name of Preparer Michael J. Michaud, CPA				
Address Address P O Box 164 Old Saybrook, CT 06475		Phone Number 860 388-4627 Ext. 226		