Fairvue Inc.

2015 COST Year

February 15, 2016

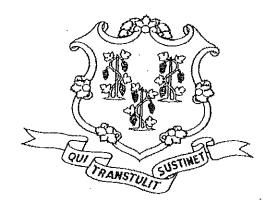
Mr. Chris LaVigne, Director
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105
Attention: Office of Reimbursement and CON

Dear Mr. LaVigne:

Enclosed please find the 2015 Medicaid Cost Report for Odd Fellows Home of CT, d/b/a Fairview.

In preparing this cost report, we did not perform any disallowances for the administrator salary expense, related party salary expense or dues expense in excess of the limits for each prescribed by your department. We also did not perform any disallowances related to physical therapy and speech therapy, which were paid for by entities other than the Medicaid program, except for depreciation for therapy related property additions. Further, we did not disallow any depreciation or interest expense in excess of amounts previously approved via Certificate of Need or related to any prior state desk review or field audits. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We believe this preparation methodology is in compliance with any rules and regulations of your department and the federal government.

State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2015

Name of Facility (as	icensed)					
Odd Fellows Home o	f CT, d/b/a Fair	rview				
Address (No. & Stree	et, City, State, Z	Cip Code)				
235 Lestertown Road	l, Groton, CT 0	6340				
Type of Facility						
Chronic and C Nursing Home	onvalescent only (CCNH)		Rest Home with No Supervision only (RHNS)	orsing	(Specify)	
Report for Year Begi 10/1/2014	nning		Report for Year En 9/30/2015	ding		
License Numbers:		CCNH 258c	RHNS	(Specify)	M	edicare Provider 07-5288
Medicaid Provider N	umbers:	CC 2584	CNH	RHNS	IC	F-IID
For Department Us	e Only					
Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Numb Assigned	Signed a	and Notarized	Date Received

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Odd Fellows Home of CT, d/b/a Fairview		9/30/2015	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Odd Fellows Home of CT, d/b/a Fairview [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)		Date	Signed (Owner)	Date
Printed Name (Administrator) James Rosenman			Printed Name (Owner)	
Subscribed and Sworn to before me:	State of .	Date	Signed (Notary Public)	Comm, Expires
Address of Notary Public				

(Notary Seal)

State of Connecticut Department of Social Services Annual Martford Connecticut 06

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page	of
				1A	37
Name of Facility		Period Cov	ered:	From	То
Odd Fellows Home of CT, d/b/a Fairview				10/1/2014	9/30/2015
Address of Facility					
235 Lestertown Road, Groton, CT 06340		12.7		In /	
Report Prepared By		Phone Nun		Date	
Blum Shapiro & Company, PC		860-561-40)00	2/15/2016	T
Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

		Pho	ne No. of Fac	ility	Report for Ye	ar Ended	Page	of	
		l	-445-7478	•	9/30/2015		2	37	
Name of Facility (as shown on license)	Many		Address (No	, & S	Street, City, Sto	ite, Zip)			
Odd Fellows Home of CT, d/b/a Fairview					Road, Groton, C)		
Odd 1 Chows Home of C1, drown satisfaction	CCNH		RHNS		(Specify)		Medicare P	rovider	No.
License Numbers:	258c						07-5288		
Type of Facility (Check appropriate box(es)))								
Chronic and Convalescent		Res	t Home with 1	Vursi	ng "	(Specify	`		
Nursing Home only (CCNH)			ervision only			(Specify	,		
Type of Ownership (Check appropriate box)		_	n	•	New Dunfit Cor	ro. O	Government	ОТ	rust
O Proprietorship O LLC O	Partnership	O	Profit Corp.	•	Non-Profit Cor				Lust
				Date	e Opened	Date Clo	osed		
If this facility opened or closed during report	t year provide	:							
		,		L					
Has there been any change in ownership						×0.05 * 1			
or operation during this report year?			Yes	<u> </u>	No	If "Yes,	' explain fully	<u>'. </u>	
•									
									
Administrator					November 13	oma			
Name of Administrator					Nursing H		1944		
James Rosenman					Administra		1344		
				Cut	License	No.:			
Other Operators/Owners who are assistant a	administrators	(tul	or part time)	or tr	License	No.I			
Name					License	140			
N/A									
			,						
						•			

State of Connecticut

Annual Report of Long-Term Care Facility

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General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page	or
Odd Fellows Home of CT, d/b/a I	airview	258c	9/30/2015		3	37
Legal Name of Partner		Business	Address	State(s) and/or Town(s Which Registered		
N/A						
	Business Ac	Idrago		<u>I</u> Title	% Ov	wned
Name of Partners/Members	Dusiness Ac			11110		
N/A						
401						
]						

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year E	nded	Page	of
Odd Fellows Home of CT, d/b/a Fairview	258c	9/30/2015		3A	37
If this facility is owned or operated as a corpor	ration, provide the	following informat	ion:	<u>.</u>	
Legal Name of Corporation	Busines	s Address	State(s) in Whi	ch Incorp	orated
Odd Fellows Home of CT, d/b/a	235 Lestertown R	oad, Groton, CT	Connecticut		
Fairview	06340				
				1	
Name of Directors, Officers	Busines	es Address	Title	No. SI Held by	
See Attached Page 3A1				:	
					······································
		As a feetile			<u>-</u>
Names of Stockholders Owning at Least 10%					
of Shares					
		,			,

Odd Fellows Home, Inc. Officers and Directors 2014-2015

President 1 st Vice President	C. Henry Lucas Edith Kalin	860-620-0383 203-574-4897	<u>chl32586@hotmail.com</u> <u>edieboop@aol.com</u> <u>marshdk@aol.com</u>
2 nd Vice President	Vincent d Barbieri	203-729-8351	vbar12@att.net
Secretary	Peggy Trakas	860-381-5381	ptrakas45@comcast.net
Asst. Secretary	Lucille Kutz	860-828-1157	lucillekutz@sbcglobal.net
Treasurer	Constance Kloskowski	860-670-8601	connieklos@sbcglobal.net
Asst. Treasurer	Nelson Doyle	860-669-5848	nid42@comcast.net
Chaplain	Robert Piel	860-274-2290	bobmar80@optonline.net
Director '15	Warren W. Smith	860-354-6369	grsecvioofct@aol.com
Director '15	Robert Beagle	203-746-4938	bbdodge@charter.net
Director '16	Mary Ann Burkard	860-233-3046	maburkard@sbcglobal.net
Director '16	Linda Stein	203-378-2329	llstein100@aol.com
Director '17	Seth Wakeman	860-535-2501	marshdk@aol.com
Director '17	Marshall D. Kalin	203-574-4897	
Grand Master	Vincent Braucci	203-525-3929	vbraucci@att.net
Pres, Rebekah Assy.	Connie Miller	860-868-0367	cmiller1955@aol.com
CEO/Administrator	James Rosenman	860-445-7478	rosenmamj@fairviewct.org
Dir. of Finance	Tina White	860-445-7478	whitet@fairviewct.org
<u>Guests:</u> Grand Patriarch Dept, Commander	Richard Northrop Col. Vincent J Barbier	i 203-729-8351	vbar12@att.net

860-651-0634

Lady Janice Crowe

Assoc, President

State of Connecticut

Annual Report of Long-Term Care Facility

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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Odd Fellows Home of CT, d/b/a Fairview	258c	9/30/2015	3B	37
If this facility is owned or operated as an individua	al proprietorship, p	provide the following informa	ation:	
Owi	ner(s) of Facility			
	•			
N/A				
_				
		,,,,,,,,,,, , ,, ,, ,, ,, ,, ,,		
		, -14t		
				į
			·····	
			···	
44.				

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

General Information and Questionnaire Related Parties*

Name of Facility Odd Fellows Home of CT, d/b/a Fairview		License No. 258	No. 258c	Report for Year Ended 9/30/2015		Page 4	of 37
Are any individuals rece	Are any individuals receiving compensation from the facility related through	cility rel	ated through		If "Yes," provide the Name/Address and	e Name/Add	ress and
marriage, ability to conti	marriage, ability to control, ownership, family or business association?	ss assoc		O Yes © No	complete the information on Page 11 of the report.	nation on Pag	ge 11 of the report.
Are any individuals or ca	Are any individuals or companies which provide goods or services	or servic	Š,				
including the rental of pricelated through family as	including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business	o this fa control,	cility, or business	⊙ Yes O No			
association to any of the	association to any of the owners, operators, or officials of this facility?	of this fa	cility?	Antonia (A. J.	If "Yes," provide the following information:	e following i	nformation:
		Also	Also Provides		Indicate Where		
		Goods	Goods/Services to		Costs are Included		
Name of Related	Business	Non-R	프	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	%*% ON	Provided	Page#/Line#	Reported	Related Party
Fellowship Manor	235 Lestertown Road, Groton, CT 06340	0	0	Housekeeping Services	P. 30 line IV8	(27,975)	(27,975)
Odd Bellows Healthcare Inc. 06340	235 Lestertown Road, Groton, CT	0	•	COOL Among and and A M	1 1 1 1 - 1 1 1	000	C C C V V
Con I concern the control of the con	77 Water Chaset Chammaton (M)			INTERIOR	p. 10 tute tute	22,000	00,00
Able Business Printing	2) water Street, Stoffingsoff, C1 06378	0	0	Printing and Office Supplies	p. 22 line 6a	185	185
Hellowshin Manor	235 Lestertown Road, Groton, CT	•	0	Other American Description	20 11.00 PG	PUC OC	600
7	235 Lestertown Road, Groton, CT				1. 25 tan 20 . q	170.00	F2C.00
Faith, Hope and Charity	06340	0	⊙	Other Accounts Receivable	p. 32 line D7	13,842	13,842
Dallamerhin Monas	235 Lestertown Road, Groton, CT	•	0	£	: :	i c	
renowanip tytanor	0034U			Unter Accounts Receivable	p. 32 lme D/	/00,742	700,742
Fellowship Manor	233 Lestertown Koad, Oroton, C.1 106340	•	0	Other Current Liabilities	p. 34 line A10	12,988	12,988
		0	0				
		0	0				

^{*} 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	License No),	Report for Year Ended	Page	of
Odd Fellows Home of CT, d/b/a Fairview	258c		9/30/2015	5	37
If the facility is licensed as CDH and/or RCH	or provides A	IDS or TBI	services with special Medicaio	d rates, cost	S
must be allocated to CCNH and RHNS as foll	lows:				
Item			Method of Allocation	n	
Dietary		Number of	meals served to residents	,,,,,	
Laundry		Number of	pounds processed		
Housekeeping			square feet serviced		
			hours of routine care provide		
Nursing		employee o	classification, i.e., Director (or	Charge Nu	ırse),
		Registered	Nurses, Licensed Practical N	urses, Aides	and
		Attendants			
Direct Resident Care Consultants			hours of resident care provide	ed by EACI	F
		specialist	(See listing page 13)		·
Maintenance and operation of plant		Square fee	t		
Property costs (depreciation)		Square fee	****		
Employee health and welfare		Gross sala			
Management services			te cost center involved		
All other General Administrative expenses		1	irect and Allocated Costs		
The preparer of this report must answer the fo	ollowing quest	ions applica	ble to the cost information pro	vided.	
1. In the preparation of this Report, were all	⊙ Yes	O No	If "No," explain fully why su	ich allocatio	n was
costs allocated as required?	o res	0 110	not made.		
2. Explain the allocation of related company of	expenses and a	ttach copy	of appropriate supporting data		
Z. Likpatin the discounter the	*				
3. Did the Facility appropriately allocate and (e.g., Assisted Living, Home Health, Outpot)	self-disallow atient Services	direct and in , Adult Day	direct costs to non-nursing hor Care Services, etc.)	me cost cen	ters?
	⊙ Yes	O No	If "No," explain fully why su not made.	ich allocatio	on was

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General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals

should not be included in these amounts.							
Name of Facility			License No.	Report for Year Ended	ear Ended		Page of
Odd Fellows Home of CT, d/b/a Fairview			258c	9/30/2015			
	Related * to	d*to	mananananan				
	Owners,	ers,					
	Operators,	ators,				Annual	
	Officers	cers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	ofLease	Claimed
	0	•					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
Is a Mileage Log Book Maintained for All Leased Vehicles?	eased Ve	shicles 7	O Yes	0	O No	Total ***	

Is a Mileage Log Book Maintained for All Leased Vehicles?

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 License No.	Report for Year Ended	rage of
Odd Fellows Home of CT, d/b/a Fa 258c	9/30/2015	. 7 37
The records of this facility for the period covered by	this report were maintained on the following bas	315:
O Accrual O Cash O Modified Cash		
Is the accounting basis for this	If "No," explain.	
period the same as for the • Yes	ii no, expiani.	
previous period? O No		
Independent Accounting Firm		7° 0.10
Name of Accounting Firm	Address (No. & Street, City, State,	
1 Blum, Shapiro & Company, P.C.	29 S. Main Street, West Hartford	ra, C1 06107
2		
3		
4		
Services Provided by This Firm (describe fully)		
1 Audit, Medicaid & Medicare Cost Report preparation, 990	Preparation, Benefit plan audit	\$ 63,083
2		\$
3		\$
4		\$
7		Charge for Services Provided
		\$ 63,083
Are These Charges Reflected in the Expenditure Portion of This	Report? If Yes, Specify Expense Classification and Line N	0.
• Yes O No Page 15, Line 16	1	
Legal Services Information		
Name of Legal Firm or Independent Attorney		Telephone Number
1 Murtha Cullina		(860) 240-6000
2 Treasurer State of CT		(800) 618-3404
3 State of CT Court of Probate		
4 Wiggin & Dana		(860) 297-3700
5		
Address (No. & Street, City, State, Zip Code)		
1 City Place 185 Asylum Street, Hartford, CT 06	103	
2 55 Elm Street, Hartford, CT 06106		
3		
4 20 Church St, Hartford, CT 06103		
5		
Services Provided by This Firm (describe fully)		* ***
1 Unemployment, Pension, CHRO, employee benefits, gener	al regulatory	\$ 39,058 \$ 150
2 Probate - Disallowed		\$ 45
3 Probate - Disallowed		\$ 16,423
4 HIPAA and compliance matters		
5 Amount charged to related companies		\$ (10,994)
		Charge for Services Provided
		\$ 44,682
Are These Charges Reflected in the Expenditure Portion of This	Report? If Yes, Specify Expense Classification and Line N	10.
Page 15, Line 1	e .	
⊙ Yes O No	'	

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Schedule of Resident Statistics

N. Comerce of December 1			License No.	Ö			Report fo	Report for Year Ended	קי		Page	of
Maile of Facility Odd Fellows Home of CT d/b/a Fairview			2	258c			9/30/2015	10			8	37
Out I diows from of Cr., doing and						eriod 10/	Period 10/1 Thru 6/30	30		Period 7/1	Thru 9/30	(
		Total	Total									
	Total All	CCNH	RHNS	Total								
	Levels	Level	Level	(Specify)	Total	CCNH	RHNS	(Specify)	Total	ESSE	REINS	(Specify)
1. Certified Bed Capacity									3			
A. On last day of PREVIOUS report period	120	120			120	120			120	120		
B. On last day of THIS report period	120	120			120	120			120	120		
18										,		
A. As of midnight of PREVIOUS report period	115	115			115	115			112	112		
B. As of midnight of THIS report period	115	115			112	112			115	115		
멸												
A. Medicare	4,494	4,494	:		3,345	, 3,345			1,149	1,149		
B. Medicaid (Conn.)	23,108	23,108			17,696	17,696			5,412	5,412		
C. Medicaid (other states)												
D. Private Pay	13,025	13,025			9,407	9,407			3,618	3,618		
E. State SSI for RCH												
F. Other (Specify) Hospice	482	482			190	190			292	292		
G. Total Care Days During Period (3A thru F)	41,109	41,109			30,638	30,638			10,471	10,471		
A Total Number of Days Not Included in Figures in 3G												
	10											
A. Medicaid Bed Reserve Days	20	20			17	17			3	3		
B. Other Bed Reserve Days	09	9			50	80			10	01		
5. Total Resident Days (3G + 4A + 4B)	41,189	41,189			30,705	30,705			10,484	10,484		

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Licer	se No.				Report	for Year	Ended		Page	of
Odd Fellows	-	f CT, d/l	b/a Fairview		258c					9/30/201	5		9	37
4. Were the	re any c	hanges	in the certified b		oacity du	ing th	ie repoi	rt yeai	·?	0	Yes	0	No	
II TES			f Change	,1011.	Ch	ange	in Bed	 S		Ca	pacity Afte	er Change		
D-4£		RHNS			Lost	ange		Gaine		0	<u> </u>			
Date of	CCNH	KHNS	(Specify)		Lust	<u> </u>			u					
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason fo	or Change
	-(-)	(-2)				`~	` _	<u> </u>	·····					
							<u> </u>							
5 If there y	vas anv	change i	in certified bed	apaci	ty during	the re	eport ye	ear (as	report	ed in item	4 above)	provide the num	ber of	
			90 days followir					`	•		,	•		
KDS1131	5141 1571	15.01	o days tonown	8	···		****							
			Change in Re	esiden	t Davs						CNH	RHNS	(Spe	cify)
1st chan	ore.		Change in re	231400	t Days									
2nd char						•								
3rd chan	_													
4th chan	ge													
6. Number	of Resid	lents and	d Rates on Septe	mber			11				10 D		Other Charl	a Aggintad
			Medicare		Medi	caid_				I Se	elf-Pay		Other Stat	e Assisted
				_					ON 11 1	, n	D. CO	(C ! C)	R.C.H.	ICF-MR
	Item		CCNH		CONH		HNS	C	CNH		INS	(Specify)	к.с.п.	ICI-MIK
No. of R			12		59				44					
Per Dien a. One l			PPS		221.95			100000000	382.00					370
b. Two			113		221.75									
c. Three							****	1						
bed i			PPS	1	221,95				340.35					
DCG 1	1115.			<u> </u>		L								
			al Therapy Treat	ments	3					TO	TAL	CCNH	RHNS	(Specify)
		are - Par									1,471	1,471		
В.			lusive of Part B)	1										
			e Treatments							<u> </u>	· · · · · ·			
	2, Kes Other	torative	Treatments							-	11,533	11,533		
		Physical	Therapy Treati	nents							. 13,004	13,004		
			Therapy Treatr						•					
		are - Par									611	611		
В			lusive of Part B)										
			e Treatments							-				
		torative	Treatments								0.57	052		
	Other_	n	Fit and Fire - A	ared-						-	857 1,468	857 1,468		
			Therapy Treatm		monte				•		1,408	1,408		
		r Occup are - Par	ational Therapy	reau	nents					85 - 24 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 1	1,973	1,973		
			lusive of Part B	}							.,	-,-10		
"			e Treatments	,										
-			Treatments		· · · · · · · · · · · · · · · · · · ·									
	. Other										12,264	12,264		
		Occupat	ional Therapy T	reatn	nents					1	14,237	14,237		<u> </u>

Report of Expenditures - Salaries & Wages

Report of Ex	-,	- Salari				
Name of Facility	License No.		Report for Yea	r Ended	Page	of
Odd Fellows Home of CT, d/b/a Fairview	258c		9/30/2015		10	37
Are time records maintained by all individuals receiving cor	npensation?	0	Yes	0	No	
Б	&[Total Cost a	nd Hours		
	8	T	Total Cost a	nu riouis	1	I .
71	CONT	11	DIVING	Haura	(Specify)	Hours
A. Salaries and Wages*	CCNH	Hours	RHNS	Hours	(Opecity)	110015
A. Salaries and Wages* 1. Operators/Owners (Complete also Sec. I						
of Schedule A1)				The first of the second second		
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	187,367	2,121			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Assistant Administrator (Complete also Sec. IV						
of Schedule A1)	*E-VANELED-CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-	PACE DIAMENTO CONTRACTO		Maria Company	1	
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	492,442	20,591				
5. Dietary Service						
a. Head Dietitian	ļ	227				
b, Food Service Supervisor	66,730				<u> </u>	ļ <u></u>
c. Dietary Workers 6. Housekeeping Service	540,706	33,453				24.00
a. Head Housekeeper						
b. Other Housekeeping Workers	195,171	13,741				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	73,041	2,295				
b. Other Maintenance Workers	213,846	12,248				
8. Laundry Service						
a. Supervisor	1	11.050				
b. Other Laundry Workers	161,006	11,272				
Barber and Beautician Services Protective Services	-					
11. Accounting Services						
a. Head Accountant	104,883	2,014		ZNAKAWA ZKANEK		
b. Other Accountants		,				
12. Professional Care of Residents		V Y S				
 a. Directors and Assistant Director of Nurses 	212,229	4,946				
b. RN						
Direct Care	923,245	26,234				
2. Administrative**	253,774	7,190				
c. LPN	979 039	30,335				
Direct Care Administrative**	878,028	30,333				
d. Aides and Attendants	2,051,235	118,527				
c. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	154,776	9,213				
i. Physicians						
Medical Director Utilization Review	·					
2. Othization Review 3. Resident Care***						
4. Other (Specify)						
·· (observ))	The second secon		THE PROPERTY OF STREET	The state of the s	And the second s	······································
j. Dentists						
k. Pharmacists						
1. Podiatrists					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
m. Social Workers/Case Management	52,439	1,845				
n. Marketing						
o. Other (Specify) See Attached Schedule						
A-13, Total Salary Expenditures	6,560,918	298,343	***************************************			

^{*} 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 of Other Salaries and Wages (Page 10)

	CC	NH	RH	NS	(Spe	eify)
Position	\$	Hours	S	Hours	\$	Hours
X 03.100					1980 846	
	国家联系统约	NAME OF THE PARTY		NEWS STATE	基础设置连续	新加州教育
			TO SECOND			
	ALC: SERVING A	Sales a sales	LANGE SAME			
			PARTE SALV		MANAGES N	
	6W(58/88) (70/89)					
		Awaring in the second				
					1032233045368	Yes Mindshot
				BANKARAN YARA		
			Service Committee		Committee Control	
						##@###################################
				312/2/12/2017	\$45.00 A	
Total	\$ 3000000000000000000000000000000000000	\$ 60 PER	\$ 12412.00	figurally (7) or	A CHARLES	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4

Schedule of Other Fees (Page 13)

CC	NH	RH	INS	(Spe	cify)
S	Hours	\$	Hours	\$	Hours
1,730	Disallowed				
239	Disallowed				
	BONNER TO SERV	With Militar	AN AND SEE		
					(1941) ESPE
			AND REPORT		
EXVISION DE			WANTED THE STATE OF THE STATE O		
SISSUM COAS					
		NY STATE OF			
				A PERSONAL PROPERTY.	(Christian)
	TENANCE IN		AND MAKES		
					NAME OF STREET
		NAUMANN	表表示的数据		HW NAMES
			10 - 10 Miles	VALUE OF THE STATE	MARKETA
			1888 888		VARANCE A
	100000000000000000000000000000000000000	S (1) 10 10 10 10 10 10 10 10 10 10 10 10 10	TORKER PER	\$ 5000	Segment And All
	\$ 1,730. 239	1,730 Disallowed 239 Disallowed	\$ Hours \$	S Hours S Hours 1,730 Disallowed 239 Disallowed 3	S Hours S Hours S 1,730 Disallowed 239 Disallowed

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

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

Assistant Administrators and Other Related Parties*

NI COLOR OF DANS 1540		7	masissi	I icense No	I isomes No	Renort for	Report for Year Ended		Page	Jo
Name of Facility				250		onomore.			-	7.7
Odd Fellows Home of CI, d/b/a rairview	airview			73&C		9/50/2015			II	, ,
	-	Salary Paid	đ							
,		r G	o constant of the constant of	Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where Claimed on	Name and Address of All	Total Hours Worked	Compensation Received
Name	E S S	KHNZ	(Specify)	(describe mily)	Services Neildered	M OI KCU	1 dgc 10	טיייטיייט בייייט טיייט	TO IV	DOLLOON!
Section I - Operators/Owners										
)	,		4,.444					
Section II - Other related										
parties of Operators/Owners										
employed in and paid by										
may be the Administrator or										
Assistant Administrators who										
are identified on Page 12).		•••				4				
	-		!							
A CONTRACTOR OF THE CONTRACTOR										

^{*} 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.

State of Connecticut

Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005

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

Assistant Administrators and Other Related Parties*

	-	7	ASSISTALL	Authmore	Assistant Auministrators and Cities resident a miss	110101	CT. CT.			
Name of Famility (as licensed)				License No.		Report for Year Ended	ar Ended		Page	of
Inallie of Facility (as inclined)									1.5	37
Odd Fellows Home of CT, d/b/a Fairview	irview			258c		9/30/2015			7,7	10
		Salary Paid	đ				•			
				Fringe Benefits and/or Other					Total	
Name	CCNH	RHNS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Total Hours Claimed on Worked Page 10		Name and Address of All Other Employment**	Worked	Received
Section III - Administrators***										
				Insurance, Pension, Life,						
James Rosenman	187,367			Disability	Administrator	2,121 A2	42			
Section IV - Assistant										
tree is movided. Use additional sheets if required.	I he consid.	ared unless	full informat	ion is provided. Us	e additional sheets if re	squired.				

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

^{**} Include $\underline{\mathbf{all}}$ other employment worked during the cost year.

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

Annual Report of Long-Term Care Facility

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B. Report of Expenditures - Professional Fees

B. Report of Ex		es - Proi	essional E	ees		
Name of Facility	License No.		Report for Y	ear Ended	Page	of 37
Odd Fellows Home of CT, d/b/a Fairview	258	c	9/30/2015		13	37
			Total Cost a	and Hours		
			i			
					(G .C)	T.Yana
Item	CCNH	Hours	RHNS	Hours	(Specify)	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	14,849	371				
2. Dentist	7,025	46				
3. Pharmacist	7,430	192				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	299,299	4,699				
b. Other						
6. Social Worker	1,953	36				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	57,883	1,048				
b. Utilization Review						
(Title 18 and 19 only) monthly meeting					 	ļ
c. Resident Care**						
d. Administrative Services facility			1990 % 13			
1. Infection Control Committee						
(Quarterly meetings) 2. Pharmaceutical Committee				 		·
(Quarterly meetings)						
3. Staff Development Committee						
(Once annually)						
e. Other (Specify)						25.55
9. Speech Therapist	are for Englished					
a. Resident Care	73,394	845		<u> </u>	<u> </u>	
b. Other						
10. Occupational Therapist						
a. Resident Care	311,253	4,888	 			
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care			-	1		
2. Administrative***		2.5				
b. LPN	- 0					
1. Direct Care		<u> </u>		-		
2. Administrative***	 	<u> </u>				<u> </u>
c. Aides		ļ. 	+		+	+
d. Other						
12. Other (Specify)	1.060					
See Attached Schedule	1,969	10.105			1	
B-13 Total Fees Paid in Lieu of Salaries	775,055	12,125	-12 and supported b	1	i - P - 17	

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

^{**} This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must

be removed on Page 28.

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

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

Name of Facility	License No. 258c		Report for Ye 9/30/2015	ar Ended	Page 14	of 37
Odd Fellows Home of CT, d/b/a Fairview Name & Address of Individual	Full Explanation of Service		* to Owners, ors, Officers No	Expla	nation of R	elationship
Christopher Morren; Sound Medical Assoc., 2 Lorenz Industrial Pkwy, Ledyard, CT 06339	Assistant Medical Director	0	0			+
Barbara Corvello; 1201 Durham Road, Madison, CT 06443	Dietician	0	0			
Ted Malahias; 115 Bridge Street, Groton, CT 06340	Dentist	0	•			
Pharmerica; PO Box 409251, Atlanta, GA 30384	Pharmacist	0	0			
Preferred Therapy Solutions, 850 Silas Deane Hwy, Wethersfield, CT 06109	P T/ST /OT	0	0			
Heather Kwasnick; 193 Noble Hill Rd, Oakdale, CT 06370	Social Service Consultant	0	•			
Edward McDermott; 25 Church Street, Groton, CT 06340	Medical Director	0	•			
Swallowing Diagnostics	ST	0	•			
Inpatient Consultants of NE	Assistant Medical Director	0	•			
HealthPro Therapy Services	PT/ST/OT	0	0			
Professional Eye Care, LLC, 131 Boston Post Rd, Waterford, CT 06385	Optometrist	0	•			
Community Health Aids of CT, 441 Long Hill Rd, Groton, CT 06340	Audiologist	0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	O O			
		0	0			
		0	0			

^{*} Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Lic	ense No.	Report for Y	ear Ended	Page	of
Odd Fellows Home of CT, d/b/a Fairview	258c	9/30/2015		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
Workmen's Compensation	S	***************************************	225,548		
2. Disability Insurance	9		44,493		
Unemployment Insurance	S		20,820		
4. Social Security (F.I.C.A.)	Ġ.		478,248		
5. Health Insurance		471,203	471,203		
6. Life Insurance (employees only)				and the same of the same of	
(not-owners and not-operators)	9		8,125		
7. Pensions (Non-Discriminatory)	4	170,070	170,070		
(not-owners and not-operators)					
8. Uniform Allowance	0	1,494	1,494		
9. Other (Specify)	4	4,820	4,820	ann-an hairin is the an individual of the indivi	Lijikkaja vario lijekaja su prijeka viras je
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and		8			TA POTENCIA MENANTANIA MANGAMBANIA
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
c. Bad Debts*		\$	* ¹		
d. Accounting and Auditing		63,083	63,083		
e. Legal (Services should be fully described on	Page 7)	44,682	44,682		
f. Insurance on Lives of Owners and		Б			THE THE MEMORY FROM THE STREET
Operators (Specify)*					
g. Office Supplies	(25,261	25,261		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	(22,467	22,467		
2. Cellular Phones		2,342	2,342		
i. Appraisal (Specify purpose and		B		. Warangani a ani salah sa	Paragon Marena de Salta do Cala
attach copy)*					
j. Corporation Business Taxes (franchise tax)		\$	o ^o		-
k. Other Taxes (Not related to property - See Pe	age 22)				
1. Income [*]	(8			
2. Other (Specify)	(В		all desired a process from the property of the latter of the control of the contr	
See Attached Schedule					
3. Resident Day User Fee		756,553	756,553		
Subtotal	1	\$ 2,339,209	2,339,209		

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

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

Odd Fellows Home of CT, d/b/a Fairview 9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Physicals	4,820		
TII)))(MA			
Total	\$ 4,820	\$	\$ 111110

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Total	\$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$	***

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

Name of Facility	License No.		Report for Y	ear Ended	Page	of
Odd Fellows Home of CT, d/b/a Fairview	258c		9/30/2015		16	37
				•••		
Item			Total	CCNH	RHNS	(Specify)
Subtotal	s Brought Forwar	·d:	2,339,209	2,339,209		
Travel and Entertainment						
Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$	11,930	11,930		
4. Employee Travel		\$	3,016	3,016		
5. Education Expenses Related to Seminars and	d Conventions	\$. 360	360		
6. Automobile Expense (not purchase or depre		\$	9,846	9,846	Berief.	
7. Other (Specify)		\$				non-constitution of the shade of the state o
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expenses	·)	\$				
2. Advertising Telephone Directory (all such ex	xpenses)***	\$, , , , , , , , , , , , , , , , , , , ,	
3. Advertising Other (Specify)***		\$	7,140	7,140∪		
See Attached Schedule						
4. Fund-Raising***		\$	8,921	8,921	politorii.	
5. Medical Records		\$	58,536	58,536		
6. Barber and Beauty Supplies (if this service i	s supplied	\$		in a standard to the standard		MIAN KANDOZIARIE ZOGAŁOWA
directly and not by contract or fee for service						
7. Postage		\$	4,401	4,401		
* 8. Dues and Membership Fees to Professional		\$	11,351	11,351		
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	.llowable Org.***	\$., ., .
9. Subscriptions		\$	2,659	2,659		
10. Contributions***		\$	968	968	f anna managana managana a	iddanasiananinaa ee iddanii 1772
See Attached Schedule						
11. Services Provided by Contract (Specify and	Complete	\$	28,973	28,973		and the second second second second
Schedule C-2, Page 21 for each firm or indi	ividual)					
12. Administrative Management Services**		\$	55,000	55,000		
13. Other (Specify)		\$	160,441	160,441	AND THE PARTY OF THE PARTY OF THE PARTY.	igital en
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	2,702,751	2,702,751		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
CARLOR CONTROL OF CONT	DEPOSIÇÃO SINDE	级 有组织200	
	13-1-164-8501 456-650	GEN CONTRACT	490000000000000000000000000000000000000
anagajerana gagananan gagagaganan g	Comment Same	Ser Service	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	genetical section		450000000000000000000000000000000000000
	Andrewski skillings	es Hanges	A STATE OF THE STATE OF
		ges servences	a gaganasi
TO LACON TO A LACE PROPERTY OF THE PROPERTY OF	5 10 10 10 10 10 10 10 10 10 10 10 10 10	3	\$

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising Other - Disallowed	\$ 7,140		
	de de cantillé		
	100000000000000000000000000000000000000	Market States	4500-3000
Total Other Advertising	5 7,140	2 (m7.1)	\$

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	\$ 11,251	Barran Sale	Separation of the
Leading Age Hoper Association - Disallowed	\$ 100	(3)/(2m-37/5)	and the second
Hollies Association - Distingued	MARINE MARIN	Manhani	1770
	West Street	250 100	2000 (A)
	Asset Section	and review his	\$100 miles
	11/01/17/10/19	description of	
· 10.00 (10.00	Maria Maria		VARIABLE C
		alaharan d	Aston Artis
Transaction of the Control of the Co	Virginitation	Residentes	Barran (A)
	Wallana and A	(2012)(1)	4888
Total Dues	\$ 11,351	\$	S

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Cite & Contributions - Dicallawed	\$ 968	dining (time	1970/2012/1975
Gits & Contributions - Disquowed	e designation	differential (C	Billy right from
		#85646466	distribution of the second
Total Contributions	\$ 968	\$	\$

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Training and Meetings	\$ 7,353	100000000000000000000000000000000000000	33.33
Bank Charges \$2,835-Disallowed, Bond \$400	\$ 3,235	48.00	
Licenses & Fees	\$ 8,219	200000000000000000000000000000000000000	
Unemployment Management	\$ 9,905		1541147
Software License - Disallowed portion see Page 28B	\$ 24,366	- Commence	2000
Insurance - Crime	\$ 7,714	A September 1	Annie mie
IT Connect Charges- Disallowed portion see Page 28B	\$ 14,349	**************************************	1411444444
IT Maintenance Charges- Disallowed portion see Page 28B	\$ 5,634	4.744.44.41	7.77.200
IT Equipment- Disallowed portion see Page 28B	\$ 8,873	State of the state of	******
Background & Criminal Investigations	\$ 11,204	Mark Mark	3.24
Recruiting	\$ 2,475	Application and	All Market
Transportation	\$ 60	OF THE PARTY OF TH	**************************************
Employee Vaccinations	\$ 3,709	Second Sec	4444
Staffing Search Professional Fees	\$ 15	111.01.711	
Computer/Network Consultants Disallowed portion see Page 28B	\$ 15,250	Salvey of Sec.	
Medicare Consultant - disallowed	\$ 18,270.	100000000000000000000000000000000000000	
Miscellaneous - disallowed	\$ 6,243	NAME OF THE	46.44,475
Charitable Giving Expense - Disallowed	\$ 673	100000000000000000000000000000000000000	
Investment Expense - Disallowed	\$ 4,158	\$1000 Y	10,2000
Consulting for pension plan, actuarial services, and benefits	\$ 8,736	10 (10 A A A	
	Wanted Wi	150 minutes	*******
	Several Services	100.000.00.00.00.00.00.00.00.00	11111111
	winder in	AMERICAN	
Total Other Administrative and General	\$ 160,441	\$	\$

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility Odd Fellows Home of CT, d/b/a Fairview	License No. 258c	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Odd Fellows Healthcare, Inc, 235 Lestertown Road, Groton, CT 06340		Management Fee	16-m12

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

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

		Τ,			rage 3)				1_	
Name of Facility				i j				ear Ended	Page	of
Odd	dd Fellows Home of CT, d/b/a Fairview				258c	9/30/2015			18	<u> 37</u>
	Item				Total	C	CNH	RHNS	(S	pecify)
2.	Dietary									
	a. In-House Preparation & Service									
	1. Raw Food			\$	396,065		396,065			
	2. Non-Food Supplies		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	54,060		54,060			···
	3. Other (Specify)			\$[_	131	-722-101-202	131			
				2						
	b. Purchased Services (by contract other			\$[_	A STATE OF THE STA	THATHUMBER			× 5600026320000	
	than through Management Services)									
	(Complete Schedule C-2 att. Page 21)									
	c. Management Services**			\$		ļ. <u>.</u>			1	
	d. Other (Specify)		-	\$		570000				
Ĺ				_		7.5				
2E.	Total Dietary Expenditures $(2a+b+c+d)$			\$	450,256		450,256		<u> </u>	
2F.	Dietary Questionnaire				Total	C	CNH	RHNS	(S	pecify)
G.	Resident Meals: Total no. of meals served per	day	.*		3		3			
H.	Is cost of employee meals included in 2E?		Yes		0	No				
I.	Did you receive revenue from employees?	•	Yes		0	No		If yes, specify amt.		\$106,654
J.	Where is the revenue received reported in the	Cos	t Repo	rt?	(Page/Line I	tem)			Pg. 30	Line IV 1
	Is cost of meals provided to persons other							If yes, specify		
K.	than employees or residents (i.e., Board	\odot	Yes		0	No		cost.		
	Members, Guests) included in 2E?							COSI.		\$261
_		<u> </u>	3/			No		If yes, specify		\$261
L.	Is any revenue collected from these people?	U	Yes		O	NO		amt.		Ψ201
M.	Where is the revenue received reported in the	Cos	t Repo	rt?	(Page/Line I	tem)			Pg. 30	Line IV 1
	Is cost of food (other than meals, e.g.,									
N	snacks at monthly staff meetings, board	0	Yes			No		If yes, specify		
N.	meetings) provided to employees included in	_	1 03		9	110		cost.		
	2E?									
	11 - t - d C	\bigcirc	Yes		<u> </u>	No		If yes, specify		
O.	Is any revenue collected from employees?	Ü	168			110		amt.		
Ρ.	Where is the revenue received reported in the	Cos	t Repo	rt?	(Page/Line I	(tem)				
<u>į , , </u>			<u> </u>							

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

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

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

Name of Facility			License				ear Ended	Page	of	
Odd Fellows Home of CT, d/b/a Fairview				258c	9	/30/2015		19	37	
	Item			Total		CCNH	RHNS	(Specify)	
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Lbs.							
	Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs. Amt. \$							
	Personal clothing of residents washed, ironed, and/or processed.***		Lbs, Amt. \$							
	4. Repair and/or purchase of linens.***		Lbs. Amt. \$						tww.	
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				12 m			
	c. Management Services** d. Other (Specify) Supplies		\$	23,764		23,764				
3E.	Total Laundry Expenditures (3a + b + c + d)		\$	23,764	1	23,764				
3F. G.	Laundry Questionnaire Is cost of employee laundry included in 3E?	0	Yes	•	No)	If yes, specify cost.			
Н.	Dia jour (noun, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	•	No		If yes, specify amt.			
I.	Where is the revenue received reported in the Co	st I	Report?		(1	Page/Line	Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	0	Yes	• • • •	No) · · · · ·	If yes, specify cost.			-
K.	Did you receive to remain mean property		Yes	•	No		If yes, specify amt.			
L.	Where is the revenue received reported in the Co	st I	Report?		(1	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)

12.44.44.4			Rep	ort for Year E	nded	Page	of
Odd	dd Fellows Home of CT, d/b/a Fairview 258			9/30/2015	-thurnon	20	37
	Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
	 Supplies - Cleaning (Mops, 	Amt.	\$	30,842	30,842		
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$	38,793	38,793		
	Page 21)						
	c. Management Services*		\$				
	d. Other (Specify)		\$		\$40 1 \$\$5046\$#\$\$\$\$\$\$\$\$\$\$\$\$\$\$	A CLEVIA A CANADA A CANADA A CANADA A CAN	Laurence de la company de la c
4E.	Total Housekeeping Expenditures (4a +	b+c+d)	\$	69,635	69,635		
5.	Resident Care (Supplies)**			100			
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$	234,829	234,829 *		The second secon
	b. Medicine Cabinet Drugs		\$	8,775	8,775		
	c. Medical and Therapeutic Supplies		\$	240,088	240,088	<i>/</i>	
	d. Ambulance/Limousine***		\$	6,050	6,050*		
	e, Oxygen						
	1. For Emergency Use		\$				
	2. Other***		\$	18,143	18,143-	Week.	
	f. X-rays and Related Radiological		\$	26,670	26,670 a	<i>(</i>	
	Procedures***						
ļ	g. Dental (Not dentists who should be inc.	luded under	\$			Market Control for Laders of re-	ENVICENTAL PROPRESSION SERVICES
	salaries or fees)						
	h. Laboratory***		\$	36,011	36,011	8	
	i. Recreation		\$	11,363	11,363		
	j. Other (Specify)****		\$	45,254	45,254		
	See Attached Schedule						
5K.	Total Resident Care Expenditures (5a - 5	j)	\$	627,183	627,183		

^{*} 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	(Specify)
Equipment = Expendable/Durable	\$ 20,763		
Supplies - Expendable Goods	\$ 5,340		
Memory Care Program Supplies	\$ 49		
Rental & Leasing - Therapy Equipment - Disallowed	\$ 18,521.	ur sa	
Rental & Leasing - Other	\$ 328		
Uniforms	\$ 253		
			
Total Other Resident Care	\$ 45,254	\$	\$ -

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

Name of Facility Odd Fellows Home of CT, d/b/a Fairview	ya Fairview			License No. 258c	Report for Year Ended 9/30/2015	7			Page 21	of 37
		Related ** to Owners,	o Owners,				Potal Cost/	Total Cost/Dage Ref ***	*	
		Operator 3	Cincols				י מיפו	ago mor		
Name of Individual or				Explanation of	Full Explanation of	***************************************			***	
Company	Address	Yes	No	Relationship	Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
Dynamic Alliance	12 Douglas Lane, Suite 4 Waterford, CT 06385	0	•		Computer/Network consulting	18,509			16	m13
	Road		(Support and Application					
DartChart	Milwankee, WI 53209	0	0		Hosting	16,000			16 m5	m5
Town of Groton	45 Fort Hill Road Groton, CT 06340	0	•		Dumpster	12,321			20 45	4b
Harmony Healthcare	430 Boston Street Tonsfield MA 01983	Ç	0		Medicare consulting	15 483			91	16 m13
THE HOURS TYCHINGS	20/10 1 Har Carron C	,)		8	20.			?	
Optimus EMR, Inc	Sunte 105 Irvine, CA. 92614	0	0		Support and Application Hosting	28,114			16 m5	m5
	293 Oakwood drive	((Preventative					,
Mega Mechanical	Glastonbury, CT 06033	0	•		Maintenance Contract	6,864			20 4b	45
Mega Mechanical	293 Oakwood drive Glastonbury, CT 06033	0	0		Preventative Maintenance Contract	12,500			22	6a
	365 Montauk Ave									
L&M Hospital	New London, CT 06320	0	•		Laboratory Services	5,000		ļ	16	16 m4
L&M Hospital	365 Montauk Ave New London, CT 06320	0	•		Laboratory Services	38,619			22	Sh
L&M Hospital	365 Montauk Ave New London, CT 06320	0	•		Laboratory Services	106			16	m13
	PO Box 1589									
SOS Corp	Pinehurst, NC 28370	0	0		Software License	12,116			16	m13
OnShift	1621 Euclid Ave Cleveland, OH 44115	0	•		Software License	14,400			16	m5
Mobilex	930 Ridgebrook Road Sparks, MD 21152	0	•		Radiology Services	24,722			20 Sf	Sf
Mobilex	930 Ridgebrook Road Sparks, MD 21152	0	0		Interest	-781			26	26 12a1
	-									

^{*} 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

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	cense No.	Report for Ye	ear Ended		Page	of
Odd Fellows Home of CT, d/b/a Fairview	258c	9/30/2015			22	37
<u> Item</u>		Total	CCNH	RHNS	(Sp	ecify)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	86,956	86,956			
b. Heat	\$	58,975	58,975		ļ	
c. Light & Power	\$	108,321	108,321			
d. Water	\$	25,016	25,016			
e. Equipment Lease (Provide detail on page	6) \$				<u> </u>	
f. Other (itemize)	\$	82,214	82,214	unusial manidilik Calina (Kalina (Kali		
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	361,482	361,482			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
7. Depreciation (complete schedule page 23*)						
a. Land Improvements	\$	1,762	1,762	:		
b. Building & Building Improvements	\$	325,907	325,907			
c. Non-Movable Equipment	\$	33,709	33,709		ļ	
d. Movable Equipment	\$	91,640	91,640			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	453,018	453,018			
8. Amortization (Complete att. Schedule Page 2	24*)					
a. Organization Expense	\$					
b. Mortgage Expense	\$	557	557	····		
c. Leasehold Improvements	\$				<u> </u>	
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	557	557			····
9. Rental payments on leased real property less						
real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	453,575	453,575			

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

Schedule of Other Repairs and Maintenance

CCNH	RHNS	(Specify)
\$ 27,129		
\$ 5,827		
\$ 21,553		
\$ 12,464		
170		
\$ 14,941		
130		
N William William		
\$ 82.214	\$	\$ 3000
	\$ 27,129 \$ 5,827 \$ 12,464	\$ 27,129 \$ 21,553 \$ 12,464

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Depreciation Schedule

Name of Facility										
O 4 4 TO - 11 - 11 - 11 - 11 - 11 - 11 - 11 -			License No.	ď		Report for Year Ended	Snded	_	Page	of
Odd reliows Home of Cl., d/b/a rairview				258c		9/30/2015			23	37
			Historical	1		Accumulated				
			Cost			Depreciation to	Method of			
			Exclusive of	of Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
Property Item			Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements										
 Acquired prior to this report period 			228,323	23	228,323	152,011	SL	Various	1,762	
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	h schedule)									
A-4. Subtotal										1,762
B. Building and Building Improvements										
1. Acquired prior to this report period			10,413,984	84	10,413,984	5,124,653	SL	Various	317,893	
2. Disposals (attach schedule)		ı.		(22)	(22)					
3. Acquired during this report period (attach schedule)	h schedule)		118,344	44	118,344		SL	Various	8,014	
B-4. Subtotal										325,907
C. Non-Movable Equipment										
1. Acquired prior to this report period			635,794	94	635,794	567,246	SI	Various	32,875	
2. Disposals (attach schedule)				198	198					
3. Acquired during this report period (attach schedule)	h schedule)		35,409	601	35,409		ST	Various	834	
C-4. Subtotal										33,709
, T	Is a mileage logbook	Date of	. Historical	al		Accumulated				
	maintained?	Acquisition		Less		Depreciation to	Method of			
		<u> </u>	Ä		Cost to Be	Beginning of			Depreciation	
	Yes No	Month	Year Land	Value	Depreciated	Year's Operations	Depreciation	ı Life	for This Year	Totals
D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of peach yehicle)										
-	×	4 200	4	2,184	2,184	2,184	04	5		
	x	3 2013	3 11,690	960	11,690		SI	5	2,338	
ဘ										
d.										
2. Movable Equipment										
a. Acquired prior to this report period		Var Var	1,848,756	756	1,848,756	1,649,594	SĽ	Var	79,850	
b. Disposals (attach schedule)			9	(208)	(208)) (
c. Acquired during this report period										
(attach schedule)			166,768	168	166,768		SL	Various	9,452	
D-3. Subtotal										91,640
E. Total Depreciation										453,018

Odd Fellows Home of CT, d/b/a Fairview 9/30/2015

Schedule of Land Improvements Acquired during this report period

Schedule of Land II Acquisition Date	nprovements Acquired during this report period Description of Item	Cost	Useful Life	Depreciation
Additions:				Skalenanik
				Service of the control
		Special Control of the Control of th		
		Walles Marie		
otal additions for	Land Improvements	\$ 1000 1000 1000 1000		Sold Contraction
eletions:		NEWSCHAFT	5500543050000	Vives in the
		10040111001101		2 3 3 A V 1 3 A 1 A 1 A 1
		1909000000000	BASES TARRESTAN	
		4.50 (11.00 A 10.00)	destroy verteble	
			200000000000000000000000000000000000000	unidada (C
			NAME OF THE PARTY	Issania (Sa
		\$		\$ -
Total deletions for	Land Improvements	Ф		

^{*}Ties to Page 23, Line A3

^{**}Ties to Page 23, Line A2

	Improvements Acquired during this report period Description of Item		Cost	Useful Life	Dep	reciation
quisition Date	Description of real					
Iditions:	2nd Floor Recreation Room	\$	1,375		-	92
10/1/2014	Paint for Recreation Room	\$			\$	*****
10/1/2014	Vinyl Plank Flooring	\$	32,139	7.4	\$	3,21 ⁴
10/1/2014	Speaker Phone Installation	\$	2,348	Control of the Contro	\$	59
10/7/2014	Kemper Cabinets	\$	8,895		\$	50
10/7/2014	Cabinets & Countertops	\$	7,520	10	\$	5
1/1/2015	Mannington Planking (Flooring)		113	5	\$	Side i
	Ceiling Panels	\$		5	s	20
	Wall Painting	\$	1,369		\$	4
	Phone Lines	\$	394			49
	Wall Painting	\$	4,268	5	\$	
	Ceiling Lamps	\$	457	100000000000000000000000000000000000000	\$	5
24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Furniture	\$	3,024	15	\$	
	Ceiling Lights	\$	368	5	\$	
		\$	1,885	15	\$	•
	Accent Furniture	\$	1,667	5	\$	10
	Wall Painting	\$	860	5	\$	
	Vanity:Top	S	435	5	\$	
	TV. Wall Mount	S	22,705	10	\$	9.
	Lower level flooring	\$	4,907	15	\$	1:
	Hallway Lighting	\$	1,430	15	\$	
5/1/2015	Hallway Painting	\$	400	25	\$	Ninisia Ninisia
5/1/2015	Designs	\$	6,147	15	\$	Was I
	12' X 1' 1/4 Handrails	-	1	1:1-11/11/15	\$	o de la com
	Wall Paints	\$.	1,275	10	\$	
	Vinyl Floor	\$	1,610	5		
	S Ceiling Light	\$	652		1	(*************************************
SMD01	5 Rebuild base of PTAC Unit	\$	930		\$	
	6 Ceramic Tiles	\$	3,504	20	\$	
3/20/201	5 Wall Paint, Dry Wall	\$	240			
5/20/201	o wall rain, 1919 from	\$	1,230	5	-	
6/13/201	5 Wall Paioting	\$	1,028	5		
	5 TV Mount	\$	3,913	5	8	
	5 Wall Paint	\$	372	10	\$	
7/28/201	5 PVC Board, Floor Pan					
		: \$	118,344		\$	8,0
Total additions to	r Building Improvements	<u> </u>				
Deletions:		1 6	(22)	11,318,434		
	Adjustment to tie to financial statements	49	(22)			
		-1-3				

104 (84 to 1)	Francisco de la Companya del Companya de la Companya del Companya de la Companya		Alexanteral	
		SEPARATE P		
Total deletions for	Building Improvements	\$ (22)		\$ 100 minutes

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Additions: 10/1/2014 Installation of 8 new HiFi Ceiling Speakers \$ 3/3/2015 Installation of a sink in kitchen \$ 3/3/2015 OSHA-Eye Wash Stations \$ 8/13/2015 Elevator \$ 8/13/2015 Elev	ost	Useful Life	Depreciation
10/1/2014 Installation of 8 new HiFi Ceiling Speakers \$ 3/3/2015 Installation of 8 sink in kitchen \$ \$ \$ \$ \$ \$ \$ \$ \$	UNI	Elic	Depreciation
3/3/2015 Installation of a sink in kitchen 3/3/2015 OSHA-Eye Wash Stations 8/13/2015 Elevator Fotal additions for Non-Movable Equipment Deletions:	.344.244.47.7	225-48-503 - 11 - 15 - 15 - 15 - 15 - 15 - 15 - 1	32300 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
3/3/2015 Installation of a sink in kitchen 3/3/2015 OSHA-Eye Wash Stations 8/13/2015 Elevator S Cotal additions for Non-Moyable Equipment Deletions:	1,675	5	\$ 335
3/3/2015 OSHA Eye Wash Stations \$ 8/13/2015 Elevator \$ Cotal additions for Non-Moyable Equipment \$ Deletions:	1,247	20	\$ 36
8/13/2015 Elevator. \$ Cotal additions for Non-Movable Equipment \$ Deletions:	9,237	20	\$ 269
Cotal additions for Non-Movable Equipment \$	23,250	20	\$ 194
Oral automous (of Ayur-Ayovanie Equipment		VEX.	
Oral automous (of Ayur-Ayovanie Equipment			
Deletions:	35,409		\$ 834
Adjustment to tie to financial statements \$			
	198	With the same of t	
			EXELECTION (INC.)
			SECTION AND THE
			通道2000年 第
Total deletions for Non-Movable Equipment \$	198	i kan makan	\$444000

^{**}Ties to Page 23, Line B2

^{*}Ties to Page 23, Line C3
**Ties to Page 23, Line C2

Useful

Useful

Description of Item	Cost	Life	Depreciation
	7	ere til til tretti krije e	\$ 426
3 Computers			\$ 61
6 Marks Entry Levers, Rekey Locks		1-1,-1,111,1-1,1-1	\$ 1,760
Used Bobcat S-70 Skid Steer			\$ 486
Kubuta 10 Cu Ft Cargo Box Salt			
Touch free Ice Maker & Dispenser		5	\$ 189
Video Camera	\$ 3,950	3.4(1) (1) (1) (5)	\$ 593
	\$ 20 952	10	\$ 1,222
3 Dryers	2010 3010 2010 2010	15	\$ 243
	W. W. C.		\$ 54
Activity Room Furniture	- Carlotte 1 - Car	101 153 (224)3502975	2015 A 100 A 400 L 10
Floor scrubber	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 5 5 5 6 6 5 6 6 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 110
		7	\$ 238
	1		
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	\$ 10,518		\$ 365
	\$ 13,680	10	
	\$ 16,154	5	\$ 808
	\$ 13,503	10	\$ 225
	\$ 2,498	7	\$ 59
	\$ 6.980	3	\$ 388.
Lenovo Personal computers	4	10	\$ 45
HoyerPro Journey Sit-to-Stand Litt		NAMES OF THE PARTY	\$ 102
Electrotherapy Ultrasounds EMG		100000000000000000000000000000000000000	\$ 168
		7, 11	declaration and the first
Active Passive Trainer	0,260		TOTAL STATE
		N. Carlotte (N. Carlotte)	
	A 1144.760		\$ 9,452
Moyable Equipment	3 \$55-100,709	a a transfer and a section	
	2 (23) (23) (23)		e with seed to be in
Adjustment to tie to financial statements	(208)	
	i wanging	1070000000000	
		- The second second	
		A COMMEN	
	\$ (208) PARTER MARKET	\$ 3
	3 Computers 6 Marks Entry Levera, Rekey Looks Used Bobeat, S-70 Skid Steen Knbota 10 Cu Ft Cargo Box, Salt Touch free Ice Maker & Dispenser Video Camera Installation of new HP-ProLiant Server 3 Dryers Rehab Room 2 Furniture - disallowed Activity, Room Furniture Floor scrubber SDS Medical Waste Machine 7 T'V's and mounts Ceiling Tiles 19 beds from direct supply 36 EC beds 12 evolution gas boiler tess steam 36 EC beds ECG monitor and stand Lenovo Personal computers HoyerPro Journey Sit-to-Stand Lift Electrotherapy Ultrasounds EMG Diathermy Shortwave SWD100 Active Passive Trainer Moyable Equipment Moyable Equipment Moyable Equipment	S	S

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

	Description of Item	Cost	Life	Depreciation
Acquisition Date	Т			
Additions:		Note that the second		
		United States		
			AN ASSESSMENT	agas a significancia e
			200 100 100 100 100 100 100 100 100 100	
		Anti-	AN CHEST AND	25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		美国人民主任任		
				建筑建筑建筑
		,	187 187 187	8 13 N. W.
Cotal additions fo	r Leaschold Improvement	*\$ 311 47 HEAL	1 100 100 100 100 100 100 100 100 100 1	7
				21 1 2 1 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3
Deletions:			THE STREET	Man Market
izabbet politica		医软形器 25 4		
		PARENTER IN	100 No. 100 No. 100 East	SEE SEE AND
HAWARWAN		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and vintagener	singly-version (ii)
avii en		100000000000000000000000000000000000000		
			Contract Contract	0.0000000000000000000000000000000000000
39 50 4-158 1 5-15 1 7-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		\$		\$
Total deletions fo	r Leaschold Improvement	L*		

^{*}Ties to Page 24, Line C3

^{**}Ties to Page 23, Line D2b

^{**}Ties to Page 24, Line C2

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Amortization Schedule*

Name of Facility		License No.		Report for Year Ended	r Ended		Page	Jo
Odd Fellows Home of CT, d/b/a Fairview	**	25	258c	9/30/2015			24	37
The state of the s				Accumulated				
	Date of			Amort. to			•	
	Acquisition	pref		Beginning of				
		Length of	Cost to Be	Year's	Computing	Rate	Rate Amortization	
Item	Month Year	¥	Amortized	Operations	Ā	%	for This Year	Totals
A. Organization Expense								
-								
2.								
3.								
A-4. Subtotal								
B. Mortgage Expense								
	11 2013	13 240	11,318	519	SL		557	
2.								
3.								1
B-4. Subtotal								557
C. Leasehold Improvements and Other								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period								
(attach schedule)								
C-4. Subtotal								
D. Total Amortization								557
* Ctroight line method milet he mod								

* Straight-line method must be used. ** Specify which of the following bases were used:

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

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

Name of Facility License No.		Report for Year End	ded		Page	of
Odd Fellows Home of CT, d/b/a Fairvi 258	3c	9/30/2015			25	37
11. Property Questionnaire						
Part A			***************************************			
Is the property either owned by the Facility	<u> </u>	Yes	0	No	If "Yes," comple	
or leased from a Related Party?*				110	If "No," complete	e Part C.
*If any owner or operator of this facility is related by	y family, mar	riage, ownership, ability	to control or			
business association to any person or organization for	rom whom bu	ildings are leased, then i	t is considered a			
related party transaction.		Total				
Description 1. Date Land Purchased		1961/1979				
Date Land Purchased Date Structure Completed		Various- Final 5/1/07				
3. If NOT Original Owner, Date of Purchase	,	N/A				
4. Date of Initial Licensure		1892				
5. Total Licensed Bed Capacity		120				
6. Square Footage		98,767				
7. Acquisition Cost						
a. Land		126,746		4.5		
b. Building		6,983,623		l .	and the Company of th	
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Morte	gage
1. Financing						
a. Type of Financing (e.g., fixed, variable	:)	Variable				
b. Date Mortgage Obtained		11/07/13 4,15%				
c. Interest Rate for the Cost Year		20	,			
d. Term of Mortgage (number of years) e. Amount of Principal Borrowed		5,152,000				
f. Principal balance outstanding as of 9/3	20/15	3,756,307				
Complete if Mortgage was Refinanced	VILL	3,730,300				
During Current Cost Year						
g. Type of Financing (e.g., fixed, variable	e)					A STATE OF THE STA
h. Date of Refinancing	5					
i. New Interest Rate						
j. Term of Mortgage (number of years)						
k. Amount of Principal Borrowed						
Principal Outstanding on Note Paid-O					<u> </u>	·
Part C - Arms-Length Leases for Real			y	Im er	A	+ - CT
Name and Address of Lessor	Pro	perty Leased	Date of Lease	Term of Lease	Annual Amoun	t of Lease
				1 1		
			 		 	
			1			

· · · · · · · · · · · · · · · · · · ·						

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

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

Specific	Name of Facility	License No.		Report for Yea	ır Ended		Page		of
12. Interest A. Building, Land Improvement & Non-Movable Equipment I. First Mortgage Name of Lender 904 Poquonnok Road, Groton, CT 06340 2. Second Mortgage Name of Lender Address of Lender 3. Third Mortgage Name of Lender Address of Lender 4. Fourth Mortgage Name of Lender Address of Lender 4. Fourth Mortgage Name of Lender A. Fourth Mortgage S Name of Lender 1. Fourth Mortgage S Name of Lender Address of Lender 4. Fourth Mortgage S Name of Lender Address of Lender 4. Fourth Mortgage S Name of Lender Address of Lender 3. Interest Rate Address of Lender Address of Lender 3. Interest Rate Address of Lender		258c		9/30/2015			26		37
A. Building, Land Improvement & Non-Movable Equipment 1. First Mortgage \$ 152,955 Name of Lender 904 Poquonnok Road, Groton, CT 06340 2. Second Mortgage Rate Address of Lender Address of Lender 3. Third Mortgage Rate Address of Lender 4. Fourth Mortgage Name of Lender 4. Fourth Mortgage Rate Address of Lender 3. CheFA Loan Information 1. Original Loan Amount 2. Loan Origination Date 3. Interest Rate % 4. Term	Item			Total	CCNH	RHNS	(S	pecif	y)
Equipment 1. First Mortgage Name of Lender Chelsea Groton Savings Bank Address of Lender 904 Poquonnok Road, Groton, CT 06340 2. Second Mortgage Name of Lender Address of Lender Address of Lender Rate Address of Lender Address of Lender Rate Address of Lender Address of Lender 1. First Mortgage 1. First Mortg									
1. First Mortgage	 A. Building, Land Improven 	ent & Non-Movable							
Name of Lender Chelsea Groton Savings Bank Address of Lender 904 Poquonnok Road, Groton, CT 06340 2. Second Mortgage Name of Lender Address of Lender 3. Third Mortgage Shame of Lender Address of Lender 4. Fourth Mortgage Shame of Lender 4. Fourth Mortgage Shame of Lender Address of Lender 4. Fourth Mortgage Shame of Lender Address of Lender 3. Interest Rate Address of Lender 4. Original Loan Amount Shame of Lender 3. Interest Rate % 4. Term	• •		41		150.055				
Chelsea Groton Savings Bank Address of Lender 904 Poquonnok Road, Groton, CT 06340 2. Second Mortgage Rate Address of Lender Address of Lender 3. Third Mortgage \$ Name of Lender Address of Lender 4. Fourth Mortgage \$ Name of Lender Address of Lender 4. Fourth Mortgage \$ Name of Lender Address of Lender 2. Loan Origination Date 3. Interest Rate 4. Term				152,955	152,955				
Address of Lender Address of Lender 2. Second Mortgage Rate Address of Lender 3. Third Mortgage Rate Address of Lender 4. Fourth Mortgage Rate Address of Lender B. CHEFA Loan Information 1. Original Loan Amount 2. Loan Origination Date 3, Interest Rate % 4. Term									
904 Poquonnok Road, Groton, CT 06340 2. Second Mortgage Name of Lender Address of Lender 3. Third Mortgage \$ Name of Lender Address of Lender 4. Fourth Mortgage \$ Name of Lender Rate Address of Lender 9. Address of Lender 4. Fourth Mortgage \$ Name of Lender 1. Original Loan Amount 2. Loan Origination Date 3. Interest Rate % 4. Term			15-5.5%						
2. Second Mortgage \$ Name of Lender Rate Address of Lender \$ 3. Third Mortgage \$ Name of Lender Rate Address of Lender Rate 4. Fourth Mortgage \$ Name of Lender Rate Address of Lender Rate 5. Address of Lender Rate 4. Fourth Mortgage \$ Name of Lender Rate Address of Lender Rate Address of Lender Rate 5. Loan Original Loan Amount \$ 2. Loan Origination Date 3. Interest Rate % 4. Term		240							
Name of Lender 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		340	\$						
Address of Lender 3. Third Mortgage Name of Lender 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									
3. Third Mortgage \$ Name of Lender Address of Lender 4. Fourth Mortgage \$ Name of Lender Address of Lender B. CHEFA Loan Information 1. Original Loan Amount \$ 2. Loan Origination Date 3. Interest Rate % 4. Term	Mame of Lender		1						
3. Third Mortgage \$ Name of Lender Address of Lender 4. Fourth Mortgage \$ Rate Name of Lender Address of Lender B. CHEFA Loan Information 1. Original Loan Amount \$ 2. Loan Origination Date 3. Interest Rate % 4. Term	Address of Lender		_l						
Name of Lender 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	Address of London								
Name of Lender 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	3. Third Mortgage		\$					100000000000000000000000000000000000000	Market S.
Address of Lender Rate Address of Lender B. CHEFA Loan Information 1. Original Loan Amount 2. Loan Origination Date 3. Interest Rate % 4. Term			Rate						
Address of Lender Rate Address of Lender B. CHEFA Loan Information 1. Original Loan Amount 2. Loan Origination Date 3. Interest Rate % 4. Term									
Name of Lender Address of Lender B. CHEFA Loan Information 1. Original Loan Amount 2. Loan Origination Date 3. Interest Rate % 4. Term	Address of Lender								
Name of Lender Rate Address of Lender B. CHEFA Loan Information 1. Original Loan Amount 2. Loan Origination Date 3. Interest Rate % 4. Term									
Address of Lender B. CHEFA Loan Information 1. Original Loan Amount 2. Loan Origination Date 3. Interest Rate % 4. Term			<u> </u>						
B. CHEFA Loan Information 1. Original Loan Amount 2. Loan Origination Date 3. Interest Rate % 4. Term	Name of Lender		Rate						
B. CHEFA Loan Information 1. Original Loan Amount 2. Loan Origination Date 3. Interest Rate % 4. Term									
1. Original Loan Amount 2. Loan Origination Date 3. Interest Rate % 4. Term	Address of Lender								
2. Loan Origination Date 3. Interest Rate % 4. Term	B. CHEFA Loan Information	n							
3. Interest Rate % 4. Term	1. Original Loan Amour	nt	9						
3. Interest Rate % 4. Term									
4. Term									
5. CHEFA Interest Expense	4. Term		·····						
	5. CHEFA Interest Exp	ense	· · ·						
12 B7. Total Building Interest Expense (A1 - A4 + B5) \$ 152,955 152,955 (Carry Subtotals forward to next page)) 5		<u> </u>				

(Carry Subtotals forward to next page)

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

1 702210 01 1 7	icense No. 258c		Report for Ye	ear Ended		Page of 27 37
Odd Fellows Home of CT, d/b/a Fai	2380		7/30/2013			
.			Total	CCNH	RHNS	(Specify)
Îtem	Subtotals Brou	relat Formwords	152,955	152,955	Tarro	(Option)
	Subtotals Brot	ight Forward.	132,933	102,733		
12. C. Movable Equipment		\$				
Automotive Equipment	Doto	Amount				
A. Item	Rate	Amount				
Lender						
Address of Lender						
		ф.	1 (00	1,698		
2. Other (Specify)		\$	1,698	1,076		
A. Item	Rate	Amount				
Computers and Software	8.50%	46,248				
Lender						
VAR Resources Inc.						
Address of Lender				100		
2330 Interstate 30, Mesquite, TX 751	-					
B. Item	Rate	Amount				
Lender					4,000 00	
Address of Lender					19 19	
12. C. 3. Total Movable Equipme	ent Interest					
Expense (C1 + 2)		\$		1,698		
12. D. Other Interest Expense (Sp	ecify)	9				
	**					
13. Total All Interest Expense (12	B7 + 12C3 + 12D) \$	154,653	154,653	····	
14. Insurance						
a. Insurance on Property (bui	ldings only)	Ş		10,086		
b. Insurance on Automobiles			4,469	4,469]
c. Insurance other than Prope	rty (as specified al	bove)		∤		
1. Umbrella (Blanket Cov			13,179	13,179		
2. Fire and Extended Cove			8	<u> </u>		ļ <u>.</u>
3. Other (Specify)		i.	39,345	39,345		
General Liability						
14d. Total Insurance Expenditures	s(14a+b+c)		67,079	67,079		
	thru C-14)		12,246,351	12,246,351		
15. Total All Expenditures (A-13	<i></i>		+1>>-	.1	<u> </u>	

D. Adjustments to Statement of Expenditures

	of Fa		ne of CT, d/b/a Fairview	Lie	cense No. 258c	Report for Ye 9/30/2015	ar Ended	Page 28	1	of 37
Jaa i	renow	S 1101	He of C1, 0/0/a ranview	1	Total		1			
	_				Amount of					
	Page					CCNH	RHNS	/6	pecif	6.6
No.	No.		Item Description		Decrease	CUNH	Krino	G)	pecii	<i>y)</i>
Page	10 - 5	Salari	es and Wages							
1.			Outpatient Service Costs	\$						
2.			Salaries not related to Resident Care	\$						
3.			Occupational Therapy	\$		1.60.001				
4.			Other - See attached Schedule	\$	162,834	162,834				
Page	13 - 1	Profes	sional Fees				7			
5.			Resident Care Physicians **	\$						
6.			Occupational Therapy	\$		311,253				
7.			Other - See attached Schedule	\$	8,994	8,994				
Page	s 15 &	2 16 ·	-Administrative and General						40.7	
8.			Discriminatory Benefits	\$						
9.			Bad Debts	\$						
10.	15	1e	Accounting & Legal	\$		195	-			
11.			Telephone	\$						
12.	15	1h2	Cellular Telephone	\$	902	902				
13.			Life insurance premiums on the life							
			of Owners, Partners, Operators	\$,					
14.			Gifts, flowers and coffee shops	\$						elicasianos
15.			Education expenditures to colleges or							
			universities for tuition and related costs							
			for owners and employees	\$						
16.			Travel for purposes of attending							20
	ŀ		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)	\$				<u> </u>		
18.	16	m3	Unallowable Advertising *	\$	7,140	7,140				
19.	1		Income Tax / Corporate Business Tax	\$						
20.	16	m4. n	Fund Raising / Contributions	\$		9,889				
21.	_	m12	Unallowable Management Fees	\$	55,000	55,000				
22.	1		Barber and Beauty	\$						
23.	. .		Other - See attached Schedule	. \$	106,157	106,157				
	18 - 1	L Dieta:	ry Expenditures							
24.		IV1	Meals to employees, guests and others				2			
2.,	"		who are not residents	\$	106,915	106,915	<i>A</i>			
Page	19 -	Laun	dry Expenditures							
25.		2	Laundry services to employees, guests							
ه لامم			and others who are not residents	\$)	The state of the s				
Pan	20	Hous	ekeeping Expenditures							
26.	~~~	IV8	Housekeeping services to employees, guests				1			
20.	30	1,40	and others who are not residents	\$	27,975	27,975	CONTRACTOR OF THE PROPERTY OF	o presidente de la compansión de la comp	and the second second	- programma in
	1		Subtotal (Items 1 - 26							•
		,, _	Subtract (Assum 1 20	<u>/</u>		arry Subtotal j	Command to mare	* waaa	`	

* All except "Help Wanted".

^{**} 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 Salarics Adjustment

naa Daf	Tius Dof	Description	CCNH	RIINS	(Specify)
Page Ref	200000000000000000000000000000000000000	Administrator Compensation - see attachment page 28B	\$ 23,741		
10	A2	Maintenance ∺see attachment page 28B	\$ 15,314		
10	A7b	Other Administrative Salaries - see attachment page 28B	\$ 100,484		
10	A4	Head Accountant Salary - see attachment page 28B	\$ 23,295		
10	Alla	Head Accountant Salary - see attachment page 202			THE RESERVE
			William William		(1)
danis il	10.20		AN ISSAULT		
				RIAM SALES	
			\$ 162.834	·	8
Total Othe	r Salaries	Adjustment	· J · · · · · 102,034	Ψ.,	1.4

Schedule of Fees Adjustments

	T T	Description	CCNH	RHNS	(Specify)
Page Ref	Line Kei	Description	¢ 1730	A SALES AND	
13.3	B12	Audiologist	φ	A 3 5 5 6 6 6 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Carriel Carrier
100	D12	Optometrist	\$ 239	WENT BUREAU	1988 (1987)
1514 (13 Ang)	DIA		\$ 7,025		
3.00	B2	Dentist	100 V	AVERT NEEDS	
	NEW YEAR				
	1145549450			SHAPA MERCHA	
10-10-10-10-10-10-10-10-10-10-10-10-10-1			16、12、12、12、12、12、12、12、12、12、12、12、12、12、	Will strain the second	NAME OF THE PARTY
BANK BANK			15211145555415541	Avior States	
\$500 Miles	从10.75 00		100 100 No. 10		
CONTRACTOR OF THE	14174N9-6324N				
Water grant	201 (SA) (SA)		\$ 8,994	\$	\$12 SAMAGE AND
Total Othe	r Fees Ad	ustments	<u> </u>	<u> </u>	

Schedule of Other A&G Adjustments

	v 2 Ti =6	Description	CCNH	RHNS	(Specify)
Page Ref	Line Ref		\$ 2,835		
16	M13	Bank charges	\$ 18,270	医软件医蜂科病	New York
16	M13	Medicare Consultant		214 AVV 31 A 201	describeration
15	1a1-1a9	Unallowable Administrator Benefits - see page 28B attachment	\$ 8,884		8.44.8.19.09.05.08
15	1a1-1a9	The state of the s	\$ 30,207		
1000	M13	Miscellaneous	\$ 6,243		W
10			\$ 673		- Barbarasariya
∖16	M13	Charitable Giving expense	\$ 100		
16	M8	Dues	\$ 4,158	William William	
16	M13	Investment expense			
16	M5	Support and application hosting	\$ 16,000		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	1d	Accounting fees - see page 28B attachment	\$ 9,325		
11.11.1 () 13.1 () 13.1 () 13.1 () 13.1 () 13.1 () 13.1 () 13.1 () 13.1 () 13.1 () 13.1 () 13.1 ()	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Postage - sec page 28B attachment	\$ 571		
10	m7	Publish Son halford and State of the State o	\$ 8,891		
16	m13	IT Charges - see page 28B attachment	\$ 106,157	S verriginger	\$ 12.4 1 10 12 13
Total Other	r A&G A	ljustments		<u> </u>	<u> </u>

Odd Fellows Home of CT, d/b/a Fairview

09/30/15

Administrator Salary Disallowance

Associated benefits @ 21.7%

Associated benefits @ 21.7%

Reported Salary	187,367 Page 10, line A2
Bonus (not included in cost report)	17,166_
Total Annual Compensation	\$ 204,533
% Time Spent on Nursing Home	80%
Allowable Compensation	163,626 B
Unallowable Compensation	40,907 C
Reported Compensation	187,367 _ A
Disallowance A-B	\$ 23,741 P. 28a

Administrator Employee Benefits Disallowance

Total salaries page 10 Total Benefits Benefits as % of salaries	6,560,918 page 10, total salary expense 1,424,821 page 15, lines 1a1-1a9 21.7%
Disallowance: Unallowable Administrator Compensation Associated benefits @ 21.7%	40,907 C 8,884 P. 28a

Other Salary Disallowances for Time Spent on Non-Nursing Home

Maintenance Employees - pg. 10 line 7b	15,314	P. 28a
Head Accountant - Pg. 10 line 11a	23,295	P. 28a
Administrative Employees - pg. 10 line A4	100,484	P. 28a
Total Unallowable Compensation	139,093	D

Other Salary Benefits Disallowances for Time Spent on Non-Nursing Home

Total salaries page 10 Total Benefits Benefits as % of salaries	6,560,918 page 10, total salary expense 1,424,821 page 15, lines 1a1-1a9 21.7%
Disallowance:	139.093 D
Unallowable Other Compensation Associated benefits @ 21.7%	30,207 P. 28a

Odd Fellows Home of CT, d/b/a Fairview

09/30/15

Other Shared Costs

Operating expenses per financial statements	12,246,290 Fairview operating
Total operating expenses per financial statements	14,073,685_ All companies
Fairview operating - % of total expenses	87%
% Disallowed	13% Use to calculate disallowances below

	Total	Disallowance
Accounting Fees per Page 7	71,819	9,325 P. 28a
Postage per Page 16	4,401	571 P. 28a
IT per Page 16a		
Software license	24,366	
IT connect charges	14,349	
IT maintenance charges	5,634	
IT equipment	8,873	
Computer/network consultants	<u>15,250</u>	
	68,472	8,891 P. 28 a

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

Name of Factors Pattern Page Line Rem Page				D. Adjustments to Stateme			intures (co	7111 07	<u> </u>	
Item Page Line No. No. No. Item Description Decrease CCNH RHNS (Specify)					Lic			ear Ended	Page	of
Item Page Line No. No. No. Item Description Decrease CCNH RHNS (Specify)	Odd I	Fellov	vs Ho	me of CT, d/b/a Fairview			9/30/2015		29	3/
No. No. No. Item Description Decrease CCNH RHNS (Specify)										
Subtotals Brought Forward \$ 797,254 797,254 Page 20 - Resident Care Supplies*** \$ 234,829 234,829 27. 20	Item	Page	Line						(0)	
Page 20 - Resident Care Supplies*** 27.								RHNS	(Sp	ecity)
27. 20 5a2 Prescription Drugs \$ 234,829 234,829 234,829 234,829 234,829 234,829 234,829 234,829 20 5d Ambulance/Limousine \$ 6,050		1,	•	Subtotals Brought Forward	\$	797,254	797,254			
27. 20 5a2 Prescription Drugs \$ 234,829 234,829 234,829 234,829 234,829 234,829 234,829 234,829 20 5d Ambulance/Limousine \$ 6,050	Page	20 - 1	Reside	ent Care Supplies***						
29, 20 5f X-rays, ete \$ 26,670 26,670			5a2	Prescription Drugs						
30. 20 5h Laboratory \$ 36,011 36,011 31. 20 5c Medical Supplies \$ 16,007 16,007 16,007 32. 20 5c2 Oxygen (non emergency) \$ 18,143 18,143 33. Occupational Therapy \$ 34. Other - See Attached Schedule \$ 18,521 18,521 18,521 20 34. Other - See Attached Schedule \$ 18,521 18,521 20 34. Other - See Attached Schedule \$ 18,521 20 36. Depreciation on Unallowable Motor Vehicles \$ 36. Depreciation on Unallowable Motor Vehicles \$ 37. Unallowable Property and Real Estate Taxes \$ 38. 30 IV2 Rental of Building Space or Rooms \$ 1,100 1,100 39. Other - See Attached Schedule \$ 15,729 15,729 39. Other - See Attached Schedule \$ 15,729 15,729 39. Other - See Attached Schedule \$ 15,729 15,729 39. Other - See Attached Schedule \$ 15,729 15,729 39. Other - See Attached Schedule \$ 15,729 15,729 39. Other - See Attached Schedule \$ 15,729 15,729 39. Other - See Attached Schedule \$ 15,729 15,729 39. Other - See Attached Schedule \$ 15,729 15,729 39. Other - See Attached Schedule \$ 15,729 15,729 39. Other - See Attached Schedule \$ 15,729 15,729 39. Other - Miscellaneous \$ 14,	28.	20	5d	Ambulance/Limousine		<u>-</u>				
31. 20 5c Medical Supplies \$ 16,007 16,007	29.	20	5f	X-rays, etc						
32. 20 5c2 Oxygen (non emergency) \$ 18,143 18,143 33. Occupational Therapy \$ State Sta	30.	20	5h			~			ļ	
33. Occupational Therapy \$ 34. Other - See Attached Schedule \$ 18,521 18,521 18,521 34. Other - See Attached Schedule \$ 18,521 18,521 35. Excess Movable Equipment Depreciation See Attached Schedule \$ Secess Movable Equipment Depreciation See Attached Schedule \$ Secess Movable Equipment Depreciation See Attached Schedule \$ Secess Movable Property and Real Seate Taxes \$ Sees	31.	20	5e	Medical Supplies						
34. Other - See Attached Schedule \$ 18,521 18,521	32.	20	5e2	Oxygen (non emergency)		18,143	18,143		 	
Page 22 - Maintenance and Property 35.	33.									
Sexess Movable Equipment Depreciation See Attached Schedulle \$	34.			Other - See Attached Schedule	\$	18,521	18,521			
See Attached Schedule	Page	22 - I	Maint	enance and Property						
36. Depreciation on Unallowable Motor Vehicles \$ 37. Unallowable Property and Real Estate Taxes \$ 38. 30 IV2 Rental of Building Space or Rooms \$ 39. Other - See Attached Schedule \$ 15,729 I5,729 Page 27 - Insurance 40. Mortgage Insurance \$ 41. Property Insurance \$ 60ther - 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 \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$ \$	35.			Excess Movable Equipment Depreciation						
Motor Vehicles S Unallowable Property and Real Estate Taxes S S S S S S S S S				See Attached Schedule	\$					
37. Unallowable Property and Real Estate Taxes \$ 1,100 1,100 39. Other - See Attached Schedule \$ 15,729 15,729 Page 27 - Insurance 40. Mortgage Insurance \$ 0ther - Miscellaneous 41. Property Insurance \$ 0ther - 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 \$ 148. Interest Income on Accounts Rec 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 40,040 40,040 Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$ 40,040 \$ 40,040	36.			Depreciation on Unallowable						
Bitate Taxes					\$					
38. 30 IV2 Rental of Building Space or Rooms 1,100 1,100	37.			Unallowable Property and Real						
39. Other - See Attached Schedule \$ 15,729 15,729 Page 27 - Insurance \$ 40. Mortgage Insurance \$ \$ 41. Property Insurance \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				Estate Taxes		·		,,		
Other - See Attached Schedule \$ 15,729 15,729 Page 27 - Insurance \$	38.	30	IV2	Rental of Building Space or Rooms		1,100				
40. Mortgage Insurance \$				Other - See Attached Schedule	_\$	15,729	15,729			
40. Mortgage Insurance \$	Page	27-	Insura	ince						
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 \$ 40,040 40,040 Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$ \$ 50. See Attached Schedule \$ 50. See Attache			1						ļ <u></u>	
Other - Miscellaneous 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 9.			1		\$					
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 \$ 40,040 40,040 Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$ 50. See Attached Schedu		r - Mi	scella	ineous						
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 \$ 40,040 40,040 Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	****		T		\$					
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 \$ 40,040 40,040 \$ Not For Profit Providers Only				Radio and Television Revenue						
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 \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$ \$ 10. See Attached Schedule \$ \$ 20. See Attached Schedule \$ \$ 30. See Attached Sched				Vending Machine Revenue		.,,,,				
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 \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$		<u> </u>	1	Purchase Discounts and Allowances						
enhancement or promotion of the providers interest \$\frac{48}{2}\$. Interest Income on Accounts Rec \$\frac{49}{2}\$. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$\frac{40,040}{2}\$. Attached Schedule \$\frac{40,040}{2}\$. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$\frac{50}{2}\$.	46.				\$				V25-7-5-1-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-	
providers interest \$				Expenditures made for the protection,					10.7	
48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$										
49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$40,040 40,040 Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$				providers interest			<u> </u>		<u> </u>	
49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 40,040 Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$ \$	48.			Interest Income on Accounts Rec	. \$					
costs unrelated to resident care) - See Attached Schedule \$ 40,040 40,040 Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	-		T	Other (include personnel and other						
Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$ 1.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5			1	costs unrelated to resident care) - See						
50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$				Attached Schedule	\$	40,040	40,040			
50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule See Attached Schedule	Not.	For P	rofit l	Providers Only						
Unallowable Building Interest - See Attached Schedule \$				Building/Non Movable Eq. Depreciation						
	1			- I						
1 210 354 1 210 354				See Attached Schedule						
51. Total Amount of Decrease (Items 1 - 30)	51.	. Tota	l Amo	ount of Decrease (Items 1 - 50)	\$	1,210,354	1,210,354			

^{***} 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.

Odd Fellows Home of CT, d/b/a Fairview 9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specity)
20	- NA SO	Rental & Leasing - Therapy Equipment	\$ 18,521		
20		Nontain te 2,50 mg			
Wayne Wayn					
	Harman Andrews				
	[6450M1990]		AND SERVICES	ISA INA SERVICE	in in Nathan
	ON STANKE				58250153513W
					SAMAN TOWN
				ENDANCED AND	
	W. Sanda				
Total Othe	r Ancillar	y Costs	\$ 18,521	\$44	\$ 134.50

Schedule of Excess Movable Equipment Depreciation

Dama Daf	Time Def	Description	CCNH	RHNS	(Specify)
rage Kei	Lille Met	Description			
A. Properties				The second of the second	
			TANK SAVING		
	TOTAL PROPERTY.				
				Examination (
			AND	ENWWENE AND	
			a	· ·	·
Total Exce	ss Movab	le Equipment Depreciation	2	- 3 Constitution - Constitution	(a)

Schedule of Other Property Adjustments

Dags Dof	Line Def	Description	CCNH	RHNS	(Specify)
Page Ref	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Cable TV	\$ 5.827		
ZZ	AND	Disallowed depreciation on building improvements	\$ 7,450		
22	yp	Disallowed depreciation on moveable equipment	\$ 2,452		
\\:\ Z Z\\\\\	43000	Disallowed achievation variety			
	74845A75				
100000000000000000000000000000000000000					
50 80 87 34.					
SHARK R			a and the second		And Service Control
Total Othe	r Propert	y Adjustments	\$ 15,729	\$ 3344442	\$ 50 months (c)

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30		Transportation income	\$ 305		
30	IV8	Miscellaneous Income	\$ 16,341		
30		Fellowship Manor Services	\$ 23,333		White Addition
30		Barber/Beauty	\$ 61		
	nganggar Nganggar		WEINNES		
	r Adjustm		\$ 40,040	s willing	\$

Schedule of Unallowable Building Interest

	** ** P. P.		CCNH	RHNS	(Specify)
Page Rei	Line Ref D	escription			
			Section of the sectio		SEESTIME TO SEE SEE
			2-24-304-303-303-303-303-303-303-303-303-30	SOURCE AND ASSESSMENT	All South House and
1000	NEWS AND SE			VERNIE SERVE	Berghiner of
	ana managa e: 				
			Versile Certific	Wall Sales	
			7, 17, 18, 18, 18, 18, 18, 18, 18, 18, 18, 18		Amerikanika
1100000					
134 (ANV) (A)	HAM SESSEE				TWO SANDAR
			Tan Carrier and Charles	(e	· P
Cotal Unal	lowable Buile	ding Interest	\$ 3.5.	(A) (A) (A) (A) (A) (A) (A) (A)	Ψ

CSP-30 Rev.10/2005

F. Statement of Revenue

Name of Facility License No.]	Report for Year Ended		Page	of	
Odd Fellows Home of CT, d/b/a Fairview 258c	9	9/30/2015			30	37
Odd Form Home of the second	T					
Item		Total	CCNH	RHNS	(Sp	ecify)
I. Resident Room, Board & Routine Care Revenue	COMMISSION					
	\$	7,910,879	7,910,879			
	\$	(2,756,115)	(2,756,115)			
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$	2,642,823	2,642,823			
b. Medicare Room and Board Contractual Allowance **	\$	(349,730)	(349,730)			
A. a. Private-Pay Residents and Other	\$	4,899,591	4,899,591			
b. Private-Pay Room and Board Contractual Allowance **	\$	(85,997)	(85,997)			en e
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$	186,253	186,253			
b. Prescription Drugs - Medicare Contractual Allowance **	\$	(186,253)	(186,253)			
c. Prescription Drugs - Non-Medicare	\$	8,604	8,604			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
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	\$	606,572	606,572			
b. Physical Therapy - Medicare Contractual Allowance **	\$	(606,572)	(606,572)			
c. Physical Therapy - Non-Medicare	\$	130,647	130,647			****
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$	72,433	72,433		_	
b. Speech Therapy - Medicare Contractual Allowance **	\$	(72,433)	(72,433)		<u>.</u>	
c. Speech Therapy - Non-Medicare	\$	66,154	66,154			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	-			<u></u>	
5. a. Occupational Therapy - Medicare	\$	763,300	763,300			
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(763,300)	(763,300)			
c. Occupational Therapy - Non-Medicare	\$	151,167	151,167			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				<u> </u>	
6. a. Other (Specify) - Medicare	\$				<u> </u>	
b. Other (Specify) - Non-Medicare	\$	4,509	4,509			
III. Total Resident Revenue (Section I. thru Section II.)	\$	12,622,532	12,622,532			
IV. Other Revenue*						
Meals sold to guests, employees & others	\$	106,915	106,915			
Rental of rooms to non-residents	\$		1,100			
	\$					
Telephone Rental of Television and Cable Services	\$					
Rental of Television and Cable Services Interest Income (Specify)	9		789			
6. Private Duty Nurses' Fees	<u> </u>					
7. Barber, Coffee, Beauty and Gift shops	4		61			
8. Other (Specify)			(372,375)		
		(263,510	T			
V. Total Other Revenue (1 thru 8)	9					
VI. Total All Revenue (III +V)	-	12,359,022	12,359,022	1		

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

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

Schedule of Other Resident Revenue - Medicarc

Related Exp

Page Ref	Description	CCNH_	RHNS	(Specify)
7 age Кет 30 П ба	Lab Services - Medicare A - SNF	\$ 158,898		
30 H 0a	X-Ray/Radiology - Medicare A - SNF	\$ 18,643		
	Medicare A Contractual Allowance	\$ (177,541)		
30 II 6a	Medicaré A Contractual Attowance		Vertical	Notice of the last
distriction				
Nagara 1996				
HEATTAIN IN		¢ .	\$ -	\$
Total Othe	er Resident Revenue - Medicare	<u> </u>		

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Name Def Decembrian	CCNH	RHNS	(Specify)
Page Ref Description 30 Lab Services	\$ 4,509		
Lab Services			
		1(2)(2)(1)(2)(2)	
	200 Salata (1900)		
	\$ 4509	\$ -	\$ -
Total Other Resident Revenue	1,505	1.4	<u> </u>

Interest Income

Account

D. D. f. Account	Balance	CCNH	RHNS	(Specify)
Page Ref Account 30 IV 5 Interest Income on bank accounts	1,034,637	\$ 721		
30 IV 5 Interest income on unemployment account		\$ 68		
3017 3 Miletest meone en allempo)				
Total Interest Income		\$ 789	\$ 0.00000-00-00	\$ 0000000-000

Schedule of Other Revenue

Department	CCNH	RHNS	(Specify)
	\$ 23,333		
	\$ 16,341	\$\$\##\$!##\$!##\#\$	
House Leaning Service, Fellowship Manor - Disallowed	\$ 27,975		Market State
	\$ 14,722		
	\$ (69,324)		
	\$ (432,096)		
	\$ 305		
	\$ 2,736	gardeyaay Daraya	
Other income for removal of previous reserve (not disallowable)	\$ 43,633		
Office income for (chiovarus) provides receive (no. 2222)			
1 Dayana	\$ (372,375)	\$ -	-
	Pellowship Manor Services Income - Disallowed Miscellaneous Income - Disallowed Housekeeping Service- Fellowship Manor - Disallowed Contributions Transfers Other Comprehensive Loss - change in pension liability Transportation - disallowed Investment Income Other income for removal of previous reserve (not disallowable)	Secription Services Income - Disallowed Services Income - Disallowed Services Income - Disallowed Services Income - Disallowed Service - Fellowship Manor - Disallowed Service - Fellows	Description \$ 23,333 Miscellaneous Income - Disallowed \$ 16,341 Housekeeping Service- Fellowship Manor - Disallowed \$ 27,975 Contributions \$ 14,722 Transfers \$ (69,324) Other Comprehensive Loss - change in pension liability \$ (432,096) Transportation - disallowed \$ 305 Investment Income \$ 2,736 Other income for removal of previous reserve (not disallowable) \$ 43,633 Section \$ 43,633 Sec

G. Balance Sheet

Name of Facility	License No.	Report for Year Ende	ed Page	of 1 37
Odd Fellows Home of CT, d/		9/30/2015		Amount
	Account			Amount
Assets				
A. Current Assets			\$	1,034,637
1. Cash (on hand and	in banks)	. C D. 4 Doleta	\$	922,209
2. Resident Accounts	Receivable (Less Allowand	e for Bad Debts)	\$	<i>522,205</i>
	ceivable (Excluding Owner	S or Related Farties)	\$	11,023
4 Inventories			\$	37,872
5. Prepaid Expenses		21,406	Ψ	5,,0,2
a. Prepaid Insurance	e <u> </u>	16,466		
b. Other Prepaid Ex	xpenses	10,400		
C,				
d.			\$	
6. Interest Receivable			\$	
7. Medicare Final Set			- \$ \$	
8. Other Current Asse	ets (itemize)			
	T '		\$	2,005,741
A-9. Total Current Assets (Lines A1 thru 8)		- IV	2,000,11
3. Fixed Assets			\$	180,600
1. Land	*Historical Cos	t 228,323	\$	74,550
2. Land Improvement	Accum, Depre		l '	
D 1111	*Historical Cos		\$	5,081,740
3. Buildings	Accum. Depres	·	1 '	- ,,- ·
1 11 1			\$	
4. Leasehold Improve	Accum. Depre		1 '	
C Manual La Form		- × + + + +	\$	70,440
5. Non-Movable Equ	Accum. Depres		1.	,
C Manual la Francisco			\$	276,420
Movable Equipme	Accum. Depre			•
7 Matan Valaining	*Historical Cos		\$	5,650
7. Motor Vehicles	Accum. Depre	H-1	"	•
a Mines Equipment		0,22, 110	\$	
8. Minor Equipment-				000=
9. Other Fixed Assets	s (itemize)		\$	90,05
Construction In		90,050		
B-10. Total Fixed Assets	s (Lines B1 thru 9)		\$	5,779,462

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

G. Balance Sheet (cont'd)

Nam	e of	Facility	License No.	Report for Year Ended		Page 32	ŀ	of 37
)dd	Fello	ows Home of CT, d/b/a Fairvie	258c	9/30/2015				31
			Account		_	Amo		<u></u>
				Total Brought Forward:	\$		7,78	5,203
7.	Lea	asehold or like property recorde	d for Equity Purposes	5.				
		Land			\$			
	2.	Land Improvements	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	3.	Buildings	*Historical Cost					
		_	Accum. Depreciation	n Net	\$			
	4.	Non-Movable Equipment	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	5.	Movable Equipment	*Historical Cost		φ.			
			Accum. Depreciation	n Net	\$			
	6.	Motor Vehicles	*Historical Cost	27	dr.			
			Accum. Depreciatio	n Net	\$			
	7.	Minor Equipment-Not Deprec	eiable		\$	- -		
C-8	To	tal Leasehold or Like Propert	ies (C1 thru 7)		\$	· · · · · · · · · · · · · · · · · · ·		
D.	Inv	vestment and Other Assets						
	1.	Deferred Deposits			\$ \$			
	2.	Escrow Deposits			3			
	3.	Organization Expense	*Historical Cost					
			Accum. Depreciation	n Net	<u>\$</u> \$			
	4.	Goodwill (Purchased Only)			\$			
	5.	Investments Related to Reside		10				
					-			
					\$			
	6.	Loans to Owners or Related I		T Doto	4			
		Name and Address	Amount	Loan Date	\dashv			
				1				
	-				¢		7	52,90
	7.	Other Assets (itemize)		752,908	# P			,-
		Due from Related Parties		132,700	-			
		and the state of t						
L			, (I' - D1 II - '	7\	\$		7	52,90
D-8	. T	otal Investments and Other As	ssets (Lines D) thru	/)				38,11
D-9	$\frac{1}{T}$	otal All Assets (Lines A9 + B1	0 + C8 + D8)		\$		8,5	3≥

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year En	ıded	Page	of	
Odd Fellows Home of CT, d/b/a Fairview			258c	9/30/2015		33	
<u> </u>			Account			Am	ount
Liabilities	4.44						
Α.	Cu	rrent Liabilities			Į	c r	526,116
	1.	Trade Accounts Payable				<u>\$</u> \$	139,492
	2.	Notes Payable (itemize)		120 400		ሳ	137,172
ı		Current Portion of Mortga	age Payable	139,492			
				<u> </u>		C	20,556
	3.	Loans Payable for Equipa	nent (Current portion)	(itemize)	Date Due	φ	20,550
		Name of Lender	Purpose	Amount	Date Duc		
			, /g c	20.556	May/July 2	nu7	
		VAR Resources Inc	Computers/Software	20,330	Wiay/July 2		
i		,					
					1		
				and the Idays only)	<u> </u>	\$	72,092
	Accrued Payroll (Exclusive of Owners and/or Stockholders only) Accrued Payroll (Owners and/or Stockholders only)					\$	·
	5.	Accrued Payroll (Owner.	s and/or Stockholders o	niy)		\$	62,131
	6.	Accrued Payroll Taxes F	ayable			\$	
	7.		nt Payable			\$	
	8.	Medicare Current Financ	cing Payable			\$	
	9.	Mortgage Payable (Curr	ent Portion)			\$	12,98
	10). Interest Payable (Exclus	ive of Owner and/or Re	lated Parties)		\ \$	12,500
	1.	 Accrued Income Taxes* 	<u> </u>			\$	573,260
	12	2. Other Current Liabilities				I D	3/3,20
		Accrued Vacation and Sick Pay	283,9			-	
	•	Accrued Provider Tax	193,7	62		-	
		Deferred Revenue	1,8			-	
		Due to Third Party	93,7	06		\$	1,406,633
A-1	13. <i>T</i>	otal Current Liabilities (1	ines A1 thru 12)			10	1,400,05

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page 34	of 37	
Odd Fellows Home of CT, d/b/a Fairview	258c	9/30/2015	<u> </u>		nount	
	Account	Total Brough	t Forward	All	1,406,635	
		Total Blougi	IL I'OI WAIG.		1,100,000	
Liabilities (cont'd)						
B. Long-Term Liabilities	(itamira)			\$	20,258	
Loans Payable-Equipment		Amount	Date Due	7		
Name of Lender	Purpose	Amount	Date Date			
VAR Resources Inc	Computers/Software	20,258	May/July 2			
2. Mortgages Payable				\$ \$		
	3. Loans from Owners of Related Chemize)					
Name and Address of Lender	Amount	Loan D	ate			
4. Other Long-Term Liabili	ies (itemize)	<u>,l</u>		\$	7,690,314	
Long-Term Portion of M	ortgage Pavable	3,616,815				
Accrued Pension Liability		4,083,741				
Deferred Financing Costs		(10,242				
Deferred Financing Cost	, , , , , , , , , , , , , , , , , , , ,					
B-5. Total Long-Term Liabilities	(Lines B1 thru 4)			\$	7,710,572	
B-5. Total Long-Term Liabilities C. Total All Liabilities (Lines A	$A_{-13} + B_{-5}$			\$	9,117,207	

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

	License No. Report for Year Ended		Page 35		of 37
Odd	Fellows Home of CT, d/b/a Fairvi 258c 9/30/2015 Account			ount	-
A.	Reserves		<u> </u>		
î	Reserve for value of leased land	\$			
	Reserve for depreciation value of leased buildings and appurtenances				
	to be amortized	\$			
<u></u>	to the amovement				
	3. Reserve for depreciation value of leased personal property (Equity)	\$			
	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	\$	· · · · · · · · · · · · · · · · · · ·		
В.	Net Worth	dr.			
	1. Owner's Capital	\$			
	2. Capital Stock	\$			
	3. Paid-in Surplus	\$			
	4. Treasury Stock	\$		m)-	
	5. Cumulated Earnings	\$		(691,	76 <u>7)</u>
	6. Gain or Loss for Period 10/1/2014 thru 9/30/2015	\$		112,	<u>671</u>
	7. Total Net Worth	\$		(579,	096)
C.	Total Reserves and Net Worth	\$		(579,	096)
D.	Total Liabilities, Reserves, and Net Worth	\$		8,538,	111

H. Changes in Total Net Worth

Nam	e of Facility	License No.	Report for Year I	Ended	Page	of
Odd	Fellows Home of CT, d/b/a Fairview	258c	9/30/2015		36	37
		Account				mount
A.	Balance at End of Prior Period as s		30/2014		\$	(691,767)
В.	Total Revenue (From Statement of				\$	12,359,022
C.	Total Expenditures (From Statemer	nt of Expenditures Pag	ge 27)		\$	12,246,351
D.	Net Income or Deficit		\$	112,671		
E.	Balance				\$	(579,096)
F.	Additions 1. Additional Capital Contributed 2. Other (itemize)	(itemize)				
F-3.	Total Additions				\$	
G.	Deductions					
	1. Drawings of Owners/Operators	Partners (Specify)			\$	
	Name and Address (No., City,	State, Zip)	Title	Amount		
	2. Other Withdrawings (Specify)				\$	
	Purpose		Amou			
	3. Total Deductions				\$	
H.	Balance at End of Period	09/30/15			\$	(579,096)

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page of
Odd Fellows Home of CT, d/b/a Fairview	258c	9/30/2015	37 37
	Check appropriate category		
☐ Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)	
,	Preparer/Reviewer Certifica	ition	
I have read the most recent Federal ar personnel as to the possible inclusion regulations. All non-reimbursable expremoved in the State rate computation are properly reported as such in this re	report and am familiar with the applica nd State issued field audit reports for the in this report of expenses which are no penses of which I am aware (except the a system) as a result of reading reports, eport on Pages 28 and 29 (adjustments to ement with the books and records, as pre-	e Facility and have inquired of ap t reimbursable under the applicab ose expenses known to be automa inquiry or other services performato to statement of expenditures). Fu	propriate le itically ed by me
Signature of Preparer	Title	Date Signed	
Blum, Shapino + Con	ypany, P.C.	2/9/16	
Printed Name of Preparer			
Blum Shapiro & Company, PC	-		
Addres Address		Phone Number	