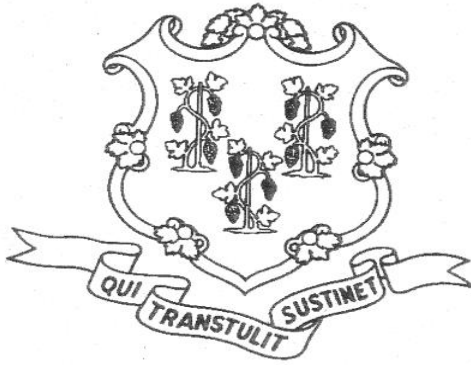


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Ludlowe Center for Health & Rehab., LLC	
Address (No. & Street, City, State, Zip Code) 118 Jefferson Street, Fairfield, CT 06825	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2323	RHNS	(Specify)	Medicare Provider 075330
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Medicaid Provider Numbers:	CCNH 6080	RHNS	ICF-IID
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For Department Use Only

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

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Ludlowe Center for Health & Rehab, LLC	2323	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 IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Bloomfield Health [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.

Ludlowe Ctr. for Health & Rehab LLC

Signed (Administrator)		Date	Signed (Owner)		Date
<i>Patricia Page</i>		<i>2/6/16</i>	<i>[Signature]</i>		<i>2/8/16</i>
Printed Name (Administrator)			Printed Name (Owner)		
Patricia Page			Marvin Ostreicher		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
	<i>N.Y.</i>	<i>2/8/16</i>	<i>[Signature]</i>	<i>7/01/18</i>	
Address of Notary Public					

(Notary Seal)

GLORIA G. ALARIO
 NOTARY PUBLIC STATE OF NEW YORK
 NO. 01AL6077129 NASSAU COUNTY
 TERM EXPIRES JULY 01, 2018

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Ludlowe Center for Health & Rehab., LLC	Period Covered:	From 10/1/2014	To 9/30/2015	
Address of Facility 118 Jefferson Street, Fairfield, CT 06825				
Report Prepared By Blum Shapiro & Co.	Phone Number 860-561-4000	Date 2/8/2016		
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

Phone No. of Facility 203-372-4501		Report for Year Ended 9/30/2015		Page 2	of 37
Name of Facility (as shown on license) Ludlowe Center for Health & Rehab., LLC			Address (No. & Street, City, State, Zip) 118 Jefferson Street, Fairfield, CT 06825		
License Numbers:	CCNH 2323	RHNS	(Specify)	Medicare Provider No. 075330	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator Patricia Page			Nursing Home Administrator's License No.:	001970	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

**General Information and Questionnaire
 Partners/Members**

Name of Facility Ludlowe Center for Health & Rehab., LLC		License No. 2323	Report for Year Ended 9/30/2015	Page 3	of 37
Legal Name of Partnership/LLC Ludlowe Center for Health & Rehab., LLC		Business Address 118 Jefferson Street, Fairfield, CT 06825		State(s) and/or Town(s) in Which Registered CT	
Name of Partners/Members	Business Address	Title		% Owned	
Marvin Ostreicher	184 Wildacre Ave, Lawrence, NY 11559	Managing Member		74%	
Barry Bokow	722 Almond Road, Far Rockaway, NY 11691	Member		12%	
Ira Geffner	253 Woodward Ave, Staten Island, NY 10314	Member		10%	
Benjamin Goodman	523 Jarvis Avenue, Far Rockaway, NY 11691	Member		4%	

**General Information and Questionnaire
 Related Parties***

Name of Facility Ludlowe Center for Health & Rehab., LLC	License No. 2323	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
See attachment		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

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

**General Information and Questionnaire
Related Parties***

Name of Facility Ludlowe Health Care Center, Inc.	License No. 2323	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Preferred Therapy Solutions	850 Silas Deane Hwy, Wethersfield, CT 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24%	PT,OT,ST Services/Consulting	13 5a,9a,10a,12	1,116,384	1,061,410
National Healthcare	46 Stauderman Ave, Lynbrook NY 11563	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Management	16 12	513,582	513,582
NOA Diagnostics	6851 Jericho Tpk, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	79%	Radiology	20 5f	18,436	16,933
National Healthcare Assoc	46 Stauderman Ave, Lynbrook NY 11563	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Banking Transactions	16 13	17,279	17,279
NHCA Inc & Affiliates - Aetna	745 Main St, E Hartford, CT 06108	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Health Insurance***	15 1a5	805,923	805,923
Ludlowe Realty, LLC	118 Jefferson St, Fairfield, CT 06825	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent	22 9	2,140,000	2,140,000
850 Silas Deane Realty	850 Silas Deane Hwy, Wethersfield, CT 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	1,893	1,893
Stauderman Realty	46 Stauderman Ave, Lynbrook NY 11563	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	5,882	5,882
Procure LTC Pharmacy of CT	1492 Highland Ave Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	83%	Drugs/Otc's/Supplies/Consult/Med Record	20 5a2/b	603,896	566,784

* Use additional sheets if necessary.

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

*** Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Ludlowe Center for Health & Rehab., LLC	License No. 2323	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

Shared expenses, allocated by bed size. See page 17 attachment.

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

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

N/A

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Ludlowe Center for Health & Rehab., LLC			2323	9/30/2015			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Reliable Health Systems, Nostrand Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	10/01/08	60 / ongoing	21,836	21,836	
Nissan Motor Acceptance Corp. p 0. Box 9001133, Louisville KY 40290-1133	<input type="radio"/>	<input checked="" type="radio"/>	Auto Lease	08/22/12	36 months	4,024	1,677	
Leaf, P.O. Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	02/19/13	39 months	2,449	2,449	
Leaf, P.O. Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	12/21/13	39 months	2,787	2,787	
Leaf, P.O. Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	10/01/14	39 months	1,564	1,564	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***							30,313	

* 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.



LEASE AGREEMENT

1720 A Crete Street, Moberly, MO 65270
Phone: 800-662-3759, Fax: 800-426-2626

LESSEE LEGAL NAME: Ludlow Center for Health and Rehabilitation LLC
Tax ID#: 205084093 Telephone No: 203-372-4501

Billing Address: 118 Jefferson St., Fairfield, CT 06825
Equipment Location (if other than Billing Address): 118 Jefferson St., Fairfield, CT 06825

EQUIPMENT DESCRIPTION: (indicate quantity, new or used and include make, model, serial # and all attachments - attach separate schedule if necessary)

Toshiba e-Studio457 System

Table with columns: BASE TERM IN MONTHS (39), TOTAL NUMBER OF LEASE PAYMENTS (39 @ \$122.58), END OF LEASE PURCHASE OPTION (Fair market value, plus taxes), and a summary table for (a) Advance Payment, (b) Security Deposit, (c) Documentation Fee, and Total due a + b + c = \$95.00.

**If more than one lease payment is required as an Advance Payment, the balance will be applied to lease payments in inverse order, starting with the last lease payment. Your obligation to pay all amounts and perform all other obligations is non-cancellable, absolute, unconditional and not subject to abatement, set-off or defense.

TERMS AND CONDITIONS

In this agreement ("Lease"), "we," "our," and "us" refers to LEAF Capital Funding, LLC as Lessor and "you" and "your" refer to the Lessee. You agree to lease the Equipment upon the following terms and conditions:

- 1. LEASE PAYMENTS AND TERM: The Lease is enforceable on you upon your execution. The term of the Lease shall commence on the date the Equipment is delivered to you ("Lease Commencement Date").
2. DELIVERY, ACCEPTANCE, USE AND REPAIR: You are responsible for equipment delivery and installation.
3. INDEMNIFICATION: You agree to indemnify, defend and hold us harmless from and against any losses, damages, penalties, claims and suits.
4. LEASE EXPIRATION, RENEWAL: Unless you notify us at least 90 days prior to the expiration of the Lease of your election to return or purchase the Equipment, this Lease will renew on a month-to-month basis.
5. LATE FEES AND CHARGES: If any amount is not paid within five (5) days of when due, you agree to pay us a late charge equal to the lesser of 10% of the amount past due or the maximum legal amount.
6. NO WARRANTY: We do not manufacture the Equipment and you have selected the Equipment and the supplier. WE MAKE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING THOSE OF MERCHANTABILITY OR FITNESS FOR A PURPOSE AND ARE NOT RESPONSIBLE FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES.
7. INSURANCE, RISK OF LOSS: You bear all risk of loss or damage to the Equipment from its order until it is returned in the required condition or purchased by you ("Risk Period").

provide us with proof of such insurance, we may secure insurance on the Equipment to cover our interests (and only our interests). If we obtain such insurance, you will pay us an additional amount for the cost of such insurance and an administrative fee, the cost of which may be more than the cost to obtain your own insurance and on which we may make a profit.

8. OWNERSHIP AND TAXES: We own the Equipment (excluding licensed software). If you are deemed to own it, you grant us a security interest in the Equipment. You authorize us to file UCC financing statements to confirm our interest. You will pay, when due, all taxes, fines and penalties relating to the purchase, use, leasing and/or ownership of the Equipment. For administrative purposes, unless we otherwise direct in writing, you will list Lessee as the owner of the Equipment for property tax purposes and file and pay when due any property taxes relating to the Equipment directly to the taxing authority and provide us with evidence of compliance. If we pay any taxes, fees or penalties on your behalf, you will pay us the amount we paid plus an administrative fee. You agree to pay us the documentation fee specified above or if not so specified, the greater of either \$125 or 0.5% of the Equipment cost. If we require an Equipment site inspection, or you request administrative services, you agree to reimburse our costs.

9. DEFAULT: If you or any guarantor do not pay us any amount within ten (10) days of its due date, or breach any terms of this Lease, any guaranty or any license relating to the Equipment, you will be in default. If you default, we may require you to do any combination of the following: (a) immediately pay all amounts then due, plus the present value of the remaining Lease Payments, interim Rent and residual value of the Equipment, as determined by us, discounted at an annual rate of 3%; (b) return all of the Equipment; (c) allow us to repossess the Equipment; or (d) use any and all remedies available to us under applicable law. If you default, you agree to pay the cost of repossession and our attorney's fees and costs. In addition to all other charges and as reimbursement for expenses incurred and not as a penalty, we may require you to reimburse us for the phone calls, letters, and any additional expense incurred in the collection or servicing of this Lease for you. If we take possession of the Equipment, we may sell or otherwise dispose of it with or without notice, at a public or private sale, and apply the net proceeds (after we have deducted all costs related to the sale or disposition of the Equipment) to the amounts that you owe us. You agree that if notice of sale is required by law, 10 days' notice shall constitute reasonable notice. You remain responsible for any amounts that are due after we have applied such net proceeds. We may apply any security deposits to your obligations and if you do not default, the balance will be refunded without interest.

10. ASSIGNMENT: You have no right to sell or assign the Equipment or Lease. We may sell or assign our rights in the Lease and/or Equipment and the new owner will have all our rights but will not be subject to any claim or defense you have against us.

11. ARTICLE 2A: You agree this Lease is a "finance lease" as defined in Article 2A of the Uniform Commercial Code. You waive all rights and remedies conferred upon a lessee by Article 2A (508-522) of the UCC. You have received a copy of the Supply Contract or been informed of the identity of the Supplier and you may have rights under the Supply Contract and may contact the Supplier for a description of those rights.

12. CREDIT INFORMATION: You authorize us or any of our affiliates to obtain credit bureau reports, and make other credit inquiries that we deem necessary.

13. CHOICE OF LAW: THIS LEASE WILL BE GOVERNED BY PENNSYLVANIA LAW. YOU CONSENT TO JURISDICTION IN THE STATE OR FEDERAL COURTS IN PENNSYLVANIA AND WAIVE ANY RIGHT TO A TRIAL BY JURY.

14. MISCELLANEOUS: This Lease is the parties' entire agreement and can be amended only in writing signed by both parties. A fax of the Lease with fax signatures may be treated as an original and will be admissible as evidence. You will use the Equipment only for business purposes and not for personal, family or household use.

ACCEPTED BY LESSEE: Ludlow Center for Health & Rehabilitation LLC
Print Name: MICHAEL BURLOW Title: X Materials Mgmt.
Lessee Authorized Signature: [Signature] E-Mail Address: Date: 8/22/14

PERSONAL GUARANTY: Undersigned guarantees that Lessee will make all payments and perform all other obligations under the Lease when due. Undersigned agrees that this is a guaranty of payment and not of collection, and that we can proceed directly against undersigned without first proceeding against Lessee or the Equipment. Undersigned also waives all suretyship defenses and notification if the Lessee is in default and consents to any extensions or modifications granted to Lessee. Undersigned will pay us all expenses (including attorneys' fees) we incur in enforcing our rights against undersigned or Lessee. If more than one person signs this guaranty, each agrees that his/her liability is joint and several. Undersigned authorizes us and our affiliates to obtain credit bureau reports and make inquiries regarding undersigned's personal credit. You consent to jurisdiction in the State or Federal courts in Pennsylvania and expressly waive any right to a trial by jury.

SIGNED X:
Accepted by: LEAF CAPITAL FUNDING, LLC By: [Signature] Print Name: Title: Lease Commencement Date: (LEASE01/2.2.12)

Corporate Office
 45 Corporate Avenue
 Plainville, CT 06062
 800-634-4810
 P: 860-793-9994 F: 860-793-9954
 www.theofficeworksinc.com

THE OFFICE WORKS

Branch Office
 100 Mill Plain Road, 3rd Floor
 Danbury, CT 06810
 P: 203-942-2640

SALES ORDER

Date 8/15/2014

PO# _____

Terms _____

BILL TO Ludlowe Center for Health & Rehabilitation

SHIP TO _____

Address 118 Jefferson Street

Address Same

City Fairfield State CT 06825

City _____ State _____ Zip _____

Billing Contact Sheila

Ship to Phone _____

Billing Phone 203-372-4501

Ship to Fax _____

ITEM DESCRIPTION	SERIAL NUMBER	QTY	UNIT PRICE	EXTENDED PRICE
Toshiba e-Studio457 Digital Copier		1		39 Month Lease
MR3028 RADF		1		\$122.58 per month
MJ1032N Finisher		1		Zero Down
KD1026 LCF		1		FMV Lease End Option

1) The Seller retains a security interest in all the equipment and supplies described in this Agreement until the purchase price is paid in full.
 2) In the event Buyer makes default in payment the Buyer will be liable for the payment of any legal fees or costs incurred in sustaining or protecting the security interest or in enforcing the terms of the security agreement, and upon demand the Buyer agrees to make the equipment available to the Seller at a location to be determined by seller.
 3) If there is a third party associated with this transaction, the lessee shall abide by the terms of the lease agreement. The Office Works, Inc. shall in no way be held responsible if the lessee fails to fulfill any terms set forth in the associated lease agreement.

Returned Equipment	Make/Model <u>Toshiba e-Studio355se</u>	Equip. ID# & Serial Number <u>4707/SCPD143897</u>	End Meter
Hard-drive Options Upon Equipment Removal	Remove & Replace _____	Erase _____	Ignore _____

Notes / Provisions:
 See Maintenance Contract Attached.
 The Office Works will remove and return the e-Studio355se to the leasing company at no charge to the customer.

Customer Authorization	The Office Works, Inc. Authorization
Authorized Signature <u>[Signature]</u>	Accepted By _____
Print Name / Title <u>Michael Bobrow Materials Mgr.</u>	Print Name _____
Date <u>8/22/14</u>	Title _____

THE OFFICEWORKS

MASTER MAINTENANCE AGREEMENT

The Office Works, Inc.
Farmington Valley Corporate Park
45 Corporate Avenue
Plainville, CT 06062
800-634-4810
P: 860-793-9994 F: 860-793-9954
www.theofficeworksinc.com

BILLING INFORMATION

EQUIPMENT LOCATION

BILL TO Ludlowe Center for Health & Rehabilitation SHIP TO _____
Address 118 Jefferson Street Address _____
City Fairfield State CT Zip 06825 City _____ State _____ Zip _____

Billing Contact Sheila Meter Contact _____
*Please Select Preferred Method of Contact Below

Lease Billed By LEAF Capital Funding

PO # _____

Meter Contact E-mail _____

Machine ID # _____

Meter Contact Fax _____

Serial # _____

Meter Contact Phone 203-372-4501

Make/Model Toshiba e-Studio457

ALL INCLUSIVE SERVICE MAINTENANCE AGREEMENT

Includes labor, travel, parts & supplies, excludes paper, staples and freight.

FULL SERVICE MAINTENANCE AGREEMENT

Includes labor, travel and parts, excludes supplies and freight.

Notes State sales tax will be applied when applicable.

Start Meter _____

Contract Effective Dates _____ to _____

Base Charge _____ M
A S Q M*

Overage Billed _____
A S Q M* *A= annually, S= semi-annually, Q= quarterly, M= monthly

COPIES

Black Copy Allowance _____

Color Copy Allowance _____

Overage Rates 0.0065
BLACK COLOR

PRINTS

Black Print Allowance _____

Color Print Allowance _____

Overage Rates _____
BLACK COLOR

FOR THE FIXED CHARGES THAT ARE SUBJECT TO THE TERMS SET FORTH IN THIS AGREEMENT THE OFFICE WORKS, INC'S FIELD SERVICE DEPARTMENT WILL PROVIDE TECHNICAL REPAIR SERVICE IN ORDER TO MAINTAIN THE ABOVE "EQUIPMENT" IN PROPER OPERATING CONDITION. CUSTOMER ACKNOWLEDGES TO HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS AGREEMENT WHICH ARE CONTAINED ON BOTH SIDES OF THIS DOCUMENT AND WHICH CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE PARTIES. THERE ARE NO ORAL UNDERSTANDINGS, TERMS OR CONDITIONS; AND THE PARTIES MAY NOT RELY UPON ANY REPRESENTATIONS, EXPRESSED OR IMPLIED, NOT CONTAINED IN THIS AGREEMENT. THIS AGREEMENT IS NOT VALID UNTIL ACCEPTED BY THE OFFICE WORKS, INC.

CUSTOMER AUTHORIZATION

Authorized Signature _____

Title Materials Mgmt.

Print Name Michael Boban

Date 8/22/14

At this time I decline Maintenance Agreement Coverage _____ Initials

THE OFFICE WORKS, INC AUTHORIZATION

Authorized Signature _____

Title _____

Print Name _____

Date _____

TERMS AND CONDITIONS

EFFECTIVE DATE OF AGREEMENT: The undersigned hereby requests that the equipment listed on the reverse side hereof, be placed under maintenance agreement and billed according to the terms and conditions of this agreement. The term of this agreement shall commence upon the date indicated on the front of this agreement and The Office Works, Inc.'s acceptance of the contract. This agreement will automatically renew for successive (1) year terms and number of copy/prints allowance proportional and subject to the receipt by The Office Works, Inc. of the maintenance charge in effect at the renewal date, provided the customer is not then in default. This agreement will be coterminal with the equipment lease, if applicable.

GENERAL SCOPE OF COVERAGE: This agreement covers labor and all parts for adjustments and repairs as required by normal use of the equipment except as hereinafter provided. Damage to the equipment or its parts arising from misuse, abuse, negligence, or causes beyond The Office Works, Inc.'s control are not covered. The Office Works, Inc. may terminate this agreement in the event the equipment is modified, damaged, altered or serviced by personnel other than those employed by The Office Works, Inc., or if parts, accessories or components not authorized by The Office Works, Inc. are fitted to the equipment.

No change, alteration or amendment of the terms or conditions of this agreement are authorized or effective unless they have been agreed to in writing by an officer of the The Office Works, Inc. No course of dealing of any other customer shall constitute an amendment to the terms hereof or alter any of the terms of this agreement.

No terms or warranties are authorized unless they appear on the original of this agreement. The Office Works, Inc. disclaims all warranties, expressed or implied, including any implied warranties of merchantability, fitness for use, or fitness for particular purpose. The Office Works, Inc. shall not be responsible for direct, incidental or consequential damages, including but not limited to damages arising out of the use or performance of the equipment or the loss of use of the equipment.

Authorization to move equipment may be subject to the terms and conditions of lease contracts. Customer shall give The Office Works, Inc. thirty (30) days prior written notice if customer desires to move equipment covered under this agreement. The Office Works, Inc., at its option, may terminate service under this agreement in whole or in part in the event the equipment is moved without consent of The Office Works, Inc. The Office Works, Inc. reserves the right to increase the cost of this agreement for servicing equipment in a new location. A relocation, removal and/or reinstallation fee will be charged.

Reinstallation of drivers and/or installation of connected devices due to changes in network operating systems or malfunction of devices other than listed on this contract are not covered and will be billed by The Office Works, Inc. at the current published hourly rates.

EXTENT OF SERVICES: Labor performed during a service call includes lubrication and cleaning of the equipment, adjustments and repair or replacement of parts required by wear and tear resulting from normal use. Replaced parts become the property of The Office Works, Inc. Unlimited service calls, including travel time and mileage under this agreement will be made during normal business hours at the customer's installation address. The Office Works, Inc.'s normal business hours for service are from 8:00 a.m. to 4:30 p.m., Monday through Friday, excluding holidays. Customer understands that alterations, attachments, specification changes, parts or service necessitated by negligence, accident, use of unsuitable supplies or unauthorized interference with the equipment will be charged the rates in effect at the time of service.

REPAIR AND REPLACEMENT OF PARTS: All parts necessary to the operation of the equipment, with the exception of the exclusions listed below and subject to the general scope of coverage will be furnished free of charge during a service call included in the maintenance service provided by this agreement. When and in its sole discretion The Office Works, Inc. determines a shop reconditioning is necessary as a direct result of expected materials wear and age factors caused by normal office environment usage, to keep the equipment in working condition, The Office Works, Inc. will remove equipment from customer environment and return to our shop for repair. If the customer does not authorize such reconditioning, The Office Works, Inc. may discontinue service of the equipment under this agreement or may refuse to renew this agreement upon its expiration. Thereafter The Office Works, Inc. will be available on a "Per Call" basis at current published rates.

EXCLUSIONS: This agreement does not cover connected devices that allow the equipment to interface with networks and communications systems. The Office Works, Inc. will troubleshoot network related issues and perform maintenance on connected devices on a time and material billable basis.

External electrical, telephone or cabling are not covered under this agreement. Any charges by an outside source for improvements or repairs made to external electrical, telephone or cabling are solely the customer's responsibility. All equipment is required to have electrical connections through a power surge protector approved by The Office Works, Inc.

This agreement does not cover service necessitated as a result of malfunction of equipment when unauthorized parts, attachments or supplies that are not approved by The Office Works, Inc. are used with the equipment. This agreement does not cover service required as a result of alterations or malfunctioning computer or network hardware or network operating system, application, and/or network operating software. If it is determined that such changes, alterations or malfunctions make it impractical for The Office Works, Inc. to continue service, The Office Works, Inc. reserves the right to terminate this agreement.

This agreement does not cover the cost to overhaul, rebuild, remove, relocate or return equipment. This agreement does not apply to any loss or damage to equipment through accident, abuse, misuse, theft, neglect, acts of third parties, fire, water, casualty or any other natural force, whether direct, indirect, consequential or inconsequential. The cost of repairing equipment caused by lightning strikes on electrical or phone lines are excluded. Losses and damages occurring from any of the foregoing are specifically excluded from this agreement.

This agreement excludes the following services where applicable: paper, transparencies, staples and freight.

BILLING: Base Charges will be billed approximately one (1) month in advance of the base billing cycle indicated on the front page of this agreement. Overages will be billed in arrears within ten (10) days following end date of overage billing cycle indicated on the front of this agreement. Meter readings will be collected via auto-email, auto-fax or by phone when customer has requested. Auto-meter requests require customer to have internet connectivity. Meter readings for agreements with semi-annual or annual billing cycles will be obtained periodically during the contract effective dates to ensure customer has not exceeded copy/print allowance(s). The Office Works, Inc. will estimate meters when they are not provided. Estimates will be based on available customer usage data.

INVOICING: All payment(s) should be remitted to the address indicated on the invoice(s). Payment terms are thirty (30) days from the invoice date. Base charge invoices for new agreements are due upon receipt, except where the agreement has been incorporated into the purchase of the equipment.

DEFAULT: Customer will be considered in "default" if scheduled payment(s) are not received within fifteen (15) days from due date. Customer agrees that should they have any past due balances with The Office Works, Inc. for any reason, at the sole discretion of The Office Works, Inc., support under this agreement shall be suspended until such past due balances shall have been satisfied. The Office Works, Inc. reserves the right to terminate or delay service and/or supplies for any or all equipment associated with customer until customer's account is paid current. Customer agrees to pay The Office Works, Inc. costs and expenses of collection including the maximum attorney's fee permitted by law.

RENEWAL/CANCELLATION: This agreement shall automatically renew at the end of the current term for a successive one (1) year term, upon no less than thirty (30) days notification from the Office Works, Inc. The agreement invoice shall be deemed as written notification of its intention to renew. Upon The Office Works, Inc.'s re-assessment of the agreement, new agreement terms may be issued, and cost may be adjusted annually at the beginning of a new agreement term.

Customer must provide written notification thirty (30) days prior to desired termination effective date, of its intent to cancel this agreement. This contract may not be transferred if equipment is sold or title is transferred. This agreement is non-refundable.

TRAINING: The Office Works, Inc., at no additional charge, will train a reasonable number of key-operators designated by the customer, in operation of the equipment hardware. The Office Works, Inc. will train the customer for up to a total of two (2) hours on the installation and operation of software for up to two (2) workstations. Additional training and installation is available for an additional charge, at current published rates.

The customer will be responsible for daily care and cleaning of the top-glass, slit glass, dusting equipment, replenishing supplies and clearing jams. The customer shall adhere to manufacturer's specifications and/or operating manuals in operating equipment.

GOVERNING LAW: This agreement shall be governed by and construed according to the laws of the State of Connecticut, applicable to agreement wholly negotiated, executed and performed in said state.

FORCE MAJEURE: The Office Works, Inc. shall not be liable for damages or delays in performance or failures to perform its obligations under this agreement caused by circumstances beyond its reasonable control including, but not limited to, delays or failure to perform caused by work stoppages, delays or losses in shipping, acts of governments, delay in manufacturing, including but not limited to bad weather, import and the governmental restrictions, accidents and delays or failure to perform by its suppliers.

INDEMNIFICATION: Notwithstanding anything to the contrary herein, The Office Works, Inc. indemnity is limited to acts or omissions of gross negligence by The Office Works, Inc. and in no event shall The Office Works, Inc. be liable, in aggregate, for more the Fair Market Value of the Agreement ("Aggregate Indemnification Cap"). It is understood that the Aggregate Indemnification Cap is in fact an aggregate indemnification obligation, and not on a "per occurrence" basis indemnification obligation. It is further understood that any indemnification obligation by The Office Works, Inc. may have under this agreement shall be satisfied by recourse to insurance funds available under The Office Works, Inc. Comprehensive General Liability Insurance Policy.

NON-DISCRIMINATION: The Office Works, Inc. agrees and warrants that in the performance of this agreement, it will not discriminate or permit discrimination against any person or group or persons on the grounds of race, creed, color, age, religion or national origin in any manner prohibited by the laws of the United States or of the State of Connecticut, Massachusetts or New York.

General Information and Questionnaire
Accounting Basis

Name of Facility Ludlowe Center for Health & Reha	License No. 2323	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Blum Shapiro 2 3 4	Address (No. & Street, City, State, Zip Code) 29 S. Main St., West Hartford, CT 06127
--	--

Services Provided by This Firm (*describe fully*)

1	Compilation, preparation of Medicare and Medicaid cost reports, and year end tax services	\$	22,600
2		\$	
3		\$	
4		\$	
			Charge for Services Provided
			\$ 22,600

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

- Yes No Pg. 15, line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Altus Global Trade Solutions 2 Constable 3 Goldman Gruder & Wood 4 Rogin Nassau, LLC 5 Treas. State of Conn.	Telephone Number (800) 509-6060 (203) 899-8900 (860) 278-7480 (860)702-3000
--	---

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

- 1 2400 Veterans Blvd Suite 300 Kenner LA 70062
 2
 3 200 Connecticut Avenue Norwalk CT 06854
 4 185 Asylum Street -22nd Floor Hartford CT 06103-3460
 5 Hartford CT 06106

Services Provided by This Firm (*describe fully*)

1	Collections	\$	672
2	Conservator	\$	200
3	Collections	\$	3,108
4	Loading Dock/Trench	\$	6,878
5	Conservator	\$	775
			Charge for Services Provided
			\$ 11,633

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

- Yes No Pg. 15, line 1e

Schedule of Resident Statistics

Name of Facility Ludlowe Center for Health & Rehab., LLC			License No. 2323		Report for Year Ended 9/30/2015				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	144	144			144	144			144	144		
B. On last day of THIS report period	144	144			144	144			144	144		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	135	135			135	135			136	136		
B. As of midnight of THIS report period	135	135			136	136			135	135		
3. Total Number of Days Care Provided During Period												
A. Medicare	9,742	9,742			7,213	7,213			2,529	2,529		
B. Medicaid (Conn.)	34,953	34,953			26,494	26,494			8,459	8,459		
C. Medicaid (other states)												
D. Private Pay	3,350	3,350			2,676	2,676			674	674		
E. State SSI for RCH												
F. Other (Specify)	2,049	2,049			1,068	1,068			981	981		
G. Total Care Days During Period (3A thru F)	50,094	50,094			37,451	37,451			12,643	12,643		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	382	382			336	336			46	46		
B. Other Bed Reserve Days	23	23			17	17			6	6		
5. Total Resident Days (3G + 4A + 4B)	50,499	50,499			37,804	37,804			12,695	12,695		

2015 Cost Report - Page 8 attachment

Page 8, Line 3F: Total Number of Other Days Care Provided During the Period

Managed Care	<u>1,018</u>
Hospice	<u>1,031</u>
VA	<u>-</u>
	<u><u>2,049</u></u>

Annual Report of Long-Term Care Facility

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Facility Ludlowe Center for Health & Rehab., LLC			License No. 2323			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	21		92			22							
Per Diem Rate													
a. One bed rm.	PPS		267.36			500/530							
b. Two bed rms.	PPS		267.36			480/512							
c. Three or more bed rms.	PPS		267.36										
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									1,942	1,942			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									207	207			
C. Other									24,964	24,964			
D. Total Physical Therapy Treatments									27,113	27,113			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									478	478			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									31	31			
C. Other									2,706	2,706			
D. Total Speech Therapy Treatments									3,215	3,215			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									1,443	1,443			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									178	178			
C. Other									24,682	24,682			
D. Total Occupational Therapy Treatments									26,303	26,303			

Report of Expenditures - Salaries & Wages

Name of Facility Ludlowe Center for Health & Rehab., LLC	License No. 2323	Report for Year Ended 9/30/2015	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	140,839	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	246,433	11,257				
5. Dietary Service						
a. Head Dietitian	59,936	1,520				
b. Food Service Supervisor	45,032	2,080				
c. Dietary Workers	401,108	26,166				
6. Housekeeping Service						
a. Head Housekeeper	80,103	2,974				
b. Other Housekeeping Workers	344,646	25,564				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	78,340	2,155				
b. Other Maintenance Workers	102,446	4,407				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	31,551	2,423				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	200,428	4,160				
b. RN						
1. Direct Care	1,047,816	24,535				
2. Administrative**	262,368	6,775				
c. LPN						
1. Direct Care	1,679,597	52,374				
2. Administrative**						
d. Aides and Attendants	2,155,169	138,835				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	149,272	7,166				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	331,478	10,562				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	<i>7,356,562</i>	<i>325,033</i>				

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

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

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

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Ludlowe Center for Health & Rehab., LLC				2323	9/30/2015			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Marvin J. Ostreicher, 184 Wildacre Ave, Lawrence, NY 11559				Similar to other employees	Supervises operations, deals with DNS & other patient care,	56	pg 16, line m	See attached		
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

MARVIN J. OSTREICHER
TIME STUDY
Y/E SEPTEMBER 2015

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL
Augusta	3.00	8.50	7.00	4.00	7.50	7.50	1.50	4.50	7.50	5.50	4.50	6.50	67.50
Belair	5.00	5.50	7.00	3.00	5.50	4.50	2.50	2.00	3.00	5.00	6.50	5.00	54.50
Bloomfield	3.50	2.50	5.00	4.50	4.00	11.50	3.50	7.00	6.00	2.50	3.50	7.00	60.50
Brattleboro	5.50	4.00	3.00	4.00	4.50	4.50	1.00	3.50	8.00	3.00	4.50	7.00	52.50
Brentwood	2.50	9.50	2.50	7.00	3.00	7.00	7.50	3.50	3.00	4.00	2.50	4.00	56.00
Brewer	9.50	16.00	4.50	4.50	8.50	5.50	3.50	4.00	2.50	4.50	7.50	10.00	80.50
Bristol	3.50	2.00	4.50	12.50	6.50	3.00	3.50	6.50	8.50	4.00	1.00	4.50	60.00
Cambridge	5.50	4.00	5.00	16.00	5.00	6.00	1.50	7.00	4.50	3.00	3.50	8.50	69.50
Catskill	2.50	5.00	8.50	6.50	3.00	6.00	0.50	6.00	13.50	4.00	3.50	6.50	65.50
Cold Spring Hills	0.50	1.50	7.50	5.00	8.50	5.00	3.00	4.00	6.50	2.50	2.00	3.00	49.00
Colony	6.00	4.00	9.00	2.00	6.50	7.00	6.00	1.00	4.00	5.00	6.50	5.50	62.50
Country	7.00	8.50	3.00	7.00	3.50	6.00	4.00	6.50	9.00	5.00	5.50	10.50	75.50
Dover	2.00	0.50	9.50	5.00	2.50	4.00	2.00	1.00	4.50	6.00	1.50	3.50	42.00
Eastside	4.00	6.00	5.00	7.50	8.00	5.00	2.50	2.50	7.50	3.50	4.00	3.00	58.50
Eliot	0.50	5.00	9.00	4.50	2.00	2.00	2.50	2.50	6.50	1.50	4.50	2.50	43.00
Glen Falls	7.50	2.50	4.50	4.50	6.50	7.50	8.50	2.50	7.50	3.50	1.00	6.00	62.00
Hudson	1.00	7.00	12.50	2.50	6.00	1.50	4.00	0.50	12.00	4.50	2.50	5.50	59.50
Huntington	3.00	1.00	4.50	3.50	3.50	3.50	4.50	0.50	4.50	2.50	2.50	1.00	34.50
Kennebunk	1.00	6.50	6.50	2.00	2.00	7.50	3.00	0.50	5.50	2.50	12.00	0.00	49.00
Ludlowe	6.00	6.00	6.00	3.50	3.50	0.50	3.00	3.00	6.50	5.50	7.00	5.00	55.50
Maple View	4.50	5.50	9.50	3.00	6.00	7.50	6.50	5.50	2.00	9.00	3.50	5.00	67.50
Marlborough	0.50	1.00	3.00	5.50	2.00	2.50	3.50	0.50	3.00	4.00	1.00	2.00	28.50
Maywood	6.00	3.00	5.50	4.50	3.50	3.00	2.50	3.50	5.50	3.50	0.00	5.00	45.50
Milford	2.50	2.50	3.00	0.50	4.00	7.00	4.00	1.00	2.00	2.50	1.00	7.00	37.00
Newton Wellsley	4.50	4.50	3.00	4.00	3.00	7.50	2.50	0.00	2.00	3.00	0.00	1.50	35.50
Norway	5.50	2.00	2.50	2.00	3.50	5.50	5.00	3.50	1.50	5.00	5.50	4.50	46.00
Poughkeepsie	8.50	11.00	3.50	4.00	3.50	7.00	5.50	4.00	14.00	9.00	2.50	9.00	81.50
Regency	1.00	3.50	5.50	1.50	3.50	5.50	4.50	1.50	1.50	2.50	1.00	2.50	34.00
Reservoir	3.00	3.00	6.00	0.50	1.00	3.50	9.00	3.00	3.50	3.50	1.00	5.50	42.50
Riverside	3.00	6.50	4.50	1.50	5.50	2.00	5.50	4.00	4.00	4.50	7.00	2.00	50.00
Ross	7.00	5.50	3.50	5.50	6.00	5.00	6.50	6.50	4.00	2.50	4.50	2.00	58.50
Rutland	1.00	4.00	5.50	0.50	3.00	2.50	2.00	0.50	2.50	1.50	1.00	1.50	25.50
Sachem	4.50	2.50	5.00	4.00	2.50	7.00	2.50	2.50	2.00	3.00	5.50	2.50	43.50
Sands Point	0.50	3.00	4.00	0.50	6.50	7.00	6.50	0.50	2.50	2.50	2.50	2.50	38.50
Utica	2.00	4.50	3.50	4.50	4.50	6.00	3.00	0.50	6.00	6.50	2.50	4.00	47.50
Village Crest	0.50	3.00	4.50	3.50	4.50	7.00	9.50	3.00	2.50	5.00	4.00	0.50	47.50
Water's Edge	1.50	2.50	2.50	4.00	2.00	3.50	2.50	1.50	2.00	3.50	8.50	4.50	38.50
Westgate	1.00	2.00	3.50	7.50	4.50	3.00	3.50	0.00	1.00	0.00	2.00	4.50	32.50
Winship	5.50	4.50	9.50	4.00	4.00	3.00	4.00	1.00	3.50	4.00	1.50	11.00	55.50
Vacation	48.00	0.00	0.00	24.00	0.00	0.00	24.00	48.00	0.00	24.00	40.00	0.00	208.00
Sick	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Personal	0.00	0.00	0.00	8.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.00
Holiday	16.00	0.00	0.00	0.00	0.00	0.00	8.00	8.00	0.00	0.00	0.00	0.00	32.00
Total	205.50	179.50	211.50	202.00	181.00	200.00	188.50	167.00	195.50	176.50	180.50	181.50	2269.00

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Ludlowe Center for Health & Rehab., LLC				2323	9/30/2015			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Lewis Abramson (10/1/2014 - 2/27/2015)	69,410			Similar to other employees	Management & supervision of healthcare facility	839	a2			
Penni Martin (2/28/2015 - 3/20/2015) - employee of management company - as such				Similar to other employees	Management & supervision of healthcare facility	120	a2			
Patricia Page (3/21/2015 - 9/30/2015)	71,429			Similar to other employees	Management & supervision of healthcare facility	1,121	a2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Ludlowe Center for Health & Rehab., LLC	2323	9/30/2015	13	37		
Total Cost and Hours						
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						
2. Dentist	11,636	Disallowed				
3. Pharmacist	15,285	36				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	502,464	11,046				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	91,200	252				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	1,061	Disallowed				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	114,508	2,121				
b. Other						
10. Occupational Therapist						
a. Resident Care	486,991	10,075				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	22,862	Disallowed				
B-13 Total Fees Paid in Lieu of Salaries	1,246,007	23,530				

* 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.	Report for Year Ended		Page	of
Ludlowe Center for Health & Rehab., LLC		2323	9/30/2015		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Gerident Solutions, PO Box 290539, Wethersfield CT 06129	Dentist	<input type="radio"/>	<input checked="" type="radio"/>			
Procare CT, 1492 Highland Ave, Cheshire CT 06410	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Preferred Therapy Solutions, 850 Silas Deane Hwy, Wethersfield, CT 06109	PT/OT/ST	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Connecticut Heart & Vascular: 2979 Main St., Bridgeport, CT 06606	Cardio	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Philip Simloutiz, 5520 Park Ave, Ste 202, Trumbull, CT 06611	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Mark Wilchinsky, 389 Oceans Ave., Stratford, CT 06615	Medical Director Orthopedic Surgeon	<input type="radio"/>	<input checked="" type="radio"/>			
Northeast Medical Group, 112 Quarry Rd STE 400 Trumbull CT 06611	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Edward M. Tristane MD 38 Block Farm Rd, Monroe, CT 06468	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Richard J, Sekerk MD, 24 Braceloch way, Monroe, CT 06468	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Advanced Radiology Consultants, PO Box 9137 Brookline MA 02246	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>			
CT Image Guided Surgery, PO Box 416139 Boston MA 02241	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>			
Health Drive Eye Care, 88 Worcester St Wellesley MA 02482	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>			
Healthdrive Audiology Group, 88 Wworcester St Wellesley MA 02482	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>			
Medical Specialists of Fairfield, 425 Post Road South Lobby, Fairfield CT 06824	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>			
Robert Patrignelli M.D., 17 Church Hill Rd Trumbull CT 06611	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>			
Urological Assocs of Bridgeport, PO Box 11901 Belfast ME 04915	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>			
Marc L.Weitzman 2371 Black Rock Tpk Fairfield CT 06825	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>			
Swallowing Diagnostics, 21 Waterville Rd, Avon CT 06001	ST	<input type="radio"/>	<input checked="" type="radio"/>			
IV Excellence LLC: 32 Falls Ave., Oakville, CT 06779	IV Nurses	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Ludlowe Center for Health & Rehab., LLC	2323	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 320,236	320,236			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 116,018	116,018			
4. Social Security (F.I.C.A.)	\$ 537,524	537,524			
5. Health Insurance	\$ 808,836	808,836			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 98,500	98,500			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 22,600	22,600			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 11,633	11,633			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 60,758	60,758			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 17,559	17,559			
2. Cellular Phones	\$ 5,837	5,837			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$ 380	380			
3. Resident Day User Fee	\$ 866,228	866,228			
Subtotal	\$ 2,866,109	2,866,109			

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Ludlowe Center for Health & Rehab., LLC	2323	9/30/2015	16	37
Item	Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>	2,866,109	2,866,109		
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 6,882	6,882		
3. Gifts to Staff and Residents	\$ 22,325	22,325		
4. Employee Travel	\$ 5,708	5,708		
5. Education Expenses Related to Seminars and Conventions	\$ 9,502	9,502		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 26	26		
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 23,161	23,161		
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 7,932	7,932		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 14,710	14,710		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 827	827		
9. Subscriptions	\$ 3,174	3,174		
10. Contributions*** See Attached Schedule	\$ 250	250		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$			
12. Administrative Management Services**	\$ 521,357	521,357		
13. Other (<i>Specify</i>) See Attached Schedule	\$ 104,069	104,069		
<i>C-14 Total Administrative & General Expenditures</i>	\$ 3,586,032	3,586,032		

* 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)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional Advertising - Marketing	\$ 23,161		
Total Other Advertising	\$ 23,161	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CACHF	\$ 9,777		
Russel Philips Dues	\$ 350		
St Vincent Health Partner Dues	\$ 4,583		
Total Dues	\$ 14,710	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Political Contributions	\$ 250		
Total Contributions	\$ 250	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Consulting Fees for Fiscal Operations	\$ 1,842		
Computer License Fee	\$ 4,691		
Purchased Services - Fiscal Operations	\$ 57,928		
Licenses and Permits	\$ 2,356		
Penalties	\$ 617		
Bank Charges	\$ 23,592		
Background Check	\$ 3,496		
Miscellaneous Expense	\$ 9,547		
Total Other Administrative and General	\$ 104,069	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Ludlowe Center for Health & Rehab., LLC	License No. 2323	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 #
National Healthcare	521,357	See Attached	page 16, line 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.**

NHCA Manage

Report Date :10/1/2014 - 09/30/2015

	120 Bloomfield	132 Bristol	160 Cambridge	144 Ludlowe	120 Maple View Manor	120 Marlborough	120 Milford	95 New Milford	130 Regency	345 Riverside	150 Water's Edge
Intercompany adjustments (Troy)	(2,575.61)	(2,832.59)	(3,433.76)	(3,090.04)	(2,575.61)	(2,575.61)	(2,575.61)	(2,099.27)	(2,790.15)	(7,405.04)	(3,219.22)
310000-0000-00-0000-0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
400000-0000-00-0000-0	282,655.95	310,874.90	376,948.26	339,185.53	282,655.95	282,655.95	282,655.95	225,193.75	306,200.82	812,641.54	353,304.40
400010-0000-00-0000-0	1,567.09	1,722.79	2,088.64	1,880.49	1,567.09	1,567.09	1,567.09	1,241.08	1,697.60	4,505.76	1,958.10
401000-0000-04-0000-0	18,621.21	20,480.28	24,626.55	22,345.41	18,621.21	18,621.21	18,621.21	14,742.89	20,172.35	53,536.57	23,275.64
401100-0000-04-0000-0	454.22	499.51	605.53	545.03	454.22	454.22	454.22	359.66	462.04	1,305.89	567.74
401101-0000-00-0000-0	(3.74)	(4.11)	(4.99)	(4.49)	(3.74)	(3.74)	(3.74)	(2.96)	(4.05)	(10.75)	(4.68)
401200-0000-04-0000-0	1,653.60	1,818.56	2,204.44	1,984.27	1,653.60	1,653.60	1,653.60	1,309.24	1,791.30	4,754.08	2,066.78
401202-0000-00-0000-0	(102.62)	(112.86)	(136.81)	(123.15)	(102.62)	(102.62)	(102.62)	(81.25)	(111.17)	(295.05)	(128.27)
401250-0000-00-0000-0	518.54	570.35	691.33	622.33	518.54	518.54	518.54	410.56	561.75	1,490.90	648.13
401300-0000-04-0000-0	22,866.50	25,147.97	30,485.17	27,439.83	22,866.50	22,866.50	22,866.50	18,104.85	24,771.16	65,742.55	28,580.53
401400-0000-04-0000-0	20.84	22.53	27.79	25.01	20.84	20.84	20.84	16.50	22.59	59.94	26.05
401600-0000-04-0000-0	502.39	552.47	669.75	602.81	502.39	502.39	502.39	397.73	544.21	1,444.30	627.88
401700-0000-04-0000-0	4,667.41	5,133.07	6,222.49	5,600.86	4,667.41	4,667.41	4,667.41	3,695.46	5,056.17	13,419.02	5,833.72
401800-0000-04-0000-0	682.30	750.45	909.66	818.76	682.30	682.30	682.30	540.18	739.16	1,961.70	852.91
402000-0000-04-0000-0	1,473.35	1,620.36	1,964.25	1,768.02	1,473.35	1,473.35	1,473.35	1,166.53	1,596.08	4,235.95	1,841.54
410000-0000-04-0000-0	3,165.44	3,415.57	4,140.54	3,726.84	3,165.44	3,165.44	3,165.44	2,499.03	3,364.44	8,929.00	3,881.87
410000-0000-09-0000-0	15.27	16.78	20.36	18.33	15.27	15.27	15.27	12.09	16.54	42.90	19.09
410000-0000-09-0000-0	33.37	36.69	44.48	40.04	33.37	33.37	33.37	26.44	36.15	95.94	41.70
410000-0000-12-0000-0	2.53	2.79	3.38	3.04	2.53	2.53	2.53	2.01	2.74	7.28	3.17
411000-0000-04-0000-0	19.64	21.61	26.19	23.57	19.64	19.64	19.64	15.55	21.28	56.46	24.55
431000-0000-03-0000-0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
431000-0000-04-0000-0	7,030.70	7,732.13	9,373.07	8,436.78	7,030.70	7,030.70	7,030.70	5,566.63	7,616.30	20,213.47	8,787.48
432000-0000-03-0000-0	2,283.74	2,511.85	3,044.88	2,740.45	2,283.74	2,283.74	2,283.74	1,807.96	2,473.99	6,565.68	2,854.65
433000-0000-03-0000-0	1,771.23	1,947.98	2,361.37	2,125.50	1,771.23	1,771.23	1,771.23	1,402.38	1,918.79	5,092.41	2,213.88
433100-0000-03-0000-0	(611.80)	(672.84)	(815.64)	(734.16)	(611.80)	(611.80)	(611.80)	(484.40)	(662.76)	(1,758.96)	(764.68)
440000-0000-03-0000-0	9,082.05	9,982.05	11,009.45	9,909.64	8,257.92	8,257.92	8,257.92	6,538.34	8,946.10	23,742.37	10,321.68
440000-0000-08-0000-0	688.71	757.44	918.16	826.58	688.71	688.71	688.71	545.29	746.15	1,980.08	860.81
440000-0000-09-0000-0	900.89	990.69	1,200.92	1,080.87	900.89	900.89	900.89	713.22	975.72	2,589.66	1,125.86
440000-0000-12-0000-0	53.36	58.71	71.17	64.05	53.36	53.36	53.36	42.29	57.83	153.47	66.73
440001-0000-08-0000-0	366.53	403.10	488.63	439.78	366.53	366.53	366.53	290.28	397.06	1,053.73	458.14
441000-0000-03-0000-0	5,676.21	6,242.55	7,567.30	6,811.14	5,676.21	5,676.21	5,676.21	4,494.20	6,148.82	16,319.02	7,094.38
442000-0000-08-0000-0	20.00	21.95	26.65	23.98	20.00	20.00	20.00	15.81	21.62	57.43	24.95
452000-0000-25-0000-0	2,706.81	2,976.72	3,688.72	3,248.36	2,706.81	2,706.81	2,706.81	2,143.04	2,932.26	7,782.25	3,383.22
452100-0000-25-0000-0	(1,194.52)	(1,313.70)	(1,592.51)	(1,433.42)	(1,194.52)	(1,194.52)	(1,194.52)	(945.77)	(1,294.02)	(3,434.31)	(1,493.01)
461000-0000-03-0000-0	2,712.85	2,983.31	3,616.64	3,255.35	2,712.85	2,712.85	2,712.85	2,147.76	2,938.63	7,799.37	3,390.65
461100-0000-03-0000-0	2,006.26	2,206.37	2,674.65	2,407.48	2,006.26	2,006.26	2,006.26	1,588.40	2,173.30	5,767.96	2,507.54
462000-0000-25-0000-0	1,529.87	1,682.44	2,039.55	1,835.81	1,529.87	1,529.87	1,529.87	1,211.25	1,657.25	4,398.44	1,912.13
463000-0000-25-0000-0	443.34	487.58	591.08	523.03	443.34	443.34	443.34	351.02	480.27	1,274.68	554.15
466000-0000-25-0000-0	72.43	79.68	96.60	86.95	72.43	72.43	72.43	57.36	78.50	208.30	90.55
471000-0000-25-0000-0	6,469.09	7,114.48	8,624.40	7,762.81	6,469.09	6,469.09	6,469.09	5,121.91	7,007.84	18,598.85	8,085.55
472000-0000-25-0000-0	516.53	567.96	688.68	619.75	516.53	516.53	516.53	408.91	559.46	1,484.89	645.51
472000-0000-04-0000-0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
473000-0000-25-0000-0	3,426.41	3,788.25	4,568.02	4,111.67	3,426.41	3,426.41	3,426.41	2,712.89	3,711.81	9,851.10	4,282.62
484000-0000-04-0000-0	1,327.68	1,460.13	1,770.03	1,593.23	1,327.68	1,327.68	1,327.68	1,051.22	1,438.25	3,817.12	1,659.43
484100-0000-04-0000-0	13.35	14.69	17.82	16.16	13.35	13.35	13.35	10.59	14.51	38.39	16.71
486000-0000-04-0000-0	7,709.31	8,478.48	10,277.90	9,251.17	7,709.31	7,709.31	7,709.31	6,103.96	8,351.46	22,164.73	9,635.76
491000-0000-03-0000-0	257.10	282.74	342.75	308.54	257.10	257.10	257.10	203.56	278.48	739.13	321.30
500000-0000-03-0000-0	21.32	23.43	28.41	25.57	21.32	21.32	21.32	16.88	23.08	61.27	26.63
501000-0000-03-0000-0	8,395.23	9,232.87	11,192.42	10,074.37	8,395.23	8,395.23	8,395.23	6,647.11	9,094.54	24,136.88	10,493.18
501100-0000-03-0000-0	2,515.58	2,757.65	3,364.56	3,028.53	2,515.58	2,515.58	2,515.58	2,000.00	2,654.94	7,085.89	3,100.00
503000-0000-03-0000-0	403.92	470.31	570.07	513.28	403.92	403.92	403.92	338.59	463.27	1,229.67	534.49
503500-0000-03-0000-0	3.16	3.33	4.07	3.65	3.16	3.16	3.16	2.54	3.17	8.11	3.50
503600-0000-03-0000-0	931.40	1,024.35	1,241.72	1,117.67	931.40	931.40	931.40	737.43	1,008.96	2,677.79	1,164.16
504000-0000-03-0000-0	984.22	1,082.49	1,312.19	1,181.11	984.22	984.22	984.22	779.28	1,066.23	2,825.69	1,230.12
509000-0000-03-0000-0	2,053.89	2,258.79	2,738.16	2,464.68	2,053.89	2,053.89	2,053.89	1,626.30	2,224.99	5,905.05	2,567.16
510000-0000-03-0000-0	2,748.78	3,022.96	3,664.56	3,298.53	2,748.78	2,748.78	2,748.78	2,176.33	2,977.70	7,902.80	3,435.67
511000-0000-03-0000-0	963.25	1,059.28	1,284.11	1,155.92	963.25	963.25	963.25	762.68	1,043.51	2,769.34	1,203.91
512000-0000-03-0000-0	790.75	869.69	1,054.24	948.94	790.75	790.75	790.75	626.14	856.65	2,273.52	988.38
513000-0000-03-0000-0	23.14	25.48	30.93	27.80	23.14	23.14	23.14	18.37	25.12	66.63	28.94
517000-0000-03-0000-0	391.28	430.37	521.69	469.60	391.28	391.28	391.28	309.82	423.89	1,125.10	489.10
520000-0000-03-0000-0	38.53	42.39	51.40	46.24	38.53	38.53	38.53	30.50	41.81	110.77	48.10
520100-0000-03-0000-0	2,966.65	2,965.51	3,595.01	3,235.78	2,966.65	2,966.65	2,966.65	2,134.84	2,921.04	7,752.31	3,369.97
521000-0000-03-0000-0	4,708.93	5,179.26	6,278.29	5,650.74	4,708.93	4,708.93	4,708.93	3,728.03	5,101.27	13,538.39	5,885.96
522000-0000-03-0000-0	4,686.54	5,154.73	6,248.54	5,623.81	4,686.54	4,686.54	4,686.54	3,710.28	5,076.90	13,473.77	5,858.17
540000-0000-31-0000-0	54.63	60.08	72.83	65.55	54.63	54.63	54.63	43.25	59.18	157.05	68.28
541000-0000-03-0000-0	136.48	150.07	181.96	163.77	136.48	136.48	136.48	108.05	147.83	392.41	170.59
541200-0000-31-0000-0	594.10	653.24	792.13	712.97	594.10	594.10	594.10	453.12	643.67	1,708.20	745.00
541001-0000-03-0000-0	5.46	6.01	7.28	6.56	5.46	5.46	5.46	4.33	5.92	15.71	6.83
542000-0000-31-0000-0	199.40	219.30	265.85	239.31	199.40	199.40	199.40	157.90			

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

Name of Facility Ludlowe Center for Health & Rehab., LLC		License No. 2323	Report for Year Ended 9/30/2015	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 387,249	387,249			
2. Non-Food Supplies	\$ 35,365	35,365			
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 15,118	15,118			
c. Management Services**	\$				
d. Other (Specify) _____	\$				
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 437,732	437,732			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
I. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
L. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
O. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility		License No.	Report for Year Ended	Page	of
Ludlowe Center for Health & Rehab., LLC		2323	9/30/2015	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	159,806	159,806	
c. Management Services**		\$			
d. Other (Specify) Diapers \$69,119		\$	69,119	69,119	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	228,925	228,925	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Ludlowe Center for Health & Rehab., LLC	2323	9/30/2015	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	46,568	46,568		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
	Amt. \$	1,182	1,182		
c. Management Services*	\$				
d. Other (<i>Specify</i>)	\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)	\$	47,750	47,750		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from PCA	\$	539,294	539,294		
b. Medicine Cabinet Drugs	\$	30,236	30,236		
c. Medical and Therapeutic Supplies	\$	179,210	179,210		
d. Ambulance/Limousine***	\$	178	178		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	27,886	27,886		
f. X-rays and Related Radiological Procedures***	\$	30,127	30,127		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	63,395	63,395		
i. Recreation	\$	24,223	24,223		
j. Other (Specify)**** See Attached Schedule	\$	70,268	70,268		
5K. Total Resident Care Expenditures (5a - 5j)	\$	964,817	964,817		

* 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)
Flu Vaccine - Medical Services	\$ 17,699		
Purchased Services - Nursing Admins	\$ 1,919		
IV Thy Supplies-Ludlowe-Rehab Therapy and Ancillary	\$ 6,807		
Equipment Rental - Nursing	\$ 28,373		
Equipment Rental-Ludlowe-Rehab Therapy and Ancillary	\$ 15,470		
Total Other Resident Care	\$ 70,268	\$ -	\$ -

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

Name of Facility Ludlowe Center for Health & Rehab., LLC			License No. 2323	Report for Year Ended 9/30/2015	Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Unitex Textile Rental/Med Apparel	Parkway, Mt. Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry/Linen	127,280			19	3b
ADM Environmental Group, LLC	1370 Coney Island Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	34,393			22	6f
Milford Quality Landscaping	PO Box 329, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	15,151			22	6f
ADP	Philadelphia, PA 19170-0372	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	14,090			16	M13
Kone, Inc.	4735 36th Street, Long Island City, NY 11101	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Maintenance	18,544			22	6a
Med Apparel	Parkway, Mount Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry/Linen	32,526			19	3b
MJ Daly	110 Mattatuck HTS, Waterbury CT 06705	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	23,387			22	6a
Proline	PO Box 150473, Hartford CT 06145	<input type="radio"/>	<input checked="" type="radio"/>		Dietary R&M	12,100			18	2b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Ludlowe Center for Health & Rehab., LLC	2323	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 114,463	114,463				
b. Heat	\$ 60,377	60,377				
c. Light & Power	\$ 145,762	145,762				
d. Water	\$ 28,198	28,198				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 30,313	30,313				
f. Other (<i>itemize</i>)	\$ 83,073	83,073				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 462,186	462,186				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 149,709	149,709				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 149,709	149,709				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 30,294	30,294				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 30,294	30,294				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 2,140,000	2,140,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 238,311	238,311				
c. Personal property taxes	\$ 10,945	10,945				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 2,569,259	2,569,259				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Purchased Services for Security	\$ 3,246		
Ground Services for Maintenance	\$ 28,094		
Pest Control for Maintenance	\$ 2,313		
Carting for Maintenance	\$ 38,430		
Ground Supplies for Maintenance	\$ 2,091		
Equip Rental for Maintenance	\$ 8,200		
Short Term Lease - Postage Machine	\$ 699		
Total Other Repairs and Maintenance	\$ 83,073	\$ -	\$ -

Depreciation Schedule

Name of Facility Ludlowe Center for Health & Rehab., LLC				License No. 2323			Report for Year Ended 9/30/2015			Page 23	of 37	
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
A. Land Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal												
C. Non-Movable Equipment												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period												
1,584,763												
b. Disposals (attach schedule)												
(254,088)												
c. Acquired during this report period (attach schedule)												
79,996												
D-3. Subtotal												
149,709												
E. Total Depreciation												
149,709												

Depreciation Schedule

Name of Facility Ludlowe Center for Health & Rehab., LLC					License No. 2323		Report for Year Ended 9/30/2015			Page 23-2	of 37					
Property Item					Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements																
1. Acquired prior to this report period																
2. Disposals (attach schedule)																
3. Acquired during this report period (attach schedule)																
A-4. Subtotal																
B. Building and Building Improvements																
1. Acquired prior to this report period - for equity purposes					12,745,227		12,745,227	955,892	S/L	20	637,261					
2. Disposals (attach schedule)																
3. Acquired during this report period (attach schedule)																
B-4. Subtotal												637,261				
C. Non-Movable Equipment																
1. Acquired prior to this report period																
2. Disposals (attach schedule)																
3. Acquired during this report period (attach schedule)																
C-4. Subtotal																
					Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
					Yes	No	Month	Year								
D. Movable Equipment																
1. Motor Vehicles (Specify name, model and year of each vehicle)																
a.																
b.																
c.																
d.																
2. Movable Equipment																
a. Acquired prior to this report period																
b. Disposals (attach schedule)																
c. Acquired during this report period (attach schedule)																
D-3. Subtotal																-
E. Total Depreciation																637,261

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/31/2014	Fire Doors	\$ 763	15	\$ 42
1/31/2015	Hatco Booster	\$ 2,725	10	\$ 204
1/31/2015	Color Printer	\$ 1,809	5	\$ 271
2/28/2015	Heat Cool Unit	\$ 1,818	5	\$ 242
3/31/2015	Motor & Impeller	\$ 3,008	10	\$ 175
3/31/2015	Motor & Wheel for Kit	\$ 976	5	\$ 114
4/30/2015	Series Clocks	\$ 2,230	10	\$ 112
4/30/2015	Laptop	\$ 1,211	5	\$ 121
4/30/2015	Air Unit Machine	\$ 5,511	10	\$ 276
5/31/2015	Laptop	\$ 803	5	\$ 67
5/31/2015	TVs	\$ 804	5	\$ 67
5/31/2015	Patio Furniture	\$ 967	5	\$ 81
7/31/2015	10 AMP Signal Boost	\$ 1,320	10	\$ 33
7/31/2015	HVAC Motor & Blade	\$ 3,163	10	\$ 79
8/31/2015	TV's	\$ 959	5	\$ 32
9/30/2015	Dyno APM with LAL	\$ 691	5	\$ 12
9/30/2015	Scanner	\$ 914	3	\$ 25
9/30/2015	Wall Phone	\$ 1,597	10	\$ 293
9/30/2015	Site Civil	\$ 1,926	10	\$ 353
9/30/2015	Furniture	\$ 39,562	15	\$ 4,835
9/30/2015	Site Visits	\$ 6,659	15	\$ 814
9/30/2015	Art	\$ 580	10	\$ 106
Total additions for Movable Equipment		\$ 79,996		\$ 8,354
Deletions:				
7/31/2015	Printer	\$ 2,082	5	\$ -
7/31/2015	Software	\$ 2,468	5	\$ -
7/31/2015	Computer	\$ 2,123	5	\$ -
7/31/2015	Printer	\$ 4,614	5	\$ -
7/31/2015	Glass	\$ 531	5	\$ -
7/31/2015	Software	\$ 5,000	5	\$ -
7/31/2015	Locks	\$ 1,203	5	\$ -
7/31/2015	Locks	\$ 1,444	5	\$ -
7/31/2015	Software	\$ 1,316	5	\$ -
7/31/2015	Sign	\$ 2,611	5	\$ -
7/31/2015	Tracer	\$ 737	5	\$ -
7/31/2015	Cooler	\$ 2,519	5	\$ -
7/31/2015	Sales T	\$ 629	5	\$ -
7/31/2015	Heat	\$ 1,897	5	\$ -
7/31/2015	Printer	\$ 1,275	5	\$ -
7/31/2015	Floor	\$ 4,156	5	\$ -
7/31/2015	Mirror	\$ 4,608	5	\$ -
7/31/2015	Software	\$ 5,166	5	\$ -
7/31/2015	Infinity	\$ 826	5	\$ -
7/31/2015	Mattress	\$ 417	5	\$ -
7/31/2015	Mattress	\$ 9,395	5	\$ -
7/31/2015	Edgert	\$ 4,664	5	\$ -
7/31/2015	Fax Machine	\$ 587	5	\$ -
7/31/2015	Patient	\$ 5,516	5	\$ -
7/31/2015	Chair	\$ 1,717	5	\$ -
7/31/2015	Low Air	\$ 3,705	5	\$ -
7/31/2015	Zinv	\$ 2,650	5	\$ -
7/31/2015	Drawer	\$ 4,531	5	\$ -
7/31/2015	Recliner	\$ 951	5	\$ -
7/31/2015	Overbe	\$ 1,695	5	\$ -
7/31/2015	Pavement	\$ 351	5	\$ -
7/31/2015	Smoke	\$ 1,243	5	\$ -
7/31/2015	Software	\$ 10,050	5	\$ -
7/31/2015	Sign	\$ 969	5	\$ -
7/31/2015	Copier	\$ 14,681	5	\$ -
7/31/2015	Versem	\$ 809	5	\$ -
7/31/2015	Sign	\$ 504	5	\$ -
7/31/2015	Computer	\$ 1,494	5	\$ -
7/31/2015	Computer	\$ 758	5	\$ -

7/31/2015	Generator	\$ 1,214	5	\$ -
7/31/2015	Body St	\$ 4,269	5	\$ -
7/31/2015	Stabilit	\$ 643	5	\$ -
7/31/2015	Comm R	\$ 190	5	\$ -
7/31/2015	Ice Maker	\$ 1,699	5	\$ -
7/31/2015	H&R Be	\$ 4,680	5	\$ -
7/31/2015	Drawer	\$ 4,109	5	\$ -
7/31/2015	Walk W	\$ 2,412	5	\$ -
7/31/2015	Booster	\$ 1,707	5	\$ -
7/31/2015	Carpet	\$ 6,911	5	\$ -
7/31/2015	TV	\$ 1,272	5	\$ -
7/31/2015	Xmark	\$ 13,515	5	\$ -
7/31/2015	Computer	\$ 1,026	5	\$ -
7/31/2015	Transp	\$ 666	5	\$ -
7/31/2015	Wallpaper	\$ 2,213	5	\$ -
7/31/2015	Computer	\$ 1,026	5	\$ -
7/31/2015	Computer	\$ 979	5	\$ -
7/31/2015	Tables	\$ 550	5	\$ -
7/31/2015	Furniture	\$ 2,646	5	\$ -
7/31/2015	Snow Blower	\$ 1,219	5	\$ -
7/31/2015	Ice Maker	\$ 1,662	5	\$ -
7/31/2015	Sales T	\$ 192	5	\$ -
7/31/2015	Payroll	\$ 21,850	5	\$ -
7/31/2015	TV	\$ 1,209	5	\$ -
7/31/2015	Computer	\$ 4,329	5	\$ -
7/31/2015	Mini Do	\$ 769	5	\$ -
7/31/2015	Software	\$ 1,311	5	\$ -
7/31/2015	Computer	\$ 1,007	5	\$ -
7/31/2015	Wall C	\$ 904	5	\$ -
7/31/2015	Computer	\$ 1,029	5	\$ -
7/31/2015	Slicer	\$ 1,618	5	\$ -
7/31/2015	Software	\$ 2,608	5	\$ -
7/31/2015	Computer	\$ 920	5	\$ -
7/31/2015	Wii Big	\$ 1,961	5	\$ -
7/31/2015	Bed Frame	\$ 795	5	\$ -
7/31/2015	Roam A	\$ 12,397	5	\$ -
7/31/2015	Ice Machine	\$ 1,572	5	\$ -
7/31/2015	Mattress	\$ 1,219	5	\$ -
7/31/2015	Mattress	\$ 2,438	5	\$ -
7/31/2015	Glazer	\$ 1,158	5	\$ -
7/31/2015	Refridgerator	\$ 920	5	\$ -
7/31/2015	Floor	\$ 1,175	5	\$ -
7/31/2015	Computer	\$ 835	5	\$ -
7/31/2015	Sales T	\$ 738	5	\$ -
7/31/2015	Computer	\$ 1,028	5	\$ -
7/31/2015	Computer	\$ 1,594	5	\$ -
7/31/2015	Mattress	\$ 1,219	5	\$ -
7/31/2015	Mattress	\$ 2,438	5	\$ -
7/31/2015	Mattress	\$ 1,219	5	\$ -
7/31/2015	Furniture	\$ 656	5	\$ -
7/31/2015	Mattress	\$ 2,438	5	\$ -
7/31/2015	Mattress	\$ 1,219	5	\$ -
7/31/2015	Mattress	\$ 2,438	5	\$ -
7/31/2015	Mattress	\$ 1,219	5	\$ -
7/31/2015	Computer	\$ 820	5	\$ -
7/31/2015	TV	\$ 1,027	5	\$ -
7/31/2015	Software	\$ 34	5	\$ -
7/31/2015	Mattress	\$ 1,219	5	\$ -
7/31/2015	Wa Spo	\$ 2,350	5	\$ -
7/31/2015	Computer	\$ 833	3	\$ -
7/31/2015	Computer	\$ 948	3	\$ -
7/31/2015	Computer	\$ 981	3	\$ -
7/31/2015	Computer	\$ 958	3	\$ -
Total deletions for Movable Equipment		\$ 254,088		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
7/30/2015	Irrigation System	\$ 6,907	15	\$ 115
8/31/2015	Carpet	\$ 1,606	10	\$ 27
Total additions for Leasehold Improvement		\$ 8,513		\$ 142 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility Ludlowe Center for Health & Rehab., LLC			License No. 2323		Report for Year Ended 9/30/2015			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				301,519	186,088	SL	10	30,152	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				8,513		SL	10-15	142	
C-4. Subtotal									30,294
D. Total Amortization									30,294

* 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 Ludlowe Center for Health & Rehab.,	License No. 2323	Report for Year Ended 9/30/2015	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase		08/15/06			
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		144			
6. Square Footage					
7. Acquisition Cost					
a. Land		1,494,290			
b. Building		8,025,406			
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		Variable			
b. Date Mortgage Obtained		8/15/2006_9/1/2013			
c. Interest Rate for the Cost Year		2.18%			
d. Term of Mortgage (number of years)		25			
e. Amount of Principal Borrowed		20,606,726			
f. Principal balance outstanding as of 9/30/15		18,263,525			
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Ludlowe Center for Health & Rehab.,		2323	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Ludlowe Center for Health & Reha		2323		9/30/2015		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) Property Interest \$397; Interest Admin \$4,717				\$ 5,114	5,114		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 5,114	5,114		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 17,661	17,661		
b. Insurance on Automobiles				\$ 5,187	5,187		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 81,229	81,229		
2. Fire and Extended Coverage				\$			
3. Other (Specify) Crime Insurance				\$ 1,023	1,023		
14d. Total Insurance Expenditures (14a + b + c)				\$ 105,100	105,100		
15. Total All Expenditures (A-13 thru C-14)				\$ 17,009,484	17,009,484		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Ludlowe Center for Health & Rehab., LLC				2323	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.	10	12M	Salaries not related to Resident Care	\$ 15,653	15,653		
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.	13	8c	Resident Care Physicians **	\$ 1,061	1,061		
6.	13	10a	Occupational Therapy	\$ 486,991	486,991		
7.			Other - See attached Schedule	\$ 85,655	85,655		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 11,633	11,633		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 4,397	4,397		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 23,161	23,161		
19.	15	1j	Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 250	250		
21.	16	m12	Unallowable Management Fees	\$ 165,265	165,265		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 61,934	61,934		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 856,000	856,000		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B12	Nursing Fees - IV Therapy	\$ 8,600		
13	B12	Consulting Fees - Rehabilitation Therapy and Ancillary	\$ 13,141		
13	B2	Dentist	\$ 11,636		
13	8a	Medical Director (over the limit)	\$ 51,157		
13	B12	Consulting Fees - Nursing	\$ 1,121		
Total Other Fees Adjustments			\$ 85,655	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	L3	Gifts to Staff	\$ 22,325		
16	m13	Penalties	\$ 617		
16	m13	Bank Charges	\$ 23,592		
16	m13	Miscellaneous Expense	\$ 9,547		
27	14c3	Crime Insurance	\$ 1,023		
16	8a	Dues	\$ 827		
15	1a3,4,5,7	Benefits on salaries not related to resident care	\$ 4,003		
Total Other A&G Adjustments			\$ 61,934	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Ludlowe Center for Health & Rehab., LLC			2323	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 856,000	856,000		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 539,294	539,294		
28.	20	5d	Ambulance/Limousine	\$ 178	178		
29.	20	5f	X-rays, etc	\$ 30,127	30,127		
30.	20	5h	Laboratory	\$ 63,395	63,395		
31.	20	5c	Medical Supplies	\$ 7,282	7,282		
32.	20	5e2	Oxygen (non emergency)	\$ 27,886	27,886		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 82,968	82,968		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 16,122	16,122		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 6,864	6,864		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 11,561	11,561		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 1,641,677	1,641,677		

*** 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.

Ludlowe Center for Health & Rehab., LLC
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Thy Supplies-Ludlowe-Rehab Therapy and Ancillary	\$ 6,807		
20	5j	Equipment Rental - Nursing	\$ 28,373		
21	5j	Equipment Rental-Ludlowe-Rehab Therapy and Ancillary	\$ 15,470		
20	5j	Flu Vaccine	\$ 17,699		
20	5a2/b	Procure LTC of CT (Disallowance of Price markups)	\$ 1,990		
16/20	m13/5i	Cable TV Expense - Resident Rooms	\$ 12,629		
Total Other Ancillary Costs			\$ 82,968	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Disallowed TV & Mattress Depreciation	\$ 16,122		
Total Excess Movable Equipment Depreciation			\$ 16,122	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14b	Auto Insurance	\$ 5,187		
20	6e	Auto Lease	\$ 1,677		
Total Other Property Adjustments			\$ 6,864	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Vending Machine Income - Ludlowe	\$ 1,216		
30	IV8	Misc. Other Income (SCA rebate - \$3,158, Other income - \$1,438)	\$ 4,596		
30	IV5	Interest Income	\$ 1,032		
27	12D	Interest Expense - Admin	\$ 4,717		
Total Other Adjustments			\$ 11,561	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Ludlowe Center for Health & Rehab., LL	2323	9/30/2015		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 16,898,035	16,898,035			
b. Medicaid Room and Board Contractual Allowance **	\$ (7,610,074)	(7,610,074)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 4,782,987	4,782,987			
b. Medicare Room and Board Contractual Allowance **	\$ 1,049,235	1,049,235			
4. a. Private-Pay Residents and Other	\$ 2,618,452	2,618,452			
b. Private-Pay Room and Board Contractual Allowance **	\$ (549,928)	(549,928)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 321,716	321,716			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (310,879)	(310,879)			
c. Prescription Drugs - Non-Medicare	\$ 221,213	221,213			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (210,668)	(210,668)			
2. a. Medical Supplies - Medicare	\$ 3,870	3,870			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (3,870)	(3,870)			
c. Medical Supplies - Non-Medicare	\$ 18	18			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 739,411	739,411			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (656,381)	(656,381)			
c. Physical Therapy - Non-Medicare	\$ 216,778	216,778			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (212,487)	(212,487)			
4. a. Speech Therapy - Medicare	\$ 199,308	199,308			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (150,079)	(150,079)			
c. Speech Therapy - Non-Medicare	\$ 60,885	60,885			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (58,088)	(58,088)			
5. a. Occupational Therapy - Medicare	\$ 761,490	761,490			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (697,213)	(697,213)			
c. Occupational Therapy - Non-Medicare	\$ 223,227	223,227			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (220,274)	(220,274)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 5,969	5,969			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 2,869	2,869			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 17,425,522	17,425,522			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 1,032	1,032			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 7,276	7,276			
V. Total Other Revenue (1 thru 8)	\$ 8,308	8,308			
VI. Total All Revenue (III +V)	\$ 17,433,830	17,433,830			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30, line II6a	Medicare Pt A Contra Other	\$ (60,536)		
30, line II6a	Medicare Pt A Lab	\$ 44,118		
30, line II6a	Medicare Pt A X-Ray	\$ 20,514		
30, line II6a	Medicare Pt B Flu/Pneumonia	\$ 3,712		
30, line II6a	Medicare Pt B Prior Period	\$ (1,839)		
Total Other Resident Revenue - Medicare		\$ 5,969	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30, line II6b	Medicaid Contra Other	\$ (1,213)		
30, line II6b	Medicaid IV Therapy	\$ 688		
30, line II6b	Medicaid Lab	\$ 236		
30, line II6b	Private Contra Other	\$ (86)		
30, line II6b	Private Lab	\$ 86		
30, line II6b	Comm Ins Contra Other	\$ (41,348)		
30, line II6b	Comm Ins IV Therapy	\$ 13,356		
30, line II6b	Commercial Insurance Lab	\$ 17,853		
30, line II6b	Commercial Insurance X-Ray	\$ 10,487		
30, line II6b	Commercial Insurance Flu/Pneumonia	\$ 2,810		
Total Other Resident Revenue		\$ 2,869	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30, line IV5	Interest Income		\$ 1,032		
Total Interest Income			\$ 1,032	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30, line IV8	Vending Machine Income - Ludlowe	\$ 1,216		
30, line IV8	Misc. Other Income (United Healthcare Dividends - \$7,425, SCA rebate - \$3,158, Other income - \$1,438)	\$ 12,021		
30, line IV8	Prior Period Other-Ludlowe	\$ (5,961)		
Total Other Revenue		\$ 7,276	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Ludlowe Center for Health & Rehab., L	2323	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,588,645
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,677,551
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	13,330
5. Prepaid Expenses			\$	178,235
a. Insurance	33,124			
b. Management fees	54,521			
c. Prepaid Expenses	11,083			
d. Prepaid Taxes (Corp, Property, Real Estate)	79,507			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	46,676
Patient Funds	46,676			
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,504,437
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>310,032</u>		\$	93,650
	Accum. Depreciation <u>216,382</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>1,410,671</u>		\$	800,045
	Accum. Depreciation <u>610,626</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	11,727
Construction in Progress	11,727			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	905,422

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Ludlowe Center for Health & Rehab., L	2323	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	4,409,859
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	12,745,226		
	Accum. Depreciation	1,593,153	Net	\$ 11,152,073
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable				\$
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	11,152,073
D. Investment and Other Assets				
1. Deferred Deposits				\$
2. Escrow Deposits				\$
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)				\$
5. Investments Related to Resident Care (<i>itemize</i>)				\$

6. Loans to Owners or Related Parties (<i>itemize</i>)				\$
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	185,370
	Due from Related Party	27,345		
	Due from Realty	158,025		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	185,370
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	15,747,302

* 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 Ludlowe Center for Health & Rehab., LLC	License No. 2323	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount
Total Brought Forward:				2,935,985
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,935,985

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

Name of Facility	License No.	Report for Year Ended	Page	of
Ludlowe Center for Health & Rehab.,	2323	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	11,152,073
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	11,152,073
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,234,898
6. Gain or Loss for Period			\$	424,346
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	1,659,244
C. Total Reserves and Net Worth			\$	12,811,317
D. Total Liabilities, Reserves, and Net Worth			\$	15,747,302

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Ludlowe Center for Health & Rehab., LI	2323	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	1,691,114
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	17,433,830
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	17,009,484
D. Net Income or Deficit			\$	424,346
E. Balance			\$	2,115,460
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
CT Income Tax Refund		1,784		
F-3. Total Additions			\$	1,784
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	450,000
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
Marvin Ostreicher, 184 Wildacre Ave, Lawrence, NY 11559			391,500	
Other Partner Draws			58,500	
2. Other Withdrawings (<i>Specify</i>)			\$	8,000
Purpose		Amount		
US Treasury & Taxes		8,000		
3. Total Deductions			\$	458,000
H. Balance at End of Period			\$	1,659,244
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility Ludlowe Center for Health & Rehab., LLC	License No. 2323	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer <i>Blum, Shapiro & Company, P.C.</i>		Title		Date Signed <i>2/15/16</i>
Printed Name of Preparer Blum Shapiro & Co				
Address Address 29 South Main Street, West Hartford, CT 06127			Phone Number 860-561-4000	