

February 8, 2016

2015 Mary Wade AR

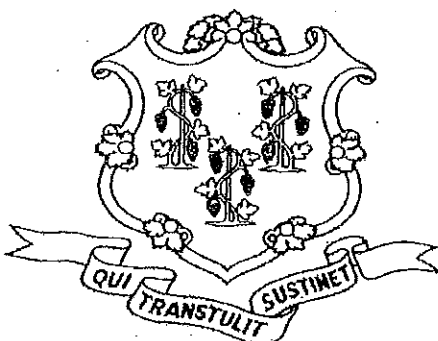
Mr. Chris LaVigne, Director  
Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06105  
Attention: Office of Reimbursement and CON

Dear Mr. LaVigne:

Enclosed please find the 2015 Medicaid Cost Report for **The Mary Wade Home.**

In preparing this cost report, we did not perform any disallowances for the administrator salary expense or dues expense in excess of the limits for each prescribed by your department. We also did not perform any disallowances related to physical therapy and speech therapy, which were paid for by entities other than the Medicaid Program. We did not disallow bad debts as it is now netted against Private Pay Revenue. Further, we did not disallow any depreciation or interest expense in excess of amounts previously approved via Certificate of Need or related to any prior state desk review or field audits. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We have submitted two page 23's to you, one representing asset activity of the CCNH and one representing activity of the RCH. The sum of both of these pages is included on pages 23 and 31. The differences noted on the error check page between pages 22 and 23 and pages 23 and 24 are equal to the asset activity of the RCH. We believe this preparation methodology is in compliance with any rules and regulations of your department and the federal government.

# State of Connecticut



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

Name of Facility (as licensed) The Mary Wade Home, Inc.	
Address (No. & Street, City, State, Zip Code) 118 Clinton Avenue, New Haven, CT 06513	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2051C	RHNS	Residential Care Home 1665-RCH	Medicare Provider 07-5325
------------------	---------------	------	-----------------------------------	------------------------------

Medicaid Provider Numbers:	CCNH 20511	RHNS	ICF-IID
----------------------------	---------------	------	---------

**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) The Mary Wade Home, Inc.	License No. 2051C	Report for Year Ended 9/30/2015	Page 1	of 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 The Mary Wade Home, Inc. [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Andrew Tarutis			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility The Mary Wade Home, Inc.		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 118 Clinton Avenue, New Haven, CT 06513				
Report Prepared By BlumShapiro & Company PC		Phone Number 860-561-4000	Date 2/8/2016	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	<b>\$</b>			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	<b>\$</b>			

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 203-562-7222		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) The Mary Wade Home, Inc.		Address (No. & Street, City, State, Zip) 118 Clinton Avenue, New Haven, CT 06513		
License Numbers:	CCNH 2051C	RHNS	Residential Care Home 1665-RCH	Medicare Provider No. 07-5325
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" 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.
<b>Administrator</b>				
Name of Administrator Andrew Tarutis		Nursing Home Administrator's License No.:	000512	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Ellen Kessner (RCH only)		License No.:		



**General Information and Questionnaire  
 Corporate Owners**

Name of Facility The Mary Wade Home, Inc.	License No. 2051C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
The Mary Wade Home, Incorporated	118 Clinton Avenue, New Haven, CT 06513	Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See Enclosed				
Names of Stockholders Owning at Least 10% of Shares				
N/A				



## Board Of Managers - 2015

**MaryBeth Canavan**  
1 Selden Avenue  
Branford, CT 06405  
203-483-1917  
Cell-203-215-1112  
[mcanavan@hpearce.com](mailto:mcanavan@hpearce.com)

**Mary Davis**  
Whitney Center  
200 Leeder Ave., Apt. 322  
Hamden, CT 06517  
(203) 281-6745  
[mary.davis4@comcast.net](mailto:mary.davis4@comcast.net)

**Patricia A. GaNun**  
111 Park Street  
West Haven, CT 06516  
203-934-9505  
Bus: 860-646-1222 x3655  
Cell: 475-238-9499  
[pagrisk@gmail.com](mailto:pagrisk@gmail.com)

**Alfred Goldberg -- President**  
60 Colonial Road  
Madison, CT 06443  
203-421-4325  
[gooser60@aol.com](mailto:gooser60@aol.com)

**Moira Hambleton**  
21 Old Smugglers Rd  
Branford, CT 06405  
203-208-1950  
[davnmo@att.net](mailto:davnmo@att.net)

**Richard Hutchinson**  
9 Montgomery Pkwy  
Branford, CT 06405  
Bus: 203-315-7766  
Cell: 203-676-7056  
[hutchria@rcn.com](mailto:hutchria@rcn.com)

**Lawrence Iannotti**  
2 Spring Road,  
Johnson's Point  
Branford, CT 06405  
203-488-0060  
[larluc@att.net](mailto:larluc@att.net)

**Lucie Iannotti**  
2 Spring Road, Johnson's  
Point  
Branford, CT 06405  
203-488-0060  
[larluc@att.net](mailto:larluc@att.net)

**Luis Pagan-Treasurer**  
11 Raynham Road  
New Haven, CT 06512-5014  
203-469-5640 (out of order)  
Cell: 203-887-0427  
[lapagan@comcast.net](mailto:lapagan@comcast.net)

**Raymond J. Peach**  
26 Carina Road  
North Haven, CT 06473  
Business: TDBanknorth  
2992 Dixwell Avenue  
Hamden, CT 06518  
Bus: 203-287-4946  
Cell: 203-247-9599  
[raymondjpeach@comcast.net](mailto:raymondjpeach@comcast.net)

**William H. Placke**  
42 Tall Oaks Drive  
Summit, NJ 07901  
Phone: (908) 665-2484  
Cell: (617) 784-1837  
Fax: (908) 665-2484  
[w.placke43@gmail.com](mailto:w.placke43@gmail.com)

**Harold Spitzer - VP**  
1016 Ridge Road  
Hamden, CT 06517  
203-288-7659  
Cell: 917-626-5716  
[hsspitzer@gmail.com](mailto:hsspitzer@gmail.com)

**David Stahelski - Secretary**  
40 Silo Hill Road  
Madison, CT 06443  
203-421-4659  
Cell: 203-464-1888  
[stahelski@comcast.net](mailto:stahelski@comcast.net)

**Brian Wnek**  
2 Thomas Pl.  
East Haven, CT 06512  
203-467-0861  
Cell: 203-887-3711  
[bew79@sbcglobal.net](mailto:bew79@sbcglobal.net)

**Kevin Twohig, M.D.**  
2416 Whitney Avenue  
Hamden, CT 06518  
Pulmonary Associates of  
New Haven, PC  
60 Temple Street, Ste. 7F  
New Haven, CT 06510  
203-789-1338  
Cell: 203-671-3643  
[kevitwohig@aol.com](mailto:kevitwohig@aol.com)

### General Information and Questionnaire Individual Proprietorship

Name of Facility The Mary Wade Home, Inc.	License No. 2051C	Report for Year Ended 9/30/2015	Page 3B	of 37
--	----------------------	------------------------------------	------------	----------

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

Owner(s) of Facility

N/A

**General Information and Questionnaire  
 Related Parties\***

Name of Facility	License No.	Report for Year Ended	Page	of	
The Mary Wade Home, Inc.	2051C	9/30/2015	4	37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> No					
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? <input type="radio"/> Yes <input checked="" type="radio"/> No					
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.					
If "Yes," provide the following information:					
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Indicate Where Costs are Included in Annual Report Page # / Line #	Actual Cost to the Related Party
		Yes	No %**		
MW Healthcare, Inc.	118 Clinton Avenue, New Haven, CT 06513	<input type="radio"/>		Page 32, line 6	677,236
MW Holdings, Inc.	118 Clinton Avenue, New Haven, CT 06513	<input checked="" type="radio"/>		Page 32, line 6	4,673,820
MW Holdings, Inc.	118 Clinton Avenue, New Haven, CT 06513	<input checked="" type="radio"/>		Page 22, line 9	36,000
Fair Haven Properties, LLC.	118 Clinton Avenue, New Haven, CT 06513	<input type="radio"/>		Page 32, line 6	(696)
Mary Wade at Home	118 Clinton Avenue, New Haven, CT 06513	<input checked="" type="radio"/>		See 4a (6), (7)	
		<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.

FY 2015

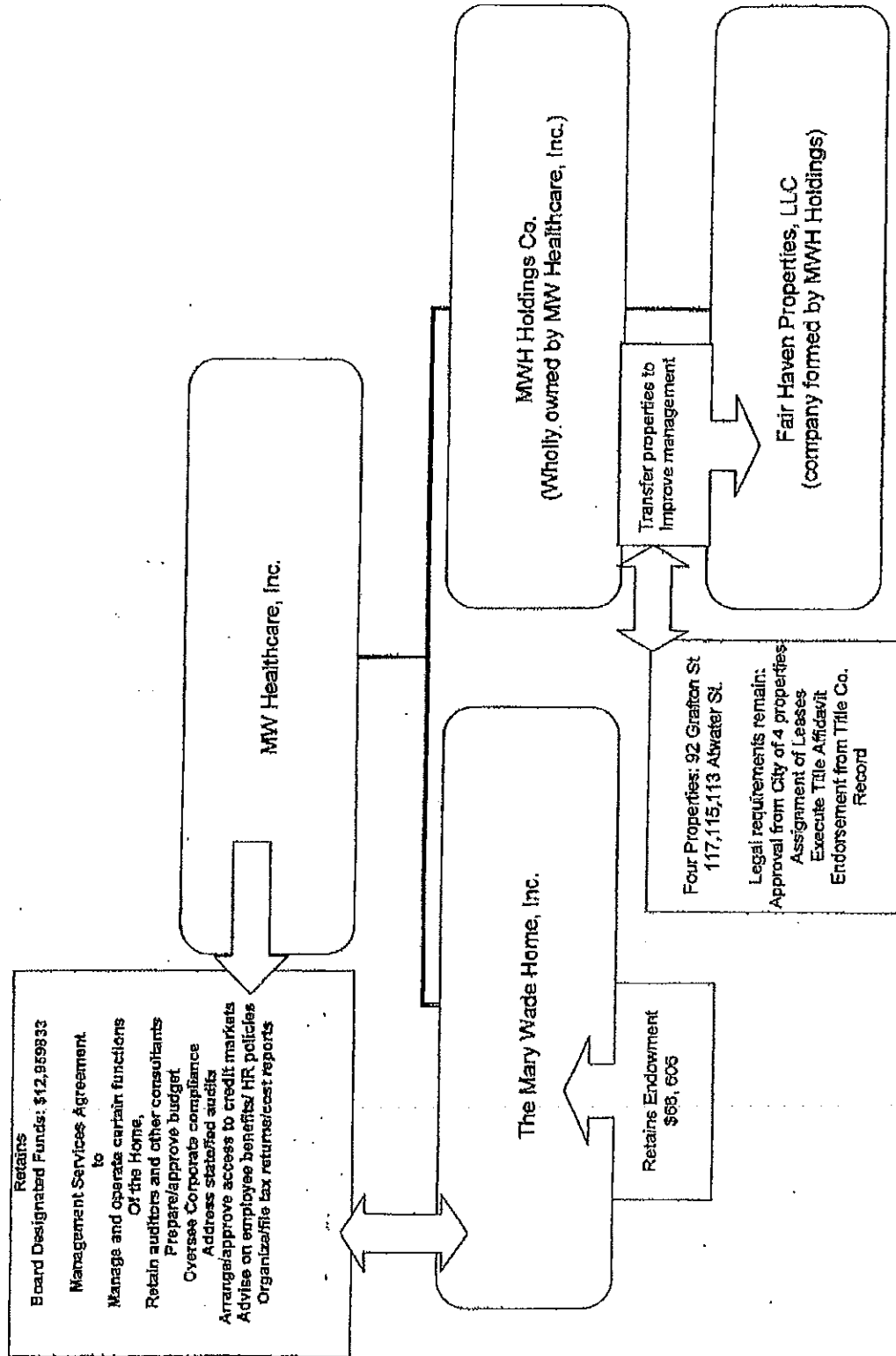
Related Parties

- [1] The Mary Wade Home provides certain services to MWH Holdings. The costs to provide these services have been deducted from the applicable Mary Wade Home cost centers.
- [2] Rental expense will be replaced by Fair Rent on the parking lot.
- [3] MWH Holdings is the sole member of Fair Haven Properties, LLC.
- [4] MW Healthcare is the sole member of Mary Wade Home, Inc.
- [5] MWH Holdings and Fair Haven Properties, LLC provide services to non-related parties. We rent many apartments to non-related individuals. The cost report does not include the costs or the revenues of MWH Holdings or Fair Haven Properties, LLC.
- [6] Mary Wade is the sole member of Mary Wade At Home.
- [7] Mary Wade at Home provides services to non-related parties. Mary Wade at Home provides homemaker and companion services to residents in the Greater New Haven area. The cost report does not include the costs or the revenues of Mary Wade at Home.

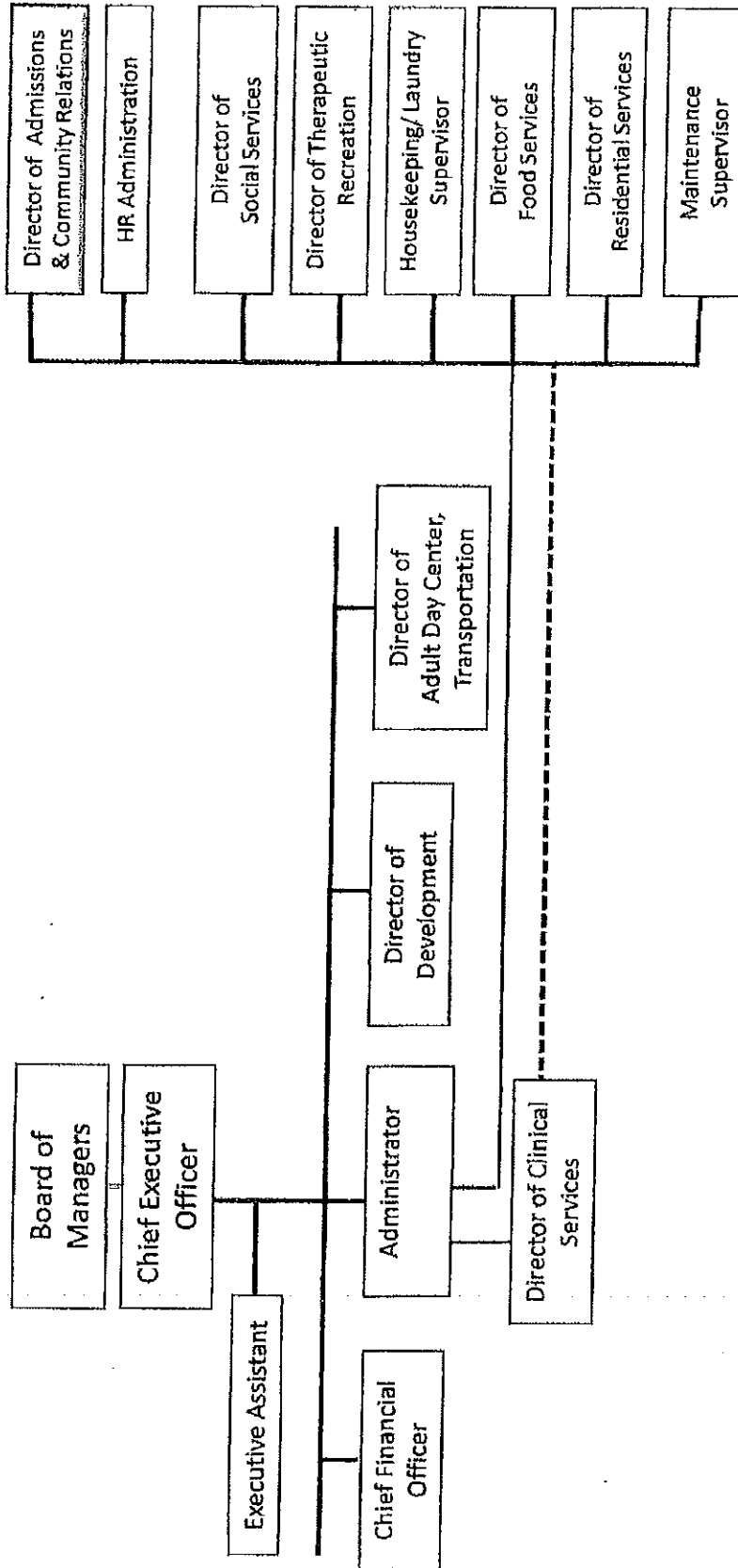


# Corporate Restructure

(10/26/10)



# The Mary Wade Home Operations



01/17/2012

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

Name of Facility The Mary Wade Home, Inc.	License No. 2051C	Report for Year Ended 9/30/2015	Page 5	of 37
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? <input checked="" type="radio"/> Yes <input type="radio"/> No    If "No," explain fully why such allocation was not made.				
All costs were allocated as listed above except for laundry and all other general administrative expenses. These were allocated based on patient days. This method has been accepted in the past submissions.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
The Mary Wade Home provides certain services to MWH Holding, Inc. As a result, certain direct and indirect costs have been allocated to MWH Holding, Inc.				
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.)				
<p align="center"><input checked="" type="radio"/> Yes    <input type="radio"/> No    If "No," explain fully why such allocation was not made.</p>				
See enclosed pgs. 5a-5a2 for allocation methodologies for Adult Day Care (ADC) and Advancement Department. See enclosed pg 5a3-5a4 for allocation methodology of costs to MWH holdings. See enclosed pg 29B for outpatient therapy cost allocation.				



Allocation Method	ADC		DEV	ADC DEVELOP total		
1. Adult Day Care:						
Fringe Benefits for ADC+admin+house+maint+dietary				131,964	45,212	177,176
Admin expense		4.99%	1.10%	58,719	2,853	61,572
Dietary meals		0.00%		-	-	-
Housekeeping square footage	324,560	5.28%	0.82%	17,149	2,676	19,825
Maintenance square footage	842,865	5.28%	0.82%	44,598	6,949	51,485
Property Costs includes interest and rental square footage	562,476	5.28%	0.82%	29,720	4,638	34,358
Depreciation on Direct building and furniture costs direct		100%		59,164	4,388	63,542
Building Depreciation on old ADC square footage				4,971	-	4,971
Insurance Costs #5190 square footage	132,540	5.28%	0.82%	7,003	1,093	8,096
				<u>353,217</u>	<u>67,808</u>	<u>421,025</u>

Total Payroll	7,252,691	
Fringe Benefits/Payroll Taxes/Education/workmen'scomp	1,607,558	22.16%
Square Footage:		
Adult Day Care 2002 addition	3569	
Adult Day Care 2011 addition	1604	
total square footage	81,626	5.28%
Square Footage: Direct		
Development office	673	26.92%
total for atwater	2,500	
Modified Square Footage:		
ADC portion in SNF building	588	
Non Adult Day Care Square Footage	77,041	0.76%
modified Square footage Development	673	0.82%
	81,628	
Expense:		
Adult Day Expense	718,296	4.99%
Total expense		
DEVELOPMENT EXPENSE	158,840	1.10%
Total expense	14,408,865	

Fringe allocation	
Admin	40,430.00
House	190.00
Maint	1,340.00
	41,960.00
	22.16%
	<u>9,300.43</u>

Fringe allocation	
Admin Salaries	113,790
	22.16%
	<u>25,221.54</u>

	Development		
	Overhead	Total Salary	Salary Alloc
Dev	100.00%	120,673	120673
hunter alloc	100.00%	78,868	78868
House	0.82%	249,080	2054
Maint	0.82%	288,977	2383
			203977
			22.16%

Admin Calculation:

Total Admin Expenses before allocation to adc	1,773,544.00
Less:	
misc expense	-13,891.00
Insurance - General	-152,726.00
Dues, Licenses & Subscriptions	-48,827.00
Advertising - Promotion A/C #730018	0.00
Fuel - A/C # 730024, 730025, 730023	0.00
Business office equip rental A/C#730022	-43,626.00
Donations	-850.00
board meeting expense	-6,426.00
amortization included in property	-30,176.00
Bad Debts	-169,200.00
Admin expense	<u>1,310,022.00</u>

	ADC		
	Overhead	Total Salary	Salary Alloc
Dietary	0.00%	0	0
ADC	100.00%	525,490	525,490
Admin	4.99%	831,529	41,453
			0
House	5.28%	249,080	13,161
Maint	5.28%	288,977	15,269
		1,895,076.00	595,373
			22.16%

DIETARY	0.00%	30-Sep-15	ACTUAL YTD	ADC ALLOC		Gr. Balance
WAGES				0.00	Dietary no longer servicing ADC	0.00
DIETICIAN - CONSULTANT				0.00	ADC outsourced the food contract	0.00
DIETIARY - PURCHASED SERVICES				0.00		0.00
RAW FOOD AND BEVERAGE				0.00		0.00
SUPPLIES				0.00		0.00
OBRA/OSHA				0.00		0.00
		0		0.00		0.00
<b>HOUSEKEEPING</b>	<b>5.26%</b>	<b>0.82%</b>				
			<u>ACTUAL YTD</u>	<u>ADC ALLOC</u>	<u>DEV ALLOC</u>	<u>TOTAL</u>
HOUSEKEEPING SALARIES			249,060.00	13,161.03	2,053.65	15,214.67 233,865.33
HOUSEKEEPING/PURCH SERVICE			2,041.00	107.84	18.89	124.67 1,016.33
HOUSEKEEPING SUPPLIES			73,439.00	3,880.41	605.50	4,485.91 68,953.09
OBRA/OSHA			0.00	0.00	0.00	0.00 0.00
			324,560.00	17,149.28	2,678.04	19,825.25 304,734.75
<b>MAINTENANCE</b>	<b>5.28%</b>	<b>0.82%</b>				
			<u>ACTUAL YTD</u>	<u>ADC ALLOC</u>	<u>ADV ALLOC</u>	<u>TOTAL</u>
SALARIES - MAINTENANCE			288,977.00	15,269.13	2,302.69	17,651.72 271,325.28
REPAIRS & PURCH SERV			191,799.00	10,134.38	1,581.37	11,715.75 180,083.25
UTILITIES			320,688.00	16,946.69	2,644.05	19,590.74 301,069.26
MAINTENANCE SUPPLIES			40,122.00	2,119.99	330.00	2,450.78 37,671.21
OSHA - MAINTENANCE			1,278.00	67.68	10.55	76.13 1,200.87
ALLOCATE MAINT TO RWH HOLDING			0.00	0.00	0.00	0.00 0.00
			842,865.00	44,536.77	6,949.36	51,485.13 791,379.87
<b>PROPERTY COSTS</b>	<b>ADG 5.28%</b>	<b>ADC modified 0.76%</b>		<b>dev direct 26.02%</b>	<b>dev mac 0.82%</b>	
			<u>ACTUAL YTD</u>	<u>ADC ALLOC</u>	<u>ADV ALLOC</u>	<u>TOTAL</u>
Depreciation Expense			651,254.00	4,971	0.00	4,970.57 646,283.43
adv direct depreciation			59,154.00	59,154		59,154.00 0.00
water direct			16,301.00		4,388	4,388.23 11,912.77
INTEREST EXPENSE	5.26%		526,478	27,816	4,341	32,158.99 494,317.01
Property Rental and tax	5.26%		30,000	1,902	297	2,199.01 33,800.99
			1,289,185.00	93,044.99	9,025.60	102,870.79 1,186,314.21

INSURANCE COSTS	5.28%	0.82%	ACTUAL YTD	ADC ALLOC	ADV ALLOC	TOTAL
INSURANCE - GENERAL			132,840.00	7,003.22	1,092.78	8,096.00 124,440.00
per prepaid insurance only						
less auto			132,840	7,003	1,093	8,096.00
<b>ADMIN</b>	<b>4.99%</b>	<b>1.10%</b>		<b>ADC ALLOC</b>	<b>ADV ALLOC</b>	<b>TOTAL</b>
ADMINISTRATIVE WAGES			287,062.00	14,350.20		14,350.20 273,511.80
Office Wages			267,959.00	13,357.57		13,357.57 254,599.43
FINANCE WAGES			275,717.00	13,744.76		13,744.76 289,461.76
legal			51,450.00	2,584.63		2,584.63 48,865.37
account			61,876.00	3,084.58	682.11	3,766.69 58,109.31
Supplies & Comp Expense			142,268.00	7,091.70	1,568.22	8,659.92 133,608.08
ADVERTISING - EMPLOYMENT			3,564.00	177.67	39.29	216.96 3,347.04
purchased services			20,594.00	1,425.44		1,425.44 19,168.56
Bank charges			7,510.00	374.38		374.38 7,135.62
TELEPHONE			35,565.00	1,772.93	392.06	2,165.01 33,399.99
Travel			19,547.00	776.03	171.39	948.42 14,600.58
<b>A was netted</b>			<b>1,177,893.00</b>	<b>58,719.12</b>	<b>2,853.06</b>	<b>81,672.10 1,116,320.82</b>

Fringe Benefits	22.16%	Total	less alloc to affiliates	adjusted total	ALLOC ADC ALLOC	Alloc DEV	TOTAL
employee education		11,021.00	-343.19	21,098.81	907.64	310.96	1,218.61 20,480.20
Payroll taxes		528,526.00	-16,364.79	1,034,687.21	43,280.09	14,827.94	58,108.03 876,579.18
unemployment		92,700.00	-2,896.96	172,296.94	7,237.01	2,469.15	9,706.16 162,600.78
403b		110,474.00	-3,440.14	217,507.86	9,098.17	3,117.67	12,215.84 205,292.02
group insurance		593,609.00	-18,484.88	1,168,733.12	48,887.11	16,748.94	65,636.05 1,103,097.07
medical reimbursement		0.00	0.00	0.00	0.00	0.00	0.00 0.00
employee benefits		73,377.00	-2,264.95	144,469.05	6,043.02	2,070.36	8,113.38 136,355.67
workers compensation		200,851.00	-6,254.47	395,447.53	16,641.23	5,687.10	22,208.33 373,239.20
		1,607,558.00	-50,053.08	3,154,839.92	131,964.26	45,211.53	177,175.81 2,977,664.11

### 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 The Mary Wade Home, Inc.		License No. 2051C		Report for Year Ended 9/30/2015		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
CIT Technologies	<input type="radio"/>	<input checked="" type="radio"/>	3 Copiers	07/01/14	60 months	16,188	16,188
CIT Technologies	<input type="radio"/>	<input checked="" type="radio"/>	Copier	06/01/11	60 months	6,240	
US Bank Equipment	<input type="radio"/>	<input checked="" type="radio"/>	3 Copiers	10/01/12	60 months	5,442	5,442
CIT Technologies	<input type="radio"/>	<input checked="" type="radio"/>	3 Copiers	03/01/13	38 months	1,863	1,863
CIT Technologies	<input type="radio"/>	<input checked="" type="radio"/>	Copier	04/01/13	60 months	3,120	3,120
CIT Technologies	<input type="radio"/>	<input checked="" type="radio"/>	Copier	04/01/13	38 months	691	691
CIT Technologies	<input type="radio"/>	<input checked="" type="radio"/>	Copier	08/01/13	48 months	1,494	1,494
CIT Business Systems	<input type="radio"/>	<input checked="" type="radio"/>	Printer	04/01/15	39 months	528	263
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
						<b>Total ***</b>	29,061

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

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

\*\* Attach copies of newly acquired leases.

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



## EQUIPMENT ACQUISITION AGREEMENT

The Customer (You, Your) agrees to acquire, under the plan initiated below, and Connecticut Business Systems, LLC (CBS, Us) agrees to sell, in accordance with the terms and conditions of this Agreement, the equipment, and/or goods listed below:

Quantity	P/C	Description	Unit Price	Total Amount
1		HP 451 Black & White Printer <i>COLOR CB</i>		34.00/mo.
		39 mo. agreement, non-cancellable. Customer owns equipment at end of term.		
		Includes 1000 black prints, 100 color prints overages at .017 (black) .17 (color)		
		Includes service, Maintenance, and Toner		
No Terms or Conditions, Expressed or Implied are Authorized Unless they Appear on "Original" of this Order Signed by the Customer and Connecticut Business Systems				34.00
Purchase Price (Excluding Applicable Taxes): Installation and Freight Charges:				N/A
State and Local Taxes: Total This Order				34.00

### EQUIPMENT ACQUISITION PLAN

Buyer's Initials

PURCHASE. \_\_\_\_\_ Terms:  Net Ten (10) Days.  Other  
 LEASE. \_\_\_\_\_ Lease Application for \_\_\_\_\_ is attached.  
Name of Leasing Co.

CONNECTICUT BUSINESS SYSTEMS, LLC		CUSTOMER ACCEPTANCE	
CBS Representative Signature <i>Joe Marinelli</i>	Date 7/2/05	Customer Name MORI Wada Home	Date 7/2/05
Printed Signature Name Joe Marinelli		By: Authorized Signature <i>David W. Hunter</i>	Title CEO
Branch Office Address 100 Great Meadow Road		Customer Address 118 Clinton Avenue	
City Wethersfield	State CT	City New Haven	State CT
	Zip 06109		Zip 06513

#### FOR CASH TRANSACTIONS ONLY

**Title:** Title will be passed on to You when Your cash transaction is paid in full. Until such time, to secure all of Your obligations to Us under this Agreement, You hereby grant Us a security interest in (a) the Equipment to the extent of Your interests in the equipment, (b) anything attached or added to the Equipment at any time, (c) any money or property from the sale of the Equipment, and (d) any money from an insurance claim if the Equipment is lost or damaged. You agree that the security interest will not be affected if this Agreement is changed in any way. You hereby appoint Us (or our agents) as Your true lawful attorney-in-fact to affix Your signature to UCC financing statements prepared and filed on Your behalf by Us (or our agent) with the same force and effect as if You had signed such financing statements. If CBS requests, You agree to sign financing statements in order for Us to publicly record our security interest. This Agreement or a copy of this Agreement shall be sufficient as a financing statement and may be filed as such.



# MAINTENANCE AGREEMENT

### BILLING INFORMATION

### EQUIPMENT LOCATION

Bill To Name: Mary Wade Home

Ship To Name: Same

Bill To Address: 118 Clinton Ave

Ship To Address: \_\_\_\_\_

City: New Haven State: CT Zip Code: 06613

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Contact: Cheryl Shirley

Master Contact: Cheryl Shirley

PO # \_\_\_\_\_

Master Phone: 203/672-7017

Sales Rep: Jon Marinell

Master Fax: \_\_\_\_\_

Machines ID: \_\_\_\_\_

Master Email Address: cshirley@marywade.org

Serial # \_\_\_\_\_

Make: HP

Model: 451 Black & White Printer

Color  
08

Copy minimum REQUIRED on all 45 ppm models and lower

Base Charge: 34.00

Base Billed By: CBS

M

A S Q M \*

B&W Copies Included: \_\_\_\_\_

B&W Prints Included: 1000

Color Copies Included: \_\_\_\_\_

Color Prints Included: 100

Overages Billed: Q

A S Q M \*

Per Copy Rates:

.017 .17

Black Copies    Color Copies    Black Prints    Color Prints

Billed By: CBS

\*\* A print/copy is defined as standard 8.5" x 11".

Copy minimum REQUIRED on all 45 ppm models and lower

Base Charge: \_\_\_\_\_

Base Billed By: \_\_\_\_\_

A S Q M \*

B&W Copies Included: \_\_\_\_\_

B&W Prints Included: \_\_\_\_\_

Color Copies Included: \_\_\_\_\_

Color Prints Included: \_\_\_\_\_

Overages Billed: \_\_\_\_\_

A S Q M \*

Per Copy Rates:

\_\_\_\_\_

Black Copies    Color Copies    Black Prints    Color Prints

Billed By: \_\_\_\_\_

\*\* A print/copy is defined as standard 8.5" x 11".

CONTRACT DATES: \_\_\_\_\_ TO \_\_\_\_\_

FOR THE FIXED CHARGES THAT ARE SUBJECT TO THE TERMS SET FORTH IN THIS AGREEMENT, CONNECTICUT BUSINESS SYSTEMS' FIELD SERVICE DEPARTMENT WILL PROVIDE TECHNICAL REPAIR SERVICE IN ORDER TO MAINTAIN THE ABOVE "EQUIPMENT" IN PROPER OPERATING CONDITION.

MAINTENANCE AND SUPPLY AGREEMENT COVERS CONSUMABLE ITEMS: BLACK AND COLOR TONER, WASTE TONER, DEVELOPER AND FUSER OIL. THIS EXCLUDES PAPER AND STAPLES. A PER MONTH PER MACHINE SUPPLY DELIVERY CHARGE APPLIES.

CUSTOMER ACKNOWLEDGES TO HAVE READ AND UNDERSTANDS THE TERMS AND CONDITIONS OF THIS AGREEMENT WHICH ARE CONTAINED ON BOTH SIDES OF THIS DOCUMENT AND WHICH CONSTITUTES THE ENTIRE AGREEMENT BETWEEN BOTH 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 UNLESS ACCEPTED BY CONNECTICUT BUSINESS SYSTEMS, LLC.

ALL NETWORK EQUIPMENT PLACEMENTS WILL BE EQUIPPED WITH THE CBS 360 APP FOR METER COLLECTION AT NO CHARGE. IF THE CBS 360 APP IS NOT INSTALLED, YOU WILL AGREE TO AN ADDITIONAL FEE OF \$22 PER MONTH FOR METER COLLECTION.

OPT IN TO THE CBS 360 APP FOR METER COLLECTION. BY INITIATING THIS BOX YOU AGREE TO HAVE THE CBS 360 APP INSTALLED.

Seller: Connecticut Business Systems, LLC

Customer Name: Mary Wade Home

Accepted By: \_\_\_\_\_

Accepted By: [Signature]

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: 3/20/15

\* A = Annually S = Semi-annually Q = Quarterly M = Monthly

At this time, I decline Maintenance Agreement Coverage.

Initials: \_\_\_\_\_

Rev. 02/02/14

# CBS 360

## CBS 360App Installation Form

*This document is required to be filled out in its entirety and submitted with Maintenance Agreement Packet  
If the CBS 360App is not installed the customer agrees to an additional fee of \$25/month for meter collection*

### Customer Information

Company Name: Mary Wade Home  
Address: 118 Clinton Ave  
City: New Haven State: CT Zip Code: 06513  
Contact Name: Cheryl Shirley  
Contact Email: cshirley@marywade.org  
Contact Phone: 203/672-7817  
Sales Rep: Joe Marinelli  
Sales Manager: Paul Rolla

### Installation Status

Is the 360App already installed?

Yes  No

*If the 360App has not been installed, please provide reason below.*

### Reason Why 360App Cannot be Installed

\_\_\_\_\_  
Mac Environment Only

\_\_\_\_\_  
All Local Devices

Notes

✓ Installed already, no need to sign.

*For general questions, please email [360AppSupport@cbs-glx.com](mailto:360AppSupport@cbs-glx.com)*

*If 360App is not installed at time of sale, please have customer sign below to acknowledge the \$25.00/mo fee.*

Customer Signature: \_\_\_\_\_



A Xerox Company

# DELIVERY INFORMATION FORM

ORDER DATE: 3/11/2015 EQUIPMENT MODELS: HP 451dne FREE printer  
 SALES REP: Joe Marinelli  
 REP CELL PHONE: 860-214-1579  
 MANAGER: Paul Rolla/Jim Cell

SHIP TO NAME: Mary Wade Home HOURS OF OPERATION: OPEN CLOSE  
 SHIP TO ADDRESS: 118 Clinton Avenue 9:00 - 5:00  
 CITY: New Haven STATE: CT ZIP: 06513 ELEVATOR: YES NO   
 STAIRS: YES  NO NO

DELIVERY CONTACT: Cheryl Shirley IN ADDITION, SITE SURVEY FORM IS REQUIRED WITH ORDER  
 DELIVERY CONTACT PHONE: 203/672-7817 CELL: #VALUE!

### ADDITIONAL SHIP TO LOCATIONS

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CONTACT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

### PICK UP INFORMATION

CBS TO PICK UP OR RELOCATE EQUIPMENT ON THIS ORDER: YES \_\_\_\_\_ NO   
 TRADE IN (CBS OWNS): \_\_\_\_\_  
 RETURN TO LEASING COMPANY: \_\_\_\_\_  
 OWNED BY: \_\_\_\_\_  
 LEASE #: \_\_\_\_\_

\*\*\* PLEASE COMPLETE ONE PICK UP FORM FOR EACH MACHINE PICKED UP \*\*\*

on file

Name of Purchaser <b>Mary Wade Home</b>	Address <b>118 Clinton Ave New Haven, CT 06513</b>	CT Tax Registration Number <i>(if none, explain)</i>	Exemption Permit # <i>(if any)</i>
			Federal Employer ID #
Name of Seller <b>Connecticut Business Systems</b>	Address <b>50 Rockwell Road Newington, CT 06111</b>	CT Tax Registration Number <i>(if none, explain)</i>	Federal Employer ID #

Check one box:

- Blanket certificate (CERT-119 may not be used as a blanket certificate for purchases of tangible personal property for resale at any one of five fundraising or social events per calendar year exempt under Conn. Gen. Stat. §12-412(94). See below.)
- Certificate for one purchase only
- Purchases that qualify for exemption under Conn. Gen. Stat. §12-412(94). Indicate the number of prior fundraising or social events during this calendar year for which you claimed exemption under Conn. Gen. Stat. §12-412(94): \_\_\_\_\_

Check the appropriate box and provide a written description of each item purchased:

- Tangible Personal Property
- Taxable Services

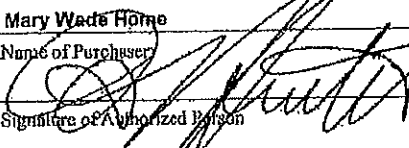
Description: *Printer*

### Declaration by Purchaser

The qualifying exempt organization declares that the tangible personal property or taxable services described above will be used exclusively for the purposes for which the organization was established, including the purchase of tangible personal property or meals for resale at one of five fundraising or social events per year exempt from tax. The organization further declares the exemption permit, determination letter, or group exemption letter (as the case may be) attached to this certificate has not been canceled or revoked.

According to Conn. Gen. Stat. §12-412(8) or Conn. Gen. Stat. §12-412(94), the purchase of the item(s) is exempt from sales and use taxes.

I declare under penalty of law that I have examined this certificate (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

By: Mary Wade Home  
 Name of Purchaser  
 CEO  
 Signature of Authorized Person Title  
 Date: 03/20/2015



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

Name of Facility The Mary Wade Home, Inc.	License No. 2051C	Report for Year Ended 9/30/2015	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis: <input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No    If "No," explain.				
<b>Independent Accounting Firm</b>				
Name of Accounting Firm 1 BlumShapiro 2 3 4		Address (No. & Street, City, State, Zip Code) 29 South Main St, P.O. Box 272000, West Hartford, CT 06127-2000		
Services Provided by This Firm ( <i>describe fully</i> )				
1	Independent Audit, Form 990, Medicare and Medicaid Cost Reports - 9/30/15 year end	\$	58,109	
2		\$		
3		\$		
4		\$		
			Charge for Services Provided	
			\$	58,109
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. <input checked="" type="radio"/> Yes <input type="radio"/> No    Page 15, line 1d				
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney 1 Murtha Cullina, LLC 2 3 4 5			Telephone Number 860-240-6000	
Address (No. & Street, City, State, Zip Code) 1 185 Asylum Street, Hartford, CT 06103 2 3 4 5				
Services Provided by This Firm ( <i>describe fully</i> )				
1	Services related to employee matters and benefits	\$	773	
2	Services related to admissions	\$	342	
3	Services related to general operations and claims	\$	44,924	
4	Services related to collections	\$	1,827	
5	Services related to audit	\$	1,019	
			Charge for Services Provided	
			\$	48,885
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. <input checked="" type="radio"/> Yes <input type="radio"/> No    Page 15, line 1e				

State of Connecticut  
 Annual Report of Long-Term Care Facility  
 CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility The Mary Wade Home, Inc.	License No. 2051C	Report for Year Ended 9/30/2015						Page 8	of 37
		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		Residential Care Home	Residential Care Home		
		Total CCNH Level	Total RHNS Level	Total CCNH	Total RHNS				
1. Certified Bed Capacity									
A. On last day of PREVIOUS report period	139	94	45		94	45	139	94	45
B. On last day of THIS report period	139	94	45		94	45	139	94	45
2. Number of Residents									
A. As of midnight of PREVIOUS report period	133	89	44		89	44	133	89	44
B. As of midnight of THIS report period	130	87	43		86	43	129	87	43
3. Total Number of Days Care Provided During Period									
A. Medicare	5,234	5,234			3,915		1,319	1,319	
B. Medicaid (Conn.)	20,411	20,411			15,144		5,267	5,267	
C. Medicaid (other states)									
D. Private Pay	7,959	6,669	1,290		5,123	998	1,838	1,546	292
E. State SSI for RCH	14,253		14,253		10,782	10,782	3,471		3,471
F. Other (Specify)									
G. Total Care Days During Period (3A thru F)	47,857	32,314	15,543		24,182	11,780	11,895	8,132	3,763
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds									
A. Medicaid Bed Reserve Days	551	74	477		70	296	185	4	181
B. Other Bed Reserve Days	178	126	52		111	31	36	15	21
5. Total Resident Days (3G + 4A + 4B)	48,586	32,514	16,072		24,363	12,107	12,116	8,151	3,965

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

Name of Facility The Mary Wade Home, Inc.	License No. 2051C	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?  Yes  No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	Residential Care Home (3)	Lost			Gained			CCNH	RHNS	Residential Care Home	
				(1)	(2)	(3)	(1)	(2)	(3)				

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	Residential Care Home
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare		Medicaid		Self-Pay		Other State Assisted	
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H. ICF-MR
No. of Residents	13		57		17		3	40
Per Diem Rate								
a. One bed rm.	Var PPS		250.24		462.00		153-183	137.34
b. Two bed rms.					420.00		163-173	
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	2,793	2,793		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	1,198	1,198		
D. Total Physical Therapy Treatments	3,991	3,991		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	585	585		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	10	10		
D. Total Speech Therapy Treatments	595	595		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	1,533	1,533		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	242	242		
D. Total Occupational Therapy Treatments	1,775	1,775		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
The Mary Wade Home, Inc.	2051C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHINS	Hours	Residential Care Home	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	50,122	432			24,109	208
2. Administrator(s) (Complete also Sec. III of Schedule A1)	85,511	1,286			41,131	618
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					63,633	2,080
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	187,965	9,143			90,411	4,398
5. Dietary Service						
a. Head Dietitian	24,494	673			11,781	324
b. Food Service Supervisor	44,260	1,404			21,289	676
c. Dietary Workers	353,062	24,062			169,822	11,574
6. Housekeeping Service						
a. Head Housekeeper	22,785	1,365			11,011	660
b. Other Housekeeping Workers	134,886	11,193			65,184	5,409
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	39,382	1,317			19,031	636
b. Other Maintenance Workers	84,255	3,850			40,716	1,861
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	46,966	4,200			22,590	2,020
9. Barber and Beautician Services						
10. Protective Services	59,380	4,205			28,562	2,022
11. Accounting Services						
a. Head Accountant	67,103	1,007			32,277	485
b. Other Accountants	176,889	7,562			85,083	3,637
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	201,692	4,160				
b. RN						
1. Direct Care	814,208	21,301				
2. Administrative**	278,667	7,593				
c. LPN						
1. Direct Care	811,469	29,843				
2. Administrative**						
d. Aides and Attendants	1,359,040	91,589			423,631	27,860
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	71,909	3,404			47,939	2,269
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	123,421	3,692				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	85,536	2,854			53,038	1,373
<i>A-13. Total Salary Expenditures</i>	5,123,002	236,136			1,251,238	68,109

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Medical Records	\$ 31,737	1,450			\$ 15,265	697
Director of Admissions	\$ 53,799	1,404			\$ 25,877	676
Home Comm Based Services	\$				\$ 11,896	Disallow
<b>Total</b>	<b>\$ 85,536</b>	<b>2,854</b>	<b>\$ -</b>	<b>-</b>	<b>\$ 53,038</b>	<b>1,373</b>

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Pulmonology Consultant	\$ 10,000	Disallow				
Doctor Consultant	\$ 236	1			\$ 114	1
	(158.9)					
	771					
<b>Total</b>	<b>\$ 10,236</b>	<b>1</b>	<b>\$ -</b>	<b>-</b>	<b>\$ 114</b>	<b>1</b>

*DIS*

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		
The Mary Wade Home, Inc.		2051C		9/30/2015		11	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
<b>Section I - Operators/Owners</b>									
David Hunter	50,122		24,109		640	A1	Mary Wade Healthcare II 8 Clinton Ave, New Haven, CT 06513	701	81,258
							Mary Wade Home - Development (Other withdrawals - page 36)	680	78,868
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>									

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

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

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

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

Name of Facility (as licensed) The Mary Wade Home, Inc.		License No. 2051C		Report for Year Ended 9/30/2015		Page 12	of 37			
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
<b>Section III - Administrators***</b>										
Andrew Tarutis (from 10/27/14 through 9/30/15)	85,511		41,131		Administrator	1,904	A2			
David Hunter (from 10/1/14 through 10/26/14 while performing CEO duties). All salary and hour amounts for David Hunter are reported on page 11 and on line A1 of page										
<b>Section IV - Assistant Administrators</b>										
Ellen Kessner			63,633		Director of RCH (RCH only)	2,080	A3			

\*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		
The Mary Wade Home, Inc.	2051C	9/30/2015	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	2,387	68			1,148	33
2. Dentist	10,716	80				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	321,650	5,795				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	45,693	208				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	68,427	948				
b. Other						
10. Occupational Therapist						
a. Resident Care	278,316	5,854				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	4,242	60				
2. Administrative***						
b. LPN						
1. Direct Care	18,568	369				
2. Administrative***						
c. Aides	30,923	1,126				
d. Other						
12. Other (Specify) See Attached Schedule	10,236	1			114	1
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>791,158</b>	<b>14,510</b>			<b>1,262</b>	<b>33</b>

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



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

Name of Facility The Mary Wade Home, Inc.		License No. 2051C	Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Debra Weeks Jameson, RD 50 Louis Road Middlefield, CT 06455	Dietitian	<input type="radio"/>	<input checked="" type="radio"/>		
Foremost Rehab of CT 1157 Highland Avenue, Cheshire, CT 06410	PT, OT, ST	<input type="radio"/>	<input checked="" type="radio"/>		
Northeast Medical Group - YNH Geriatric Services 874 Howard Avenue New Haven, CT	Medical Director Services	<input type="radio"/>	<input checked="" type="radio"/>		
Key Personnel, Inc. 142 State Street P.O. Box 404 North Haven, CT	Nurse	<input type="radio"/>	<input checked="" type="radio"/>		
Ready Nurse Staffing Services P.O. Box 301076 Dallas, TX 75303-1076	Nurse	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Dental Group 888 Worcester Street, Suite 130 Wellesley, MA	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Allan Rodrigues 136 Sherman Avenue #205 New Haven, CT	Pulmonary Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Qaiyum Mujtaba, M.D., P.C. 750 Savin Avenue, West Haven, CT, 06516	Doctor Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended		Page	of
The Mary Wade Home, Inc.	2051C	9/30/2015		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
<b>1. Administrative and General</b>					
<b>a. Employee Health &amp; Welfare Benefits</b>					
1. Workmen's Compensation	\$ 171,480	137,819			33,661
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 74,626	59,977			14,649
4. Social Security (F.I.C.A.)	\$ 475,463	382,132			93,331
5. Health Insurance	\$ 506,806	407,322			99,484
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 94,319	75,805			18,514
8. Uniform Allowance	\$ 6,258	5,030			1,228
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 26,523	21,317			5,206
<b>b. Personal Retirement Plans, Pensions, and        Profit Sharing Plans for Owners and        Operators (Discriminatory)*</b>	\$ 34,026	27,347			6,679
<b>c. Bad Debts*</b>	\$				
<b>d. Accounting and Auditing</b>	\$ 58,109	39,236			18,873
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$ 48,885	33,008			15,877
<b>f. Insurance on Lives of Owners and        Operators (<i>Specify</i>)*</b>	\$ 296	238			58
<b>g. Office Supplies</b>	\$ 53,242	35,950			17,292
<b>h. Telephone and Cellular Phones</b>					
1. Telephone & Pagers	\$ 23,135	15,621			7,514
2. Cellular Phones	\$ 10,339	6,981			3,358
<b>i. Appraisal (<i>Specify purpose and        attach copy</i>)*</b>	\$				
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$				
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 571,345	571,345			
<b>Subtotal</b>	\$ 2,154,852	1,819,128			335,724

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

(Carry Subtotals forward to next page)

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

The Mary Wade Home, Inc.  
9/30/2015

Attachment Page 15

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	Residential Care Home
Employee Benefits (Pre-employment physical and screening, employee recognition, outpatient program for terminated employees, flu shots, employee counseling program)	\$ 21,317		\$ 5,206
<b>Total</b>	\$ 21,317	\$ -	\$ 5,206

**Schedule of Other Taxes**

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
The Mary Wade Home, Inc.	2051C	9/30/2015		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
<b>Subtotals Brought Forward:</b>	2,154,852	1,819,128		335,724	
<b>l. Travel and Entertainment</b>					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 8,451	5,706		2,745	
3. Gifts to Staff and Residents	\$ 29,873	20,171		9,702	
4. Employee Travel	\$ 14,601	9,859		4,742	
5. Education Expenses Related to Seminars and Conventions	\$ 9,806	6,621		3,185	
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$ 6,426	4,339		2,087	
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 3,347	2,260		1,087	
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$				
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	\$ 9,643	6,511		3,132	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 18,616	12,570		6,046	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 1,594	1,076		518	
9. Subscriptions	\$ 25,274	17,066		8,208	
10. Contributions*** See Attached Schedule	\$ 850	574		276	
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 107,538	72,612		34,926	
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 195,134	131,758		63,376	
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 2,586,005	2,110,251		475,754	

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Residential Care Home
Board Meeting Expense	\$ 4,339		\$ 2,087
<b>Total Other Travel and Entertainment</b>	<b>\$ 4,339</b>	<b>\$</b>	<b>\$ 2,087</b>

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
<b>Total Other Advertising</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Leading Age	\$ 8,926		\$ 4,293
Fraternal Organizations	\$ 1,930		\$ 928
AJTCFM	\$ 162		\$ 78
Healthcare Financial Management Association	\$ 364		\$ 173
National Fire Protection	\$ 111		\$ 54
CLIA Laboratory Program	\$ 101		\$ 49
CT Association of Residential Care Homes, Inc	\$ 439		\$ 211
Oklahoma Mineral Owner Registry	\$ 24		\$ 11
Annual Report	\$ 68		\$ 32
Association of Nutrition	\$ 259		\$ 124
Amazon Prime Membership	\$ 67		\$ 32
ICNC Annual Seminar	\$ 26		\$ 12
CT Association of Volunteer Directors	\$ 27		\$ 13
New England Director of Healthcare Volunteers	\$ 68		\$ 32
<b>Total Dues</b>	<b>\$ 12,570</b>	<b>\$</b>	<b>\$ 6,046</b>

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Donations	\$ 574		\$ 276
<b>Total Contributions</b>	<b>\$ 574</b>	<b>\$</b>	<b>\$ 276</b>

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Licenses	\$ 772		\$ 371
Bank Charges	\$ 8,805		\$ 4,235
Miscellaneous Expense	\$ 22,134		\$ 10,647
Officer Liability - Insurance	\$ 7,964		\$ 3,830
Cyber Liability - Insurance	\$ 2,448		\$ 1,177
Crime Policy - Insurance	\$ 1,654		\$ 796
Feasibility Study Costs	\$ 87,779		\$ 42,221
Amortization Expense - Deferred Construction	\$ 203		\$ 98
<b>Total Other Administrative and General</b>	<b>\$ 131,758</b>	<b>\$</b>	<b>\$ 63,376</b>

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

Name of Facility The Mary Wade Home, Inc.	License No. 2051C	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 #
N/A			

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

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

Name of Facility The Mary Wade Home, Inc.		License No. 2051C	Report for Year Ended 9/30/2015	Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home
<b>2. Dietary</b>					
<b>a. In-House Preparation &amp; Service</b>					
1. Raw Food	\$	364,152	245,883		118,269
2. Non-Food Supplies	\$	51,145	34,534		16,611
3. Other (Specify) _____	\$				
<b>b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)</b>					
	\$	478	323		155
<b>c. Management Services**</b>					
	\$				
<b>d. Other (Specify) _____</b>					
	\$	804	543		261
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		\$	416,579	281,283	135,296
<b>2F. Dietary Questionnaire</b>		Total	CCNH	RHNS	Residential Care Home
<b>G. Resident Meals: Total no. of meals served per day:*</b>					
<b>H. Is cost of employee meals included in 2E?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>I. Did you receive revenue from employees?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.					
<b>J. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>					
<b>K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No                      If yes, specify cost.					
<b>L. Is any revenue collected from these people?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No                      If yes, specify amt.					
<b>M. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>					
<b>N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.					
<b>O. Is any revenue collected from employees?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.					
<b>P. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>					

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

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

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

Name of Facility The Mary Wade Home, Inc.		License No. 2051C	Report for Year Ended 9/30/2015		Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
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. \$	11,921	8,049		3,872
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**		\$				
d. Other (Specify)		\$	8,843	5,971		2,872
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	<b>20,764</b>	<b>14,020</b>		<b>6,744</b>
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)			18/2a1, offset to exp	
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
The Mary Wade Home, Inc.		2051C	9/30/2015		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Served by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt.	\$ 68,953	46,488		22,465
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Served by Personnel				
		Amt.	\$ 1,916	1,292		624
c.	Management Services*		\$			
d.	Other ( <i>Specify</i> )		\$			
4E.	<b>Total Housekeeping Expenditures (4a + b + c + d)</b>		\$ 70,869	47,780		23,089
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy		\$			
2.	Purchased from		\$ 237,003	237,003		
b.	Medicine Cabinet Drugs		\$ 7,251	7,251		
c.	Medical and Therapeutic Supplies		\$ 238,369	238,369		
d.	Ambulance/Limousine***		\$			
e.	Oxygen					
1.	For Emergency Use		\$			
2.	Other***		\$ 47,927	47,927		
f.	X-rays and Related Radiological Procedures***		\$ 15,849	15,849		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )		\$			
h.	Laboratory***		\$ 19,591	19,591		
i.	Recreation		\$ 21,856	14,758		7,098
j.	Other ( <i>Specify</i> )**** See Attached Schedule		\$ 230,212	230,212		
5K.	<b>Total Resident Care Expenditures (5a - 5j)</b>		\$ 818,058	810,960		7,098

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

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

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

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

**Schedule of Other Resident Care**

Description	CCNH	RHNS	Residential Care Home
Misc. Part A Expense	\$ 204,154		
PT Supplies	\$ 25,539		
OT Supplies	\$ 444		
A/C Rental Contractual	\$ 75		
<b>Total Other Resident Care</b>	\$ 230,212	\$ -	\$ -

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

Name of Facility The Mary Wade Home, Inc.	License No. 2051C	Report for Year Ended 9/30/2015	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***			Page of 21   37		
			Yes	No			CCNH	RHNS	Residential Care Home		Pg	Line
Accelerated Care Plus	Drive, Chicago, IL 60693		<input type="radio"/>	<input checked="" type="radio"/>		Rehabilitation Care	19,640			20	5J	
Dynamic Mechanical Heating & Air Conditioning, LLC	P.O. Box 877, Bristol CT 06011-0877		<input type="radio"/>	<input checked="" type="radio"/>		Heating and Air Conditioning	7,664	Pg 22, L 6A	3,704		22	6F
Elite Property Services	4481 Whitney Avenue, Hamden, CT 06518		<input type="radio"/>	<input checked="" type="radio"/>		Landscaping and Snow Removal	35,126		16,975		22	6F
Foresite Technologies	Floor, East Hartford, CT 06108		<input type="radio"/>	<input checked="" type="radio"/>		Maintenance and Support	23,722	Pg 15, L 1G	11,410		16	M11
IGX Acquisition Global, LLC	P.O. Box 150432, Hartford, CT 06115		<input type="radio"/>	<input checked="" type="radio"/>		Maintenance and Support	12,540	Pg 15, L 1G	6,032		16	M11
MatrixCare	801, North Haven, CT 06473-0478		<input type="radio"/>	<input checked="" type="radio"/>		Software	18,331		8,817		16	M11
Proaire, LLC	P.O. Box 801, Tolland, CT 06084		<input type="radio"/>	<input checked="" type="radio"/>		Pharmaceutical Services Equipment and Fic Services	55,626				20	5J
Ridgefield Associates	Ridgefield, CT 06877- 2025		<input type="radio"/>	<input checked="" type="radio"/>		Producers, and other misc. items	8,899		4,301		22	6F
Technical Gas Products, LLC	66 Leonardo Drive, North Haven, CT 06473		<input type="radio"/>	<input checked="" type="radio"/>			173,928	g 20, L 5E2/4				
Thyssen Krupp Elevator	P.O. Box 933007, Atlanta, GA 31193		<input type="radio"/>	<input checked="" type="radio"/>		Elevator Services	7,335		3,544		22	6F
Trash Master, LLC	P.O. Box 120628, East Haven, CT 06512		<input type="radio"/>	<input checked="" type="radio"/>		Garbage	13,809		6,673		22	6F
Pension Service, Inc.	P.O. Box 479, North Haven, CT 06877		<input type="radio"/>	<input checked="" type="radio"/>		Pension	10,662		2,604		15	A7
Marcum LLP	12th Floor, New Haven, CT 06511		<input type="radio"/>	<input checked="" type="radio"/>		Feasibility Study	87,779		42,221		16	M13

\* 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
The Mary Wade Home, Inc.	2051C	9/30/2015			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 47,724	32,175			15,549	
b. Heat	\$ 80,273	54,119			26,154	
c. Light & Power	\$ 161,204	108,683			52,521	
d. Water	\$ 59,622	40,197			19,425	
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 29,061	19,593			9,468	
f. Other ( <i>itemize</i> )	\$ 154,963	104,475			50,488	
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 532,847	359,242			173,605	
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 7,797	5,368			2,429	
b. Building & Building Improvements	\$ 527,088	431,129			95,959	
c. Non-Movable Equipment	\$ 26,148	22,272			3,876	
d. Movable Equipment	\$ 266,627	250,227			16,400	
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 827,660	708,996			118,664	
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 30,176	20,344			9,832	
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$ 30,176	20,344			9,832	
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 33,801	22,788			11,013	
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 2,357	1,589			768	
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 893,994	753,717			140,277	

\* 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	Residential Care Home
Grounds Landscaping	\$ 34,544		\$ 16,694
Purchased Services	\$ 61,428		\$ 29,686
Maintenance - Consultant	\$ 8,262		\$ 3,992
Short-Term Postage Machine Lease	\$ 241		\$ 116
<b>Total Other Repairs and Maintenance</b>	<b>\$ 104,475</b>	<b>\$ -</b>	<b>\$ 50,488</b>



The Mary Wade Home, Inc.  
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
FY 2015	See attached list	\$ 35,197	Various	\$ 1,760
<b>Total additions for Building Improvements</b>		\$ 35,197		\$ 1,760 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$		\$ **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
FY 2015	See attached list	\$ 13,489	Various	\$ 674
<b>Total additions for Non-Movable Equipment</b>		\$ 13,489		\$ 674 *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$		\$ **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
FY 2015	See attached list	\$ 174,806	Various	\$ 23,877
<b>Total additions for Movable Equipment</b>		\$ 174,806		\$ 23,877 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$		\$ **

\*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
<b>Additions:</b>				
<b>Total additions for Leasehold Improvement</b>		\$		\$ *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$		\$ **

\*Ties to Page 24, Line C3  
 \*\*Ties to Page 24, Line CZ



Attachment 22b

THE MARY WADE HOME  
DEPRECIATION SCHEDULE FOR COST REPORT  
SEPTEMBER 30, 2015

Source: Cheryl Shirley, CFO  
Purpose: This schedule was obtained to breakout depreciation expense per separate fixed asset type line items of Cost Report as all depreciation is tracked in one GL account by MWFH. These accounts are summarized on page 16 (CCNH assets) and page 22 (RCH) of this spreadsheet.  
Note: Amounts obtained and summarized on page 16 and 22 are used on reclass worksheet (attachment 22c) and depreciation expense amounts obtained throughout this spreadsheet were used in getting "prior to 2011" and "2011 and after" depreciation amounts used on allocation worksheet (attachment 22d).

	Date Acquired	Book Cost	Depr. Meth.	Bk. Yr.	2014 Depreciation Expense	2014 Accumulated Depreciation	2014 Net Book Value	2015 Depreciation Expense	2015 Accumulated Depreciation	2015 Net Book Value
<b>LAND IMPROVEMENTS</b>										
1997										
PARKG LOT (ATWATER STR.)	30-Sep-97	101,359.00	S/L	20	1,689.29	101,359.00	0.00	0.00	101,359.00	0.00
Parking Lot Fence	30-Sep-97	55,477.80	S/L	15	0.00	55,477.80	0.00	0.00	55,477.80	0.00
Architect Fees - Parking Lot	30-Sep-97	11,832.79	S/L	20	197.23	11,832.79	0.00	0.00	11,832.79	0.00
Total 1997 additions		<u>168,669.59</u>								
Total accumulated through 1997		<u>168,669.59</u>								
<b>2003</b>										
Drainage, Walks, Patio-Additional Site Work	Jan 03	36,774.70	S/L	20	1,788.74	20,534.50	15,240.21	1,788.74	22,323.23	13,451.47
Demolition of 72 Atwater St Garage	March 03	3,000.00	S/L	10	0.00	3,000.00	0.00	0.00	3,000.00	0.00
Fence for Garden Area	June 2003	5,938.00	S/L	10	0.00	5,938.00	0.00	0.00	5,938.00	0.00
Total 2003 additions		<u>44,712.70</u>								
Total accumulated through 2003		<u>213,382.29</u>								
<b>2006</b>										
Stockade Fence	April 06	1,865.00	S/L	10	186.50	1,584.00	281.00	186.50	1,770.50	94.50
Total 2006 additions		<u>1,865.00</u>								
Total accumulated through 2006		<u>215,247.29</u>								
<b>2008</b>										
Landscaping		<u>26,033.50</u>	S/L	10	2,603.35	16,921.78	9,111.73	2,603.35	19,525.13	6,508.38
Total 2008 additions		<u>241,280.79</u>								
<b>2009</b>										
Dietter's-Fountain Installation	Nov 08	7,905.00	S/L	10	790.50	4,743.00	3,162.00	790.50	5,533.50	2,371.50
Robert Grogan-Architectural Services	Jan 09	3,510.00	S/L	15	234.00	1,404.00	2,106.00	234.00	1,638.00	1,872.00
Robert Grogan-Architectural Services	June 09	632.50	S/L	15	55.50	333.00	499.50	55.50	388.50	444.00
Total 2009 additions		<u>253,528.29</u>								
<b>2012</b>										
Parking Lot-Remove Stump&Curb &Pave Area	Nov 11	3,000.00	S/L	15	200.00	500.00	2,500.00	200.00	700.00	2,300.00
Total accumulated through 2012		<u>256,528.29</u>								
<b>2013</b>										
Install Pipe from gutter downspouts to courtyard	Jan 13	4,675.00	S/L	10	467.50	701.25	3,973.75	467.50	1,168.75	3,506.25
Move shed in courtyard	Jan 13	2,800.00	S/L	10	280.00	420.00	2,380.00	280.00	700.00	2,100.00
Landscape Architectural Services	June 13	1,820.00	S/L	15	121.33	182.00	1,638.00	121.33	303.33	1,516.67



THE MARY WADE HOME  
DEPRECIATION SCHEDULE FOR COST REPORT  
SEPTEMBER 30, 2015

	Date Acquired	Book Cost	Depr. Bk. Meth. Yr.	2014 Depreciation Expense	2014 Accumulated Depreciation	2014 Net Book Value	2015 Depreciation Expense	2015 Accumulated Depreciation	2015 Net Book Value
Removal of Toilets (4) Rm#162,163,164,165 (SNI)	Aug 2003	1,560.48	S/L 20	78.02	897.27	663.21	78.02	975.30	585.18
Sidewalks	Jun-05	5,742.00	S/L 20	287.10	3,301.65	2,440.35	287.10	3,588.75	2,153.25
Total 2003 additions		<u>12,619.48</u>							
Total accumulated through 2003		<u>4,616,226.84</u>							
<b>2004</b>									
Kimberly Roof-Refasten Metal Edging	Sept 2003	600.00	S/L 10	30.00	600.00	0.00	0.00	600.00	0.00
Roof for 73 Atwater	Oct 03	9,000.00	S/L 20	450.00	4,725.00	4,275.00	450.00	5,175.00	3,825.00
Kimberly Roof	Nov 2003	4,750.00	S/L 20	237.50	2,493.75	2,256.25	237.50	2,731.25	2,018.75
Hot Water Heater Repair Work	Oct.2003	678.81	S/L 10	33.94	678.81	0.00	0.00	678.81	0.00
Total 2004 additions		<u>15,028.81</u>							
Total accumulated through 2004		<u>4,631,255.65</u>							
<b>2005</b>									
Automatic Fire Sprinkler Protection	Oct 04	5,100.00	S/L 10	510.00	4,845.00	255.00	255.00	5,100.00	0.00
Total accumulated through 2005		<u>4,636,355.65</u>							
<b>2006</b>									
dispose of 77 Pine Street		(110,816.00)			-31,112.00	-79,704.00		-31,112.00	-79,704.00
Total 2006 additions		<u>1,550.00</u>	S/L 10	155.00	1,320.00	230.00	155.00	1,475.00	75.00
Facade Improvement, Boardman ; Kimberly design for office at 73 atwater street	Mar 06 jul 06	2,150.00	S/L 10	215.00	1,830.00	320.00	215.00	2,045.00	105.00
Total 2006 additions		<u>3,700.00</u>							
Total accumulated through 2006		<u>4,529,239.65</u>							
<b>2007</b>									
Ground Floor sheetrock /rubber baseboard	Nov, 2006	13,368.00	S/L 20	668.40	4,678.40	8,689.60	668.40	5,346.80	8,021.20
Total 2007 additions		<u>13,368.00</u>							
Total accumulated through 2007		<u>4,542,607.65</u>							
<b>2008</b>									
chapel see cip analysis	sept 2008	54,373.00	S/L 25	2,174.92	13,230.76	41,142.24	2,174.92	15,405.68	38,957.32
73 Atwater	9/30/02	70,100.00	S/L 25	2,804.00	17,992.00	52,108.00	2,804.00	20,796.00	49,304.00
73 Atwater improvements	May 2008	318,899.11	S/L 25	12,755.96	81,850.77	237,048.34	12,755.96	94,606.73	224,292.38
106 Clinton Ave improvements	Sept 2008	47,301.85	S/L 25	1,892.07	11,510.11	35,791.74	1,892.07	13,402.19	33,899.66
Admin office improvements	Sept 2008	13,077.25	S/L 20	653.86	4,250.11	8,827.15	653.86	4,903.97	8,173.28
Total 2008 additions		<u>503,751.21</u>							
Total accumulated through 2008		<u>5,046,358.86</u>							
Total accumulated through 2009		5,046,358.86							

THE MARY WADE HOME  
DEPRECIATION SCHEDULE FOR COST REPORT  
SEPTEMBER 30, 2015

	Date Acquired	Book Cost	Depr. Bk. Meth. Yr.	2014 Depreciation Expense	2014 Accumulated Depreciation	2014 Net Book Value	2015 Depreciation Expense	2015 Accumulated Depreciation	2015 Net Book Value
<b>2010</b>									
SNF Roof Repair	Mar 10	4,600.00	S/L 10	460.00	2,070.00	2,530.00	460.00	2,530.00	2,070.00
Total accumulated through 2010		5,050,958.86							
<b>2011</b>									
New SNF Building Addition of 34 Beds	Dec 2010	5,811,941.23	S/L 25	232,477.65	891,163.32	4,920,777.91	232,477.65	1,123,640.97	4,688,300.26
New SNF Building Renovation	June 2011	1,621,177.62	S/L 25	64,847.10	213,454.05	1,407,723.57	64,847.10	278,301.16	1,342,876.46
SNF Bed Licensure Per CON	June 2011	380,992.00	S/L 25	15,239.68	50,162.95	330,829.05	15,239.68	65,402.63	315,589.37
SNF Financing Fees Per CON	June 2011	249,552.00	S/L 25	9,982.08	32,857.68	216,694.32	9,982.08	42,839.76	206,712.24
ADC Addition	Dec 2010	624,317.00	S/L 25	24,972.68	95,728.61	528,588.39	24,972.68	120,701.29	503,615.71
New SNF Building Renovation	sept 2011	403,620.87	S/L 25	16,144.83	49,779.91	353,840.96	16,144.83	65,924.74	337,696.13
Total FY 2011		9,091,600.72							
Total accumulated through 2011		14,142,558.58							
<b>2012</b>									
Barr & Barr Cash Paid Out	Feb 2012	3,065.50	S/L 25	122.62	326.99	2,738.51	122.62	449.61	2,615.89
New Roof for SNF	Jan 2012	63,455.03	S/L 25	2,538.20	6,980.05	56,474.98	2,538.20	9,518.25	53,936.78
Add'l Costs of Construction of Building	Mar 12	12,428.88	S/L 25	497.16	1,284.32	11,144.56	497.16	1,781.47	10,647.41
SNF Financing Fees Per CON	June 2011	39,314.22	S/L 25	1,572.57	3,931.42	35,382.80	1,572.57	5,503.99	33,810.23
Replace Ground Level Oak Rail/Bumper	Dec 11	4,150.00	S/L 10	415.00	1,037.50	3,112.50	415.00	1,452.50	2,697.50
Bath Renovation	Jan 12	5,888.00	S/L 10	588.80	1,422.00	4,266.00	588.80	1,990.80	3,697.20
Mats for 3 Elevators	Jan 12	1,852.00	S/L 10	185.20	463.00	1,389.00	185.20	648.20	1,203.80
Concrete Slab for Washer in Laundry Room	Feb 12	1,850.00	S/L 10	185.00	462.50	1,387.50	185.00	647.50	1,202.50
Design Plans	Feb 12	2,250.00	S/L 10	226.00	565.00	1,695.00	226.00	791.00	1,469.00
Bath Renovation	Feb 12	6,054.00	S/L 10	605.40	1,513.50	4,540.50	605.40	2,118.90	3,935.10
Work for roof exhaust fan	April 12	1,375.00	S/L 10	137.50	343.75	1,031.25	137.50	481.25	893.75
Ductwork on roof	April 12	12,650.00	S/L 10	1,265.00	3,162.50	9,487.50	1,265.00	4,427.50	8,222.50
Total FY 2012		154,142.63							
Total accumulated through 2012		14,296,702.21							
<b>2013</b>									
Elevator Shaft Roof Repair	Feb 13	5,060.00	S/L 10	506.00	759.00	4,301.00	506.00	1,265.00	3,795.00
Work on Primary Care Center	Sept 13	6,000.00	S/L 10	600.00	900.00	5,100.00	600.00	1,500.00	4,500.00
Total FY 2013 Additions		11,060.00							
Total accumulated through 2013		14,307,762.21							
<b>2014</b>									
2nd Installment Work on Primary Care Center	Nov 2013	6,000.00	S/L 10	300.00	300.00	5,700.00	600.00	900.00	5,100.00
Sprinklers	Nov 2013	3,943.00	S/L 10	197.15	197.15	3,745.85	394.30	591.45	3,351.55
Balance Due on Work on Primary Care Center	Dec 2013	4,280.00	S/L 10	214.00	214.00	4,066.00	428.00	642.00	3,638.00
Concrete Repair in Main Entrance	March 2014	5,440.00	S/L 10	272.00	272.00	5,168.00	544.00	816.00	4,624.00
Electrical Work in the front office	April 2014	5,399.00	S/L 10	269.95	269.95	5,129.05	539.90	809.85	4,589.15
Downpayment to order 50 Windows	May 2014	18,000.00	S/L 10	900.00	900.00	17,100.00	1,800.00	2,700.00	15,300.00
2nd Payment on 50 Window Replacement	July 2014	18,000.00	S/L 10	900.00	900.00	17,100.00	1,800.00	2,700.00	15,300.00
Final Payment on 50 Window Replacement	July 2014	12,700.00	S/L 10	635.00	635.00	12,065.00	1,270.00	1,905.00	10,795.00

550,709.48 5,703,191.00 8,604,571.21 458,749.72 6,161,940.73 8,145,821.48

THE MARY WADE HOME  
DEPRECIATION SCHEDULE FOR COST REPORT  
SEPTEMBER 30, 2015

Total FY 2014 Additions  
Total accumulated through 2014

**2015**  
Roof and Soffit Repair  
60% of fee for SNF 2nd FL interior design services  
Replacement of concrete pavement/heated  
Total FY 2015 Additions  
Total accumulated through 2015

**AUTOMOBILES**  
2008 van  
2010  
Total accumulated through 2010

2012  
Purchase of 2012 Ford Fusion  
Purchase of Startrans Senator Bus  
Purchase 2012 Ford Focus  
Total 2012 Additions  
Total accumulated through 2012

2013  
Goshen Coach GCII - 14 passenger van  
Total accumulated through 2013

2014  
Goshen Coach Bus  
Goshen Coach Bus  
Total 2014 Additions  
Total accumulated through 2014

2015  
2010 Elkhart Coach Bus  
Total 2015 Additions  
Total accumulated through 2015

**NON MOVABLE EQUIPMENT**  
1996

Date Acquired	Book Cost	Depr. Bk. Meth. Yr.	2014 Expense	2014 Accumulated Depreciation	2014 Net Book Value	2015 Depreciation Expense	2015 Accumulated Depreciation	2015 Net Book Value
	73,762.00		3,688.10	3,688.10	70,073.90			
	14,381,524.21		654,397.58	5,706,878.10	8,674,645.11	466,125.92	6,173,005.03	8,208,519.18
Dec 2014	5,650.00	S/L 10				282.50	282.50	5,367.50
June 2015	7,837.40	S/L 10				391.87	391.87	7,445.53
Sept 2015	21,710.00	S/L 10				1,085.50	1,085.50	20,624.50
	35,197.40					1,759.87	1,759.87	33,437.53
	14,416,721.61					467,885.79	6,174,764.90	8,241,956.71
Sept 2008	42,444.00	S/L 3	0.00	42,444.00	0.00	0.00	42,444.00	0.00
	42,444.00							
	42,444.00							
Oct 2011	26,366.00	S/L 3	8,788.67	21,971.67	4,394.33	4,394.33	26,366.00	0.00
Nov 2011	56,772.00	S/L 3	18,590.67	46,476.67	9,295.33	9,295.33	55,772.00	0.00
Sept 2012	21,660.00	S/L 3	7,220.00	18,050.00	3,610.00	3,610.00	21,660.00	0.00
	103,798.00							
	146,242.00							
Dec 2012	57,133.00	S/L 3	19,044.33	28,566.50	28,566.50	19,044.33	47,610.83	9,522.17
	203,375.00		53,643.67	157,508.83	45,866.17	36,343.99	193,852.83	9,522.17
Feb 2014	58,023.00	S/L 3	9,670.50	9,670.50	48,352.50	19,341.00	29,011.50	29,011.50
Feb 2014	62,485.00	S/L 3	10,414.17	10,414.17	52,070.83	20,828.33	31,242.50	31,242.50
	120,508.00		20,084.67	20,084.67	100,423.33	40,169.33	60,254.00	60,254.00
	323,683.00		73,728.33	177,593.50	145,289.50	76,513.33	254,106.83	69,776.17
Oct 2014	21,380.00	S/L 4				5,345.00	5,345.00	16,035.00
	21,380.00					5,345.00	5,345.00	16,035.00
	345,263.00					81,858.33	259,451.83	85,811.17
	8,137.01	sl var	0.00	8,137.01	0.00	0.00	8,137.01	0.00

THE MARY WADE HOME  
DEPRECIATION SCHEDULE FOR COST REPORT  
SEPTEMBER 30, 2015

	Date Acquired	Book Cost	Depr. Meth.	Bk. Yr.	2014 Depreciation Expense	2014 Accumulated Depreciation	2014 Net Book Value	2015 Depreciation Expense	2015 Accumulated Depreciation	2015 Net Book Value
<b>1999</b>										
oil tanks for boilers	9/30/99	3,620.00	S/L	10	0.00	3,620.00	0.00	0.00	3,620.00	0.00
<b>Total 1999 additions</b>		<u>3,620.00</u>								
<b>Total accumulated through 1999</b>		<u>11,757.01</u>								
<b>2002</b>										
Elevator - Install new Selector Cable	4/30/02	2,206.00	S/L	10	0.00	2,206.00	0.00	0.00	2,206.00	0.00
Elevator - Furnish & Install Key Switch	6/30/02	550.00	S/L	10	0.00	550.00	0.00	0.00	550.00	0.00
Elevator-Furnish and Install Selector Sheave	4/30/02	1,184.50	S/L	10	0.00	1,184.50	0.00	0.00	1,184.50	0.00
SCS - Security and Fire Alarm Sys - 106 Clinton	Aug-01	1,400.00	S/L	5	0.00	1,400.00	0.00	0.00	1,400.00	0.00
Security System Install - 106 Clinton	Sept-01	1,100.00	S/L	5	0.00	1,100.00	0.00	0.00	1,100.00	0.00
<b>Total 2002 additions</b>		<u>6,440.50</u>								
<b>Total accumulated through 2002</b>		<u>18,197.51</u>								
<b>2003</b>										
Hot Water Heater	Nov 2002	17,951.50	S/L	10	0.00	17,951.50	0.00	0.00	17,951.50	0.00
Door Magnets	Dec 2002	4,500.00	S/L	10	0.00	4,500.00	0.00	0.00	4,500.00	0.00
Dietary Elevator - Door Safety Edge Repair	Dec 2002	1,600.00	S/L	10	0.00	1,600.00	0.00	0.00	1,600.00	0.00
Exhausts in 3 Shower Locations	Dec 2002	1,200.00	S/L	10	0.00	1,200.00	0.00	0.00	1,200.00	0.00
Electrical for nourishment room/refrig emer pwr	Jan 2003	1,200.00	S/L	20	60.00	690.00	510.00	60.00	750.00	450.00
Heater Unit Installed in Lobby	Jan 2003	1,000.00	S/L	10	0.00	1,000.00	0.00	0.00	1,000.00	0.00
Water Cooler Lines (4)	Jan 2003	4,584.80	S/L	10	0.00	4,584.80	0.00	0.00	4,584.80	0.00
Fire Alarm System Upgrade	Jan 2003	8,175.00	S/L	20	408.75	4,700.63	3,474.37	408.75	5,109.38	3,065.62
Expansion of Lawn Sprinkler System	May 2003	3,665.00	S/L	10	0.00	3,665.00	0.00	0.00	3,665.00	0.00
Phone and Cable in 3rd room floor office	June 2003	935.00	S/L	10	0.00	935.00	0.00	0.00	935.00	0.00
Door Magnets (kimberly 1 and ADC)	July 2003	4,780.00	S/L	10	385.05	4,780.00	0.00	0.00	4,780.00	0.00
Fuel Oil Storage Tank (275 gallon)	July 2003	1,239.00	S/L	10	0.00	1,239.00	0.00	0.00	1,239.00	0.00
Kimberly Roof	July 2003	600.00	S/L	10	0.00	600.00	0.00	0.00	600.00	0.00
Alarms (3) for Alzheimers Room	Oct 2002	2,409.13	S/L	10	0.00	2,409.13	0.00	0.00	2,409.13	0.00
Fence World	Sept 2003	2,904.47	S/L	10	0.00	2,904.47	0.00	0.00	2,904.47	0.00
<b>Total 2003 additions</b>		<u>56,743.90</u>								
<b>Total accumulated through 2003</b>		<u>74,941.41</u>								
<b>2004</b>										
Ventilation for Oxygen Storage Rooms	Nov 2003	1,099.40	S/L	10	54.97	1,099.40	0.00	0.00	1,099.40	0.00
Generator Repairs	Dec 2003	2,785.00	S/L	10	139.25	2,785.00	0.00	0.00	2,785.00	0.00
Install Mag Locks/Outlet on Emerg Power	Dec 2003	1,025.00	S/L	10	51.25	1,025.00	0.00	0.00	1,025.00	0.00
Door Magnets Tie to Fire Alarm	Dec 2003	750.00	S/L	10	37.50	750.00	0.00	0.00	750.00	0.00
Chain Link Fence w/gates	Sept 04	1,979.39	S/L	10	98.97	1,979.39	0.00	0.00	1,979.39	0.00
<b>Total 2004 additions</b>		<u>7,638.79</u>								
<b>Total accumulated through 2004</b>		<u>82,580.20</u>								
<b>2005</b>										
Installation of Fire Alarm System Upgrade -Kimber	Jan 05	4,995.00	S/L	20	249.75	2,373.50	2,621.50	249.75	2,623.25	2,371.75

THE MARY MADE HOME  
DEPRECIATION SCHEDULE FOR COST REPORT  
SEPTEMBER 30, 2015

	Date Acquired	Book Cost	Depr. Bk Meth. Yr.	2014 Expense	2014 Accumulated Depreciation	2014 Net Book Value	2015 Expense	2015 Accumulated Depreciation	2015 Net Book Value
<b>Elevator Repair</b>	Jan 05	3,195.00	S/L 10	319.50	3,037.00	158.00	158.00	3,195.00	0.00
<b>Total 2005 additions</b>		<u>8,190.00</u>							
<b>Total accumulated through 2005</b>		<u>90,770.20</u>							
<b>2006</b>									
Electrical , Add new circuit in Bathroom	Oct 05	1,275.00	S/L 10	127.50	1,088.75	191.25	127.50	1,211.25	63.75
Electrical , Nurse Station Upgrade	Oct 05	9,000.00	S/L 10	900.00	7,650.00	1,350.00	900.00	8,550.00	450.00
Elevator, Full load Safety Test	Nov 05	2,499.00	S/L 10	249.90	2,124.15	374.85	249.90	2,374.05	124.95
Painting & Wallcovering Elevator to Boardman rec	Nov 05								
<b>Total 2006 additions</b>		<u>12,774.00</u>							
<b>Total accumulated through 2006</b>		<u>103,544.20</u>							
<b>2007</b>									
SaniGlaze Shower room & Walls K-1 K2	June, 2007	6,250.00	S/L 10	625.00	4,375.00	1,875.00	625.00	5,000.00	1,250.00
<b>Total 2007 additions</b>		<u>6,250.00</u>							
<b>Total accumulated through 2007</b>		<u>109,794.20</u>							
<b>2008</b>									
Installation of phone system	Jan,2008	788.14	S/L 10	78.81	512.29	275.85	78.81	591.11	197.04
Installation of phone and data cable	Jan,2008	776.14	S/L 10	77.61	504.49	271.65	77.61	582.11	194.04
Electrical Installation, removal and replacement	Mar,2008	3,275.00	S/L 5	0.00	3,275.00	0.00	0.00	3,275.00	0.00
Sprinkler system work down payment	Mar,2008	1,400.00	S/L 10	140.00	910.00	490.00	140.00	1,050.00	350.00
Sprinkler system payment	Mar,2008	13,100.00	S/L 10	1,310.00	8,515.00	4,585.00	1,310.00	9,825.00	3,275.00
Sprinkler system extra work	Mar,2008	703.00	S/L 10	70.30	456.95	246.05	70.30	527.25	175.75
electrical -3 horns and 1 smoke detector	Mar,2008	800.00	S/L 10	80.00	520.00	280.00	80.00	600.00	200.00
electrical - amp line for steam oven in kitchen	Mar,2008	575.00	S/L 10	57.50	373.75	201.25	57.50	431.25	143.75
Sprinkler system final pymnt	Mar,2008	4,570.00	S/L 10	457.00	3,035.50	1,534.50	467.00	3,502.50	1,167.50
scs systemssmoke detectors	June-2008	5,500.00	S/L 10	550.00	3,575.00	1,925.00	550.00	4,125.00	1,375.00
Decolair/new heat exchangers in boiler	July-2008	8,445.00	S/L 10	844.50	5,489.25	2,955.75	844.50	6,333.75	2,111.25
one sprinkler head	sept-2008	266.16	S/L 10	26.62	173.00	93.16	26.62	199.62	66.54
sherman williams carpeting	sept-2008	391.50	S/L 10	39.16	254.54	137.06	39.16	293.70	97.90
sherman williams carpeting	sept-2008	748.40	S/L 10	74.84	486.46	261.94	74.84	561.30	187.10
<b>Total 2008 additions</b>		<u>41,438.44</u>							
<b>Total accumulated through 2008</b>		<u>151,232.64</u>							
<b>2009</b>									
M.J. Daily-sprinkler heads	Oct 08	1,560.00	S/L 17	91.76	504.71	1,055.29	91.76	596.47	963.53
DeCola's Plumbing & Heating-Boiler work	Jul 08	-510.00	S/L 10	-51.00	-280.50	-229.50	-51.00	-331.50	-178.50
<b>Total 2009 additions</b>		<u>1,050.00</u>							
<b>Total accumulated through 2009</b>		<u>152,282.64</u>							
<b>2010</b>									
Installation of 2 hand sinks in Kimberly Kitchen	Dec 09	8,634.00	S/L 10	863.40	3,885.30	4,748.70	863.40	4,748.70	3,885.30
Reach-In Refrigerator & Hood Type Dishwasher	April 10	15,314.93	S/L 10	1,531.49	6,891.72	8,423.21	1,531.49	8,423.21	6,891.72
<b>Total 2010 additions</b>		<u>23,948.93</u>							
<b>Total accumulated through 2010</b>		<u>176,231.57</u>							

THE MARY WADE HOME  
DEPRECIATION SCHEDULE FOR COST REPORT  
SEPTEMBER 30, 2015

Date Acquired	Book Cost	Dep'r. Meth.	Bk. Yr.	2014		2014		2015		2015		Net Book Value
				Depreciation Expense	Accumulated Depreciation	Net Book Value	Depreciation Expense	Accumulated Depreciation	Net Book Value			
<b>2011</b>												
Deposit for Domestic Hot Water Heater & Mixing V	12,900.88	S/L	10	1,290.09	4,515.31	8,385.57	1,290.09	5,805.40	7,095.48			
Smoke & Heat Detectors & Installation	2,750.00	S/L	10	275.00	962.50	1,787.50	275.00	1,237.50	1,512.50			
Grease Trap for Big Dipper W-500 IS	3,995.00	S/L	10	399.50	1,398.25	2,596.75	399.50	1,797.75	2,197.25			
Big Dipper W-500 IS - 3 bay sink	7,381.00	S/L	10	738.10	2,583.35	4,797.65	738.10	3,321.45	4,059.55			
Balance for Domestic Hot Water Heater & Mixing V	12,900.88	S/L	10	1,290.09	4,515.31	8,385.57	1,290.09	5,805.40	7,095.48			
<b>Total 2011 additions</b>	<b>39,927.76</b>											
<b>Total accumulated through 2011</b>	<b>216,159.33</b>											
<b>2012</b>												
Hot Water Heater	6,816.00	S/L	10	681.60	1,704.00	5,112.00	681.60	2,385.60	4,430.40			
Rebate Rooftop HVAC units	(1,625.00)	S/L	10	-162.50	-406.25	-1,218.75	-162.50	-568.75	-1,056.25			
Custom Signs	2,953.92	S/L	10	295.39	738.48	2,215.44	295.39	1,033.87	1,920.05			
Convection Oven	13,419.00	S/L	10	1,341.90	3,354.75	10,064.25	1,341.90	4,696.65	8,722.35			
Electrical work for washer and dryers	1,843.00	S/L	10	184.30	460.75	1,382.25	184.30	645.05	1,197.95			
Electrical wiring for stove	1,650.00	S/L	10	165.00	412.50	1,237.50	165.00	577.50	1,072.50			
Install Generator	13,051.08	S/L	10	1,305.11	3,262.77	9,788.31	1,305.11	4,567.88	8,483.20			
Install new booster heater in Dietary	4,722.00	S/L	10	472.20	1,180.50	3,541.50	472.20	1,652.70	3,069.30			
Vent and Gas pipe the new dryer	2,375.00	S/L	10	237.50	593.75	1,781.25	237.50	831.25	1,543.75			
Re-piping of dryers	495.00	S/L	10	49.50	123.75	371.25	49.50	173.25	321.75			
Re-pipe of Convection Oven	300.00	S/L	10	30.00	75.00	225.00	30.00	105.00	195.00			
Replace compressor of kitchen A/C	2,850.00	S/L	10	285.00	712.50	2,137.50	285.00	997.50	1,852.50			
Boiler repair	2,921.75	S/L	10	292.18	730.44	2,191.31	292.18	1,022.61	1,899.14			
Installation of 3 smoke detector on K1	2,175.13	S/L	10	217.51	543.78	1,631.35	217.51	761.30	1,413.83			
Replace coil on AC unit in Dietary	5,040.00	S/L	10	504.00	1,260.00	3,780.00	504.00	1,784.00	3,276.00			
New Fire Alarm Panel for Finance Office	1,475.00	S/L	10	147.50	368.75	1,106.25	147.50	516.25	958.75			
Electrical Work for Kloosks & Time Clock	5,675.00	S/L	10	567.50	1,418.75	4,256.25	567.50	1,986.25	3,688.75			
Repair of Boiler	2,010.00	S/L	10	201.00	502.50	1,507.50	201.00	703.50	1,306.50			
Compressor Repair	4,300.00	S/L	10	430.00	1,075.00	3,225.00	430.00	1,505.00	2,795.00			
Fire Alarm System - Ground Floor of Kimberly	6,900.00	S/L	10	690.00	1,725.00	5,175.00	690.00	2,415.00	4,485.00			
<b>Total 2012 additions</b>	<b>79,346.88</b>											
<b>Total accumulated through 2012</b>	<b>295,506.21</b>											
<b>2013</b>												
Toilets - 9 each	3,121.85	S/L	10	312.19	460.28	2,853.57	312.19	780.46	2,341.39			
Door Alarm System for Key pads	5,250.00	S/L	10	525.00	787.50	4,462.50	525.00	1,312.50	3,937.50			
Circulator motor for the heating system	1,143.29	S/L	10	114.33	171.49	971.80	114.33	285.82	857.47			
Installation of Lawn Sprinkler system	4,163.00	S/L	10	416.30	624.45	3,638.65	416.30	1,040.75	3,122.25			
Corner Guards in K1 & K2 to protect doorways	2,872.64	S/L	10	287.26	430.90	2,441.74	287.26	718.16	2,154.48			
<b>Total 2013 additions</b>	<b>16,550.78</b>											
<b>Total accumulated through 2013</b>	<b>312,056.99</b>											
<b>2014</b>												
Install 2 additional Staff/Duty Stations	4,374.36	S/L	10	218.72	218.72	4,155.64	437.44	656.15	3,718.21			
Phone Work for Primary Care Office	1,694.00	S/L	10	84.70	84.70	1,609.30	169.40	254.10	1,439.90			



THE MARY WADE HOME  
DEPRECIATION SCHEDULE FOR COST REPORT  
SEPTEMBER 30, 2015

Date Acquired	Book Cost	Depr. Meth.	Bk. Yr.	2014		2014		2015		2015 Net Book Value
				Expense	Accumulated Depreciation	Expense	Accumulated Depreciation	Expense	Accumulated Depreciation	
Dec 2013	1,468.00	S/L	10	73.40	73.40	146.80	220.20	146.80	220.20	1,247.80
Jan 2014	4,130.00	S/L	10	206.50	206.50	413.00	619.50	413.00	619.50	3,510.50
May 2014	2,007.84	S/L	10	100.39	100.39	200.78	301.18	200.78	301.18	1,706.66
May 2014	3,854.50	S/L	10	192.73	192.73	385.45	578.18	385.45	578.18	3,276.33
July 2014	1,040.00	S/L	10	52.00	52.00	104.00	156.00	104.00	156.00	884.00
Sept 2014	5,479.50	S/L	10	273.98	273.98	547.95	821.93	547.95	821.93	4,657.58
Sept 2014	4,553.00	S/L	10	227.65	227.65	455.30	682.95	455.30	682.95	3,870.05
	<u>28,601.20</u>			<u>1,430.05</u>	<u>1,430.06</u>	<u>2,860.10</u>	<u>4,290.14</u>	<u>2,860.10</u>	<u>4,290.14</u>	<u>25,111.14</u>
Total 2014 additions	340,658.19			24,971.99	176,045.81	25,473.56	201,519.37	25,473.56	201,519.37	139,138.82

2015	
Wheelchair Washer	7,495.00 S/L 10
Piping on Boilers	2,195.00 S/L 10
Ice and water dispenser - Kimberly	3,799.00 S/L 10
Total 2015 additions	<u>13,489.00</u>
Total accumulated through 2015	<u>354,147.19</u>

MOVABLE EQUIPMENT

1996

	Book Cost	Depr. Meth.	VAR	2014 Expense	2014 Accumulated Depreciation	2015 Expense	2015 Accumulated Depreciation	2015 Net Book Value
FY1999								
polyvac	469.29	S/L	5	0.00	469.29	0.00	469.29	0.00
ten arm rests and window sleeves	668.60	S/L	5	0.00	668.60	0.00	668.60	0.00
air conditioner	561.42	S/L	5	0.00	561.42	0.00	561.42	0.00
blender	654.00	S/L	5	0.00	654.00	0.00	654.00	0.00
Total 1999 additions	<u>3,289.27</u>			<u>0.00</u>	<u>945.96</u>	<u>0.00</u>	<u>945.96</u>	<u>0.00</u>
Total accumulated through 1999	3,482.00			0.00	192.73	0.00	192.73	0.00

FY 2002

	Book Cost	Depr. Meth.	VAR	2014 Expense	2014 Accumulated Depreciation	2015 Expense	2015 Accumulated Depreciation	2015 Net Book Value
Furnishings for Alzheimers Unit	4,663.35	S/L	10	0.00	4,663.35	0.00	4,663.35	0.00
Large Refrigerator for Alzheimers Unit	495.00	S/L	5	0.00	495.00	0.00	495.00	0.00
Sysco - Dishes For ADC	1,477.50	S/L	3	0.00	1,477.50	0.00	1,477.50	0.00
Furniture for ADC	337.96	S/L	10	0.00	337.96	0.00	337.96	0.00
Stereo System for ADC/Radio Shack	785.82	S/L	5	0.00	785.82	0.00	785.82	0.00
Fence - Adult Day Care	460.00	S/L	10	0.00	460.00	0.00	460.00	0.00
computer for ADC	1,500.00	S/L	3	0.00	1,500.00	0.00	1,500.00	0.00
Total 2002 additions	<u>9,719.93</u>			<u>0.00</u>	<u>1,500.00</u>	<u>0.00</u>	<u>1,500.00</u>	<u>0.00</u>
Total accumulated through 2002	13,201.93			0.00	192.73	0.00	192.73	0.00

FY 2003

	Book Cost	Depr. Meth.	VAR	2014 Expense	2014 Accumulated Depreciation	2015 Expense	2015 Accumulated Depreciation	2015 Net Book Value
Furnishings for Alzheimers Unit	4,663.35	S/L	10	0.00	4,663.35	0.00	4,663.35	0.00
Large Refrigerator for Alzheimers Unit	495.00	S/L	5	0.00	495.00	0.00	495.00	0.00
Sysco - Dishes For ADC	1,477.50	S/L	3	0.00	1,477.50	0.00	1,477.50	0.00
Furniture for ADC	337.96	S/L	10	0.00	337.96	0.00	337.96	0.00
Stereo System for ADC/Radio Shack	785.82	S/L	5	0.00	785.82	0.00	785.82	0.00
Fence - Adult Day Care	460.00	S/L	10	0.00	460.00	0.00	460.00	0.00
computer for ADC	1,500.00	S/L	3	0.00	1,500.00	0.00	1,500.00	0.00
Total 2003 additions	<u>9,719.93</u>			<u>0.00</u>	<u>1,500.00</u>	<u>0.00</u>	<u>1,500.00</u>	<u>0.00</u>
Total accumulated through 2003	13,201.93			0.00	192.73	0.00	192.73	0.00



THE MARY WADE HOME  
DEPRECIATION SCHEDULE FOR COST REPORT  
SEPTEMBER 30, 2015

**FY2007**

	Date Acquired	Book Cost	Depr. Bk. Meth. Yr.	2014 Expense	2014 Accumulated Depreciation	2014 Net Book Value	2015 Expense	2015 Accumulated Depreciation	2015 Net Book Value
Shed for the Garden	May, 2007	3,797.64	S/L 15	253.18	1,898.82	1,898.82	253.18	2,152.00	1,645.64
Washing Machines (2)	Aug, 2007	23,450.00	S/L 15	1,563.33	11,725.00	11,725.00	1,563.33	13,288.33	10,161.67
Pump Barring assembly Hot Water	Jan, 2007	2,712.50	S/L 5	0.00	2,712.50	0.00	0.00	2,712.50	0.00
Auto Feed Gauges	Jan, 2007	1,073.00	S/L 5	0.00	1,073.00	0.00	0.00	1,073.00	0.00
Bariatric Dining Chairs (2) Kwalu	June, 2007	1,731.48	S/L 5	0.00	1,731.48	0.00	0.00	1,731.48	0.00
Table	Aug, 2007	649.99	S/L 5	0.00	649.99	0.00	0.00	649.99	0.00
ADC Lighting	July, 2007	1,222.50	S/L 5	0.00	1,222.50	0.00	0.00	1,222.50	0.00
<b>Total 2007 additions</b>		<b>34,637.11</b>							
<b>Total accumulated through 2007</b>		<b>120,271.71</b>							

**2008**

Partial payment for shades and drapes	Oct, 2007	1,558.00	S/L 5	0.00	1,558.00	0.00	0.00	1,558.00	0.00
Installation of Vadav' phone and Caller Id	Oct, 2007	1,224.00	S/L 10	122.40	795.60	428.40	122.40	918.00	306.00
Viewsonic Digital projector	Dec, 2007	498.99	S/L 5	0.00	498.99	0.00	0.00	498.99	0.00
Tableclothes	Dec, 2007	1,761.00	S/L 5	0.00	1,761.00	0.00	0.00	1,761.00	0.00
Bedroom Linens	Jan, 2008	3,591.37	S/L 5	0.00	3,591.37	0.00	0.00	3,591.37	0.00
Linen bed underpads	Jan, 2008	679.97	S/L 5	0.00	679.97	0.00	0.00	679.97	0.00
Bedroom Linens (15% or taken off invoice)	Jan, 2008	777.85	S/L 5	0.00	777.86	0.00	0.00	777.86	0.00
Wall hung (4) and tier wide lockers (1)	Feb, 2008	1,612.92	S/L 5	0.00	1,612.92	0.00	0.00	1,612.92	0.00
Steel door (2) and fixtures	Feb, 2008	707.56	S/L 10	70.76	436.80	247.65	70.76	530.67	176.89
Stainless steel soup bowl	Mar, 2008	988.35	S/L 5	0.00	988.35	0.00	0.00	988.35	0.00
Shelves for refing	2008	1,262.99	S/L 5	0.00	1,262.99	0.00	0.00	1,262.99	0.00
Buffet unit and sidle trays	2008	4,872.82	S/L 5	0.00	4,872.82	0.00	0.00	4,872.82	0.00
Office furniture (Denise Philbrick)	2008	648.95	S/L 5	0.00	648.96	0.00	0.00	648.96	0.00
Decoia's plumbing - replaced expansion tank boiler	2008	1,200.00	S/L 5	0.00	1,200.00	0.00	0.00	1,200.00	0.00
shelving	2008	445.24	S/L 10	44.52	289.41	155.83	44.52	333.93	111.31
folding chairs	2008	1,246.00	S/L 10	124.60	809.90	436.10	124.60	934.50	311.50
telephone	2008	2,332.20	S/L 10	233.22	1,515.93	816.27	233.22	1,749.15	583.05
four vacuum cleaners	2008	987.81	S/L 5	0.00	987.81	0.00	0.00	987.81	0.00
air conditions/lowes	2008	769.82	S/L 5	0.00	769.82	0.00	0.00	769.82	0.00
pc mail printer	2008	877.68	S/L 5	0.00	877.68	0.00	0.00	877.68	0.00
air conditions/lowes	2008	1,749.00	S/L 5	0.00	1,749.00	0.00	0.00	1,749.00	0.00
food processor	2008	438.84	S/L 5	0.00	438.84	0.00	0.00	438.84	0.00
chair	2008	918.37	S/L 10	91.84	596.94	321.43	91.84	688.78	229.59
file cabinets	2008	419.00	S/L 5	0.00	419.00	0.00	0.00	419.00	0.00
air conditions/lowes	2008	1,146.00	S/L 15	76.40	496.60	649.40	76.40	573.00	573.00
security replacement	2008	292.56	S/L 5	0.00	292.56	0.00	0.00	292.56	0.00
Art's Fridge, microwave, range	2008	9,850.00	S/L 5	0.00	9,850.00	0.00	0.00	9,850.00	0.00
saika furniture/deposit	2008	1,300.00	S/L 5	0.00	1,300.00	0.00	0.00	1,300.00	0.00
Margo Estrada inter blinds	2008	8,490.50	S/L 5	0.00	8,490.50	0.00	0.00	8,490.50	0.00
saika furniture/balance paid	2008	5,771.38	S/L 5	0.00	5,771.38	0.00	0.00	5,771.38	0.00
Deke's / Console Cabinet- 73 Atwater	2008	8,490.50	S/L 5	0.00	8,490.50	0.00	0.00	8,490.50	0.00
Saika Furniture/ 73 Atwater	2008	369.00	S/L 5	0.00	369.00	0.00	0.00	369.00	0.00
Saika Furniture/ 73 Atwater	2008	419.00	S/L 5	0.00	419.00	0.00	0.00	419.00	0.00
Saika Furniture/ 73 Atwater	2008	501.00	S/L 5	0.00	501.00	0.00	0.00	501.00	0.00
Five year subscription to big foundation combo	Feb, 2008	5,995.00	S/L 5	0.00	5,995.00	0.00	0.00	5,995.00	0.00

THE MARY WADE HOME  
DEPRECIATION SCHEDULE FOR COST REPORT  
SEPTEMBER 30, 2015

	Date Acquired	Book Cost	Depr. Meth.	Bk. Yr.	2014		2014		2015		2015 Net Book Value
					Expense	Accumulated Depreciation	Expense	Accumulated Depreciation	Expense	Accumulated Depreciation	
Direct supply - indoor keypad	2008	955.04	S/L	10	95.50	620.78	334.26	95.50	716.28	238.76	
<b>Total 2008 additions</b>		<b>955.04</b>									
<b>Total accumulated through 2008</b>		<b>195,421.42</b>									
Furnishing for Chapel	Nov 08	5,992.50	S/L	5	599.25	5,992.50	0.00	0.00	5,992.50	0.00	
Rovic-Floor Cleaner	Nov 08	6,636.23	S/L	5	663.62	6,636.23	0.00	0.00	6,636.23	0.00	
Home Depot-Flooring/hardware/painting	Jan 09	773.28	S/L	5	77.33	773.28	0.00	0.00	773.28	0.00	
Bourdon-Mattress/box set	Feb 09	1,246.50	S/L	5	124.65	1,246.50	0.00	0.00	1,246.50	0.00	
Furnishing for Chapel-balance from nov 08 purcha	Feb 09	6,304.25	S/L	5	168.55	6,304.25	0.00	0.00	6,304.25	0.00	
Direct Supply-BladderScan	Mar 09	10,922.98	S/L	10	1,092.30	6,007.64	4,915.34	1,092.30	7,099.94	3,823.04	
Chairs-Nancy Almeida-petty cash	Apr 09	230.00	S/L	5	23.00	230.00	0.00	0.00	230.00	0.00	
Quill- file cabinet	Apr 09	553.40	S/L	5	55.34	553.40	0.00	0.00	553.40	0.00	
Ikea - furniture	Sept 09	1,692.33	S/L	5	169.23	1,692.33	0.00	0.00	1,692.33	0.00	
W.B. Mason - return file cabinet	nov 08	-329.00	S/L	5	-32.90	-329.00	0.00	0.00	-329.00	0.00	
Bourbons - safe	Sept 09	1,334.50	S/L	10	133.45	733.98	600.53	133.45	867.43	467.08	
<b>Total 2009 additions</b>		<b>10,175.89</b>			<b>0.00</b>	<b>10,175.89</b>	<b>0.00</b>	<b>0.00</b>	<b>10,175.89</b>	<b>0.00</b>	
<b>Total accumulated through 2009</b>		<b>45,532.86</b>									
<b>Total 2009 additions</b>		<b>240,954.28</b>									
<b>FY 2010</b>											
Liko Lift Slings - 2 ea	Oct 09	500.92	S/L	5	100.18	450.83	50.09	50.09	500.92	0.00	
Direct Supply bed	Oct 09	2,481.13	S/L	5	496.23	2,233.02	248.11	248.11	2,481.13	0.00	
MMS Mattress	Oct 09	510.00	S/L	5	102.00	459.00	51.00	51.00	510.00	0.00	
Systco Food Dishes	Jan 10	2,331.81	S/L	3	0.00	2,331.81	0.00	0.00	2,331.81	0.00	
Net Slings 4 ea	April 10	1,022.99	S/L	5	204.60	920.69	102.30	102.30	1,022.99	0.00	
Wheelchairs 6 ea	April 10	2,078.76	S/L	5	415.75	1,870.88	207.88	207.88	2,078.76	0.00	
Reclining Wheelchair	April 10	611.96	S/L	5	122.39	550.76	61.20	61.20	611.96	0.00	
Wheelchair Scale	April 10	4,823.70	S/L	5	954.74	4,341.33	482.37	482.37	4,823.70	0.00	
ID Badge Maker	May 10	994.00	S/L	3	0.00	994.00	0.00	0.00	994.00	0.00	
Belgian Waffle Maker Double	May 10	645.25	S/L	5	129.05	580.73	64.53	64.53	645.25	0.00	
Conveyor Toaster	May 10	1,161.99	S/L	5	232.40	1,045.79	116.20	116.20	1,161.99	0.00	
Replacement Glass in Windows	June 10	952.00	S/L	5	190.40	856.80	95.20	95.20	952.00	0.00	
ID Badge Maker	June 10	999.00	S/L	5	199.80	899.10	99.90	99.90	999.00	0.00	
Calibration of Bladder Scan	July 10	575.00	S/L	3	0.00	575.00	0.00	0.00	575.00	0.00	
Recliners - 4 ea.	Aug 10	1,325.99	S/L	5	265.20	1,193.99	132.60	132.60	1,325.99	0.00	
<b>Total 2010 additions</b>		<b>79,035.48</b>			<b>0.00</b>	<b>79,035.48</b>	<b>0.00</b>	<b>0.00</b>	<b>79,035.48</b>	<b>0.00</b>	
<b>Total accumulated through 2010</b>		<b>121,847.98</b>			<b>4,359.60</b>	<b>19,618.20</b>	<b>2,179.80</b>	<b>2,179.80</b>	<b>21,798.00</b>	<b>0.00</b>	
<b>FY 2011</b>											
Wheelchair	Oct 2010	322.99	S/L	5	64.60	226.09	96.90	64.60	290.69	32.30	
Wheelchair Cushion	Nov 2010	216.39	S/L	5	43.28	151.47	64.92	43.28	194.75	21.64	
Car Rack - 4 Tier	Nov 2010	683.99	S/L	5	136.80	478.79	205.20	136.80	615.59	68.40	
Wheelchair	Nov 2010	322.99	S/L	5	64.60	226.09	96.90	64.60	290.69	32.30	
Wheelchair Cushion	Nov 2010	216.53	S/L	5	43.31	151.57	64.96	43.31	194.88	21.65	
22 Gallon Hamper & Emergency Cants	Dec 2010	983.91	S/L	5	196.78	688.74	295.17	196.78	885.52	98.39	



THE MARY MADE HOME  
DEPRECIATION SCHEDULE FOR COST REPORT  
SEPTEMBER 30, 2015

Date Acquired	Book Cost	Depr. Meth.	Bk. Yr.	2014		2015		2016		Net Book Value
				Expense	Accumulated Depreciation	Expense	Accumulated Depreciation	Expense	Accumulated Depreciation	
Walker - 4 each	521.22	S/L	5	124.24	310.61	124.24	310.61	124.24	434.85	186.37
Exam Table	1,427.35	S/L	5	285.47	713.68	285.47	713.68	285.47	998.15	428.21
	85,049.27	S/L	3	11,683.09	29,207.73	5,841.54	35,049.27			0.00
<b>Total 2012 additions</b>	<b>148,113.56</b>									
<b>Total accumulated through 2012</b>	<b>600,151.28</b>									
<b>FY 2013</b>										
ROHO high profile cushion - 5 each	1,863.10	S/L	5	372.62	558.93	372.62	558.93	372.62	931.55	931.55
Locks and keys	2,175.23	S/L	5	435.05	662.57	435.05	662.57	435.05	1,087.62	1,087.62
Blue Print Storage	1,274.94	S/L	10	127.49	191.24	127.49	191.24	127.49	318.74	956.21
Collection Bottle for Heavy Duty Suction Machine	121.95	S/L	5	24.39	36.59	24.39	36.59	24.39	60.98	60.98
Tubing & Filter Kit for Heavy Duty Suction Machine	462.48	S/L	5	92.50	138.74	92.50	138.74	92.50	231.24	231.24
Heavy Duty Suction Machine	589.20	S/L	5	117.84	176.76	117.84	176.76	117.84	294.60	294.60
Panacea Standard Wheelchair	1,316.92	S/L	10	131.69	197.54	131.69	197.54	131.69	329.23	987.69
ROHO high profile cushion - 4 each	1,561.43	S/L	5	312.29	468.43	312.29	468.43	312.29	780.72	780.72
One Gallon 3 Speed Blender	1,161.98	S/L	5	232.40	348.59	232.40	348.59	232.40	580.99	580.99
10 ea Overbed Table	1,869.50	S/L	10	186.95	280.43	186.95	280.43	186.95	467.38	1,402.13
10 ea Overbed Table	1,869.50	S/L	10	186.95	280.43	186.95	280.43	186.95	467.38	1,402.13
10 ea Overbed Table	1,869.50	S/L	10	186.95	280.43	186.95	280.43	186.95	467.38	1,402.13
4 ea Overbed Table	747.80	S/L	10	74.78	112.17	74.78	112.17	74.78	186.95	560.85
Refrigerator	1,150.00	S/L	10	115.00	172.50	115.00	172.50	115.00	287.50	862.50
Mattress & Box Spring 4 ea	1,432.00	S/L	5	286.40	429.60	286.40	429.60	286.40	716.00	716.00
Food Processor - 7 Quart	2,753.61	S/L	5	550.72	826.08	550.72	826.08	550.72	1,376.81	1,376.81
Fireproof File Cabinet for HR Department	1,069.99	S/L	10	107.00	160.50	107.00	160.50	107.00	267.50	802.49
Fireproof File Cabinet for HR Department	18,399.65	S/L	3	6,133.22	9,199.83	6,133.22	9,199.83	6,133.22	15,333.04	3,066.61
<b>Total 2013 additions</b>	<b>43,556.28</b>									
<b>Total accumulated through 2013</b>	<b>643,708.56</b>									
<b>FY 2014</b>										
Return of Fireproof File Cabinet for HR Dept	-1,069.99	S/L	10	-53.50	-53.50	-107.00	-107.00	-107.00	-160.50	-909.49
Furniture - 6 Chairs, 2 Stools, 1 Fax Machine Cabinet	2,361.50	S/L	10	118.08	118.08	236.15	236.15	236.15	354.23	2,007.28
8 ea Overbed Table	844.94	S/L	10	42.25	42.25	84.49	84.49	84.49	126.74	718.20
3 ea Overbed Table	522.36	S/L	10	26.12	26.12	52.24	52.24	52.24	78.35	444.01
One Gallon 3 Speed Blender	1,109.44	S/L	5	110.94	110.94	221.89	221.89	221.89	332.83	776.61
<b>Total 2014 additions</b>	<b>74,377.74</b>									
<b>Total accumulated through 2014</b>	<b>718,087.30</b>									
<b>FY 2015</b>										
Heavy Duty Manual Slicers	3,982.99	S/L	10	199.15	199.15	199.15	199.15	199.15	199.15	3,783.84
Overshelf Sneezeguards for Hot Food Unit	1,952.50	S/L	5	150.75	150.75	150.75	150.75	150.75	150.75	1,757.25
Cutting Board Equipment Mounted	1,507.50	S/L	5	2,141.05	2,141.05	2,141.05	2,141.05	2,141.05	2,141.05	19,269.46
Mattress Air PRSG FG 14 ea	21,410.51	S/L	5	54.40	54.40	54.40	54.40	54.40	54.40	489.56
Extension Mattress 4" EC	543.96	S/L	5	298.00	298.00	298.00	298.00	298.00	298.00	2,682.02
Mattress Air PRSG FG 1 ea	2,980.02	S/L	5	1,948.46	1,948.46	1,948.46	1,948.46	1,948.46	1,948.46	17,536.18
Mattress Air PRSG FG 13 ea	19,484.64	S/L	5							

THE MARY WADE HOME  
DEPRECIATION SCHEDULE FOR COST REPORT  
SEPTEMBER 30, 2015

Date Acquired	Book Cost	Depr. Meth.	Bk Yr.	2014 Depreciation Expense	2014 Accumulated Depreciation	2014 Net Book Value	2015 Depreciation Expense	2015 Accumulated Depreciation	2015 Net Book Value
A/C unit for laundry room	2,249.64	S/L	15	4,186.90	14,654.15	27,214.85	4,186.90	18,841.05	23,027.95
Vital signs monitor	2,358.65	S/L	7	2,164.50	7,575.75	14,069.25	2,164.50	9,740.25	11,904.75
Carpet Cleaner	10,333.27	S/L	8	2,536.50	8,877.75	16,487.25	2,536.50	11,414.25	13,960.75
FY 2015	108,002.00	S/L	3	3,066.60	1,073.09	1,952.89	3,066.60	1,379.69	1,688.29
Total 2015 additions	174,505.66			2,369.10	8,291.85	15,389.14	2,369.10	10,660.95	13,030.04
Total accumulated through 2015	892,892.98			890.73	3,117.56	5,789.76	890.73	4,008.29	4,899.03
				2,803.50	9,812.25	18,222.75	2,803.50	12,615.75	15,419.25
				2,354.10	988.72	1,836.19	2,354.10	10,593.45	12,947.55
				22.95	80.33	149.19	22.95	103.28	126.24
				2,667.98	9,337.93	17,341.87	2,667.98	12,005.91	14,673.89
				11,175.50	39,114.25	72,640.75	11,175.50	50,289.75	61,465.25
				1,915.30	6,708.55	12,449.45	1,915.30	8,618.85	10,534.15
				17.10	59.86	111.18	17.10	76.97	94.07
				5,260.75	18,412.63	34,194.88	5,260.75	23,673.38	28,934.13
				126.60	443.10	822.90	126.60	588.70	696.30
				3,543.00	12,400.50	23,029.50	3,543.00	15,943.50	19,486.50
				249.50	873.25	1,621.75	249.50	1,122.75	1,372.25
				84.32	295.10	548.05	84.32	379.42	463.73
				7.42	25.96	48.20	7.42	33.37	40.79
				131.49	460.23	864.71	131.49	591.72	723.22
				105.88	370.57	688.19	105.88	476.44	582.32
				29.88	104.56	194.19	29.88	134.44	164.31
				749.85	2,624.49	4,874.04	749.85	3,374.34	4,124.19
				53.30	186.54	346.44	53.30	239.84	293.14
				8,383.10	29,340.85	54,490.15	8,383.10	37,723.95	46,107.05
				204.86	717.01	1,331.59	204.86	921.87	1,126.73
				9,906.10	34,671.35	64,389.65	9,906.10	44,577.45	54,483.55
				395.64	1,384.73	2,571.65	395.64	1,780.37	2,176.01
				15.00	52.50	97.50	15.00	67.50	82.50
				450.00	1,575.00	2,925.00	450.00	2,025.00	2,475.00
				514.84	1,801.92	3,346.43	514.84	2,816.76	2,831.59
				250.02	875.06	1,625.12	250.02	1,125.08	1,375.10
				97.40	340.90	633.10	97.40	438.30	535.70
				11,161.49	39,065.20	72,549.65	11,161.49	50,226.68	61,388.17
Total 2011 additions	111,614.85	S/L	10						
Total accumulated through 2015	754,136.69								
Total accumulated through 2015	754,136.69			75,413.67	263,947.84	490,188.85	75,413.67	339,361.51	414,775.18

FURNITURE & FIXTURES CON

Deposit on Furniture for Garden & Sunshine Room	41,869.00	S/L	10	4,186.90	14,654.15	27,214.85	4,186.90	18,841.05	23,027.95
Deposit on Recliner, Resident Chairs & Guest Chr	21,645.00	S/L	10	2,164.50	7,575.75	14,069.25	2,164.50	9,740.25	11,904.75
Deposit on Resident Room Furniture - 30 ea.	25,366.00	S/L	10	2,536.50	8,877.75	16,487.25	2,536.50	11,414.25	13,960.75
Firebox Fireplaces for new addition - 3 ea	3,066.98	S/L	10	306.60	1,073.09	1,952.89	306.60	1,379.69	1,688.29
Television - 30 ea	23,690.99	S/L	10	2,369.10	8,291.85	15,389.14	2,369.10	10,660.95	13,030.04
7 ea Desktop PC	8,907.32	S/L	10	890.73	3,117.56	5,789.76	890.73	4,008.29	4,899.03
Deposit for Beds & Mattresses - 30 ea	28,035.00	S/L	10	2,803.50	9,812.25	18,222.75	2,803.50	12,615.75	15,419.25
Signs for K2 Addition	2,824.91	S/L	10	282.49	988.72	1,836.19	282.49	1,271.21	1,553.70
Television - 30 ea	23,541.00	S/L	10	2,354.10	8,239.35	15,301.65	2,354.10	10,593.45	12,947.55
File Cabinet, Lock Box for Refig Narcotics for Ne	229.52	S/L	10	22.95	80.33	149.19	22.95	103.28	126.24
Television - 34 ea	26,679.80	S/L	10	2,667.98	9,337.93	17,341.87	2,667.98	12,005.91	14,673.89
Balance due on furniture	111,755.00	S/L	10	11,175.50	39,114.25	72,640.75	11,175.50	50,289.75	61,465.25
Blinds, Furniture and cabinets	19,153.00	S/L	10	1,915.30	6,708.55	12,449.45	1,915.30	8,618.85	10,534.15
Bins for Medical Supplies in New Med Room on l	171.04	S/L	10	17.10	59.86	111.18	17.10	76.97	94.07
Downpayment for Furniture on K2	52,607.50	S/L	10	5,260.75	18,412.63	34,194.88	5,260.75	23,673.38	28,934.13
Office Furniture for Renovation	1,266.00	S/L	10	126.60	443.10	822.90	126.60	588.70	696.30
Deposit on Wood Blinds, Barriers, Bedspreads, V	35,430.00	S/L	10	3,543.00	12,400.50	23,029.50	3,543.00	15,943.50	19,486.50
Deposit on Dining Room Window Treatment	2,495.00	S/L	10	249.50	873.25	1,621.75	249.50	1,122.75	1,372.25
Custom Signs for K2	843.15	S/L	10	84.32	295.10	548.05	84.32	379.42	463.73
Custom Signs for K2	74.16	S/L	10	7.42	25.96	48.20	7.42	33.37	40.79
Custom Signs for K2	1,314.94	S/L	10	131.49	460.23	864.71	131.49	591.72	723.22
Custom Signs for New Construction	1,058.76	S/L	10	105.88	370.57	688.19	105.88	476.44	582.32
Stationary Thumaduke Hot Food Table - 2 ea	298.75	S/L	10	29.88	104.56	194.19	29.88	134.44	164.31
Hinged Dome Cover for Hot Food Table - 2 ea	7,498.53	S/L	10	749.85	2,624.49	4,874.04	749.85	3,374.34	4,124.19
Phase III K1 Furniture & Window Treatments	532.98	S/L	10	53.30	186.54	346.44	53.30	239.84	293.14
Phase II furniture balance-John Watts	83,831.00	S/L	10	8,383.10	29,340.85	54,490.15	8,383.10	37,723.95	46,107.05
Disposal of old furniture and storage of beds	2,048.60	S/L	10	204.86	717.01	1,331.59	204.86	921.87	1,126.73
Storage of Beds	99,061.00	S/L	10	9,906.10	34,671.35	64,389.65	9,906.10	44,577.45	54,483.55
John Watts - Design Time	3,956.38	S/L	10	395.64	1,384.73	2,571.65	395.64	1,780.37	2,176.01
Steam Tables	150.00	S/L	10	15.00	52.50	97.50	15.00	67.50	82.50
Accessories for Steam Tables	4,500.00	S/L	10	450.00	1,575.00	2,925.00	450.00	2,025.00	2,475.00
Television	5,148.35	S/L	10	514.84	1,801.92	3,346.43	514.84	2,816.76	2,831.59
Phase III furniture balance-John Watts	2,500.18	S/L	10	250.02	875.06	1,625.12	250.02	1,125.08	1,375.10
Total 2011 additions	974.00	S/L	10	97.40	340.90	633.10	97.40	438.30	535.70
Total accumulated through 2015	111,614.85	S/L	10	11,161.49	39,065.20	72,549.65	11,161.49	50,226.68	61,388.17

THE MARY WADE HOME  
 DEPRECIATION SCHEDULE FOR COST REPORT  
 SEPTEMBER 30, 2015

Date Acquired	Book Cost	Depr. Bk. Meth. Yr.	2014 Depreciation Expense	2014 Accumulated Depreciation	2014 Net Book Value	2015 Depreciation Expense	2015 Accumulated Depreciation	2015 Net Book Value
	17,045,029.76		817,464.11	7,037,109.04	9,763,048.64	756,866.23	7,793,975.27	9,251,054.49
total						<u>II</u>		

Outlined - Final balance per CR Depreciation Expense	
Land Improvements	\$ 7,797
Building & Building Improvements	467,886
Auto	81,858
Non-Moveable	26,148
Moveable & Other Moveable	173,177
<b>TOTAL</b>	<b>\$756,866 II</b>



THE MARY WADE HOME  
DEPRECIATION SCHEDULE FOR COST REPORT  
SEPTEMBER 30, 2015

	Date Acquired	Book Cost	Depr. Meth.	Bk. Yr.	2014 Depr	9/30/14 Accumulated Depreciation	2014 Book Value	2015 Depr	9/30/15 Accumulated Depreciation	2015 Book Value
<b>Acct#1560-001</b>										
<b>RCH BUILDING IMPROVEMENTS</b>										
New Elevator	6/01/02	467,812.02	S/L	25	18712.48	231237.29	236574.73	18712.48	249949.77	217862.25
Room 24 of Boardman renovations		6,742.54	S/L	10	0.00	6742.54	0.00	674.25	7416.80	-674.26
Boardman Bathroom Renovations	FYE 09/03	44,149.27	S/L	20	2207.46	28987.83	15161.44	2207.46	31195.29	12953.98
Repairs to Boardman Eves	Jan 03	1,426.00	S/L	20	71.30	819.95	606.05	71.30	891.25	534.75
Brakes on Boardman Elevator	April 2003	3,193.00	S/L	20	159.65	1835.98	1357.03	159.65	1995.63	1197.38
Elevator recall system	10/01/02	5,045.00	sl	25	201.80	2421.60	2623.40	201.80	2823.40	2421.60
<b>Total accumulated through 2003</b>										
		528,367.83								
<b>2004</b>										
New Boiler	oct 03	60,293.00	S/L	25	2411.72	24877.47	35415.53	2411.72	27289.19	33003.81
Boardman Bathroom Renovations	FYE 09/04	14,756.12	S/L	20	737.81	7746.95	7009.17	737.81	8484.76	6271.36
Boardman Eves/Roof Reconstruction	Jan/Feb 04	153,754.50	S/L	25	6150.78	67479.90	86274.60	6150.18	73630.08	80124.42
Boardman Nursing Station	Jan/Feb 04	7,091.99	S/L	10	354.60	7091.99	0.00	0.00	7091.99	0.00
Boardman Bathroom #2C	Apr-04	7,764.45	S/L	20	388.22	4076.33	3588.12	388.22	4464.56	3299.90
Boardman Bathroom Renovations	FYE 09/04	13,001.07	S/L	20	650.05	6825.57	6175.50	650.05	7475.63	5525.45
<b>Total 2004 additions</b>										
		256,691.13								
<b>Total accumulated through 2004</b>										
		785,028.96								
<b>FY2005</b>										
Boardman Bathroom Renovations	Oct04-Mar05	7,068.53	S/L	20	353.43	3357.55	3710.98	353.43	3710.98	3937.55
Signs for events for residents	May-05	285.00	S/L	3	0.00	285.00	0.00	0.00	285.00	0.00
Boardman window treatments	Apr-05	315.51	S/L	5	0.00	315.51	0.00	0.00	315.51	0.00
Boardman renovations -Norman LaPoin	Apr-05	2,209.89	S/L	20	110.49	1049.70	1160.19	110.49	1160.19	1049.70
Boardman Paint & Wallpaper(Coldrama	Jul-05	6,775.58	S/L	10	677.56	6486.80	288.78	288.78	6775.58	0.00
Boardman Renovations (K Morgan)	Jul-05	27,955.00	S/L	20	1397.75	13278.63	14676.38	1397.75	14676.38	13278.63
Connell Assoc windows	Jul-05	4,715.00	S/L	10	471.50	4479.25	235.75	235.75	4715.00	0.00
New Flooring, carpeting, tile, vinyl	Jul-05	10,975.00	S/L	20	548.75	5213.13	5761.88	548.75	5761.88	5213.13
Nurse call system Upgrade	Jul-05	21,642.34	S/L	20	1082.12	10280.11	11362.23	1082.12	11362.23	10280.11
Boardman carpeting (Karall &Konover)	Sep-05	8,000.00	S/L	10	800.00	7600.00	400.00	400.00	8000.00	0.00
<b>TOTAL ADDITIONS FYE 9/30/05</b>										
		89,941.85								
<b>Total accumulated through 2005</b>										
		874,970.81								
<b>FY2006</b>										
Painting & Wall covering Elevator to Bou	Nov-07	1,800.00	S/L	5	0.00	1800.00	0.00	0.00	1800.00	0.00
Remove and Test Sprinkler Heads	Dec-05	1,535.00	S/L	10	153.50	1304.75	230.25	153.50	1458.25	76.75
Carpeting Third floor corridor and Lobt	Jan 06	7,450.00	S/L	10	745.00	6332.50	1117.50	745.00	7077.50	372.50
56 Double Hung windows w/ Screens	May-06	43,287.50	S/L	20	2164.38	16560.45	26727.05	2164.38	18724.82	24562.68
Asbestos Abatement, part of new windl	Jul-06	1,100.00	S/L	20	55.00	467.50	592.50	55.00	522.50	577.50

THE MARY WADE HOME  
DEPRECIATION SCHEDULE FOR COST REPORT  
SEPTEMBER 30, 2015

Date Acquired	Book Cost	Depr. Meth.	Bk. Yr.	2014 Depr	9/30/14 Accumulated Depreciation	2014 Book Value	2015 Depr	9/30/15 Accumulated Depreciation	2015 Book Value
Sep-06	7,350.00	S/L	20	367.50	3123.75	4226.25	367.50	3491.25	3858.75
<b>TOTAL ADDITIONS FYE 9/30/06</b>									
	62522.50								
<b>Total accumulated through 2006</b>									
	937,493.31								
<b>FY2007</b>									
July, 2007	667.00	S/L	5	0.00	667.00	0.00	0.00	667.00	0.00
Sept, 2007	6,485.00	S/L	5	0.00	6435.00	0.00	0.00	6435.00	0.00
<b>TOTAL ADDITIONS FYE 9/30/07</b>									
	7,102.00								
<b>Total accumulated through 2007</b>									
	944,595.31								
<b>FY2008</b>									
Nov, 2007	3,600.00	S/L	20	180.00	1167.26	2432.74	180.00	1347.26	2252.74
Nov, 2007	450.00	S/L	10	45.00	292.50	157.50	45.00	337.50	112.50
Nov, 2007	29.68	S/L	20	1.48	9.65	20.03	1.48	11.13	18.55
Nov, 2007	69.77	S/L	20	3.49	22.68	47.09	3.49	26.16	43.61
Nov, 2007	481.17	S/L	20	24.06	156.38	324.79	24.06	180.44	300.73
Oct, 2007	268.77	S/L	20	13.44	87.35	181.42	13.44	100.79	167.98
Oct, 2007	742.66	S/L	20	37.13	241.37	501.29	37.13	278.50	464.16
Dec, 2007	1,228.08	S/L	20	61.40	399.13	828.95	61.40	460.53	767.55
Dec, 2007	2,975.00	S/L	20	148.75	966.88	2008.13	148.75	1115.63	1859.38
Dec, 2007	1,151.63	S/L	5	0.00	1151.63	0.00	0.00	1151.63	0.00
Jan -08	280.90	S/L	20	14.05	91.29	186.91	14.05	105.34	175.57
Jan -08	243.36	S/L	20	12.17	79.09	164.27	12.17	91.26	152.10
Mar, 2008	4,735.00	S/L	20	236.75	1538.88	3196.13	236.75	1775.63	2959.38
Mar, 2008	1,500.00	S/L	20	75.00	487.50	1012.50	75.00	562.50	937.50
Mar, 2008	1,114.90	S/L	10	111.49	724.69	390.21	111.49	636.18	278.72
Mar, 2008	374.08	S/L	10	37.41	243.15	130.93	37.41	280.56	93.52
<b>TOTAL ADDITIONS FYE 9/30/08</b>									
	19,245.00								
<b>Total accumulated through 2008</b>									
	963,840.31								
<b>FY2009</b>									
Sep-09	850.00	S/L	20	42.50	214.27	635.73	42.50	256.77	583.23
Sep-09	380.00	S/L	20	19.00	95.79	284.21	19.00	114.79	265.21
Sep-09	18,000.00	S/L	20	900.00	4537.50	13462.50	900.00	5437.50	12562.50
Oct-08	22,279.10	S/L	20	1113.96	6337.14	15941.96	1113.96	7451.10	14828.01
Oct-08	10,914.55	S/L	20	545.73	3274.37	7640.19	545.73	3820.09	7094.46
Nov 08	2,434.00	S/L	20	121.70	730.20	1703.80	121.70	851.90	1582.10
Dec-08	902.16	S/L	10	90.22	496.19	405.97	90.22	586.40	315.76
Sep-09	78.75	S/L	20	3.94	19.85	56.90	3.94	23.79	54.96
Sep-09	14,592.30	S/L	20	729.62	3678.48	10913.82	729.62	4408.09	10184.21

THE MARY WADE HOME  
DEPRECIATION SCHEDULE FOR COST REPORT  
SEPTEMBER 30, 2015

Date Acquired	Book Cost	Depr. Meth.	Bk. Yr.	2014 Depr	9/30/14 Accumulated Depreciation	2014 Book Value	2015 Depr	9/30/15 Accumulated Depreciation	2015 Book Value
Sep-09	712.00	S/L	20	35.60	179.48	532.52	35.60	215.08	496.92
Sep-09	10,000.00	S/L	20	500.00	2520.83	7479.17	500.00	3020.83	6979.17
Sep-09	603.50	S/L	20	30.18	152.13	451.37	30.18	182.31	421.19
Sep-09	480.00	S/L	20	24.00	121.00	359.00	24.00	145.00	335.00
Sep-09	1,876.00	S/L	20	93.80	472.91	1403.09	93.80	566.71	1309.29
Sep-09	750.00	S/L	20	37.50	185.06	560.94	37.50	226.56	523.44
Sep-09	500.00	S/L	20	25.00	125.04	373.96	25.00	151.04	348.96
Sep-09	750.00	S/L	20	37.50	189.06	560.94	37.50	226.56	523.44
Sep-09	666.00	S/L	20	33.30	167.89	498.11	33.30	201.19	464.81
Sep-09	1,300.00	S/L	20	65.00	327.71	972.29	65.00	392.71	907.29
Sep-09	2,500.00	S/L	20	125.00	630.21	1869.79	125.00	755.21	1744.79
<b>TOTAL ADDITIONS FYE 9/30/09</b>									
<b>Total accumulated through 2009</b>									

**FY2010**

Carpeting Director of Resident Services	838.00	S/L	5	167.60	754.20	83.80	83.80	838.00	0.00
Install Flooring & Paint Kitchen	3021.50	S/L	10	302.15	1359.68	1661.83	302.15	1661.83	1359.68
<b>TOTAL ADDITIONS FYE 9/30/10</b>									
<b>Total accumulated through 2010</b>									

**FY2011**

Deposit-work done on Boardman sunpo	1500.00	S/L	10	150.00	525.00	975.00	150.00	675.00	825.00
Balance-work done on Boardman sunpo	2595.00	S/L	10	259.50	908.25	1586.75	259.50	1167.75	1427.25
Downpayment - 20 sets of Sheer Curtai	1380.00	S/L	5	276.00	966.00	414.00	276.00	1242.00	138.00
Balance - 20 Sets of Sheer Curtains-Bo	1346.00	S/L	5	269.20	942.20	403.80	269.20	1211.40	134.60
<b>TOTAL ADDITIONS FYE 9/30/11</b>									
<b>Total accumulated through 2011</b>									

**FY2012**

Fire Alarm System for Boardman	20700.00	S/L	10	2070.00	6175.00	15525.00	2070.00	7245.00	13455.00
Generator for Boardman	31885.00	S/L	10	3188.50	7971.25	23913.75	3188.50	11159.75	20725.25
<b>TOTAL ADDITIONS FYE 9/30/12</b>									
<b>Total accumulated through 2012</b>									





THE MARY WADE HOME  
DEPRECIATION SCHEDULE FOR COST REPORT  
SEPTEMBER 30, 2015

	Date Acquired	Book Cost	Depr. Meth.	Bk. Yr.	2014 Depr	9/30/14 Accumulated Depreciation	2014 Book Value	2015 Depr	9/30/15 Accumulated Depreciation	2015 Book Value
<b>TOTAL ADDITIONS FYE 9/30/09</b>		1,325.99								
<b>Total accumulated through 2009</b>		81,344.59								
FY2011	May-11	5000.00	S/L	5	1000.00	3500.00	1500.00	1000.00	4500.00	500.00
Deposit for Installation of Phones	Sep-11	10795.00	S/L	5	2159.00	7556.50	3236.50	2159.00	9715.50	1079.50
<b>TOTAL ADDITIONS FYE 9/30/11</b>		15,795.00								
<b>Total accumulated through 2011</b>		97,139.59								
FY2012	Jan-12	7776.00	S/L	10	777.60	1944.00	5832.00	777.60	2721.60	5054.40
Recliners for Boardman	Apr-12	7776.00	S/L	10	777.60	1944.00	5832.00	777.60	2721.60	5054.40
<b>TOTAL ADDITIONS FYE 9/30/12</b>		15,552.00								
<b>Total accumulated through 2012</b>		112,691.59								
FY2013	Mar-13	437.99	S/L	10	43.80	65.70	372.29	43.80	109.50	328.49
Chairs for Boardman - 2 each	Mar-13	985.00	S/L	10	98.50	147.75	837.25	98.50	246.25	738.75
Recliners for Boardman - 2 each	Aug-13	650.00	S/L	10	65.00	97.50	552.50	65.00	162.50	487.50
Upright Freezer		2,072.99								
<b>TOTAL ADDITIONS FYE 9/30/13</b>		114,764.58			10919.42	81495.20	33269.36	10829.12	92324.32	22440.26
<b>Total accumulated through 2013</b>										
FY2014	Apr-14	378.00	S/L	5	37.80	37.80	340.20	75.60	113.40	264.60
2ea Ceiling Fans with Light Kits	Apr-14	5029.00	S/L	10	251.45	251.45	4777.55	502.90	754.35	4274.65
Furniture-Wing Chair, Loveseat, Recliner	Jul-14	1843.95	S/L	10	92.20	92.20	1751.75	184.40	276.59	1567.36
Commercial Cube Ice Maker		7,250.95								
<b>TOTAL ADDITIONS FYE 9/30/14</b>		122,015.53			11300.86	81876.65	40136.88	762.90	1144.34	6106.81
<b>Total accumulated through 2015</b>									93468.66	26546.87

Note: Amounts are combined with amounts on page 22c on reclass spreadsheet (next page)

Building & Building Improvements	\$59,202
Moveable Equipment	11,592
<b>Total</b>	<b>70,794</b>

MW Healthcare, Inc. and Subsidiaries  
September 30, 2015

**Purpose:** To summarize reclass of depreciation expense to breakout line items on Cost report page 22. See depreciation allocation workpaper for support on allocations between CCNH and RCH of amounts below.

	GL	Balance per CR	Reclass Needed
Land Improvements	-	7,797	7,797
Building & Building Improvements	658,196	527,088	(131,108)
Auto	-	81,858	81,858
Non-Moveable	-	26,148	26,148
Moveable & Other Moveable	-	184,769	184,769
			<u>169,465</u>

**MW Healthcare, Inc. and Subsidiaries**  
**Depreciation Allocation Spreadsheet**  
**September 30, 2015**

**Purpose:** The purpose of this workpaper is to detail out allocation of depreciation expense which is then reclassified to applicable depreciation line items on page 22 of Cost Report. Prior to 2011, MWH fixed assets for assets owned by home were allocated on a 57.09% to SNF and 42.91% to RCH split. After which, depreciation was allocated directly. As such, this spreadsheet first separates depreciation relating to assets acquired prior to 2011 and assets acquired after 2011. The applicable allocations are then applied to depreciation amounts which roll into the reclass. See depreciation reclass spreadsheet for detail of reclass. Depreciation amounts are obtained from depreciation schedule obtained from client.

CCNH Assets	Depreciation per MWH schedule	Allocation			
		SNF		RCH	
<b>Land Improvements</b>					
Dep on assets acquired prior to 2011:	5,660	57.09%	3,231	42.91%	2,429
Dep on assets acquired 2011 & after:	2,137	100%	2,137	0%	-
<b>Total Dep. Expense</b>	<b>7,797</b>		<b>5,368</b>		<b>2,429</b>
<b>Building Improvements</b>					
Dep on assets acquired prior to 2011:	85,661	57.09%	48,904	42.91%	36,757
Dep on assets acquired 2011 & after:	382,225	100%	382,225	0%	-
<b>Total Dep. Expense</b>	<b>467,886</b>		<b>431,129</b>		<b>36,757</b>
<b>Automobiles</b>					
Dep on assets acquired prior to 2011:	-	57.09%	-	42.91%	-
Dep on assets acquired 2011 & after:	81,858	100%	81,858	0%	-
<b>Total Dep. Expense</b>	<b>81,858</b>		<b>81,858</b>		<b>-</b>
<b>Non Movable Equip</b>					
Dep on assets acquired prior to 2011:	9,033	57.09%	5,157	42.91%	3,876
Dep on assets acquired 2011 & after:	17,115	100%	17,115	0%	-
<b>Total Dep. Expense</b>	<b>26,148</b>		<b>22,272</b>		<b>3,876</b>
<b>Movable Equip and Other</b>					
Dep on assets acquired prior to 2011:	11,205	57.09%	6,397	42.91%	4,808
Dep on assets acquired 2011 & after:	161,972	100%	161,972	0%	-
<b>Total Dep. Expense</b>	<b>173,177</b>		<b>168,369</b>		<b>4,808</b>
<b>RCH Assets</b>	<b>Depreciation per MWH schedule</b>	<b>Allocation</b>			
<b>Building Improvements</b>					
Dep on all assets	59,202			100%	59,202
<b>Movable Equipment</b>					
Dep on all assets	11,592			100%	11,592
<b>TOTAL DEPRECIATION</b>	<b>827,661</b>				
<b>Total allocations per CR line items:</b>		<b>SNF</b>	<b>RCH</b>		
Land Improvements		5,368	2,429		
Building Improvements		431,129	95,959		
Automobiles		81,858	-		
Non Movable Equip		22,272	3,876		
Movable Equip and Other		168,369	16,400		



**Mary Wade Home**  
**SNF Asset Additions & Deletions as of 09/30/2015**

AMOUNT

**BUILDINGS IMPROVEMENTS - ADDITIONS**

Roof and Soffit Repair	5,650
SNF 2nd Floor Interior Design	7,837
Replacement of Concrete Pavement	21,710
	<u>35,197</u>

**AUTOMOBILES - ADDITIONS**

2010 Elkhart Coach Bus	21,380
	<u>21,380</u>

**NON MOVABLE EQUIPMENT - ADDITIONS**

Wheelchair Washer	7,495
Piping - Boilers	2,195
Ice/Water Dispenser	3,799
	<u>13,489</u>

**MOVABLE EQUIPMENT - ADDITIONS**

Heavy Duty Slicers	3,983
SneezeGuards - Hot Food Unit	1,953
Mounting Cutting Board Equipment	1,508
14 Mattress - Air	21,411
Extension Mattress	544
Mattress - Air	2,980
13 Mattress - Air	19,485
A/C Unit - Laundry Room	2,250
Vital Signs Monitor	2,359
Carpet Cleaner	10,333
	<u>66,804</u>

**COMPUTER UPGRADE - ADDITIONS**

MatrixCare Elite	2,970
Mobile FLEX Lite	19,440
6 LED Notebooks	5,513
6 Microsoft Office Home & Business	1,315
3 Microsoft Office Home & Buiness 2013	617
Murtha Cullina - Smartlinx	25,149
70 Wall Mounts	12,939
Aerohive AP Manager	343
MatrixCare EMAR	1,500
Website Redesign/Development	20,000

In2L Mobile Flex Lite System	4,689
Optiplex 7020 Small Form Factor	937
Latitude 15 5000 Series	1,392
Latitude E5550	1,218
Smartlinx Software/Hardware Impementation	<u>9,980</u>
	108,002
<b>TOTAL ADDITIONS</b>	<b>244,872</b>
<b>NET TOTAL</b>	<b>244,872</b>



The Mary Wade Home, Inc.  
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23-2, Line A3

\*\*Ties to Page 23-2, Line A2

Schedule of Building Improvements Acquired during this report period

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

\*Ties to Page 23-2, Line B3

\*\*Ties to Page 23-2, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b> *				
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b> **				

\*Ties to Page 23-2, Line C3

\*\*Ties to Page 23-2, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Movable Equipment</b>				*
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>				**

\*Ties to Page 23-2, Line D2c

\*\*Ties to Page 23-2, Line D2b

State of Connecticut  
 Annual Report of Long-Term Care Facility  
 CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility The Mary Wade Home, Inc.	Date of Acquisition		License No. 2051C	Report for Year Ended 9/30/2015	Page 24	of 37
	Month	Year				
Item	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
<b>A. Organization Expense</b>						
1. Organization Expense Prior Years		568				
2.						
3.						
<b>A-4. Subtotal</b>						
<b>B. Mortgage Expense</b>						
1. Peoples Bank/ Start up Fees	299,505	110,976			30,176	
2.						
3.						
<b>B-4. Subtotal</b>						30,176
<b>C. Leasehold Improvements and Other</b>						
1. Acquired prior to this report period						
2. Disposals (attach schedule)						
3. Acquired during this report period (attach schedule)						
<b>C-4. Subtotal</b>						
<b>D. Total Amortization</b>						30,176

\* 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 The Mary Wade Home, Inc.	License No. 2051C	Report for Year Ended 9/30/2015	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*			<input checked="" type="radio"/> Yes <input type="radio"/> No		
*If 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.			If "Yes," complete Part B. If "No," complete Part C.		
Description		Total			
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		139			
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		Variable			
b. Date Mortgage Obtained		01/01/12			
c. Interest Rate for the Cost Year		3.96%			
d. Term of Mortgage (number of years)		25			
e. Amount of Principal Borrowed		13,220,022			
f. Principal balance outstanding as of 9/30/15		12,006,218			
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					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	
N/A					

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
The Mary Wade Home, Inc.		2051C	9/30/2015			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 458,657	408,021			50,636	
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)		\$ 458,657	408,021			50,636	

(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
The Mary Wade Home, Inc.		2051C		9/30/2015		27	37
Item				Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:				458,657	408,021		50,636
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) Revolving Line of Credit				\$	1,633	1,101	532
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	460,290	409,122	51,168
14. Insurance							
a. Insurance on Property (buildings only)				\$	33,490	22,579	10,911
b. Insurance on Automobiles				\$	17,104	11,531	5,573
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	33,983	22,911	11,072
2. Fire and Extended Coverage				\$			
3. Other (Specify) Professional				\$	42,184	28,440	13,744
14d. Total Insurance Expenditures (14a + b + c)				\$	126,761	85,461	41,300
15. Total All Expenditures (A-13 thru C-14)				\$	13,092,827	10,785,996	2,306,831

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
The Mary Wade Home, Inc.				2051C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 25,652	9,288		16,364
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 278,316	278,316		
7.			Other - See attached Schedule	\$ 33,358	33,358		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.	15	1b	Discriminatory Benefits	\$ 34,026	27,347		6,679
9.			Bad Debts	\$			
10.	15	1d	Accounting & Legal	\$ 1,827	1,234		593
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 8,899	6,009		2,890
13.	15	F	Life insurance premiums on the life of Owners, Partners, Operators	\$ 296	238		58
14.			Gifts, flowers and coffee shops	\$			
15.	16	15	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 3,246	2,192		1,054
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 850	574		276
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 205,547	138,786		66,761
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 592,017	497,341		94,676

\* All except "Help Wanted".

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

(Carry Subtotal forward to next page)

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
10	A1	Owners & Operators	\$ 1,490		\$ 717
10	A2	Administrators	\$ 2,542		\$ 1,223
10	A11a	Head Accountant	\$ 1,995		\$ 960
10	A11b	Other Accountants	\$ 3,261		\$ 1,568
10	A12o	Home Comm Based Services			\$ 11,896
<b>Total Other Salaries Adjustment</b>			<b>\$ 9,288</b>	<b>\$</b>	<b>\$ 16,364</b>

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B2	Dental Consultant	\$ 10,716		
13	B8a	Medical Director	\$ 12,642	G/B	
13	12	Pulmonology Consultant	\$ 10,000		
<b>Total Other Fees Adjustments</b>			<b>\$ 33,358</b>	<b>\$</b>	<b>\$</b>

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	7	Board Meetings	\$ 4,339		\$ 2,087
16	M.8	Fraternal Organizations	\$ 1,930		\$ 928
16	M.8a	Chamber of Commerce	\$ 1,076		\$ 518
16	M.8	Amazon Prime Membership	\$ 67		\$ 32
16	1.4	Employee Travel	\$ 4,264		\$ 2,051
16	1.2	Holiday Parties	\$ 3,544		\$ 1,705
16	1.2	Staff Gifts	\$ 15,967		\$ 7,681
16	M.13	Miscellaneous Expense	\$ 9,396		\$ 4,520
16	M.13	Feasability Study Costs	\$ 87,776		\$ 42,224
16	M.13	Bank charges	\$ 6,953		\$ 3,344
30	IV8	Misc. Income	\$ 3,440		\$ 1,655
30	IV8	Cable/TV/Phone Contractual Adj.	\$ 34		\$ 16
<b>Total Other A&amp;G Adjustments</b>			<b>\$ 138,786</b>	<b>\$</b>	<b>\$ 66,761</b>

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

Name of Facility			License No.	Report for Year Ended	Page	of	
The Mary Wade Home, Inc.			2051C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 592,017	497,341		94,676
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 237,003	237,003		
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 15,849	15,849		
30.	20	5h	Laboratory	\$ 19,591	19,591		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 47,927	47,927		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 230,212	230,212		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.	22	6d	Depreciation on Unallowable Motor Vehicles	\$ 81,858	76,823		5,035
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 52,602	35,463		17,139
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 1	1		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 20,669	13,956		6,713
<b>51. Total Amount of Decrease (Items 1 - 50)</b>				\$ 1,297,729	1,174,166		123,563

\*\*\* 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.

The Mary Wade Home, Inc.  
 9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5j	Misc. Part A Expense	\$ 204,154		
20	5j	PT Supplies	\$ 25,539		
20	5j	OT Supplies	\$ 444		
20	5j	A/C Rental Contractual	\$ 75		
<b>Total Other Ancillary Costs</b>			<b>\$ 230,212</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	9	Parking Lot Rental/Office Space - MWH - Related Party	\$ 22,788		\$ 11,013
27	14b	Auto Insurance	\$ 11,531		\$ 5,573
29B		Outpatient Therapy Fair Rent Allocation	\$ 603		\$ 292
29B		Outpatient Therapy Insurance Allocation	\$ 45		\$ 22
29B		Outpatient Therapy A & G Allocation	\$ 291		\$ 140
29B		Outpatient Therapy Indirect Allocation	\$ 205		\$ 99
<b>Total Other Property Adjustments</b>			<b>\$ 35,463</b>	<b>\$ -</b>	<b>\$ 17,139</b>

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
30	IV4	Interest Income	\$ 1		
<b>Total Other Adjustments</b>			\$ 1	\$	\$

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	M9	Patient Room Cable TV Expense	\$ 13,956		\$ 6,713
<b>Total Unallowable Building Interest</b>			\$ 13,956	\$	\$ 6,713

MW Healthcare, Inc. and Subsidiaries  
September 30, 2015

Estimated Overhead on Outpatient Therapy

Square Footage on Therapy Space	357
Total Square Footage of Facility	<u>81626</u>
	0.004374

Outpatient Treatments - per client questionnaire

PT	1,198
ST	10
OT	<u>242</u>
Total Outpatient Treatments	1,450

Total Treatments - Page 9 of Cost Report

PT	3,991
ST	595
OT	<u>1,775</u>
Total Therapy Treatments	6,361

Outpatient Treatments %	0.22795158
Outpatient Allocation of Therapy Space %	0.000996971

Expense Item:

Heat	80,273
Light & Power	161,204
Repairs & Maintenance	47,724
Other Repairs Maintenance	<u>142,925</u>
Sub-total	432,126
Outpatient Allocation of Therapy Space %	<u>0.000996971</u>
<b>Unallowable A&amp;G Expense</b>	<u><u>431</u></u>

Housekeeping Salaries	233,866
Other Housekeeping Expense	<u>70,869</u>
Sub-Total	304,735
Outpatient Allocation of Therapy Space %	<u>0.000996971</u>
<b>Unallowable Indirect Expense</b>	<u><u>304</u></u>

Property & Umbrella Insurances (Excluding Auto)	67,473
Outpatient Allocation of Therapy Space %	<u>0.000996971</u>
<b>Unallowable Capital Expense</b>	<u><u>67</u></u>

Fair Rent ***	897,948
Outpatient Allocation of Therapy Space %	<u>0.000996971</u>
<b>Unallowable Fair Rent</b>	<u><u>895</u></u>

\*\*\* Based on Land + Rate Year 2011 Real Property

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
The Mary Wade Home, Inc.	2051C	9/30/2015			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents (CT only)	\$ 10,735,938	8,471,229		2,264,709		
b. Medicaid Room and Board Contractual Allowance **	\$ (3,527,796)	(3,254,292)		(273,504)		
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 1,773,702	1,773,702				
b. Medicare Room and Board Contractual Allowance **	\$ 662,387	662,387				
4. a. Private-Pay Residents and Other	\$ 3,719,645	3,476,830		242,815		
b. Private-Pay Room and Board Contractual Allowance **	\$ (548,512)	(457,491)		(91,021)		
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 188,262	188,262				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 36,420	36,420				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 7,597	7,597				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ (77)	(77)				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 512,260	512,260				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 90,499	90,499				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 145,570	145,570				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 15,053	15,053				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 487,693	487,693				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 87,687	87,687				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$ (1,165,450)	(1,165,450)				
b. Other (Specify) - Non-Medicare	\$ (217,720)	(217,720)				
<b>III. Total Resident Revenue (Section I. thru Section II.)</b>	\$ 13,003,158	10,860,159		2,142,999		
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$ 1	1				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 203,727	137,561		66,166		
<b>V. Total Other Revenue (1 thru 8)</b>	\$ 203,728	137,562		66,166		
<b>VI. Total All Revenue (III + V)</b>	\$ 13,206,886	10,997,721		2,209,165		

\* 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	Residential Care Home
Page 30 line 116a	Medicare A - X-Ray	\$ 6,995		
Page 30 line 116a	Medicare A - Lab	\$ 13,332		
Page 30 line 116a	Medicare A - Non R&B Contractual Adj.	\$ (1,795)		
Page 30 line 116a	Medicare A - Ancillary Contractual Adj.	\$ (1,149,472)		
Page 30 line 116a	Medicare A - Small Balance Adjustment	\$ (3)		
Page 30 line 116a	Medicare B Contractual Allowance	\$ (29,495)		
Page 30 line 116a	Medicare B NON R&B Contractual Adj.	\$ (119)		
Page 30 line 116a	Medicare B Small Balance Adjustment	\$ 4		
Page 30 line 116a	Outpatient Med B Contractual Allowance	\$ (6,755)		
Page 30 line 116a	Outpatient Med B Non R&B Contractual	\$ (139)		
Page 30 line 116a	Outpatient Med B - Small Balance Adjustment	\$ (3)		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ (1,165,450)</b>	<b>\$</b>	<b>\$</b>

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	Residential Care Home
Page 30 line 116b	INPT Managed Care Part A X-Ray	\$ 2,320		
Page 30 line 116b	INPT Managed Care Part A Lab	\$ 3,894		
Page 30 line 116b	INPT Managed Care Part A Ancillary Contractual	\$ (223,747)		
Page 30 line 116b	Inpatient Private - Xray	\$ (187)		
<b>Total Other Resident Revenue</b>		<b>\$ (217,720)</b>	<b>\$</b>	<b>\$</b>

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
Page 30 line 1V5	Other interest income		\$ 1		
<b>Total Interest Income</b>			<b>\$ 1</b>	<b>\$</b>	<b>\$</b>

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	Residential Care Home
Page 30 line 1V8	Small Balance Adjustment	\$ (20)		\$ (10)
Page 30 line 1V8	Donations - Unrestricted	\$ 8,987		\$ 4,323
Page 30 line 1V8	Annual Campaign	\$ 11,036		\$ 5,309
Page 30 line 1V8	Special Events	\$ 80,069		\$ 38,513
Page 30 line 1V8	Net non-operating grants revenue	\$ 27,434		\$ 13,196
Page 30 line 1V8	Misc. Income	\$ 3,440		\$ 1,655
Page 30 line 1V8	Investment Income	\$ 6,580		\$ 3,165
Page 30 line 1V8	Cable/TV/Phone Contractual Adj.	\$ 34		\$ 16
<b>Total Other Revenue</b>		<b>\$ 137,561</b>	<b>\$</b>	<b>\$ 66,166</b>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
The Mary Wade Home, Inc.	2051C	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash <i>(on hand and in banks)</i>			\$	845,640
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,517,540
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	53,111
5. Prepaid Expenses			\$	81,976
a. Insurance	60,893			
b. Clothing Labels	360			
c. Other Expenses	20,723			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets <i>(itemize)</i>			\$	107,320
Patient Funds	57,320			
Pledge Receivable	50,000			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			\$	2,605,587
<b>B. Fixed Assets</b>				
1. Land			\$	320,191
2. Land Improvements	*Historical Cost	281,868	\$	47,535
	Accum. Depreciation	234,333	Net	
3. Buildings	*Historical Cost	14,977,686	\$	8,848,706
	Accum. Depreciation	6,128,980	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	357,920	\$	151,954
	Accum. Depreciation	205,966	Net	
6. Movable Equipment	*Historical Cost	1,769,046	\$	752,439
	Accum. Depreciation	1,016,607	Net	
7. Motor Vehicles	*Historical Cost	345,263	\$	85,811
	Accum. Depreciation	259,452	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets <i>(itemize)</i>			\$	(41,601)
C/R versus F/S		(42,321)		
Construction in Progress		720		
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			\$	10,165,035

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Mary Wade Home, Inc.	2051C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	12,770,622
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
<b>D. Investment and Other Assets</b>				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost 299,505	
			Accum. Depreciation 170,761	Net
			\$	128,744
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	34,341
Cheer Fund				34,341
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	5,350,360
Name and Address		Amount	Loan Date	
MW Healthcare \$677,236;				
MW Holdings \$4,673,820;				
Fair Haven Prop (\$696)		5,350,360		
7. Other Assets ( <i>itemize</i> )			\$	1,422,437
Deferred Costs				619,216
Lic Bed Addition				380,992
Endowment Funds & Investments in MWH				422,229
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	6,935,882
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	19,706,504

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
The Mary Wade Home, Inc.		2051C	9/30/2015	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities				\$	908,403
1. Trade Accounts Payable				\$	44,738
2. Notes Payable ( <i>itemize</i> )					
Peoples Bank - Revolving line of credit			44,738		
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	381,632
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	(16,459)
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	362,200
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	39,621
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	359,156
Provider Tax Payable		141,297	Deferred Compensation I	93,000	
Resident Trust		57,320	Other Current Liabilities	348	
Due to Medicaid		331			
Deferred Revenue		66,860			
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				\$	<b>2,079,291</b>

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

(Carry Total forward to next page)

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

Name of Facility The Mary Wade Home, Inc.		License No. 2051C	Report for Year Ended 9/30/2015	Page 34	of 37		
Account				Amount			
Total Brought Forward:				2,079,291			
<b>Liabilities (cont'd)</b>							
B. Long-Term Liabilities							
1. Loans Payable-Equipment ( <i>itemize</i> )				\$			
Name of Lender	Purpose	Amount	Date Due				
2. Mortgages Payable						\$ 11,644,017	
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> )						\$ 271,930	
Deferred Compensation 457(b) Eligible		271,930					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 11,915,947			
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 13,995,238			

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Mary Wade Home, Inc.	2051C	9/30/2015	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	5,597,207
6. Gain or Loss for Period			\$	114,059
7. Total Net Worth			\$	5,711,266
<b>C. Total Reserves and Net Worth</b>			\$	5,711,266
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	19,706,504

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
The Mary Wade Home, Inc.	2051C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	5,698,664
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	13,206,886
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	13,092,827
D. Net Income or Deficit			\$	114,059
E. Balance			\$	5,812,723
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
	CR vs. FS Depreciation	169,464		
	Adult Day Care Revenue	1,192,272		
2. Other ( <i>itemize</i> )				
F-3. Total Additions			\$	1,361,736
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
2. Other Withdrawings ( <i>Specify</i> )			\$	1,463,193
Purpose		Amount		
Adult Day Care Expenses		1,071,510		
Fund Raising Expenses, Special Events, & Other		391,683		
3. Total Deductions			\$	1,463,193
H. <b>Balance at End of Period</b>			\$	5,711,266
				09/30/15

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

Name of Facility The Mary Wade Home, Inc.		License No. 2051C	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 checked="" type="checkbox"/> Residential Care Home			
<b>Preparer/Reviewer Certification</b>					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer <i>Blum, Shapiro &amp; Company, P.C.</i>		Title <i>P.C.</i>		Date Signed <i>2/06/16</i>	
Printed Name of Preparer  Blum Shapiro & Co					
Address Address  29 South Main Street, West Hartford, CT 06127				Phone Number  860-561-4000	