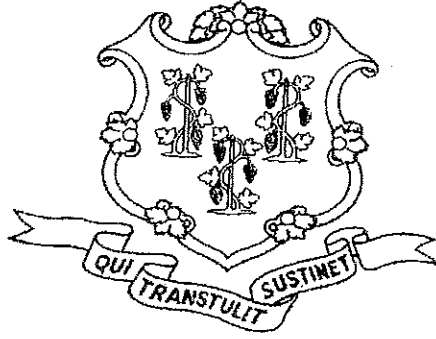


State of Connecticut



15-53

Annual Report of Long-Term Care Facility Cost Year 2015

RECEIVED

FEB 17 2016

DEPT. OF SOCIAL SERVICES
OFFICE OF CON AND RATE SETTINGS

Name of Facility (as licensed) Masonicare of Newtown	
Address (No. & Street, City, State, Zip Code) 139 Toddy Hill Road, Newtown, CT 06470	
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"/> Other	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 1020-C	RHNS	Other	Medicare Provider 07-5355
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Medicaid Provider Numbers:	CCNH 000010207	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Masonicare of Newtown	License No. 1020-C	Report for Year Ended 9/30/2015	Page 1	of 37
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Administrator's/Owner's Certification

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

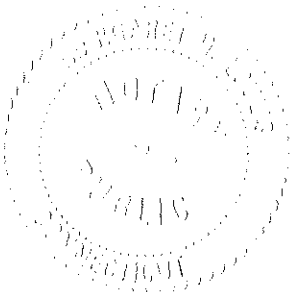
I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Masonicare of Newtown [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge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

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

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

Signed (Administrator) <i>Elyse O. Dent</i>		Date <i>2-10-16</i>	Signed (Owner)		Date
Printed Name (Administrator) Elyse O. Dent			Printed Name (Owner)		
Subscribed and Sworn to before me: <i>Elyse Dent</i>	State of <i>Conn.</i>	Date <i>2/10/16</i>	Signed (Notary Public) <i>Margaret Loulis</i>	Comm. Expires <i>8/31/18</i>	
Address of Notary Public <i>253 Porters Hill Rd., Monroe, Ct. 06468</i>					

(Notary Seal)



MARGARET H. LOULIS
 Notary Public, State of Connecticut
 My Commission Expires Aug. 31, 2018

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Masonicare of Newtown		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 139 Toddy Hill Road, Newtown, CT 06470				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 12/22/2015	
Item	Total	CCNH	RHNS	Other
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-678-7862		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Masonicare of Newtown		Address (No. & Street, City, State, Zip) 139 Toddy Hill Road, Newtown, CT 06470		
License Numbers:	CCNH 1020-C	RHNS	Other	Medicare Provider No. 07-5355
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"/> Other				
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.				
Administrator				
Name of Administrator Elyse O. Dent		Nursing Home Administrator's License No.:	001670	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
N/A				

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Masonicare of Newtown	License No. 1020-C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See Attached				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

Masonicare at Newtown
Board of Directors 2015-2016

<u>Board Member</u>	<u>Term Expires</u>
Robert A. Simon, Chairman 64 Arlington Street, North Meriden, CT 06450	2016
William R. Deickler, Vice Chairman P.O. Box 645 Ridgefield, CT 06877-0645	2016
Mark D. Winne, Secretary 585 North Main Street Suffield, CT 06078	2016
Albert H. Cheng, Treasurer 57 Downs Avenue Stamford, CT 06902	2016
Sherwin M. Borsuk, M.D. 80 Parker Avenue Meriden, CT 06450	2016
Paul L. Chello 90 Fair Street Guilford, CT 06437	2016
Robert J. Furce 34 Windsong Lane Milford, CT 06460	2016
Sidney Hardee 520 West 122 nd Street New York, NY 10027	2016
Melvin E. Johnson 247 Terry Road Hartford, CT 06105-1114	By virtue of position in Grand Lodge
William Morrow 8 Chatham Court Middlebury, CT 06762	2016
Howard W. Orr 32 Deep Brook Harbor Suffield, CT 06078	2016
Gwen M. Rochette 1001 Old Colony Road, Unit 5-1 Meriden, CT 06451	2016
Richard Ruggiano 88 Bayberry Lane Westport, CT 06880	2015
Elyse O. Dent, Administrator Toddy Hill Road PO Box 5505 Newtown, CT 06470	Administrator
Stephen B. McPherson, President and CEO Masonicare PO Box 700. Wallingford, CT 06492	President and CEO
Jon-Paul Venoit, COO, Assistant Secretary Masonicare PO Box 70 Wallingford, CT 06492	An officer of the Board, but not a Director.
James Rude, CFO, & Assistant Treasurer Masonicare PO Box 70 Wallingford, CT 06492	An officer of the Board, but not a Director.

Board must consist of 12 but no more than 16 members.

Masonicare at Newtown
Emeritus Members of the Board of Directors

Emeritus Member
Harmon Andrews 554A Heritage Village Southbury, CT 06488

General Information and Questionnaire Individual Proprietorship

Name of Facility Masonicare of Newtown	License No. 1020-C	Report for Year Ended 9/30/2015	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

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

General Information and Questionnaire
Related Parties*

Name of Facility Masonicare of Newtown	License No. 1020-C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No				
Masonicare	P.O. Box 70, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>	MGMT Svc., Laundry Svc., Transportation	Pg 16, L m12/ Pg 19, L	1,061,634	1,061,634
Masonicare Health Center (MHC)	22 Masonic Avenue, Wallingford, CT 06492	<input checked="" type="radio"/>	<input type="radio"/>	100% Laundry Services	Page 19, Line 3b	213,934	213,934
Masonicare Charity Foundation	35 No. Plains Industrial Road, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>		N/A		
Masonicare of Ashlar Village (AV)	Cheshire Road, Wallingford, CT 06492	<input checked="" type="radio"/>	<input type="radio"/>	100% Dietary Services	Page 18, Line 2a1	188	188
Masonicare Management Services (MMS)	35 No. Plains Industrial Road, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>		N/A		
Masonicare Primary Care Physicians (PPC)	97 Barnes Road, Wallingford, CT 06492	<input checked="" type="radio"/>	<input type="radio"/>	71% Medical Director	Page 13, Line B8a	44,978	44,978
Masonicare Home Health & Hospice (CTVNA)	33 No. Plains Industrial Road, Wallingford, CT 06492	<input checked="" type="radio"/>	<input type="radio"/>	Rent	Page 22, Line 9	(59,556)	(59,556)
Masonicare Behavioral Health (TPS)	22 Masonic Avenue, Wallingford, CT 06492	<input checked="" type="radio"/>	<input type="radio"/>	97%	N/A		
		<input type="radio"/>	<input type="radio"/>				

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Masonicare of Newtown	License No. 1020-C	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

Masonicare of Newtown (MAN) had attempted to direct cost as many expenses as possible by creating numerous departments within its Assisted Living. As expenses are incurred, a determination as to the level of care is made and the expenses are charged to that department. A crosswalk has been attached for review. Please note that the "Other" level includes costs associated with the Assisted Living and/or costs that are not being claimed for reimbursement.

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

See Attached

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.		Report for Year Ended			Page of	
Masonicare of Newtown		1020-C		9/30/2015			6 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
N/A	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input type="radio"/> No
Total ***								

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

** Attach copies of newly acquired leases.

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

**General Information and Questionnaire
 Accounting Basis**

Name of Facility Masonicare of Newtown	License No. 1020-C	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.				
Independent Accounting Firm				
Name of Accounting Firm 1 Saslow, Lufkin and Buggy LLP 2 3 4		Address (No. & Street, City, State, Zip Code) 10 Tower Lane, Avon, CT 06001		
Services Provided by This Firm (<i>describe fully</i>)				
1	Year End Audit		\$	14,712
2			\$	
3			\$	
4			\$	
			Charge for Services Provided \$ 14,712	
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				
Legal Services Information				
Name of Legal Firm or Independent Attorney 1 Murtha Cullina, LLP 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	See Attached Schedule		\$	14,738
2			\$	
3			\$	
4			\$	
5			\$	
			Charge for Services Provided \$ 14,738	
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				

Masonicare At Newtown
Analysis of Legal Fees
Medicaid Cost Report - FYE September 30, 2015

Entity	Dept	Account	Account Description	Date	Vendor	Vendor Name	Invoice	Explanation	Net Amount
002	8000	5601400	CASH	10/15/2014	M07175	MURTHA CUULLINA			(54.90)
002	8000	5601400	AON ADMINISTRATION	11/24/2015	M07175	MURTHA CUULLINA	500911	EEOC Claim (Case was settled - self-disallowed 50%)	5,742.00
002	8000	5601400	AON ADMINISTRATION	1/2/2015	M07175	MURTHA CUULLINA	502555	EEOC Claim (Case was settled - self-disallowed 50%)	301.00
002	8000	5601400	AON ADMINISTRATION	2/10/2015	M07175	MURTHA CUULLINA	504128	EEOC Claim (Case was settled - self-disallowed 50%)	234.00
002	8000	5601400	AON ADMINISTRATION	4/6/2015	M07175	MURTHA CUULLINA	507580	EEOC Claim (Case was settled - self-disallowed 50%)	133.00
002	8000	5601400	AON ADMINISTRATION	5/21/2015	M07175	MURTHA CUULLINA	510165	EEOC Claim (Case was settled - self-disallowed 50%)	345.00
002	8000	5601400	AON ADMINISTRATION	6/24/2015	M07175	MURTHA CUULLINA	511648	EEOC Claim (Case was settled - self-disallowed 50%)	47.50
002	8000	5601400	AON ADMINISTRATION	7/23/2015	M07175	MURTHA CUULLINA	513409	EEOC Claim (Case was settled - self-disallowed 50%)	75.00
002	8000	5601400	AON ADMINISTRATION	8/20/2015	M07175	MURTHA CUULLINA	514948	EEOC Claim (Case was settled - self-disallowed 50%)	400.00
002	8000	5601400	AON ADMINISTRATION	12/25/2014	M07175	MURTHA CUULLINA	502541	General	80.75
002	8000	5601400	AON ADMINISTRATION	2/20/2015	M07175	MURTHA CUULLINA	505524	General	1,025.50
002	8000	5601400	AON ADMINISTRATION	3/16/2015	M07175	MURTHA CUULLINA	506782	General	1,441.15
002	8000	5601400	AON ADMINISTRATION	11/24/2015	M07175	MURTHA CUULLINA	500910	Linda Kroha (Case was settled - self-disallowed 50%)	899.00
002	8000	5601400	AON ADMINISTRATION	1/2/2015	M07175	MURTHA CUULLINA	502540	Linda Kroha (Case was settled - self-disallowed 50%)	2,014.00
002	8000	5601400	AON ADMINISTRATION	1/29/2015	M07175	MURTHA CUULLINA	504127	Linda Kroha (Case was settled - self-disallowed 50%)	715.00
002	8000	5601400	AON ADMINISTRATION	2/20/2015	M07175	MURTHA CUULLINA	505525	Linda Kroha (Case was settled - self-disallowed 50%)	209.00
002	8000	5601400	AON ADMINISTRATION	4/6/2015	M07175	MURTHA CUULLINA	507575	Regulatory	598.50
002	8000	5601400	AON ADMINISTRATION	5/21/2015	M07175	MURTHA CUULLINA	510166	Regulatory	465.50
002	8000	5601400	AON ADMINISTRATION	8/16/2015	M07175	MURTHA CUULLINA	516619	Regulatory	66.50
Total-'MURTHA CULLINA									14,738
Total-All Legal Fees									14,738

Schedule of Resident Statistics

Name of Facility	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Report for Year Ended				Page	of			
					1020-C						8	37	
					9/30/2015								
					Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	154	154			154	154			154	154			
B. On last day of THIS report period	154	154			154	154			154	154			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	124	124			124	124			113	113			
B. As of midnight of THIS report period	123	123			113	113			123	123			
3. Total Number of Days Care Provided During Period													
A. Medicare	4,510	4,510			3,079	3,079			1,431	1,431			
B. Medicaid (Conn.)	35,014	35,014			26,605	26,605			8,409	8,409			
C. Medicaid (other states)													
D. Private Pay	3,313	3,313			2,559	2,559			754	754			
E. State SSI for RCH													
F. Other (Specify)	375	375			293	293			82	82			
G. Total Care Days During Period (3A thru F)	43,212	43,212			32,536	32,536			10,676	10,676			
Total Number of Days Not Included in Figures in													
4. 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	388	388			322	322			66	66			
B. Other Bed Reserve Days	73	73			38	38			35	35			
5. Total Resident Days (3G + 4A + 4B)	43,673	43,673			32,896	32,896			10,777	10,777			

Schedule of Resident Statistics (Cont'd)

Name of Facility Masonicare of Newtown			License No. 1020-C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Other	Lost			Gained			CCNH	RHNS	Other	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	Other		
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	Other	R.C.H.	ICF-MR				
No. of Residents	22		97		4								
Per Diem Rate													
a. One bed rm.					423.00								
b. Two bed rms.	Various		241.76-242.46		470.00-481.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Other	
A. Medicare - Part B									4,036	2,826		1,210	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									372	372			
2. Restorative Treatments													
C. Other									10,922	10,429		493	
D. Total Physical Therapy Treatments									15,330	13,627		1,703	
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									1,081	1,027		54	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									120	120			
2. Restorative Treatments													
C. Other									1,175	1,165		10	
D. Total Speech Therapy Treatments									2,376	2,312		64	
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									1,425	1,116		309	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									76	76			
2. Restorative Treatments													
C. Other									8,766	8,706		60	
D. Total Occupational Therapy Treatments									10,267	9,898		369	

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Masonicare of Newtown	1020-C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Other	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	167,741	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	247,134	8,176			195,370	6,103
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	347,549	22,968			361,817	22,886
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	130,808	9,867			146,457	10,995
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	215,907	9,955			118,358	5,234
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	32,506	2,053			2,311	146
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	142,402	2,080				
b. RN						
1. Direct Care	1,653,156	44,998			108,732	2,749
2. Administrative**	463,645	15,973			17,876	452
c. LPN						
1. Direct Care	900,878	29,337			102,682	3,285
2. Administrative**						
d. Aides and Attendants	2,305,372	145,706			573,936	38,066
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	178,282	7,071			117,616	5,515
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	81,820	2,531			29,221	904
n. Marketing					43,276	1,292
o. Other (Specify) See Attached Schedule	142,874	5,741			37,775	1,517
A-13. Total Salary Expenditures	7,010,074	308,536			1,855,427	99,144

* 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		Other	
	\$	Hours	\$	Hours	\$	Hours
	-				-	
Spiritual Services	\$ 7,002	331			\$ 1,851	88
Medical Records	\$ 31,602	1,614			\$ 8,356	427
Transportation	\$ 31,211	1,979			\$ 8,252	523
Education	\$ 73,059	1,817			\$ 19,316	479
Total	\$ 142,874	5,741	\$ -	-	\$ 37,775	1,517

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
	-				-	
Total	\$ -	-	\$ -	-	\$ -	-

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

Name of Facility Masonicare of Newtown	License No. 1020-C			Report for Year Ended 9/30/2015		Page 11	of 37		
	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	Other							
Section I - Operators/Owners									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed)		License No.		Report for Year Ended			Page	of	
Masonicare of Newtown		1020-C		9/30/2015			12	37	
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
Section III - Administrators***									
Elyse O. Dent	167,741		Non-Discrim.	Administrator	2,080	A.2.			
Section IV - Assistant Administrators									

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Masonicare of Newtown	1020-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist					24,600	N/A
3. Pharmacist	9,539	N/A				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	226,677	3,406			28,328	426
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	44,978	424				
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	98,120	1,007			2,716	28
b. Other						
10. Occupational Therapist						
a. Resident Care	194,156	2,539			7,233	95
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	573,470	7,376			62,877	548

* 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 Masonicare of Newtown		License No. 1020-C		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			
Robert F. Larosa, DSS	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>			
Alliance Rehab	PT, ST, OT	<input type="radio"/>	<input checked="" type="radio"/>			
Masonicare Primary Care Physicians	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>	Corporate Affiliate		
Omnicare of Connecticut, 525 Knotter Drive, Cheshire, CT 06410	Pharmacist	<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"/>			
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		<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
Masonicare of Newtown	1020-C	9/30/2015		15	37
Item	Total	CCNH	RHNS	Other	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 461,990	365,385			96,605
2. Disability Insurance	\$ 50,555	39,984			10,571
3. Unemployment Insurance	\$ 122,786	97,111			25,675
4. Social Security (F.I.C.A.)	\$ 672,296	531,714			140,582
5. Health Insurance	\$ 1,453,896	1,149,876			304,020
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 6,941	5,490			1,451
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 328,022	259,430			68,592
8. Uniform Allowance	\$ 2,731	2,160			571
9. Other (<i>Specify</i>) See Attached Schedule	\$ 34,866	27,119			7,747
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 16,442				16,442
d. Accounting and Auditing	\$ 14,712	11,086			3,626
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 14,738	11,105			3,633
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 118,626	37,444			81,182
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 46,800	19,928			26,872
2. Cellular Phones	\$ 4,510	3,398			1,112
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 814,945	814,945			
Subtotal	\$ 4,164,856	3,376,175			788,681

* 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**

Masonicare of Newtown
9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Other
	-		-
Employee Benefits	\$ 16,327		\$ 4,201
HR Employee Benefits	\$ 10,792		\$ 2,853
Quality of Life			\$ 693
Total	\$ 27,119	\$ -	\$ 7,747

Schedule of Other Taxes

Description	CCNH	RHNS	Other
	-		-
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Masonicare of Newtown	1020-C	9/30/2015		16	37
Item	Total	CCNH	RHNS	Other	
Subtotals Brought Forward:	4,164,856	3,376,175		788,681	
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 21,827	5,560		16,267	
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 693	138		555	
5. Education Expenses Related to Seminars and Conventions	\$ 28,363	24,172		4,191	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 4,236	3,192		1,044	
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 598	473		125	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 100			100	
4. Fund-Raising***	\$				
5. Medical Records	\$ 1,678	1,264		414	
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 4			4	
7. Postage	\$ 4,973	3,779		1,194	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 17,818	8,599		9,219	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 1,495	1,237		258	
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 150,540	39,162		111,378	
12. Administrative Management Services**	\$ 1,042,108	874,402		167,706	
13. Other (<i>Specify</i>) See Attached Schedule	\$ 228,480	65,486		162,994	
C-14 Total Administrative & General Expenditures	\$ 5,667,769	4,403,639		1,264,130	

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

Schedule of Other Advertising

Description	CCNH	RHNS	Other
	-		-
Recreation Advertising			\$ 100
Total Other Advertising	\$ -	\$ -	\$ 100

Schedule of Dues

Description	CCNH	RHNS	Other
	-		-
American Association of Nurse Assessment Corporation	\$ 110		
Leading Age	\$ 8,489		\$ 7,203
CALA Dues			\$ 2,016
Total Dues	\$ 8,599	\$ -	\$ 9,219

Schedule of Contributions

Description	CCNH	RHNS	Other
	-		-
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
	-		-
Environmental Svcs. Business Expenses	\$ 95		\$ 83
Nursing Admin. Licenses	\$ 105		
Administration Licenses	\$ 1,802		
Nursing Admin. Business Expenses	\$ 5,916		
Admissions Business Related Expenses	\$ 6,560		
Letter of Credit (self-disallow)	\$ 19,826		
Remarketing Fees - Bond (self-disallow)	\$ 645		
CHEFA Admin. Fees (self-disallow)	\$ 982		
Human Resources Recruitment	\$ 3,365		\$ 890
Employee Relations	\$ 16,423		\$ 4,342
Transportation Licenses	\$ 366		\$ 120
Non-Reimbursable			\$ 154,819
Admissions Archiving Fee	\$ 4,082		\$ 1,335
Facility MGT Licenses	\$ 578		\$ 207
Admissions Community Relations Event (self-disallow)	\$ 579		\$ 189
Administration Business Expenses	\$ 2,592		\$ 848
Hosp. Info. MGT Business Expenses	\$ 35		\$ 11
Administrator Expenses (self-disallow)	\$ 1,080		
Newtown Health District			\$ 150
Kara Taylor - License Renewal	\$ 105		
Russell Phillips - Annual fee for CT Region 4 LTC-MAP	\$ 350		\$ -
Total Other Administrative and General	\$ 65,486	\$ -	\$ 162,994

Schedule C-1 - Management Services*

Name of Facility Masonicare of Newtown	License No. 1020-C	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Masonicare, P.O. Box 70, Wallingford, CT 06492	1,042,108	Payroll, Accounts Payable, Accounting, Accounts Receivable, Purchasing, Data Processing, HR, Project Mgmt., Corp. Oversight	Page 16, Line m12

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

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

Name of Facility Masonicare of Newtown		License No. 1020-C	Report for Year Ended 9/30/2015		Page 18	of 37
Item		Total	CCNH	RHNS	Other	
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food	\$	103,607	66,711			36,896
2. Non-Food Supplies	\$	100,922	58,004			42,918
3. Other (Specify) _____	\$					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	939,384	592,382		347,002
c. Management Services**		\$				
d. Other (Specify) _____ Licenses	\$	390	304			86
2E. Total Dietary Expenditures (2a + b + c + d)		\$	1,144,303	717,401		426,902
2F. Dietary Questionnaire		Total	CCNH	RHNS	Other	
G. Resident Meals:	Total no. of meals served per day:*	461	359			102
H.	Is cost of employee meals included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
I.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
J.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.		
L.	Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		\$34,497
M.	Where is the revenue received reported in the Cost Report? (Page/Line Item) Page 30, Line IV1					
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.		
O.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
P.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

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

Name of Facility Masonicare of Newtown		License No. 1020-C	Report for Year Ended 9/30/2015	Page 19	of 37
Item		Total	CCNH	RHNS	Other
3. Laundry					
a. In-House Processing*	Lbs.	345,055	322,148		22,907
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	1,084	1,084		
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. \$	5,228	3,680		1,548
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	215,145	199,732		15,413
c. Management Services**	\$				
d. Other (Specify) Supplies	\$	623	623		
3E. Total Laundry Expenditures (3a + b + c + d)	\$	222,080	205,119		16,961
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3E.

** Schedule C-I, 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
Masonicare of Newtown		1020-C	9/30/2015		20	37
Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced by Personnel	128,333	68,687		59,646
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	49,820	26,672		23,148
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$	56,192	30,075		26,117
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	106,012	56,747		49,265
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	155,937	2,423		153,514
b.	Medicine Cabinet Drugs	\$	83,823	14,905		68,918
c.	Medical and Therapeutic Supplies	\$	348,641	343,717		4,924
d.	Ambulance/Limousine***	\$	3,193			3,193
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	12,719			12,719
f.	X-rays and Related Radiological Procedures***	\$	24,218			24,218
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	13,849			13,849
i.	Recreation	\$	26,624	9,068		17,556
j.	Other (Specify)**** See Attached Schedule	\$	81,320	45,488		35,832
5K.	Total Resident Care Expenditures (5a - 5j)	\$	750,324	415,601		334,723

* 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	Other
	-		-
PT Supplies	\$ 15,683		\$ 1,960
Department & Cleaning Supplies	\$ 21,327		
Bed Rentals (self-disallowed)	\$ 1,790		
Equipment Rental	\$ 6,688		
Other Non-Reimbursable			\$ 33,872
Total Other Resident Care	\$ 45,488	\$ -	\$ 35,832

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

Name of Facility Masonicare of Newtown		License No. 1020-C		Report for Year Ended 9/30/2015		Page of 21 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***			Pg Line	
		Yes	No			CCNH	RHNS	Other		
Morrison		<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	199,732		15,413	19	3b
Morrison Senior Dining See Attached Listing for Additional Services over 10,000		<input type="radio"/>	<input checked="" type="radio"/>		Food Management Services	592,382		347,002	18	2b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
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		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

**Masonicare at Newtown
 Contracted Vendor Listing (Services over \$10,000)
 Attachment to Page 21
 9/30/2015**

<u>Name of Individual or Company</u>	<u>Related Party</u>	<u>Service Provided</u>	<u>Amount</u>	<u>Pg</u>	<u>Line</u>
Environmental Systems Corp	N	Building Improvement	104,115	22	6 a
JM Construction	N	Building Improvement	97,278	22	6 a
Mariano Building & Remodeling	N	Building Improvement	1,347,267	22	6 a
Mondo Construction Co LLC	N	Building Improvement	13,078	22	6 a
Montagno Construction Inc.	N	Building Improvement	51,181	22	6 a
Porco Construction Co., LLC	N	Building Improvement	154,650	22	6 a
Precision Electrical, LLC	N	Building Improvement	74,667	22	6 a
S&S Wired Systems, LLC	N	Building Improvement	68,393	22	6 a
Heritage Floor Covering Company	N	Carpet	40,350	22	6 a
Hartford Elevator, LLC	N	Equipment Service & Maintenance	23,777	22	6 a
TPC Associates, Inc.	N	Equipment Service & Maintenance	13,139	22	6 a
Morrison Management Specialists Inc.	N	Facility Service Management	316,883	Various	Various
Precision Food Service	N	Food Service Repair & Maintenance	18,101	22	6 a
Saucier Mechanical Services, Inc.	N	HAVAC Services	11,325	22	6 a
Richard A. English	N	IT services	12,498	16	m 11
Clinical Lab Partners	N	Lab Tests	12,017	20	5 h
Makiaris Media Services	N	Media	55,956	15	1 g
Ocon Termite & Pest Control	N	Pest Control	14,243	22	6 a
All American Waste, LLC	N	Rubbish Removal	57,220	20	4 b
Mondo Septic Service Inc.	N	Septic System Service	34,910	22	6 a
HealthPro Therapy Services, LLC	N	Therapy Services	46,164	13 & 20	Various
Alliance Rehab of Connecticut	N	Therapy Services	589,347	13 & 20	Various
Eastern Water Solutions	N	Water Service	42,051	22	6 a
Housatonic Valley Radiology	N	X-Rays	24,548	20	5f

Aggregated contracted purchase services in excess of \$10,000 identified throughout the cost report.

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

Name of Facility	License No.	Report for Year Ended			Page	of
Masonicare of Newtown	1020-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 654,810	478,640				176,170
b. Heat	\$ 112,947	83,224				29,723
c. Light & Power	\$ 216,001	159,159				56,842
d. Water	\$					
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 100,187	81,485				18,702
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 1,083,945	802,508				281,437
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 40,647	30,011				10,636
b. Building & Building Improvements	\$ 117,410	44,760				72,650
c. Non-Movable Equipment	\$ 553,434	303,424				250,010
d. Movable Equipment	\$ 129,411	105,181				24,230
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 840,902	483,376				357,526
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 3,503					3,503
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 3,503					3,503
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ (59,556)	(59,556)				
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 6,050	6,050				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 790,899	429,870				361,029

* 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	Other
	-		-
Minor Equipment - SNF	\$ 30,454		
Environmental Supplies	\$ 1,942		\$ 1,687
Facility Management Supplies	\$ 31,883		\$ 11,387
MIS Minor Equipment	\$ 3,405		\$ 1,113
Transportation PS	\$ 13,801		\$ 4,515
Total Other Repairs and Maintenance	\$ 81,485	\$ -	\$ 18,702

Depreciation Schedule

Name of Facility		License No.		Report for Year Ended					Page	of
Masonicare of Newtown		1020-C		9/30/2015					23	37
	Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
										Is a mileage logbook maintained?
A. Land Improvements										
	1. Acquired prior to this report period	2,478,831		2,478,831	2,170,825	S/L	Various	40,414		
	2. Disposals (attach schedule)									
	3. Acquired during this report period (attach schedule)	5,245		5,245		S/L	Various	233		
	A-4. Subtotal								40,647	
B. Building and Building Improvements										
	1. Acquired prior to this report period	11,776,874		11,776,874	9,093,851	S/L	Various	110,205		
	2. Disposals (attach schedule)									
	3. Acquired during this report period (attach schedule)	1,697,225		1,697,225		S/L	Various	7,205		
	B-4. Subtotal								117,410	
C. Non-Movable Equipment										
	1. Acquired prior to this report period	12,413,889		12,413,889	8,539,394	S/L	Various	509,799		
	2. Disposals (attach schedule)									
	3. Acquired during this report period (attach schedule)	842,065		842,065		S/L	Various	43,635		
	C-4. Subtotal								553,434	
D. Movable Equipment										
	1. Motor Vehicles (Specify name, model and year of each vehicle)									
	a. Prior Period Vehicles									
					149,350	S/L	4	1,602		
	b. Wheelchair Van				38,643	S/L	4	9,661		
	c. 2012 14-Passenger Mini Bus				58,047	S/L	4	14,512		
	d. Disposals of Prior Period Vehicles				(70,162)	S/L	4			
	2. Movable Equipment									
	a. Acquired prior to this report period				2,935,806	S/L	Various	96,341		
	b. Disposals (attach schedule)				(7,805)	S/L	Various	(608)		
	c. Acquired during this report period (attach schedule)						Various	7,903		
	D-3. Subtotal								129,411	
	E. Total Depreciation								840,902	

Masonicare of Newtown
9/30/2015

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
2/28/2015	Curb and Fill Pot Holes	\$ 5,245	15	\$ 233
Total additions for Land Improvement		\$ 5,245		\$ 233 *
Deletions:				
Total deletions for Land Improvement		\$ -		\$ - **

*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
Additions:				
9/30/2015	Renovations	\$ 1,686,522	20	\$ 7,027
9/30/2015	Signs	\$ 10,703	5	\$ 178
Total additions for Building Improvement		\$ 1,697,225		\$ 7,205 *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*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
Additions:				
	See Attached	\$ 842,065	Various	\$ 43,635
Total additions for Non-Movable Equipmen		\$ 842,065		\$ 43,635 *
Deletions:				
Total deletions for Non-Movable Equipmen		\$ -		\$ - **

*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
Additions:				
	See Attached	\$ 522,396	Various	\$ 7,903
Total additions for Movable Equipmen		\$ 522,396		\$ 7,903 *
Deletions:				
	See Attached	\$ (10,792)	Various	\$ (608)
Total deletions for Movable Equipmen		\$ (10,792)		\$ (608) **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Leasehold Improvemem		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvemem		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Masonicare of Newtown
 Depreciation Schedule
 FYE 09/30/2015

Description	Date Acquired	Cost	Cost To Be Depreciated	Method	Useful Life	9/30/2014		9/30/2015	
						Accum Depreciation	Var	Accum Depreciation	Depreciation
Land Improvements									
Prior Period Acq (Per 09/30/2011 Cost Report)									
New Asset Added to existing 2011 asset (included in PY Dep)									
09/30/2012 New Additions									
Well Repair	9/1/2012	7,500	7,500	S/L	10	750	750	750	2,375
Signage	8/1/2012	8,173	8,173	S/L	10	817	817	817	2,656
		15,673	15,673			1,567	1,567	1,567	5,031
									2,203,029
09/30/2014 New Additions									
Guardrail Installation	1/28/2014	27,245	27,245	S/L	15	1,362	1,362	1,816	3,179
		27,245	27,245			1,362	1,362	1,816	3,179
09/30/2015 New Additions									
Curb and Fill Pot Holes	2/28/2015	5,245	5,245	S/L	15	-	-	233	233
		5,245	5,245			-	-	233	233
Total Land Improvements									
		2,484,076	2,484,076			76,895	2,170,825	40,647	2,211,472
Amount Per Depreciation by Class (PBC)									
		2,484,076	2,484,076			76,895		40,647	
Building Improvements									
Prior Period Acq (Per 09/30/2011 Cost Report)									
09/30/2012 New Additions									
No Additions									
09/30/2015 New Additions									
Renovations	9/30/2015	1,686,522	1,686,522	S/L	20	-	-	7,027	7,027
Signs	9/30/2015	10,703	10,703	S/L	5	-	-	178	178
		1,697,225	1,697,225			-	-	7,205	7,205
Total Building Improvements									
		13,474,099	13,474,099			187,176	9,093,851	117,410	9,211,261
Amount Per Depreciation by Class (PBC)									
		13,474,099	13,474,099			187,176		117,410	
Nonmovable Equipment									
Prior Period Acq (Per 09/30/2011 Cost Report)									
Prior Year Accrual (Included in PY Dep)									
09/30/2012 New Additions									
Carpeting	5/1/2012	5,920	5,920	S/L	5	1,184	2,960	1,184	4,144
Well Pump	5/1/2012	4,092	4,092	S/L	15	273	662	273	955
Carpeting & Flooring	8/1/2012	2,460	2,460	S/L	5	492	1,107	492	1,599
Carpet, Floor Covering	8/1/2012	7,860	7,860	S/L	5	1,572	3,537	1,572	5,109
Lightening Strike Repairs	8/1/2012	12,821	12,821	S/L	20	641	1,442	641	2,063
Flooring	9/1/2012	2,510	2,510	S/L	5	502	1,088	502	1,590
RM 310 Cabling	9/1/2012	6,900	6,900	S/L	20	345	748	345	1,093
Chilled Water Loop	5/1/2012	5,100	5,100	S/L	20	255	638	255	863
Conversion of Common Area	5/1/2012	18,536	18,536	S/L	20	927	2,317	927	3,244
Painting	9/1/2012	5,728	5,728	S/L	5	1,146	2,482	1,146	3,628
Remove Pipe Wrap from Basement	2/1/2012	2,367	2,367	S/L	20	118	325	118	444
		74,293	74,293			7,455	17,326	7,455	24,780

6/25/2015	730	730	S/L	5	-	-	49	49
6/25/2015	400	400	S/L	10	-	-	13	13
6/25/2015	400	400	S/L	10	-	-	13	13
2/28/2015	19,266	19,266	S/L	20	-	-	642	642
3/31/2015	4,990	4,990	S/L	5	-	-	536	536
9/30/2015	71,232	71,232	S/L	20	-	-	297	297
2/28/2015	70,757	70,757	S/L	5	-	-	9,434	9,434
7/31/2015	29,100	29,100	S/L	20	-	-	364	364
9/30/2015	7,165	7,165	S/L	20	-	-	30	30
7/31/2015	161,250	161,250	S/L	20	-	-	2,016	2,016
3/31/2015	5,675	5,675	S/L	10	-	-	331	331
8/31/2015	5,630	5,630	S/L	10	-	-	94	94
8/31/2015	5,738	5,738	S/L	20	-	-	48	48
2/28/2015	260,738	260,738	S/L	10	-	-	17,383	17,383
5/31/2015	10,350	10,350	S/L	5	-	-	863	863
8/31/2015	2,848	2,848	S/L	25	-	-	19	19
8/31/2015	5,136	5,136	S/L	20	-	-	43	43
5/31/2015	1,279	1,279	S/L	10	-	-	53	53
	842,065	842,065					43,635	43,635
	13,255,954	13,255,954					553,434	9,092,828
	13,255,954	13,255,954					553,434	

Total NonMovable

532,584	8,539,394	553,434	9,092,828
532,584		553,434	

Amount Per Depreciation by Class (PBC)

Autos

Prior Period Acq (Per 09/30/2011 Cost Report)	222,980	222,980	S/L	Var	7,886	219,496	1,602	221,098
Transferred from MHC (Included in PY Dep)	23,738	23,738				23,738	-	23,738
Transferred to MHC (Already removed from PY Dep)	(32,792)	(32,792)				(32,792)	-	(32,792)
	213,925	213,925			7,886	210,442	1,602	212,044
09/30/2012, New Additions								
Wheelchair Van	38,643	38,643	S/L	4	9,661	21,737	9,661	31,398
2012 14-Passenger Mini Bus	58,047	58,047	S/L	4	14,512	32,652	14,512	47,164
	96,690	96,690			24,173	54,389	24,173	78,562
9/30/12 Disposals								
2000 Dodge Caravan	(34,004)	(34,004)			-	(34,004)	-	(34,004)
2000 Dodge Caravan Lettering	(1,025)	(1,025)			-	(1,025)	-	(1,025)
	(35,029)	(35,029)			-	(35,029)	-	(35,029)
9/30/14 Disposals								
1996 DODGE HIGHTOP TK105023	(27,781)	(27,781)			-	(27,781)	-	(27,781)
1996 DODGE HIGHTOP RELETTER (TRANS FROM A	(1,765)	(1,765)			-	(1,765)	-	(1,765)
	(29,546)	(29,546)			-	(29,546)	-	(29,546)
9/30/15 Disposals								
# 12 1993 FORD E350 BUS PHB64622	(38,485)	(38,485)			-	(38,485)	-	(38,485)
# 16 97 CHEVROLET PICKUP 2GCEK19R0V1116561	(31,677)	(31,677)			-	(31,677)	-	(31,677)
	(70,162)	(70,162)			-	(70,162)	-	(70,162)
Total Autos	175,878	175,878			32,059	130,093	25,775	155,868
	175,878	175,878			32,059		25,775	

Amount Per Depreciation by Class (PBC)

Movable Equipment

Prior Period Acq (Per 09/30/2011 Cost Report)	3,161,218	3,161,218	S/L	Var	68,737	2,905,390	54,456	2,959,847
Prior Year Accrual (Included in PY Dep)	9,299	9,299						
	3,170,517	3,170,517			68,737	2,905,390	54,456	2,959,847

09/30/2012 New Additions												
	HP ProBook	971	194	388	194						582	
	Memory for Time Clock	2,024	405	1,147	405						1,552	
	Transcription Interface	2,500	500	1,000	500						1,500	
	Bladderscan BVI - 3000	11,662	1,666	4,165	1,666						5,831	
	EKG Machine	5,603	1,121	1,681	1,121						2,802	
	Elite 100 U/S Doppler	400	80	107	80						187	
	Copier	595	119	179	119						298	
	Copier	695	139	209	139						348	
	Lockwood Lodge Table	7,116	474	711	474						1,185	
	Dining Room Chairs	32,396	2,160	3,240	2,160						5,400	
		63,962	6,858	12,827	6,858						19,885	
09/30/2013 Additions												
	7 Laptop PC	7,189	1,438	1,533	1,438						2,996	
	2 Ancillary Equipment	569	114	123	114						237	
	2 Laptops	2,498	500	542	500						1,042	
	7 Promo HP Probook 6570B	5,131	1,026	1,112	1,026						2,138	
	12 Oxygen Concentrators	6,295	787	1,180	787						1,967	
	15 Pressure Reduction Mattress	30,982	2,065	3,614	2,065						5,679	
	FOLLETT 25 SERIES 25CT400A ICE MACHINE	4,776	478	518	478						996	
	LOCKWOOD LODGE DISHWASHER	17,174	1,717	3,005	1,717						4,722	
	2 Flat Screen TVs	695	139	243	139						382	
		75,309	8,264	11,895	8,264						20,159	
09/30/2014 Additions												
	SITE SERVER	715	20	20	20						258	
	NETWORK EQUIPMENT	55,143	1,532	1,532	1,532						19,913	
	SARA LIFT INCLUDES BATTERIES,CHARGER AND 1	4,049	270	270	270						675	
	PREVA MATT ELEIT MATTRESS	258	19	19	19						45	
	PREVA MATT ELEIT MATTRESS	258	19	19	19						45	
	PREVA MATT ELEIT MATTRESS	258	19	19	19						45	
	PREVA MATT ELEIT MATTRESS	258	19	19	19						45	
	PREVA MATT ELEIT MATTRESS	258	19	19	19						45	
	PREVA MATT ELEIT MATTRESS	258	19	19	19						45	
	PREVA MATT ELEIT MATTRESS	258	19	19	19						45	
	PREVA MATT ELEIT MATTRESS	258	19	19	19						45	
	PREVA MATT ELEIT MATTRESS	258	19	19	19						45	
	PREVA MATT ELEIT MATTRESS	258	19	19	19						45	
	PREVA MATT ELEIT MATTRESS	258	19	19	19						45	
	PREVA MATT ELEIT MATTRESS	258	19	19	19						45	
	PREVA MATT ELEIT MATTRESS	258	19	19	19						45	
	JOERNS ULTRACARE XT HEALTHCARE ELECTRIC BED	1,890	92	92	92						249	
	JOERNS ULTRACARE XT HEALTHCARE ELECTRIC BED	1,890	92	92	92						249	
	JOERNS ULTRACARE XT HEALTHCARE ELECTRIC BED	1,890	92	92	92						249	
	JOERNS ULTRACARE XT HEALTHCARE ELECTRIC BED	1,890	92	92	92						249	
	JOERNS ULTRACARE XT HEALTHCARE ELECTRIC BED	1,890	92	92	92						249	
	JOERNS ULTRACARE XT HEALTHCARE ELECTRIC BED	1,890	92	92	92						249	
	JOERNS ULTRACARE XT HEALTHCARE ELECTRIC BED	1,890	92	92	92						249	
	JOERNS ULTRACARE XT HEALTHCARE ELECTRIC BED	1,890	92	92	92						249	
	JOERNS ULTRACARE XT HEALTHCARE ELECTRIC BED	1,890	92	92	92						249	
	JOERNS ULTRACARE XT HEALTHCARE ELECTRIC BED	1,890	92	92	92						249	
	JOERNS ULTRACARE XT HEALTHCARE ELECTRIC BED	1,890	92	92	92						249	
	JOERNS ULTRACARE XT HEALTHCARE ELECTRIC BED	1,890	92	92	92						249	
	MAXI SLINGS	10,516	1,928	1,928	1,928						4,031	
	SLINGS FOR MAXILIFT LARGE AND XLARGE	3,790	42	42	42						295	
	JOERNS BARIATRIC BED 750LB	5,340	208	208	208						564	
	PROOFER HOLDING CABINET	2,799	16	16	16						202	
	PROOFER HOLDING CABINET	2,799	16	16	16						202	
	VACUUMS	2,280	214	214	214						499	
	VACUUMS	9,933	166	166	166						2,152	
	CARENDO HYGIENE CHAIR	5,485	61	61	61						427	
		126,472	5,694	5,694	5,694						32,456	

9/30/15 Additions	9/30/2015	8,826	8,826	S/L	5	-	-	147	147
8 Computers on Wheels	7/31/2015	15,324	15,324	S/L	3	-	-	1,277	1,277
7 Computers	7/31/2015	8,412	8,412	S/L	3	-	-	701	701
7 Laptops	9/30/2015	18,029	18,029	S/L	3	-	-	501	501
43 Thin Client	6/25/2015	262	262	S/L	15	-	-	6	6
21" DIA GAME TABLE	6/25/2015	2,653	2,653	S/L	15	-	-	59	59
6 Accent Armchairs	9/30/2015	9,430	9,430	S/L	5	-	-	157	157
AQUARIUM	6/25/2015	1,030	1,030	S/L	15	-	-	23	23
2 BAR HEIGHT STOOLS WITH ARMS	9/30/2015	2,533	2,533	S/L	2	-	-	106	106
BASKETS	2/28/2015	2,430	2,430	S/L	10	-	-	162	162
6 CART, LAUNDRY, HEAVY DUTY	9/30/2015	2,595	2,595	S/L	5	-	-	43	43
CHALK BOARDS	6/25/2015	779	779	S/L	15	-	-	17	17
COLE BENCH	8/31/2015	2,354	2,354	S/L	10	-	-	39	39
6 CRASH CARTS	5/31/2015	5,431	5,431	S/L	10	-	-	226	226
DELUXE TUBULAR HAMPER	6/25/2015	8,207	8,207	S/L	15	-	-	182	182
30 DINING ARMCHAIRS	8/31/2015	40,147	40,147	S/L	10	-	-	669	669
DISHWASHER	2/28/2015	1,499	1,499	S/L	10	-	-	100	100
DROP IN FOOD WELL	8/31/2015	2,247	2,247	S/L	5	-	-	75	75
DRUG SHREDDER	6/25/2015	1,703	1,703	S/L	15	-	-	38	38
2 DUVAL WINGBACK CHAIR	9/30/2015	4,125	4,125	S/L	5	-	-	69	69
5 DYNO RELIEF LOW LOSS AIR MATTRESS	6/25/2015	839	839	S/L	15	-	-	19	19
2 EDUCATIONAL FURNITURE	6/25/2015	1,522	1,522	S/L	15	-	-	34	34
7 END TABLE	9/30/2015	289,941	289,941	S/L	15	-	-	1,611	1,611
FURNISHINGS	6/25/2015	329	329	S/L	15	-	-	7	7
HAND TRUCK 3031	8/31/2015	13,572	13,572	S/L	15	-	-	151	151
2 HOT FOOD COUNTERS	9/30/2015	3,723	3,723	S/L	10	-	-	31.03	31
KALVIN CLOCK	6/25/2015	300	300	S/L	15	-	-	6.57	7
3 LITE SOURCE FURNITURE	6/25/2015	1,231	1,231	S/L	15	-	-	27.36	27
LOFT DIVIDER SCREEN	6/25/2015	1,589	1,589	S/L	15	-	-	35.31	35
LOUNGE CHAIR	6/25/2015	1,084	1,084	S/L	15	-	-	24.09	24
LOVE SEAT	6/25/2015	153	153	S/L	15	-	-	3.40	3
MAX THOMAS TABLETOP LAMINATE	6/25/2015	214	214	S/L	15	-	-	4.76	5
MAX THOMAS WOOD TABLE	2/28/2015	2,353	2,353	S/L	10	-	-	156.87	157
MAXIMIZE II DIGITAL SCALE	6/25/2015	143	143	S/L	15	-	-	3.18	3
NEXUS BAR HEIGHT TABLE	9/30/2015	10,491	10,491	S/L	7	-	-	124.89	125
PAGEWRITER TC50 CARDIOGRAPH	6/25/2015	1,517	1,517	S/L	15	-	-	33.71	34
2 PARKER LOUNGE CHAIRS	6/30/2015	923	923	S/L	15	-	-	20.51	21
PARKER LOVE SEAT	6/25/2015	2,355	2,355	S/L	10	-	-	78.50	79
PRTABLE WHEELCHAIR SCALE	6/25/2015	283	283	S/L	15	-	-	6.29	6
2 QUOZEL FURNITURES	6/25/2015	329	329	S/L	15	-	-	7.31	7
ROUND COCKTAIL TABLE	6/25/2015	221	221	S/L	15	-	-	4.91	5
ROUND END TABLE	6/30/2015	2,051	2,051	S/L	10	-	-	68.37	68
SHOWER CHAIR	9/30/2015	3,282	3,282	S/L	10	-	-	109.40	109
SLING,MAXLIFT LG STANDARD	6/25/2015	4,030	4,030	S/L	10	-	-	33.58	34
2 SPOT VITAL SIGNS-NIBP/NECCOR	6/25/2015	134	134	S/L	15	-	-	2.98	3
TABLE TOP LAMINATE	9/30/2015	40,887	40,887	S/L	5	-	-	681.45	681
TELEVISIONS	6/25/2015	884	884	S/L	15	-	-	19.64	20
4 VOLT CHAIR		522,396	522,396	S/L		-	-	7,903	7,903

9/30/15 Disposals	9/30/2014	(3,038)	(3,038)	(51)	(608)	(659)
Partial disposition of Vacuums (placed into service 9/30/14)		(280.00)	(280)	(280)	-	(280)
FIGURED MAHOGANY PILASTER PEDESTAL BASE & 42" S	4/1/2002	(209.00)	(209)	(209)	-	(209)
ARM CHAIR, FIGURED MAHOGANY CHAMAELEON PATTERN,	4/1/2002	(177.00)	(177)	(177)	-	(177)
FIGURED MAHOGANY OVAL COCKTAIL TABLE	4/1/2002	(146.00)	(146)	(146)	-	(146)
FIGURED MAHOGANY END TABLE	4/1/2002	(1,221.00)	(1,221)	(1,221)	-	(1,221)
STATESVILLE REUNION LOUNGE CHAIR, COLOR BAY W	4/1/2002	(1,221.00)	(1,221)	(1,221)	-	(1,221)
STATESVILLE REUNION LOUNGE CHAIR, COLOR BAY W	4/1/2002	(4,500)	(4,500)	(4,500)	-	(4,500)
SHREDDER, MARATHON RX	5/1/2006	(10,792)	(10,792)	(7,805)	(608)	(8,413)
Total Movable Equipment		3,947,864	3,947,864	2,928,001	103,636	3,031,637
Amount Per Depreciation by Class (PBC)		3,947,864	3,947,864	89,553	103,636	
Total Assets		33,337,871	33,337,871	918,267	840,902	23,703,066

*Ties to TB

*Total Depreciation per trial balance, prior year depreciation determined based upon difference in asset additions and total PBC

Amortization Schedule*

Name of Facility Masonicare of Newtown	License No. 1020-C	Report for Year Ended 9/30/2015		Page 24	of 37	
		Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**			Rate %
Item	Date of Acquisition Month Year	Length of Amortization	Cost to Be Amortized			
A. Organization Expense						
1.						
2.						
3.						
A-4. Subtotal						
B. Mortgage Expense						
1. SNF	10 2007	30		49,900		
2. Assisted Living	10 2007	30		4,457		3,503
3.						
B-4. Subtotal						3,503
C. Leasehold Improvements and Other						
1. Acquired prior to this report period						
2. Disposals (attach schedule)						
3. Acquired during this report period (attach schedule)						
C-4. Subtotal						
D. Total Amortization						3,503

* 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 Masonicare of Newtown	License No. 1020-C	Report for Year Ended 9/30/2015	Page 25	of 37																																																																																																																			
11. Property Questionnaire																																																																																																																							
Part A																																																																																																																							
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.																																																																																																																			
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.																																																																																																																							
Description	Total																																																																																																																						
1. Date Land Purchased																																																																																																																							
2. Date Structure Completed	05/25/05																																																																																																																						
3. If NOT Original Owner, Date of Purchase	10/01/82																																																																																																																						
4. Date of Initial Licensure																																																																																																																							
5. Total Licensed Bed Capacity	154																																																																																																																						
6. Square Footage	116,973																																																																																																																						
7. Acquisition Cost		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;"></th> <th style="width:15%;">1st Mortgage</th> <th style="width:15%;">2nd Mortgage</th> <th style="width:15%;">3rd Mortgage</th> <th style="width:15%;">4th Mortgage</th> </tr> </thead> <tbody> <tr> <td>Part B - Owner and Related Parties</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1. Financing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> a. Type of Financing (e.g., fixed, variable)</td> <td>CHEFA Fixed Rate</td> <td></td> <td></td> <td></td> </tr> <tr> <td> b. Date Mortgage Obtained</td> <td align="center">10/31/07</td> <td></td> <td></td> <td></td> </tr> <tr> <td> c. Interest Rate for the Cost Year</td> <td align="center">3.67%</td> <td></td> <td></td> <td></td> </tr> <tr> <td> d. Term of Mortgage (number of years)</td> <td align="center">30</td> <td></td> <td></td> <td></td> </tr> <tr> <td> e. Amount of Principal Borrowed</td> <td align="right">7,742,117</td> <td></td> <td></td> <td></td> </tr> <tr> <td> f. Principal balance outstanding as of 9/30/2015</td> <td align="right">4,398,713</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Complete if Mortgage was Refinanced During Current Cost Year</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> g. Type of Financing (e.g., fixed, variable)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> h. Date of Refinancing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> i. New Interest Rate</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> j. Term of Mortgage (number of years)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> k. Amount of Principal Borrowed</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> l. Principal Outstanding on Note Paid-Off</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">Part C - Arms-Length Leases for Real Property Improvements Only</td> </tr> <tr> <td style="text-align: center;">Name and Address of Lessor</td> <td style="text-align: center;">Property Leased</td> <td style="text-align: center;">Date of Lease</td> <td style="text-align: center;">Term of Lease</td> <td style="text-align: center;">Annual Amount of Lease</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage	Part B - Owner and Related Parties					1. Financing					a. Type of Financing (e.g., fixed, variable)	CHEFA Fixed Rate				b. Date Mortgage Obtained	10/31/07				c. Interest Rate for the Cost Year	3.67%				d. Term of Mortgage (number of years)	30				e. Amount of Principal Borrowed	7,742,117				f. Principal balance outstanding as of 9/30/2015	4,398,713				Complete if Mortgage was Refinanced During Current Cost Year					g. Type of Financing (e.g., fixed, variable)					h. Date of Refinancing					i. New Interest Rate					j. Term of Mortgage (number of years)					k. Amount of Principal Borrowed					l. Principal Outstanding on Note Paid-Off					Part C - Arms-Length Leases for Real Property Improvements Only					Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease																									
	1st Mortgage				2nd Mortgage	3rd Mortgage	4th Mortgage																																																																																																																
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Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease																																																																																																																			

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Masonicare of Newtown		1020-C	9/30/2015			26	37
Item		Total	CCNH	RHNS	Other		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$ 7,742,117					
2. Loan Origination Date		10/31/07					
3. Interest Rate %		3.67%					
4. Term		30					
5. CHEFA Interest Expense		207,529	58,221		149,308		
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$ 207,529	58,221		149,308		

(Carry Subtotals forward to next page)

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

Name of Facility Masonicare of Newtown		License No. 1020-C		Report for Year Ended 9/30/2015			Page 27	of 37
Item				Total	CCNH	RHNS	Other	
Subtotals Brought Forward:				207,529	58,221		149,308	
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) Administration Interest Expense				\$	172	172		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	207,701	58,393	149,308	
14. Insurance								
a. Insurance on Property (buildings only)				\$	33,883	25,531	8,352	
b. Insurance on Automobiles				\$	9,662	7,280	2,382	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$				
2. Fire and Extended Coverage				\$				
3. Other (Specify) Prof. Liability/Director/Crime/General Liability				\$	158,518	121,011	37,507	
14d. Total Insurance Expenditures (14a + b + c)				\$	202,063	153,822	48,241	
15. Total All Expenditures (A-13 thru C-14)				\$	19,676,944	14,826,644	4,850,300	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Masonicare of Newtown				1020-C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 194,156	194,156		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 4,188	4,188		
11.			Telephone	\$			
12.	See	Attac	Cellular Telephone	\$ 1,958	1,958		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	See	Attac	Gifts, flowers and coffee shops	\$ 10,511	10,511		
15.	See	Attac	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 12,829	12,829		
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.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 514,222	514,222		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 24,464	24,464		
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 27,697	27,697		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 790,025	790,025		

(Carry Subtotal forward to next page)

* All except "Help Wanted".

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
15	1.a.6	Life Insurance (see-attached)	\$ 1,352		
16	m13	Letter of Credit (self-disallow)	\$ 19,826		
16	m13	Remarketing Fees - Bond (self-disallow)	\$ 645		
16	m13	CHEFA Admin. Fees (self-disallow)	\$ 982		
16	m13	Admissions Community Relations Event (self-disallow)	\$ 579		
16	m13	Administrator Expenses (self-disallow)	\$ 1,080		
Total Other A&G Adjustments			\$ 24,464	\$ -	\$ -

Masonicare at Newtown
9/30/2015
Legal Fees Disallowance

To disallow the CCH's portion of legal fees associated with collections

Total Settlement in Legal Case	11,115
50% of Settlement - Disallowed	5,558
Total Collection Fees Reported	-
Allocated based on Accum Costs (CCH Portion)	<u>75.350%</u>
Legal Fees Disallowance	<u><u>4,188</u></u> Pg. 28 L10

**Masonicare at Newtown
September 30, 2015
Cell Phone Disallowance**

To disallow the CCNH's portion of cell phone in excess of State limits

Total Cell Phone Costs Reported for CCNH (Page 15, Line 1h2)	3,398	
Allowable Amount (4 phones x \$30/month x 12 months)	<u>1,440</u>	
Cell Phone in Excess of Max Allowable	<u>1,958</u>	Pg. 28 L12

Page 28		Facility : Ashlar of Newtown				License #: 1020-C		Year End: 09/30/15		
Line	Description	Pg Ln Number	Alloc Code	G/L Amount	Reclass Amount	Adj. G/L Amount	CCH	RHNS	OTHER	Alloc. Check
23	Other	16 m13								
Cost of Excess Employee Gifts and Parties										
002.8150.6000200	Employee Relations	16.1 m 13	Payroll		20,765	20,765	16,422.51	-	4,342	-
							79%		21%	
Employee Gifts @ \$25 per employee (299) (allowance)					7,475	7,475	5,912	-	1,563	-
Sub total - Reimbursable Costs					7,475	7,475	5,912	-	1,563	-
Sub total - Non Reimbursable Costs					13,290	13,290	10,511	-	2,779	-
Disallowance (100%)				To Pg Ln 28.14	13,290	13,290	10,511	-	2,779	-

Purpose: Offset cost of Employee Gifts and Parties above allowable levels

Masonicare Of Newtown
 Tuition Reimb
 FYE 09/30/2015

Page	Line	Description	Pg Ln Number	Alloc Code	G/L Amount	Reclass Amount	Adj. G/L Amount	CCH	RHNS	OTHER	Alloc. Check
16	1.5	Education Expenses Related to Seminars and Conventon	16 / 1.5	Various	28,363	-	28,363	24,172	-	4,191	-
		Amount Not Related to Tuition		Various	12,142	-	12,142	11,343	-	799	-
		Amount Related to Tuition (see break out below)		Various	16,221	-	16,221	12,829	-	3,392	-
Cost of Tuition Reimbursed to Employees											
		Tuition for	Pg/Ln								
		AON 3B EDUCATION-TUITION	16 / 1.5	10	-	-	-	-	-	-	-
		MAN 2ND FLOOR EDUCATION-TUITION	16 / 1.5	22	-	-	-	-	-	-	-
		AON AL/FOOD SERVICE EDUCATION-TUITION	16 / 1.5	22	-	-	-	-	-	-	-
		AON EMPLOY BENEFITS EDUCATION-TUITION	16 / 1.5	15	16,220	-	16,220	12,828.54	-	3,392	-
		Sub total			16,220	-	16,220	12,829	-	3,392	-

Based On Current Allocation	79%	21%
To Pg Ln		
28.15	12,829	3,392

Disallowance (100%)

Purpose: Offset cost of Tuition Reimbursement to employees for enhancement of their technical and educational skills per DSS

Masonicare Of Newtown
 Management Fee Disallowance - In Excess of \$8/Day
 FYE 09/30/2015

Page 28 Facility : Ashlar of Newtown License #: 1020-C Year End: 09/30/15

Line	Description	Pg Ln Number	Alloc Code	G/L Amount	Reclass Amount	Adj. G/L Amount	CCH	RHNS	OTHER	Alloc. Check
21	Management Fee to Related Party	16 1 m 12								
				1,042,108		1,042,108	874,402		167,706	-
	Total Costs of Management Fee			<u>1,042,108</u>		<u>1,042,108</u>	<u>874,402</u>		<u>167,706</u>	<u>-</u>
	Sub total									

Allocated to CCNH 874,402
 Less Amount Disallowed as Marketing 111,923
 Fees Not Disallowed 762,479
 Max Allowable (43,673 x \$8.247/Day) 360,180
 Additional Disallowance \$ 402,299
 Marketing Disallowance \$ 111,923
 Total Disallowance \$ 514,222 Pg 28 L 21

Page	Line	Description	Pg Ln Number	Alloc Code	G/L Amount	Reclass Amount	Adj. G/L Amount	CCH	RHNS	OTHER	Alloc. Check
15	1.a.6	Life Insurance (employees only)		Various	6,941	-	6,941	5,490	-	1,451	-
Cost of Fringe Benefit True-Up											
	002.8600.5025000	AON EMPLOY BENEFITS W/O'S BS	Pg/Ln	15	1,709	-	1,709	1,351.61	-	357	-
		Sub total			1,709	-	1,709	1,352	-	357	-
		Based On Current Salary Allocation						79%		21%	
		To Pg Ln									
		Disallowance (100%)						1,352		357	

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

Name of Facility				License No.	Report for Year Ended	Page	of
Masonicare of Newtown				1020-C	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 790,025	790,025		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 2,423	2,423		
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 1,790	1,790		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 76,974	76,974		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 6,050	6,050		
51. Total Amount of Decrease (Items 1 - 50)				\$ 877,262	877,262		

*** 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.

Masonicare of Newtown
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Other
20	5j	Bed Rentals (self-disallowed)	\$ 1,790		
Total Other Ancillary Costs			\$ 1,790	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Other Property Adjustments			\$ -	\$ -	\$ -

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
30	IV8	Facility Management Revenue	\$ 296		
30	IV8	Rebates	\$ 902		
30	IV8	Spiritual Services Income	\$ 3,918		
30	IV8	Rebates - SNF Only	\$ 8,150		
30	IV8	Recreation Income	\$ 12,654		
30	IV8	Gain on Disposal of Assets	\$ 800		
30	IV8	Food Services Revenue	\$ 50,254		
Total Other Adjustments			\$ 76,974	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	10a	Real Estate Taxes	\$ 6,050		
Total Unallowable Building Interest			\$ 6,050	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Masonicare of Newtown	1020-C	9/30/2015			30	37
Item	Total	CCNH	RHNS	Other		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 14,067,399	14,067,399				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 1,687,340	1,687,340				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 2,128,884	2,128,884				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 185,486	185,486				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 2,649	2,649				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 1,945	1,945				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ 277	277				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 577,269	530,157		47,112		
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 210,741	175,909		34,832		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 117,571	114,636		2,935		
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 44,617	43,299		1,318		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 433,200	418,883		14,317		
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 105,264	101,554		3,710		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$ (658,862)	(625,491)		(33,371)		
b. Other (Specify) - Non-Medicare	\$ (6,131,297)	(6,073,892)		(57,405)		
III. Total Resident Revenue (Section I. thru Section II.)	\$ 12,772,483	12,759,035		13,448		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 34,497	27,697		6,800		
2. Rental of rooms to non-residents	\$ 3,543,947			3,543,947		
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$ 197			197		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 90,349			90,349		
8. Other (Specify)	\$ 144,688	76,974		67,714		
V. Total Other Revenue (1 thru 8)	\$ 3,813,678	104,671		3,709,007		
VI. Total All Revenue (III +V)	\$ 16,586,161	12,863,706		3,722,455		

* 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	Other
		(12,150.00)		-
30II6a	Deduction from Revenue Difference - Non-Reimb.			\$ (33,371)
30II6a	Deduction from Revenue Difference	\$ (618,957)		
30II6a	Radiology Revenue - MC	\$ 4,352		
30II6a	Laboratory Revenue - MC	\$ 1,264		
	Total Other Resident Revenue - Medicare	\$ (625,491)	\$ -	\$ (33,371)

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Other
		132.00		-
30II6b	Deduction from Revenue Difference - SNF	\$ (6,074,432)		
30II6b	Radiology Revenue - HMO & CO	\$ 408		
30II6b	Deduction from Revenue Difference - Non-Reimb.			\$ (57,405)
	Total Other Resident Revenue	\$ (6,073,892)	\$ -	\$ (57,405)

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Other
30IV5	Other Operating Interest Income - Non-Reimb.		-		197
	Total Interest Income		\$ -	\$ -	\$ 197

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
		-		-
30IV8	Facility Management Revenue (self-disallow)	\$ 296		\$ 105
30IV8	Rebates (self-disallow)	\$ 902		\$ 295
30IV8	Spiritual Services Income (self-disallow)	\$ 3,918		\$ 1,282
30IV8	Other Non-Reimb. Income			\$ 49,592
30IV8	Rebates - SNF Only (self-disallow)	\$ 8,150		
30IV8	Recreation Income (self-disallow)	\$ 12,654		
30IV8	Gain on Disposal of Assets (self-disallow)	\$ 800		
30IV8	Food Services Revenue (self-disallow)	\$ 50,254		\$ 16,440
	Total Other Revenue	\$ 76,974	\$ -	\$ 67,714

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Masonicare of Newtown	1020-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,042
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,872,647
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	21,702
5. Prepaid Expenses			\$	164,843
a. Insurance Pollution	5,472			
b. Other Prepaid	84,132			
c. Prepaid Dues	3,937			
d. Prepaid Morrison	71,302			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(2,857)
Insurance Payments	(2,857)			
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,057,377
B. Fixed Assets				
1. Land			\$	419,334
2. Land Improvements	*Historical Cost	2,484,076	\$	272,604
	Accum. Depreciation	2,211,472		Net
3. Buildings	*Historical Cost	13,474,099	\$	4,262,838
	Accum. Depreciation	9,211,261		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	13,255,954	\$	4,163,126
	Accum. Depreciation	9,092,828		Net
6. Movable Equipment	*Historical Cost	3,947,864	\$	916,227
	Accum. Depreciation	3,031,637		Net
7. Motor Vehicles	*Historical Cost	175,878	\$	20,010
	Accum. Depreciation	155,868		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	2,456
CR vs FS Depreciation Adjustment	2,456			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	10,056,595

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Masonicare of Newtown		1020-C	9/30/2015	32	37
Account				Amount	
Total Brought Forward:				\$	12,113,972
C. Leasehold or like property recorded for Equity Purposes.					
1. Land				\$	
2. Land Improvements		*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
3. Buildings		*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
4. Non-Movable Equipment		*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
5. Movable Equipment		*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
6. Motor Vehicles		*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
7. Minor Equipment-Not Depreciable				\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)				\$	
D. Investment and Other Assets					
1. Deferred Deposits				\$	
2. Escrow Deposits				\$	
3. Organization Expense		*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
4. Goodwill (Purchased Only)				\$	
5. Investments Related to Resident Care (<i>itemize</i>)				\$	40,178
Resident Personal Funds		40,178			
6. Loans to Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address		Amount	Loan Date		
7. Other Assets (<i>itemize</i>)				\$	142,875
Bond Financing		142,875			
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$	183,053
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$	12,297,025

* 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
Masonicare of Newtown		1020-C	9/30/2015	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	526,853
2. Notes Payable (<i>itemize</i>)				\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	496,178
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	104,532
7. Medicare Final Settlement Payable				\$	44,702
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	714,130
Accrued A/R Credit Balance	70,636	Accrued Provider Tax	194,897		
Accrued Liabilities	101,152	Accrued Audit	12,822		
Accrued R/E Taxes	(30,589)	Accrued Sec. Deposits	312,724		
Accrued Refunds	216	CL&P Loan Payable	52,272		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,886,395

* 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 Masonicare of Newtown		License No. 1020-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,886,395	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
Name of Lender		Purpose	Amount	Date Due	\$
2. Mortgages Payable					
\$					
3. Loans from Owners or Related Parties (<i>itemize</i>)					
\$					
Name and Address of Lender		Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)					
				\$	127,792
General Reserve			18,078		
Personal Funds			40,178		
Applied Income			(433)		
Asbestos Removal			69,969		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	127,792
C. Total All Liabilities (Lines A-13 + B-5)				\$	2,014,187

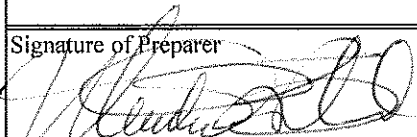
**G. Balance Sheet (cont'd)
 Reserves and Net Worth**

Name of Facility	License No.	Report for Year Ended	Page	of
Masonicare of Newtown	1020-C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	13,373,623
6. Gain or Loss for Period			\$	(3,090,785)
7. Total Net Worth			\$	10,282,838
C. Total Reserves and Net Worth			\$	10,282,838
D. Total Liabilities, Reserves, and Net Worth			\$	12,297,025

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Masonicare of Newtown	1020-C	9/30/2015	36	37
Account			Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2014		\$	8,131,840
B.	Total Revenue <i>(From Statement of Revenue Page 30)</i>		\$	16,586,161
C.	Total Expenditures <i>(From Statement of Expenditures Page 27)</i>		\$	19,676,946
D.	Net Income or Deficit		\$	(3,090,785)
E.	Balance		\$	5,041,055
F.	Additions			
1.	Additional Capital Contributed <i>(itemize)</i>			
	Total Expenditures (PG 27)	19,676,944		
	Rounding	2		
	Total Expenditures	19,676,946		
2.	Other <i>(itemize)</i>			
	Close out of Intercompany to Fund Balance	5,241,783		
F-3.	Total Additions		\$	5,241,783
G.	Deductions			
1.	Drawings of Owners/Operators/Partners <i>(Specify)</i>			
	Name and Address <i>(No., City, State, Zip)</i>	Title	Amount	
2.	Other Withdrawings <i>(Specify)</i>			
	Purpose	Amount		
3.	Total Deductions		\$	
H.	Balance at End of Period		\$	10,282,838
	09/30/15			

I. Preparer's/Reviewer's Certification

Name of Facility Masonicare of Newtown		License No. 1020-C	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"/> Other	
Preparer/Reviewer Certification					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer 		Title PRINCIPAL		Date Signed 2/1/16	
Printed Name of Preparer Matthew S. Bovolack, Principal					
Address 555 Long Wharf Drive, New Haven, CT 06511				Phone Number 203-781-9600	

Error Check

Level	Item	Reported as
Other	Page 9 - Total Speech Therapy Treatments	64.00 is inconsistent with balance of 64.00