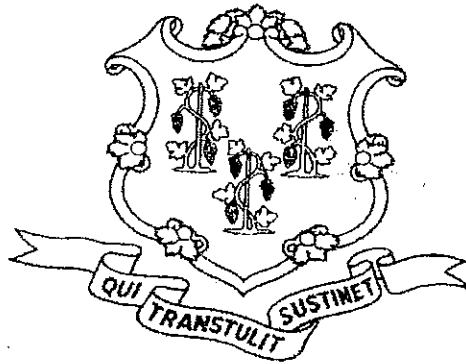


# State of Connecticut



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

Name of Facility (as licensed) Waveny Care Center, Inc.	
Address (No. & Street, City, State, Zip Code) 3 Farm Road, New Canaan, CT 06840	
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 type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 942-C	RHNS	(Specify)	Medicare Provider 07-5361
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Medicaid Provider Numbers:	CCNH 9423	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) Waveny Care Center, Inc.	License No. 942-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 Waveny Care Center, Inc. [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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.

{a} SUBJECT TO DESK AUDIT REVIEW

Signed (Administrator) <i>R Bucci</i>		Date <i>2/8/16</i>	Signed (Owner) <i>W Piper</i>		Date <i>2/8/16</i>
Printed Name (Administrator) Ron Bucci			Printed Name (Owner) William Piper		
Subscribed and Sworn to before me: <i>February 8, 2016</i>	State of <i>CT</i>	Date <i>2/8/16</i>	Signed (Notary Public) <i>ANNMARIE ALTIERI</i>	Comm. Expires <i>9/30/18</i>	
Address of Notary Public <i>Fairfield County</i>			<b>ANNMARIE ALTIERI</b> Notary Public		

**My Commission Expires September 30, 2018**

(Notary Seal)



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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Waveny Care Center, Inc.		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 3 Farm Road, New Canaan, CT 06840				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 1/26/2016	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid (As per page 10 of Report)</b>	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 203-594-5200		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Wavney Care Center, Inc.		Address (No. & Street, City, State, Zip) 3 Farm Road, New Canaan, CT 06840		
License Numbers:	CCNH 942-C	RHNS	(Specify)	Medicare Provider No. 07-5361
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Ron Bucci		Nursing Home Administrator's License No.:	001700	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		





**WAVENY LIFECARE NETWORK, INC.  
WAVENY CARE CENTER, INC.  
WAVENY CARE CENTER HEALTH SERVICES, INC.  
WAVENY HOME HEALTHCARE, INC.  
WAVENY AT HOME, INC.**

3 Farm Road  
New Canaan, CT

**2015 OFFICERS AND BOARD OF DIRECTORS**

**OFFICERS**

**Mr. Thomas B. Lewis, Chairman  
Mr. Todd Lampert, Vice Chairman  
Ms. Kelley Franco, Secretary  
Mr. John A. Zaro, Treasurer**

**BOARD OF DIRECTORS**

**Mr. Julius Alexander  
Ms. Tiffany Begoon  
Mr. Richard P. Bourgeois  
Ms. Sally Campbell  
Mr. Richard (Dick) J. DePatie  
Mr. Francis J. Dubas, Jr.  
Mr. Thomas S. Ferguson  
Ms. Caroline Gillespie Greer  
Mr. Michael D. Hobbs  
First Selectman Robert Mallozzi  
Dr. David M. Reed  
Ms. Bitsy Richardson  
Ms. Sharon L. Stevenson  
Mrs. Kathryn Whitehead Tohir  
Mr. Julian (Jay) B. Twombly  
Rev. Peter Walsh  
Mr. William C. Piper  
Mr. Shaun Powell**





## General Information and Questionnaire Related Parties\*

Name of Facility Waveny Care Center, Inc.	License No. 942-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 %**				
Waveny Care Center Health Services, Inc. (WCCHS)	3 Farm Road, New Canaan, CT 06840	<input type="radio"/>	<input checked="" type="radio"/>	Shared Expenses with Waveny Care Center, Inc.	Various		
Waveny Home Health Care, Inc (WHHC)	3 Farm Road, New Canaan, CT 06840	<input type="radio"/>	<input checked="" type="radio"/>	Shared Expenses with Waveny Care Center, Inc.	Various		
Waveny at Home (WAH)	3 Farm Road, New Canaan, CT 06840	<input type="radio"/>	<input checked="" type="radio"/>	Shared Expenses with Waveny Care Center, Inc.	Various		
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				

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

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

Name of Facility Waveny Care Center, Inc.	License No. 942-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.

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

N/A

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 Waveny Care Center, Inc.	License No. 942-C	Report for Year Ended 9/30/2015		Date of Lease**	Term of Lease	Annual Amount of Lease	Page of
Name and Address of Lessor Pitney Bowe Global Financial Services, PO Box 856460, Louisville, KY 40285	Related * to Owners, Operators, Officers	Yes	No	10/11/07	5 Years	2,510	6
		<input type="radio"/>	<input checked="" type="radio"/>				
TB&A Hospital Television, Inc., 20 Pinview Drive, Amherst, NY 14228		<input type="radio"/>	<input checked="" type="radio"/>	11/03/11	5 Years	6,108	37
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
						<b>Total ****</b>	<b>8,618</b>

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

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

\*\* Attach copies of newly acquired leases.

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

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

Name of Facility Waveny Care Center, Inc.	License No. 942-C	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 1 Marcum LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, New Haven, CT 06511
--	--

Services Provided by This Firm (*describe fully*)

1	Audit, Tax return, Medicaid & Medicare cost report	\$	60,298
2		\$	
3		\$	
4		\$	
			Charge for Services Provided
			\$ 60,298

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

Yes     No    Page 15, Line 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Robinson & Cole LLP 2 Wiggin & Dana LLP 3 John Corelli, CT State Marshal 4 5	Telephone Number 860-275-8200 203-498-4400 203-323-3753
--	--

Address (*No. & Street, City, State, Zip Code*)  
 1 280 Trumbull Street, Hartford, CT 06103-3597  
 2 PO Box 1832, New Haven, CT 06508-1832  
 3 PO Box 1121170, Stamford, CT 06911-2170  
 4  
 5

Services Provided by This Firm (*describe fully*)

1	HR Issues	\$	14,734
2	Corporate matters, HR Issues, CCRC Registration, Collections (Disallowed \$3,347 on Pg. 28)	\$	16,132
3	Serve Warrant (Disallowed on Pg. 28)	\$	31
4		\$	
5		\$	
			Charge for Services Provided
			\$ 30,897

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

Yes     No    Page 15, Line 1e



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

Name of Facility Waveny Care Center, Inc.			License No. 942-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? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span> If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days										CCNH	RHNS	(Specify)	
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	14		37		19								
Per Diem Rate													
a. One bed rm.	Various		248.79		544.00								
b. Two bed rms.	Various		248.79		510.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments										TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B										597	597		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										26,346	26,346		
D. Total Physical Therapy Treatments										26,943	26,943		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B										371	371		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										1,054	1,054		
D. Total Speech Therapy Treatments										1,425	1,425		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B										407	407		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										12,678	12,678		
D. Total Occupational Therapy Treatments										13,085	13,085		

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Waveny Care Center, Inc.	942-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	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	186,181	984				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	135,435	2,029				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	430,255	15,776				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	440,836	27,568				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	168,363	11,836				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	36,958	1,007				
b. Other Maintenance Workers	70,151	3,407				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	75,983	861				
b. Other Accountants	135,008	3,761				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	179,214	3,558				
b. RN						
1. Direct Care	713,609	18,275				
2. Administrative**	422,770	11,386				
c. LPN						
1. Direct Care	740,218	23,014				
2. Administrative**						
d. Aides and Attendants	1,398,813	80,913				
e. Physical Therapists	147,511	3,680				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	167,979	8,155				
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	100,889	3,286				
n. Marketing	64,047	2,033				
o. Other (Specify)						
See Attached Schedule	185,829	7,139				
<i>A-13. Total Salary Expenditures</i>	5,800,049	228,668				

\* 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		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Wages - Scheduling	\$ 46,306	2,283				
Wages - Medical Records	\$ 11,713	682				
Wages - Director of Volunteers	\$ 41,228	1,408				
Wages - Director of Development	\$ 59,026	1,369				
Wages - Other Volunteers	\$ 448	38				
Wages - Other Development	\$ 27,108	1,359				
<b>Total</b>	<b>\$ 185,829</b>	<b>7,139</b>	<b>\$ -</b>	<b>-</b>	<b>\$ -</b>	<b>-</b>

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Massage Therapy	\$ 8,140	223				
Outpatient Therapies	\$ 293,727	See Page 28a				
Post Acute Cardiology	\$ 1,560	8				
<b>Total</b>	<b>\$ 303,427</b>	<b>231</b>	<b>\$ -</b>	<b>-</b>	<b>\$ -</b>	<b>-</b>

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

Name of Facility		License No.		Report for Year Ended		Page	of		
Waveny Care Center, Inc.		942-C		9/30/2015		11	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
<b>Section I - Operators/Owners</b>									
William Piper	186,181		Non Discrim	CEO of Waveny Life Care Network	984	A1			
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>									

\* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.  
 \*\* Include all employment worked during the cost year.

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

Name of Facility (as licensed) Waveny Care Center, Inc.		License No. 942-C		Report for Year Ended 9/30/2015		Page 12	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
<b>Section III - Administrators***</b>									
Ron Bucci	135,435		Non Discrim	Administrator	2,029	A2			
<b>Section IV - Assistant Administrators</b>									

\*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		
Waveny Care Center, Inc.	942-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	25,591	591				
2. Dentist	8,254	104				
3. Pharmacist	7,656	81				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	230,738	4,395				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	25,800	104				
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	54,682	726				
b. Other						
10. Occupational Therapist						
a. Resident Care	226,276	4,494				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	44,889	685				
2. Administrative***	9,035	416				
b. LPN						
1. Direct Care	48,359	1,077				
2. Administrative***						
c. Aides	5,114	206				
d. Other						
12. Other (Specify) See Attached Schedule	303,427	231				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>989,821</b>	<b>13,110</b>				

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

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

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

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

Name of Facility Waveny Care Center, Inc.		License No. 942-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		
Joan Danford	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Lynn Holmberg, MS RD	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
HealthDrive Dental Group, 25 Needham St., Newton, MA 02461	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Ominicare Pharmacy Services, 35 Piermont Road, Rockleigh, NJ 07647	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Preferred Therapy, 850 Silas Deane Hwy, Wethersfield, CT 06109	Physical, Occupational & Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
SDX, 21 Waterville Road, Avon, CT 06840	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Contellation Health Services, 14 Westport Ave, 1st Floor, Norwalk, CT 06851	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Interim Healthcare of Fairfield County	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
ProCare, PO Box 646 Oxford, CT 06478 Nursing Agency	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Nurse Network, PO Box 986 Southington, CT 06489	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Maria Renzulli, 21 Fitch Street, East Norwalk, CT 06854	Massage Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Post Acute Cardiology Care, LLC, 15 Half Mile Road, Darien, CT 06820	Cardiology	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Joan Danford, New Canaan, CT	Dietitian	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Lynn Holmberg, MS Rd, 148 East Ave, Norwalk, CT 06851	Dietitian	<input type="radio"/>	<input checked="" type="radio"/>	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"/>		

\* 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
Waveny Care Center, Inc.	942-C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
<b>1. Administrative and General</b>					
<b>a. Employee Health &amp; Welfare Benefits</b>					
1. Workmen's Compensation	\$ 207,888	207,888			
2. Disability Insurance	\$ 24,781	24,781			
3. Unemployment Insurance	\$ 11,238	11,238			
4. Social Security (F.I.C.A.)	\$ 476,008	476,008			
5. Health Insurance	\$ 1,117,711	1,117,711			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 190,088	190,088			
8. Uniform Allowance	\$ 9,402	9,402			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$				
<b>b. Personal Retirement Plans, Pensions, and        Profit Sharing Plans for Owners and        Operators (Discriminatory)*</b>	\$				
<b>c. Bad Debts*</b>	\$ 344,520	344,520			
<b>d. Accounting and Auditing</b>	\$ 60,298	60,298			
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$ 30,897	30,897			
<b>f. Insurance on Lives of Owners and        Operators (<i>Specify</i>)*</b>	\$				
<b>g. Office Supplies</b>	\$ 74,827	74,827			
<b>h. Telephone and Cellular Phones</b>					
1. Telephone & Pagers	\$ 11,664	11,664			
2. Cellular Phones	\$ 6,253	6,253			
<b>i. Appraisal (<i>Specify purpose and        attach copy</i>)*</b>	\$				
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$				
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 445,350	445,350			
<b>Subtotal</b>	\$ 3,010,925	3,010,925			

\* 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**

Waveny Care Center, Inc.  
9/30/2015

Attachment Page 15

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	(Specify)
	-		
<b>Total</b>	\$ -	\$ -	\$ -

**Schedule of Other Taxes**

Description	CCNH	RHNS	(Specify)
	-		
<b>Total</b>	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Waveny Care Center, Inc.	942-C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>		3,010,925	3,010,925		
<b>l. Travel and Entertainment</b>					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 766	766			
3. Gifts to Staff and Residents	\$ 5,535	5,535			
4. Employee Travel	\$ 2,724	2,724			
5. Education Expenses Related to Seminars and Conventions	\$ 8,333	8,333			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 6,835	6,835			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$ 2,857	2,857			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 65,405	65,405			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 41,716	41,716			
7. Postage	\$ 17,005	17,005			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 4,707	4,707			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 328	328			
9. Subscriptions	\$ 1,568	1,568			
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> )	\$ 123,878	123,878			
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 308,717	308,717			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,601,299	3,601,299			

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

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

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



Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	-		
<b>Total Other Travel and Entertainment</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	-		
Admissions - Special events	\$ 1,543		
Public & Community Relati	\$ 5,419		
Special Development Events	\$ 1,303		
Advertising	\$ 50,780		
Promotional Materials	\$ 2,189		
Special Marketing Events	\$ 3,107		
Website/SBO/SEM	\$ 1,064		
<b>Total Other Advertising</b>	<b>\$ 65,405</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
Fairfield County ICN	\$ 70		
ISSA Dues	\$ 101		
Leading Age CT	\$ 4,105		
ALTCFM	\$ 38		
Association of Fundraising Dues	\$ 393		
<b>Total Dues</b>	<b>\$ 4,707</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	-		
<b>Total Contributions</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Department Guest Meals	\$ 1,420		
Licenses & Permits	\$ 8,330		
Special Events	\$ 372		
Misc. - Picture Framing	\$ 138		
Misc. - Safe Deposit Box	\$ 29		
Com Rel - Volunteer Recognition	\$ 6,019		
Routine Bank Charges	\$ 8,073		
Credit Card Processing Fee	\$ 27,140		
Recruitment - Not Related to WCC	\$ 29,266		
Manager Fees - Goldman & Sachs	\$ 85,893		
Assets Released Expense	\$ 136,902		
Food (Employees)	\$ 864		
Co-Insurance Write-offs	\$ 2,778		
Licenses: Social Services	\$ 630		
Record Storage	\$ 863		
<b>Total Other Administrative and General</b>	<b>\$ 308,717</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Waveny Care Center, Inc.	License No. 942-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 #
Morrison's Management Specialists, PO Box 102289, Atlanta, GA 30368	152,518	Management of Dietary Services, company provides as part of the Director of Dining Services and an Executive Chef	Page 18 / Line 2c

\* 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	License No.	Report for Year Ended	Page	of
Waveny Care Center, Inc.	942-C	9/30/2015	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 367,823	367,823		
2. Non-Food Supplies	\$ 48,489	48,489		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 663	663		
c. Management Services**	\$ 152,518	152,518		
d. Other (Specify) _____	\$ _____			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 569,493	569,493		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		
I. Did you receive revenue from employees?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify amt.
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				30 IV 8
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.
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				30 IV 8
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
O. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Waveny Care Center, Inc.	942-C	9/30/2015	19	37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	106,720	106,720	
c. Management Services**	\$			
d. Other (Specify)	\$			
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>	<b>\$</b>	<b>106,720</b>	<b>106,720</b>	
<b>3F. Laundry Questionnaire</b>				
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

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

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Wavney Care Center, Inc.	942-C	9/30/2015		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	36,830	36,830		
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
	Amt. \$				
c. Management Services*	\$				
d. Other ( <i>Specify</i> )	\$				
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)</b>	\$	<b>36,830</b>	<b>36,830</b>		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Pharmacy	\$	228,585	228,585		
b. Medicine Cabinet Drugs	\$	178,115	178,115		
c. Medical and Therapeutic Supplies	\$				
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	13,430	13,430		
f. X-rays and Related Radiological Procedures***	\$	8,966	8,966		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	19,818	19,818		
i. Recreation	\$	40,458	40,458		
j. Other ( <i>Specify</i> )**** See Attached Schedule	\$	194,325	194,325		
<b>5K. Total Resident Care Expenditures (5a - 5j)</b>	\$	<b>683,697</b>	<b>683,697</b>		

\* 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.



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

Name of Facility Wavy Care Center, Inc.		License No. 942-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.***			
		Yes	No			CCNH	RHNS (Specify)	Pg	Line
ADP	PO Box 9001006, Louisville, KY 40290	○	⊙	N/A	Payroll processing, COBRA Administration	35,623		16	m11
Unitex	Pkwy., Mt. Vernon, NY 10550	○	⊙	N/A	Laundry processing	59,194		19	3b
Magic Touch Cleaners	48 Division Ave, Levittown, NY 11756	○	⊙	N/A	Laundry processing	33,600		19	3b
Cornestone Accounting Group	101 Eisenhower Pkwy, Roseland, NJ 07068	○	⊙	N/A	Interim CFO	18,203		16	m11
Kyocera Document Solutions of New England	225 Sand Road, Fairfield, NJ 07004	○	○	N/A	maintenance and usage charges	11,853		22	6f
Cerner Corporation	Parkway, North Kansas City, Missouri 664117	○	○	N/A	MDS Software	15,444		16	m11
		○	○						
		○	○						
		○	○						
		○	○						
		○	○						
		○	○						
		○	○						
		○	○						

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

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

Name of Facility Waveny Care Center, Inc.		License No. 942-C	Report for Year Ended 9/30/2015		Page 22	of 37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 42,655	42,655				
b. Heat	\$ 93,297	93,297				
c. Light & Power	\$ 126,742	126,742				
d. Water	\$ 18,489	18,489				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 8,618	8,618				
f. Other ( <i>itemize</i> ) See Attached Schedule	\$ 76,628	76,628				
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 366,429</b>	<b>366,429</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 8,675	8,675				
b. Building & Building Improvements	\$ 175,289	175,289				
c. Non-Movable Equipment	\$ 125,088	125,088				
d. Movable Equipment	\$ 174,641	174,641				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 483,693</b>	<b>483,693</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$</b>					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 4,877	4,877				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 9	9				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 488,579</b>	<b>488,579</b>				

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



**Schedule of Other Repairs and Maintenance**

Description	CCNH	RHNS	(Specify)
	-		
Contracted Maintenance	\$ 75,264		
Machine & Equip. Rental	\$ 1,364		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 76,628</b>	<b>\$ -</b>	<b>\$ -</b>





12/1/2014	Carved Sign Panel	\$ (775)	5	\$ -
<b>Total deletions for Non-Movable Equipment</b>		<b>\$ (775)</b>		<b>\$ - **</b>

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

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## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/1/2014	Tilting Kettle	\$ 19,506	15	\$ 1,300
11/1/2014	Tractor with snowblower (dep)	\$ 675	10	\$ 68
12/1/2014	Tractor with snowblower	\$ 5,236	10	\$ 524
12/1/2014	Tractor with snowblower	\$ 925	10	\$ 93
2/1/2015	Mattress	\$ 1,222	5	\$ 244
2/1/2015	Black out curtains	\$ 6,000	5	\$ 1,200
3/1/2015	Freezer	\$ 1,227	10	\$ 123
3/1/2015	Wheelchairs	\$ 1,046	10	\$ 105
3/1/2015	Computer network	\$ 14,108	5	\$ 2,822
3/1/2015	Refrigerator Reach in	\$ 2,752	10	\$ 275
3/1/2015	Steamer	\$ 18,941	10	\$ 1,894
4/1/2015	Cisco Catalyst/Smartnet	\$ 6,505	5	\$ 1,301
4/1/2015	WhiteBoard	\$ 1,094	5	\$ 219
6/1/2015	Kangaroo Pump Feeding	\$ 1,494	10	\$ 149
6/1/2015	Southbend ranges	\$ 2,171	10	\$ 217
6/1/2015	ECG CP 150	\$ 2,915	7	\$ 416
6/1/2015	Biosway 12.1 LCD balance system	\$ 2,775	10	\$ 278
9/1/2015	48 chairs	\$ 22,817	15	\$ 1,521
7/1/2015	Backup battery for network	\$ 3,980	5	\$ 796
7/1/2015	Reach in refrigerator	\$ 2,752	10	\$ 275
7/1/2015	Ice Cuber	\$ 3,620	10	\$ 362
8/1/2015	Black out curtains	\$ 3,915	5	\$ 783
8/1/2015	Air Pressurized Mattress	\$ 2,308	5	\$ 462
9/1/2015	Black out curtains	\$ 4,330	5	\$ 866
9/1/2015	AV Audio Visuals	\$ 1,972	5	\$ 394
9/1/2015	Digital Scale	\$ 2,159	10	\$ 216
9/1/2015	Computer Memory	\$ 1,464	5	\$ 293
9/1/2015	Black out curtains	\$ 486	5	\$ 97
<b>Total additions for Movable Equipment</b>		<b>\$ 138,395</b>		<b>\$ 17,293 *</b>
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		<b>\$ -</b>		<b>\$ - **</b>

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

WAVENY CARE CENTER  
DEPRECIATION SCHEDULE  
9/30/2015

**LAND IMPROVEMENTS**

Date of Acquisition	Description	Cost	Depr Method	Life	Accum Depr @9/14	2015 Depr	Accum Depr @9/15	NAV @9/15	
300001	Prior to 10/1/01	40,567	S/L	Various	40,567	-	40,567	-	
300002	12/4	1,734	S/L	10 yrs	1,647	87	1,734	-	
300003	9/5	3,095	S/L	5 yrs	3,095	-	3,095	-	
300004	11/5	2,208	S/L	10 yrs	1,876	221	2,097	110	
300005	12/10	90,915	S/L	20 yrs	15,910	4,546	20,456	70,459	
Total 2012 and Prior Acquisitions		138,519			63,096	4,853	67,949	70,569	
2013 Acquisitions									
300006	41456	Paving of Sidewalks	14,700	S/L	8	2,756	1,838	4,594	10,106
Total 2013 Acquisitions		14,700			2,756	1,838	4,594	10,106	
2014 Acquisitions									
5/14		Courtyard patio and Drainage	19,837	S/L	10	1,984	1,984	3,968	15,869
Total 2014 Acquisitions		19,837			1,984	1,984	3,968	15,869	
Total Land Improvements		173,056			67,836	8,675	76,512	96,544	

**BUILDING**

Date of Acquisition	Description	Cost	Depr Method	Life	Accum Depr @9/14	2015 Depr	Accum Depr @9/15	NAV @9/15
Prior to 10/1/01		3,735,540	S/L	Various	3,708,115	27,424	3,735,540	-
10/01-6/02	Renovations ReHab & Recreation	15,591	S/L	20	9,744	780	10,524	5,067
5/2	New Outpatient Area	836	S/L	10	836	-	836	-
5/2	Telecommunications Project	88	S/L	5	88	-	88	-
6/2	Add'l work Flower Room	9,980	S/L	15	8,316	665	8,981	998
9/2	Fountain	1,993	S/L	10	1,993	-	1,993	-
4/3	Ceiling in Kitchen	6,140	S/L	10	6,140	-	6,140	-
6/3	Install outside flag pole lights	690	S/L	15	529	46	575	115
8/3	Door Opening Basement	4,446	S/L	15	3,407	296	3,703	743
10/03 - 9/04	Physical Therapy Expansion	276,145	S/L	20	144,976	13,807	158,783	117,362
2/4	2nd Floor Remodeling	6,754	S/L	20	3,546	338	3,884	2,870
7/4	Interior Refurbishing	29,000	S/L	20	15,225	1,450	16,675	12,325
9/4	Furnish & Install ice water shield	8,320	S/L	15	5,824	555	6,379	1,941
11/04 - 9/05	Crafts Room	247,392	S/L	20	119,573	12,370	131,943	115,449
12/4	Interior Refurbishing	10,000	S/L	20	5,500	500	6,000	4,000
7/05 - 9/05	New Roof	118,680	S/L	20	59,340	5,934	65,274	53,406
11/5	New Roof Main Dining Room	8,320	S/L	20	3,536	416	3,952	4,368
5/6	Ice & Water Shields - Roof	5,874	S/L	20	2,496	294	2,790	3,084
12/7	Skybridge	232,311	S/L	30	50,334	7,744	58,078	174,233
2/9	Elevator - Care Center	81,758	S/L	25	17,987	3,270	21,257	60,501
9/9	Ceiling in Care Center	74,244	S/L	15	27,223	4,950	32,173	42,071
3/10	Renovate Dirty Utility Room	13,701	S/L	25	2,466	548	3,014	10,687
3/10	Renovate Clean Utility Room	7,611	S/L	25	1,370	304	1,674	5,937
3/10	Renovate two bathrooms	4,254	S/L	25	766	170	936	3,319
8/10	Refurbish two Nourishment rooms	45,856	S/L	25	8,254	1,834	10,088	35,768
9/11	Care Center Renovations	832,042	S/L	25	116,486	33,282	149,768	682,274
1/12	Renovations 1st floor dining room	141,736	S/L	25	14,174	5,669	19,843	121,893
Total 2012 and Prior Acquisitions		5,919,301			4,338,244	122,646	4,460,890	1,458,410
2014 Acquisitions								
5/14	Emergency Generator	1,914	S/L	5	383	383	766	1,148
8/14	Water Main	14,049	S/L	20	702	702	1,404	12,645
6/16	Roof	23,950	S/L	20	1,198	1,198	2,396	21,554
9/14	Front Septic wlid	4,358	S/L	20	218	218	436	3,922
9/14	Care Center Renovations	695,125	S/L	25	27,805	27,805	55,610	639,515
9/14	Wallpaper CEO Office	5,064	S/L	5	1,013	1,013	2,026	3,038
9/14	New Cast Iron Waste Pipe	6,617	S/L	20	331	331	662	5,955
9/14	Water Meter/ Isolation Valves	3,537	S/L	10	354	354	708	2,829
Total 2014 Acquisitions		754,612			32,004	32,004	64,008	690,604
2015 Acquisitions & Disposals								
10/1	Water main	1,784	S/L	20	-	89	89	1,695
10/1	Replace sewage pump discharge lines	3,045	S/L	10	-	305	305	2,740
12/1	Loading Dock	4,175	S/L	10	-	418	418	3,757
3/1	Water main	615	S/L	20	-	31	31	584
3/1	Bathrooms	27,305	S/L	25	-	1,092	1,092	26,213
5/1	Water main	410	S/L	20	-	21	21	389
6/1	Slanted Roof replacement	12,600	S/L	20	-	630	630	11,970
6/1	Window Replacement	8,000	S/L	20	-	400	400	7,600

7/1	Window Replacement	11,451	S/L	20	-	573	573	10,878
7/1	Water main - AJ Penna	30,000	S/L	20	-	1,500	1,500	28,500
7/1	Window Replacement	23,400	S/L	20	-	1,170	1,170	22,230
8/1	Fire Door	1,255	S/L	15	-	84	84	1,171
8/1	Water main - AJ Penna	35,280	S/L	20	-	1,764	1,764	33,516
8/1	Window Replacement	11,451	S/L	20	-	573	573	10,878
8/1	King's Roofing	17,500	S/L	20	-	875	875	16,625
9/1	King's Roofing	17,500	S/L	20	-	875	875	16,625
9/1	Bathrooms (Trsf frm CIP)	3,953	S/L	25	-	158	158	3,795
9/1	Water main - AJ Penna	20,100	S/L	20	-	1,005	1,005	19,095
9/1	Water Main	(14,049)	S/L	20	-	-	(702)	(13,347)
9/1	Water Meter/ Isolation Valves	(3,537)	S/L	10	-	-	(354)	(3,183)
9/1	Water main	(1,784)	S/L	20	-	-	(45)	(1,739)
9/1	Water main	(615)	S/L	20	-	-	(15)	(600)
9/1	Water main	(410)	S/L	20	-	-	(10)	(400)
Total 2015 Acquisitions & Disposals		209,429				11,563	10,437	198,992

#### Building ADP

Date of Acquisition	Description	Cost	Depr Method	Life	2015 Depr	2015 Depr	Accum Depr @9/15	NAV @9/15
Prior to 10/1/01		363,043	S/L	40 yrs	263,782	9,076	272,858	90,185
Total 2012 and Prior Acquisitions		363,043			263,782	9,076	272,858	90,185
Total Building + Building ADP		7,246,385			4,634,030	175,289	4,808,193	2,438,192

#### Fixed Equipment

Asset #	Date of Acquisition	Description	Cost	Depr Method	Life	2015 Depr @9/14	2015 Depr	Accum Depr @9/15	NAV @9/15
400001	Prior to 10/1/01		1,157,984	S/L	Various	1,136,248	21,736	1,157,984	-
400002	10/1	Install Tanks	4,330	S/L	10	4,330	-	4,330	-
400003	7/2/1	Kitchen Equipment	70,000	S/L	10	70,000	-	70,000	-
400004	1/2	Ceiling Heaters Shower Room	2,701	S/L	10	2,701	-	2,701	-
400005	1/2	Fire Door	4,767	S/L	20	2,979	238	3,217	1,550
400006	1/2	Flourescent Lighting	2,426	S/L	5	2,426	-	2,426	-
400007	6/2	Intercom Nurses Station	556	S/L	5	556	-	556	-
400008	6/2	2 Cubicle Curtains & Ceiling Tracks	2,806	S/L	10	2,806	-	2,806	-
400009	7/2	Telephone System	17,528	S/L	10	17,528	-	17,528	-
400010	9/2	Renovation Phase 11	28	S/L	20	17	1	18	9
400011	9/2	Repro Graphics-Plots	197	S/L	20	123	10	133	64
400012	9/2	Telephone Cabling	1,948	S/L	10	1,948	-	1,948	-
400013	10/2	Flooring Rooms 35 & 21	1,600	S/L	20	920	80	1,000	600
400014	10/02 -2/03	Dish, Equipment & installation	5,447	S/L	10	5,447	-	5,447	-
400015	11/2	2 Door Closers	1,575	S/L	10	1,575	-	1,575	-
400016	12/2	Outside & Basement Outlets	423	S/L	10	423	-	423	-
400017	12/2	11 Building Signs	3,450	S/L	10	3,450	-	3,450	-
400018	1/3	Wall Mounted Eye Wash Station	269	S/L	10	269	-	269	-
400019	1/3	RPD Device	461	S/L	10	461	-	461	-
400020	2/3	Stainless Steel Backsplash	885	S/L	10	885	-	885	-
400021	2/3	2 Ice Machines/Water Dispenser	6,550	S/L	10	6,550	-	6,550	-
400022	2/3	Physical Therapy Room	1,963	S/L	10	1,963	-	1,963	-
400023	2/3	TR Room Carpeting	1,090	S/L	10	1,090	-	1,090	-
400024	4/3	Installed 2 Recessed Lights	433	S/L	10	433	-	433	-
400025	4/3	PT Expansion	1,798	S/L	10	1,798	-	1,798	-
400026	4/3	Garbage Disposal & Installation	2,279	S/L	10	2,279	-	2,279	-
400027	4/3	Furnish & Install Carpet	944	S/L	10	944	-	944	-
400028	6/3	Flagpole Installation	1,580	S/L	20	909	79	988	593
400029	6/3	Exhaust System	1,547	S/L	15	1,186	103	1,289	258
400030	6/3	Security System	28,272	S/L	10	28,272	-	28,272	-
400031	6/3	Carpet & Installation	922	S/L	10	922	-	922	-
400032	7/3	Pushbutton Lock installed	765	S/L	15	587	51	638	128
400033	8/3	Stainless Steel Shelving	1,016	S/L	20	584	51	635	381
400034	8/3	Chain Link Fence	1,450	S/L	15	1,112	97	1,209	241
400035	9/3	Call Bell System	35,341	S/L	10	35,341	-	35,341	-
400036	9/3	Carpet & Installation	655	S/L	10	655	-	655	-
400037	11/3	Call Bell System	1,474	S/L	10	1,474	-	1,474	-
400038	11/3	Tank Monitor Leak Detection	11,950	S/L	15	8,365	797	9,162	2,788
400039	11/3	Call Bell System	721	S/L	10	721	-	721	-
400040									
400041	11/3	PA System/Satellite Dish	1,645	S/L	10	1,645	-	1,645	-
400042	11/3	Fax Line	170	S/L	10	170	-	170	-
400043	11/3	Communication Cabling	1,633	S/L	10	1,633	-	1,633	-
400044	12/3	Call Bell System	808	S/L	10	808	-	808	-

400045	12/3	Phone System	3,510	S/L	10	3,510	-	3,510	-
400046	1/4	Software	600	S/L	5	600	-	600	-
400047	1/4	Phone System	3,474	S/L	10	3,474	-	3,474	-
400048	1/4	Emergency Receptacles	10,100	S/L	10	10,100	-	10,100	-
400049	1/4	Scotchint Film 6 FT Lights	966	S/L	10	966	-	966	-
400050	1/4	Kitchen Emergency Lighting	900	S/L	10	900	-	900	-
400051	2/4	Call Bell System	14,978	S/L	10	14,978	-	14,978	-
400052	2/4	Windows Software Upgrade	3,723	S/L	5	3,723	-	3,723	-
400053	2/4	Phone System	196,990	S/L	10	196,990	-	196,990	-
400054	3/4	Install 4 Quads Basement	640	S/L	10	640	-	640	-
400055	3/4	Install Quad outlets 1st fl Nursing	374	S/L	10	374	-	374	-
400056	3/4	Software	7,448	S/L	5	7,448	-	7,448	-
400057	4/4	Melyx Pro Licenses & Installation	2,797	S/L	5	2,797	-	2,797	-
400058	6/4	Painting	14,500	S/L	10	14,500	-	14,500	-
400059	6/4	Control Unit w/Nurse call ports	2,417	S/L	10	2,417	-	2,417	-
400060	6/4	Pro Clinical & Accts Rec. Training	1,055	S/L	5	1,055	-	1,055	-
400061	6/4	Lot Wood Doors	1,974	S/L	15	1,382	132	1,514	460
400062	7/4	Carpeting	86,600	S/L	10	86,600	-	86,600	-
400063	7/4	Motorized Shades-Window Treats.	3,286	S/L	10	3,286	-	3,286	-
400064	7/4	Ice Bin Door	562	S/L	10	562	-	562	-
400065	7/4	Wallpaper	993	S/L	5	993	-	993	-
400066	7/4	Software Agreement	4,348	S/L	5	4,348	-	4,348	-
400067	8/4	Wallpaper	195	S/L	5	195	-	195	-
400068	9/4	On Site Training -Melyx	2,004	S/L	5	2,004	-	2,004	-
400069	9/4	Glass Replacement	3,250	S/L	10	3,250	-	3,250	-
400070	9/4	Potico Repairs & Painting	9,202	S/L	10	9,202	-	9,202	-
400071	9/4	Microwave Motion Sensor	1,838	S/L	10	1,838	-	1,838	-
400072	9/4	Lot Finishing Hardware	729	S/L	10	729	-	729	-
400073	12/4	Drapes & Cornice	1,188	S/L	10	1,129	59	1,188	-
400074	1/5	Magnetic Door Holder	802	S/L	15	508	53	561	241
400075	1/5	Carpeting	32,751	S/L	10	31,113	1,638	32,751	-
400076	1/5	Call Bell System Crafts Room	1,520	S/L	10	1,444	76	1,520	-
400077	1/5	Boards Reception Desk	263	S/L	15	167	18	185	78
400078	2/5	Sliding Door & Installation	9,225	S/L	10	8,764	461	9,225	-
400079	8/5	Drapes & Cornice	2,254	S/L	10	2,141	113	2,254	-
400080	8/5	Edge of Docklever	1,450	S/L	10	1,378	73	1,450	-
400081	9/5	Carpeting	3,639	S/L	10	3,457	182	3,639	-
400082	9/5	Phone System	930	S/L	10	884	47	930	-
400083	9/5	Ice & Water Machine	4,680	S/L	10	4,446	234	4,680	-
400084	9/5	Install 2 Magnetic Door Holders	1,567	S/L	15	992	575	1,567	-
400085	9/5	install Insulated Glass	2,114	S/L	10	2,008	106	2,114	-
400086	9/5	Awning	4,570	S/L	15	2,894	305	3,199	1,371
400087	9/5	Outside Junction Box & Wiring	2,947	S/L	20	1,400	147	1,547	1,400
400088	9/5	Antennas/Programing/Ritron Units	7,326	S/L	10	6,960	366	7,326	-
400089	9/5	Prefinish Fire Wood Door	2,579	S/L	15	1,633	172	1,805	774
400090	11/5	Wallpapering Library	810	S/L	10	689	81	770	41
400091	11/5	Wallpapering Library	336	S/L	10	285	34	319	16
400092	11/5	3 Emergency Switches Fumance	889	S/L	10	755	89	844	44
400093	11/5	New Septic Pump & Control Panel	6,986	S/L	15	3,959	466	4,425	2,561
400094	12/5	Supplies for new Septic Pump	324	S/L	15	183	22	205	118
400095	12/5	Wiring Septic Pump	952	S/L	15	539	63	602	350
400096	12/5	New Door Dirty Utility Room	648	S/L	15	367	43	410	238
400097	1/6	Garbage Disposal	1,230	S/L	10	1,045	123	1,168	61
400098	1/6	Refurbish Special Care Dinig Room	1,735	S/L	10	1,475	174	1,649	86
400099	2/6	install Outlet for Pellet Wanner	365	S/L	10	310	37	347	18
400100	2/6	Installation Garbage Disposal	382	S/L	10	325	38	363	19
400101	3/6	Security System	2,900	S/L	10	2,465	290	2,755	145
400102	4/6	New Piping Mechanical Room	2,950	S/L	15	1,672	197	1,869	1,081
400103	4/6	Tiling Room 107	2,300	S/L	10	1,955	230	2,185	115
400104	4/6	Reblt Cooling Tower Fan Mechanism	2,465	S/L	10	2,095	247	2,342	123
400105	6/6	Awning	4,200	S/L	15	2,380	280	2,660	1,540
400106	6/6	Hot Water Booster	2,073	S/L	10	1,762	207	1,969	104
400107	7/6	Awning Installation	370	S/L	15	210	25	235	135
400108	8/6	Wiring Awning	600	S/L	15	340	40	380	220
400109	8/6	3 steel emergency exit doors	10,347	S/L	20	4,397	517	4,914	5,433
400110	9/6	Tile Main Vestibule	1,287	S/L	20	547	64	611	676
400111	9/6	Automatic Doors Front Vestibule	13,590	S/L	10	11,552	1,359	12,911	680
400112	10/6	4 VAV motor assemblies	3,750	S/L	10	2,813	375	3,188	563
400113	1/7	New Carpeting - Volunteer Office	2,840	S/L	10	2,130	284	2,414	426
400114	1/7	Satellite TV wiring	8,500	S/L	15	4,250	567	4,817	3,683
400115	2/7	New Shaft & Blower wheels A/C unit	7,635	S/L	10	5,726	764	6,490	1,145
400116	2/7	New Satellite TV System	12,000	S/L	15	6,000	800	6,800	5,200
400117	3/7	Refurbish Volunteer & Schd. Office	1,505	S/L	10	1,129	151	1,280	225
400118	3/7	Heat Exchanger	9,431	S/L	15	4,716	629	5,345	4,087
400119	5/7	Tray line shelf - Staff dining area	3,165	S/L	10	2,374	317	2,691	474
400120	6/7	Replacement piping Spinkler system	3,140	S/L	15	1,570	209	1,779	1,361
400121	7/7	Garbage Disposal	2,347	S/L	10	1,760	235	1,995	352



400122	8/7	Insinkerator	1,290	S/L	10	968	129	1,097	194
400123	9/7	78 Breakaway Cords	3,638	S/L	5	3,638	-	3,638	-
400124	10/7	Wanderguard additions - SNF	39,336	S/L	15	17,046	2,622	19,668	19,668
400125	12/7	Exterior Fencing	24,651	S/L	15	10,682	1,643	12,325	12,326
400126	1/8	Photo cells parking lot, heater	1,800	S/L	10	1,170	180	1,350	450
400127	1/8	Compressor computer room A/C	1,881	S/L	10	1,222	188	1,410	470
400128	2/8	Renovate Cart Wash room (Kitchen)	10,650	S/L	15	4,615	710	5,325	5,325
400129	2/8	Hot Water Heater	9,859	S/L	10	6,408	986	7,394	2,464
400130	4/8	Chiller	138,464	S/L	20	45,001	6,923	51,924	86,540
400131	4/8	Elect. outlets for beauty shop & UPS	1,877	S/L	15	814	125	939	939
400132	8/8	Backflow Preventer	4,424	S/L	10	2,876	442	3,318	1,106
400133	11/8	Parking lot light	1,500	S/L	10	825	150	975	525
400134	2/9	Hot Water Heater	12,291	S/L	15	4,507	819	5,326	6,965
400135	3/10	1st floor Nurses Station	32,842	S/L	20	7,389	1,642	9,031	23,810
400136	5/11	New Transfer Switch - Generator	7,258	S/L	10	2,540	726	3,266	3,991
400137	6/11	New Pump Sewer system	6,554	S/L	15	1,529	437	1,966	4,588
400138	1/12	Wiring & Installation - Cable TV	1,845	S/L	15	308	123	431	1,415
400139	1/12	Carpeting 1st floor dining room	6,325	S/L	15	1,054	422	1,476	4,849
400140	2/12	Carpeting Care Center	120,475	S/L	15	20,079	8,032	28,111	92,364
400141	4/12	Installation of Back Flow preventer	3,105	S/L	10	776	310	1,086	2,019
400142	5/12	Back Flow preventor valve	1,454	S/L	10	364	145	509	946
Total 2012 and Prior Acquisitions			2,387,209			2,010,292	63,709	2,074,001	313,209

#### 2013 Acquisitions

400143	5/21	Door for Volunteer Office	1,600	S/L	15	160	107	267	1,333
400144	5/29	Pumping Equipment	30,473	S/L	10	4,571	3,047	7,618	22,855
400144	5/14	Add On to Sewer pumps	976	S/L	10	146	98	244	732
400144	6/10	Add On to Sewer pumps	3,375	S/L	10	506	338	844	2,531
Total 2013 Acquisitions			36,424			5,384	3,590	8,974	27,451

#### 2014 Acquisitions

11/13		Fish tank Countertop	2,600	S/L	15	173	173	346	2,254
11/13		Carpeting	9,870	S/L	15	658	658	1,316	8,554
11/13		Fire Alarm System	81,678	S/L	10	8,168	8,168	16,336	65,342
1/14		Aquarium Installation	7,164	S/L	15	478	478	956	6,208
2/14		Carved sign Panel	775	S/L	5	155	155	310	465
3/14		Straight Track	13,390	S/L	10	1,339	1,339	2,678	10,712
4/14		Mixing Valve	4,139	S/L	10	414	414	828	3,311
5/14		Carpet, Tile, Admin Wing-Main Lobby	18,780	S/L	15	1,252	1,252	2,504	16,276
6/14		Entrance & Parking lot signs	10,738	S/L	10	1,074	1,074	2,148	8,590
6/14		Nurse Call System	41,394	S/L	10	4,139	4,139	8,278	33,116
9/14		Generator	668,151	S/L	20	33,408	33,408	66,816	601,335
9/14		Lighting	3,660	S/L	10	366	366	732	2,928
Total 2014 Acquisitions			862,339			51,624	51,624	103,248	759,091

#### 2015 Acquisitions

5/1		Air conditioner for Data Room	2,890	S/L	10	-	289	289	2,601
6/1		Dishwasher, Equipment & installation	55,146	S/L	10	-	5,515	5,515	49,631
8/1		Air Conditioner for Data Room	2,280	S/L	10	-	228	228	2,052
9/1		Electrical for Dishwasher	1,330	S/L	10	-	133	133	1,197
12/1		Carved Sign Panel	(775)	S/L	5	-	-	(155)	(620)
Total 2015 Acquisitions			60,871			-	6,165	6,010	54,861

Total Fixed Equipment 3,346,844 2,067,299 125,088 2,192,232 1,154,612

#### Fixed Equipment ADP

Date of Acquisition	Cost	Depr Method	Useful Life	Accum Depr @9/14	2015 Depr	Accum Depr @9/15	NAV @9/15
Prior to 10/1/01	2,228			2,228	-	2,228	-
Total Fixed Equipment ADP	2,228			2,228	-	2,228	-

#### Fixed Equipment Geriatric

Date of Acquisition	Cost	Depr Method	Useful Life	Accum Depr @9/14	2015 Depr	Accum Depr @9/15	NAV @9/15
Prior to 10/1/01	525			525	-	525	-
Total Fixed Equipment - Geriatric	525			525	-	525	-

Total Fixed Equip + ADP + Geriatric 3,349,598 2,070,053 125,088 2,194,986 1,154,612

#### Movable Equipment

Date of Acquisition	Cost	Depr Method	Useful Life	Accum Depr @9/14	2015 Depr	Accum Depr @9/15	NAV @9/15
Prior to 10/1/01							

Asset #	Acquisition	Description	ni	Cost	Method	Life	@9/14	Depr	@9/15	@9/15
500001	Prior to 10/1/01			1,209,778			1,209,778	-	1,209,778	-
500002	10/1	Tables Employee Lounge		732	S/L	20	458	37	495	238
500003	10/1	Storage Cabinet		338	S/L	15	282	23	305	33
500004	10/1	Chair		375	S/L	10	375	-	375	-
500005	11/1	Refrigerator		1,313	S/L	10	1,313	-	1,313	-
500006	11/1	Stainless Steel Stand		300	S/L	10	300	-	300	-
500007	11/1	4 Janitor Carts		1,256	S/L	10	1,256	-	1,256	-
500008	11/1	Shelves		3,260	S/L	20	2,037	163	2,200	1,059
500009	11/1	3 Vacuum Cleaners		1,085	S/L	5	1,085	-	1,085	-
500010	11/1	Bunn Hot Water Machine		1,100	S/L	5	1,100	-	1,100	-
500011	11/1	Envelope feeder		242	S/L	5	242	-	242	-
500012	12/1	4 RCA 20" TV's		1,402	S/L	5	1,402	-	1,402	-
500013	12/1	Reupholster 20 Chairs		3,890	S/L	10	3,890	-	3,890	-
500014	1/2	4 Monitors & Configuration		4,266	S/L	10	4,266	-	4,266	-
500015	1/2	Posts & Caps		1,213	S/L	10	1,213	-	1,213	-
500016	1/2	Food Processor		799	S/L	5	799	-	799	-
500017	2/2	2 Enhanser Cushions		629	S/L	10	629	-	629	-
500018	3/2	Copier		1,745	S/L	5	1,745	-	1,745	-
500019	3/2	PC Modems		170	S/L	5	170	-	170	-
500020	4/2	Ergolift Scale		1,694	S/L	15	1,411	113	1,524	169
500021	4/2	Chem Craft Caps for Posts		202	S/L	10	202	-	202	-
500022	4/2	Computer Equipment		4,409	S/L	5	4,409	-	4,409	-
500023	4/2	Enhanser Cushion		299	S/L	10	299	-	299	-
500024	4/2	Ergolift Scale		1,700	S/L	15	1,416	113	1,529	170
500025	4/2	2 File Cabinets		884	S/L	15	737	59	796	88
500026	4/2	10 Gal Extractor		2,071	S/L	5	2,071	-	2,071	-
500027	5/2	Copier Nurses office		4,080	S/L	5	4,080	-	4,080	-
500028	5/2	Lap Top		2,343	S/L	5	2,343	-	2,343	-
500029	5/2	File Cabinets		2,309	S/L	15	1,924	154	2,078	231
500030	5/2	Rovic (Correction)		(85)	S/L	1	(85)	-	(85)	-
500031	5/2	2 Zaaam Mattresses		2,400	S/L	10	2,400	-	2,400	-
500032	6/2	Multimedia Plasma Monitor		4,542	S/L	7	4,542	-	4,542	-
500033	6/2	Keyboard		211	S/L	5	211	-	211	-
500034	6/2	Cables (5)		106	S/L	10	106	-	106	-
500035	6/2	4 Zaaam Mattresses		4,800	S/L	10	4,800	-	4,800	-
500036	6/2	Altadyne		2,295	S/L	10	2,295	-	2,295	-
500037	7/2	Physical Therapy Equipment		60,227	S/L	10	60,227	-	60,227	-
500038	7/2	Resident Education Desk Design		672	S/L	20	420	34	454	218
500039	7/2	Artwork Hallway Employee Lounge		1,635	S/L	15	1,363	109	1,472	164
500040	7/2	File Cabinets PT Room		1,698	S/L	15	1,415	113	1,528	170
500041	8/2	Chairs		488	S/L	10	488	-	488	-
500042	8/2	Viewsonic		776	S/L	5	776	-	776	-
500043	8/2	6 Recliners		6,535	S/L	10	6,535	-	6,535	-
500044	8/2	Credit IBM		(35)	S/L	5	(35)	-	(35)	-
500045	9/2	Walkie Talkies		1,968	S/L	5	1,968	-	1,968	-
500046	9/2	Litter Receptacle with stone		2,446	S/L	10	2,446	-	2,446	-
500047	9/2	Portable PA System		426	S/L	10	426	-	426	-
500048	10/2	Color TV & VCR		592	S/L	5	592	-	592	-
500049	10/2	Cover PA System		42	S/L	5	42	-	42	-
500050	10/2	SYM PROCOMM V4.8 CD		134	S/L	5	134	-	134	-
500051	10/2	Digital Camera		513	S/L	5	513	-	513	-
500052	10/2	File Cabinet & Chair		215	S/L	10	215	-	215	-
500053	10/2	2 Ergolifts		8,764	S/L	10	8,764	-	8,764	-
500054	11/2	Desk		1,027	S/L	20	590	51	641	385
500055	11/2	Chrome Wire Shelves & Casters		8,957	S/L	10	8,957	-	8,957	-
500056	11/2	Leaf Blower		450	S/L	5	450	-	450	-
500057	11/2	Water Cooler		1,500	S/L	10	1,500	-	1,500	-
500058	11/2	Telephones CAT5e		1,262	S/L	10	1,262	-	1,262	-
500059	12/2	Super Coach Vacuum/Attachments		445	S/L	10	445	-	445	-
500060	12/2	Vacuum Cleaners		1,800	S/L	8	1,800	-	1,800	-
500061	12/2	Computer Software		360	S/L	5	360	-	360	-
500062	12/2	Vacuum		633	S/L	8	633	-	633	-
500063	12/2	10 Pentium 4 Computers		6,120	S/L	5	6,120	-	6,120	-
500064	1/3	Copier		18,795	S/L	5	18,795	-	18,795	-
500065	1/3	Furniture		7,755	S/L	10	7,755	-	7,755	-
500066	1/3	Shade & Valance Conference Room		695	S/L	10	695	-	695	-
500067	1/3	Scanner, CDRW Memory		593	S/L	5	593	-	593	-
500068	1/3	Surge Protector Outlets Time Clock		574	S/L	10	574	-	574	-
500069	2/3	Payroll System		6,950	S/L	5	6,950	-	6,950	-
500070	2/3	2 Headsets & Cordless Base		683	S/L	5	683	-	683	-
500071	2/3	Gerichair		186	S/L	10	186	-	186	-
500072	2/3	Addressograph Machine		495	S/L	5	495	-	495	-
500073	2/3	3 Phone Cables		545	S/L	10	545	-	545	-
500074	2/3	Phone Lines & Cables		1,552	S/L	10	1,552	-	1,552	-
500075	3/3	Computer Equipment		513	S/L	5	513	-	513	-
500076	3/3	Computer Equipment		344	S/L	5	344	-	344	-

500077	3/3	Fax Machine	1,179	S/L	3	1,179	-	1,179	-
500078	3/3	16 Monitors	2,146	S/L	5	2,146	-	2,146	-
500079	3/3	Pallet Hand Truck	505	S/L	10	505	-	505	-
500080	3/3	Computer XP Upgrade	1,192	S/L	5	1,192	-	1,192	-
500081	3/3	2 Low Profile Cushion	608	S/L	10	608	-	608	-
500082	4/3	Reclining Chair	2,000	S/L	10	2,000	-	2,000	-
500083	4/3	Cabinets & Overhead Storage	8,562	S/L	10	8,562	-	8,562	-
500084	4/3	Foot Pillows	233	S/L	5	233	-	233	-
500085	4/3	Phone lines & Cable	1,025	S/L	10	1,025	-	1,025	-
500086	5/3	Mini Spotter Kit/Extractor	3,398	S/L	5	3,398	-	3,398	-
500087	5/3	Heel Elevating Cushion	232	S/L	5	232	-	232	-
500088	5/3	Nurses Station	7,788	S/L	15	5,971	519	6,490	1,298
500089	5/3	Safety Cabinet	506	S/L	15	388	34	422	84
500090	5/3	9 Chairs	3,607	S/L	10	3,607	-	3,607	-
500091	5/3	Computer Equipment	1,269	S/L	5	1,269	-	1,269	-
500092	6/3	Wheeled Stretchers	743	S/L	10	743	-	743	-
500093	7/3	Refrigerator	5,300	S/L	10	5,300	-	5,300	-
500094	7/3	3 TV's	1,034	S/L	5	1,034	-	1,034	-
500095	8/3	Computers	6,641	S/L	5	6,641	-	6,641	-
500096	9/3	Piano	11,395	S/L	20	6,552	570	7,122	4,273
500097	9/3	Fax Machine	715	S/L	3	715	-	715	-
500098	9/3	Fish Tank	1,205	S/L	10	1,205	-	1,205	-
500099	9/3	Sound Baffles	225	S/L	10	225	-	225	-
500100	10/3	Convalescent Recliner	457	S/L	10	457	-	457	-
500101	11/3	Recliner Wheelchair	564	S/L	5	564	-	564	-
500102	11/3	Recliner	1,341	S/L	10	1,341	-	1,341	-
500103	11/3	Microwave/Stainless steel shelf	700	S/L	10	700	-	700	-
500104	11/3	PT Equipment	2,011	S/L	10	2,011	-	2,011	-
500105	11/3	ColPac Cooling Unit/Optiflex CPM	3,859	S/L	10	3,859	-	3,859	-
500106	11/3	Staircase/Stool	1,109	S/L	10	1,109	-	1,109	-
500107	11/3	3 Therapy Bars/Ring Toss	124	S/L	10	124	-	124	-
500108	11/3	Ergolift Scale	3,420	S/L	10	3,420	-	3,420	-
500109	11/3	Mobile Cart	333	S/L	10	333	-	333	-
500110	11/3	Sport Cycle	742	S/L	10	742	-	742	-
500111	12/3	Chairs/File Cabinets	4,603	S/L	5	4,603	-	4,603	-
500112	12/3	2 Beds w/frames	2,693	S/L	10	2,693	-	2,693	-
500113	12/3	Chair	486	S/L	10	486	-	486	-
500114	12/3	Donor Board	1,284	S/L	10	1,284	-	1,284	-
500115	12/3	PT Equipment	14,631	S/L	10	14,631	-	14,631	-
500116	12/3	Cuisinart DLC Plus	800	S/L	5	800	-	800	-
500117	1/4	Vacuum Cleaner	317	S/L	8	317	-	317	-
500118	1/4	13 Computers	9,218	S/L	5	9,218	-	9,218	-
500119	1/4	Television	500	S/L	5	500	-	500	-
500120	1/4	Automatic Sweeper	3,056	S/L	5	3,056	-	3,056	-
500121	1/4	Chrome Wire Shelves	465	S/L	20	243	23	266	199
500122	1/4	5 Framed Prints	1,000	S/L	15	700	67	767	233
500123	1/4	PT Equipment	6,124	S/L	10	6,124	-	6,124	-
500124	1/4	Burnisher w/Pad Holder	856	S/L	10	856	-	856	-
500125	1/4	Snow Blower	1,299	S/L	5	1,299	-	1,299	-
500126	2/4	PT Equipment	4,945	S/L	10	4,945	-	4,945	-
500127	2/4	Extractor	5,804	S/L	5	5,804	-	5,804	-
500128	2/4	2 Donor Board Frames	1,750	S/L	10	1,750	-	1,750	-
500129	3/4	Computer Engraver	1,922	S/L	5	1,922	-	1,922	-
500130	3/4	Furniture for Offices	24,919	S/L	15	17,443	1,661	19,104	5,815
500131	3/4	Draperies	10,370	S/L	5	10,370	-	10,370	-
500132	4/4	Chairs	4,260	S/L	15	2,982	284	3,266	994
500133	4/4	Tracers & Recliners	6,049	S/L	10	6,049	-	6,049	-
500134	4/4	Corian Table	1,595	S/L	15	1,117	106	1,223	372
500135	4/4	Furniture	11,281	S/L	15	7,897	752	8,649	2,632
500136	4/4	Mats	2,737	S/L	5	2,737	-	2,737	-
500137	5/4	Chair & Table	2,246	S/L	15	1,572	150	1,722	524
500138	5/4	Lift Chair	1,659	S/L	10	1,659	-	1,659	-
500139	5/4	Computers	1,109	S/L	5	1,109	-	1,109	-
500140	5/4	Vapor Blitz Steamer	2,108	S/L	5	2,108	-	2,108	-
500141	6/4	Computers	3,655	S/L	5	3,655	-	3,655	-
500142	6/4	Chair	285	S/L	15	199	19	218	66
500143	6/4	Furniture	16,302	S/L	15	11,411	1,087	12,498	3,803
500144	6/4	Draperies	1,188	S/L	5	1,188	-	1,188	-
500145	6/4	Lobby Furniture	3,000	S/L	15	2,100	200	2,300	700
500146	6/4	Reception Desk	450	S/L	15	315	30	345	105
500147	7/4	2 Lift Chairs	1,106	S/L	10	1,106	-	1,106	-
500148	7/4	Draperies	10,370	S/L	5	10,370	-	10,370	-
500149	7/4	Portable Radio	1,458	S/L	10	1,458	-	1,458	-
500150	7/4	55 Gal. Fish Tank Complete	600	S/L	10	600	-	600	-
500151	8/4	Benches Reupholstered & Woodwork	3,630	S/L	10	3,630	-	3,630	-
500152	8/4	Glass Wood Lounge	325	S/L	10	325	-	325	-
500153	8/4	Furniture	39,833	S/L	15	27,882	2,656	30,538	9,296

500154	8/4	Textiles	535	S/L	5	535	-	535	-
500155	9/4	Hammock Slings	621	S/L	10	621	-	621	-
500156	9/4	Wheelchair Scale	2,400	S/L	10	2,400	-	2,400	-
500157	9/4	Reception Desk	450	S/L	15	315	30	345	105
500158	9/4	Equipment System for MDS	5,500	S/L	5	5,500	-	5,500	-
500159	9/4	Furniture	1,783	S/L	15	1,248	119	1,367	416
500160	9/4	Ergohift	300	S/L	5	300	-	300	-
500161	10/4	Computers	2,789	S/L	5	2,789	-	2,789	-
500162	10/4	Power Shredder	1,200	S/L	5	1,200	-	1,200	-
500163	10/4	Upholster Chairs/Refinish wood frame	3,500	S/L	7	3,500	-	3,500	-
500164	11/4	Auto Display Pager	374	S/L	10	355	19	374	-
500165	11/4	Lakeside Kitchen Cart	370	S/L	10	352	19	370	-
500166	12/4	New File Server	5,588	S/L	5	5,588	-	5,588	-
500167	12/4	Furniture	11,708	S/L	12	7,317	-	7,317	4,390
500168	12/4	Patient Lift	2,400	S/L	10	2,280	120	2,400	-
500169	12/4	Reupholster/refinish Furniture	3,500	S/L	7	3,500	-	3,500	-
500170	1/5	Furniture	3,351	S/L	15	2,122	223	2,345	1,006
500171	1/5	Reupholster 14 chairs refinish wood	3,500	S/L	7	3,500	-	3,500	-
500172	2/5	Blackberry	318	S/L	5	318	-	318	-
500173	2/5	Bariatric Bed & Side rails	4,200	S/L	15	2,660	280	2,940	1,260
500174	3/5	Furniture Crafts room	6,702	S/L	10	6,367	335	6,702	-
500175	3/5	Framing, Prints & Mirror	2,311	S/L	15	1,463	154	1,617	693
500176	3/5	Copier	18,495	S/L	5	18,495	-	18,495	-
500177	3/5	Blade for Cisco 6500 Series	4,820	S/L	5	4,820	-	4,820	-
500178	3/5	Medline Software for Tracking	2,250	S/L	5	2,250	-	2,250	-
500179	3/5	New File Server	5,536	S/L	15	3,875	369	4,244	1,292
500180	4/5	5 Zenith TV's	1,614	S/L	5	1,614	-	1,614	-
500181	4/5	Framing, Prints & Mirror	2,311	S/L	15	1,772	154	1,926	385
500182	5/5	Furniture Library	4,346	S/L	15	2,752	290	3,042	1,304
500183	5/5	Framing, Prints & Mirror	695	S/L	15	440	46	486	209
500184	6/5	Lumex Low Bed	1,344	S/L	15	851	90	941	403
500185	6/5	42" TV	1,500	S/L	5	1,500	-	1,500	-
500186	6/5	Refinish Furniture	2,900	S/L	7	2,900	-	2,900	-
500187	7/5	Lamps & Shades	561	S/L	10	533	28	561	-
500188	7/5	TV Stand	200	S/L	15	127	13	140	60
500189	7/5	Computer Equipment	3,675	S/L	5	3,675	-	3,675	-
500190	8/5	Furniture	4,606	S/L	12	3,646	384	4,030	576
500191	9/5	Refinish Furniture	4,360	S/L	7	4,360	-	4,360	-
500192	9/5	Robot Coupe w/ mixer	900	S/L	10	855	45	900	-
500193	9/5	Cuisinart DLC	799	S/L	10	759	40	799	-
500194	9/5	Copier	4,815	S/L	5	4,815	-	4,815	-
500195	9/5	Mobile Tool Cart	660	S/L	10	627	33	660	-
500196	9/5	Pallet Truck	562	S/L	10	534	28	562	-
500197	9/5	Computer Equipment	4,458	S/L	5	4,458	-	4,458	-
500198	9/5	Computer	1,200	S/L	5	1,200	-	1,200	-
500199	9/5	Refinish & reupholster Furniture	3,060	S/L	7	3,060	-	3,060	-
500200	9/5	Marketing Software	860	S/L	5	860	-	860	-
500201	10/5	2 Brighton vertical blinds	1,283	S/L	10	1,091	128	1,219	64
500202	11/5	Lined Drapes & Hardware lounges	5,238	S/L	10	4,452	524	4,976	262
500203	11/5	Refinish Two Tables	800	S/L	7	800	-	800	-
500204	11/5	Refinish & Reupholster nine chairs	2,295	S/L	7	2,295	-	2,295	-
500205	11/5	DVR Recorder for surveillance system	887	S/L	5	887	-	887	-
500206	1/6	Deposit 2 Side Boards for day Room	355	S/L	10	301	35	336	18
500207	1/6	Deposit 13 Tables	3,016	S/L	10	2,564	302	2,866	150
500208	1/6	Carpet Cleaner	3,198	S/L	5	3,198	-	3,198	-
500209	1/6	Resident Bed	1,528	S/L	5	1,528	-	1,528	-
500210	2/6	Software, A/P, G/L and fixed assets	8,445	S/L	5	8,445	-	8,445	-
500211	2/6	Work Surface Station (Dietary)	1,181	S/L	10	1,004	118	1,122	59
500212	2/6	3 Personal Computers	2,136	S/L	5	2,136	-	2,136	-
500213	2/6	2 Flat Panel Monitors	798	S/L	5	798	-	798	-
500214	2/6	1 Base Dispenser, 2 Delivery Carts	11,473	S/L	10	9,752	1,147	10,899	574
500215	2/6	Drapes 2nd floor lounge	853	S/L	10	725	85	810	43
500216	2/6	Win SQL Server Agent Box	709	S/L	5	709	-	709	-
500217	3/6	42" DLP TV	1,710	S/L	5	1,710	-	1,710	-
500218	3/6	2 Side Boards	915	S/L	10	778	92	870	45
500219	3/6	Sheet Pan Rack	485	S/L	10	412	49	461	24
500220	3/6	Printer	382	S/L	5	382	-	382	-
500221	4/6	Vacuum Cleaner	589	S/L	5	589	-	589	-
500222	4/6	Xerox Printer	1,648	S/L	5	1,648	-	1,648	-
500223	4/6	12 Recliners	15,391	S/L	10	13,082	1,539	14,621	770
500224	5/6	New Motor & Steam Trap Cov. Oven	1,072	S/L	10	912	107	1,019	54
500225	5/6	Software Installation (a/p, g/l, f/a)	1,520	S/L	5	1,520	-	1,520	-
500226	5/6	13 Tables	2,675	S/L	10	2,273	267	2,540	134
500227	5/6	Fax Machine	1,849	S/L	5	1,849	-	1,849	-
500228	6/6	Work Surface Station (Bal Due)	1,181	S/L	10	1,004	118	1,122	59
500229	6/6	Cable Machine	915	S/L	10	778	91	869	46
500230	6/6	Electric Hi-Lo Stand In Table	3,430	S/L	10	2,916	343	3,259	172

500231	7/6	Overhead Table	186	S/L	10	158	19	177	9
500232	7/6	Safe	638	S/L	15	362	43	405	233
500233	8/6	Artwork	3,764	S/L	20	1,600	188	1,788	1,976
500234	8/6	Low Air alternating mattress	699	S/L	5	699	-	699	-
500235	9/6	3 Mobile book carts	3,078	S/L	10	2,616	308	2,924	154
500236	9/6	3 Overbed Tables	558	S/L	5	558	-	558	-
500237	9/6	Copy Machine	6,295	S/L	5	6,295	-	6,295	-
500238	9/6	Hi-Low Bed	1,525	S/L	5	1,525	-	1,525	-
500239	10/6	2 Adobe Software	1,675	S/L	5	1,675	-	1,675	-
500240	10/6	Development Software	900	S/L	5	900	-	900	-
500241	10/6	2 Hand Adaptive Devices	14,930	S/L	5	14,930	-	14,930	-
500242	10/6	Barracuda Spam Firewall	2,693	S/L	5	2,693	-	2,693	-
500243	11/6	5 TV's & 10 remotes	2,205	S/L	5	2,205	-	2,205	-
500244	11/6	Hi-Lo Bed	1,518	S/L	5	1,518	-	1,518	-
500245	11/6	Motorolo 5 way Radio	727	S/L	5	727	-	727	-
500246	11/6	Vacuum Cleaner	356	S/L	5	356	-	356	-
500247	11/6	Vacuum Cleaner	558	S/L	5	558	-	558	-
500248	11/6	Laser Jet Printer	361	S/L	5	361	-	361	-
500249	12/6	Washing Machine	335	S/L	5	335	-	335	-
500250	12/6	ColPac Freezer	634	S/L	5	634	-	634	-
500251	1/7	Personal Computer	1,152	S/L	5	1,152	-	1,152	-
500252	1/7	HP Laser Jet Printer	450	S/L	5	450	-	450	-
500253	1/7	Reupholster 2 chairs	717	S/L	10	537	72	609	107
500254	1/7	Drapes - dining room	7,608	S/L	10	5,706	761	6,467	1,141
500255	2/7	Hi-Lo Bed	1,515	S/L	5	1,515	-	1,515	-
500256	2/7	W.B. Mason	419	S/L	5	419	-	419	-
500257	2/7	Furniture - Vol. & Med. Rec. office	19,978	S/L	10	14,984	1,998	16,982	2,997
500258	3/7	Nu Step Recumbent Cross Trainer	3,946	S/L	10	2,960	395	3,355	592
500259	3/7	2 IBM PC's & 1 Monitor	1,675	S/L	5	1,675	-	1,675	-
500260	3/7	HP Laser Jet Printer	370	S/L	5	370	-	370	-
500261	3/7	2 PC'S and attachments	2,018	S/L	5	2,018	-	2,018	-
500262	3/7	Ice Maker	2,905	S/L	10	2,179	291	2,470	435
500263	5/7	HP Printer/Envelope feeder	1,136	S/L	5	1,136	-	1,136	-
500264	5/7	Task Chair	608	S/L	10	456	61	517	91
500265	5/7	3 Televisions	853	S/L	5	853	-	853	-
500266	5/7	Piano Dolly	514	S/L	10	385	51	436	77
500267	5/7	Mini Floor Machine	686	S/L	5	686	-	686	-
500268	6/7	5 20" Resident room T.V.'s	1,792	S/L	5	1,792	-	1,792	-
500269	6/7	4 Vacuum Cleaners	1,608	S/L	5	1,608	-	1,608	-
500270	6/7	Porta-Washer	2,193	S/L	5	2,193	-	2,193	-
500271	7/7	Mattress	405	S/L	5	405	-	405	-
500272	8/7	Vapor Cleaning Machine	3,165	S/L	10	2,374	317	2,691	474
500273	8/7	Lakeside Cart	625	S/L	5	625	-	625	-
500274	8/7	60 Inch Television	2,500	S/L	10	1,875	250	2,125	375
500275	9/7	TV Cabinet	470	S/L	10	352	47	399	70
500276	9/7	DVD/VCR Player	360	S/L	5	360	-	360	-
500277	10/7	4 Hair Dryers - Beauty Salon	1,100	S/L	5	1,100	-	1,100	-
500278	10/7	Bioness L300 Leg Device	15,330	S/L	5	15,330	-	15,330	-
500279	10/7	2 WII Systems	550	S/L	5	550	-	550	-
500280	10/7	2 Portable A/Cond units	682	S/L	5	682	-	682	-
500281	10/7	Furniture CEO's office	12,482	S/L	15	5,409	832	6,241	6,241
500282	10/7	Cuisinart - Food Processor	795	S/L	5	795	-	795	-
500283	11/7	Wheelchair Scale	2,059	S/L	5	2,059	-	2,059	-
500284	11/7	3 Copies Adobe Acrobat	625	S/L	5	625	-	625	-
500285	11/7	Dry Vacuum Cleaner	417	S/L	5	417	-	417	-
500286	12/7	Christmas Train Set	1,000	S/L	5	1,000	-	1,000	-
500287	12/7	Sander for Pickup Truck	3,850	S/L	10	2,503	385	2,888	963
500288	12/7	Balance System Machine	10,361	S/L	10	6,735	1,036	7,771	2,590
500289	1/8	2 Dry Vacuum Cleaners	800	S/L	5	800	-	800	-
500290	1/8	Phones & wall brackets	18,997	S/L	10	12,348	1,900	14,248	4,749
500291	1/8	Window Treatments	4,514	S/L	10	2,934	451	3,385	1,129
500292	1/8	Shutters	1,864	S/L	10	1,212	186	1,398	466
500293	1/8	20 Overbed tables	1,790	S/L	10	1,164	179	1,343	448
500294	2/8	5 Storage Cabinets	500	S/L	10	325	50	375	125
500295	2/8	20 Chairs	4,900	S/L	10	3,185	490	3,675	1,225
500296	2/8	Baracuda software	2,490	S/L	3	2,490	-	2,490	-
500297	2/8	2 Two way radios(Housekeeping)	1,508	S/L	5	1,508	-	1,508	-
500298	2/8	UPS, Firewall for Server	720	S/L	5	720	-	720	-
500299	3/8	Furniture HR Office	2,769	S/L	15	1,200	185	1,385	1,384
500300	3/8	Fax Machine	925	S/L	5	925	-	925	-
500301	4/8	5 20" Hospital TV's (Residents)	1,784	S/L	5	1,784	-	1,784	-
500302	4/8	New Control for Hot Water Heater	1,300	S/L	5	1,300	-	1,300	-
500303	4/8	P C, Monitor, Memory	767	S/L	5	767	-	767	-
500304	4/8	Entrance way mat	1,060	S/L	5	1,060	-	1,060	-
500305	5/8	Auto Sweeper	3,993	S/L	5	3,993	-	3,993	-
500306	5/8	Carpet Extractor	3,915	S/L	5	3,915	-	3,915	-
500307	5/8	2 Two way radios(Maintenance)	1,508	S/L	5	1,508	-	1,508	-

500308	5/8	Scale & Patient Lift	2,240	S/L	5	2,240	-	2,240	-
500309	5/8	12 Chairs & dolly	611	S/L	5	611	-	611	-
500310	6/8	Putting Green - Rehab	3,295	S/L	10	2,142	330	2,472	823
500311	6/8	HP Printer	1,059	S/L	5	1,059	-	1,059	-
500312	6/8	3 Flat screen monitors	640	S/L	5	640	-	640	-
500313	6/8	15 20" Hospital TV's	6,165	S/L	5	6,165	-	6,165	-
500314	7/8	Server	4,015	S/L	5	4,015	-	4,015	-
500315	7/8	File Cabinet	870	S/L	10	565	87	652	217
500316	8/8	Shelving	656	S/L	5	656	-	656	-
500317	9/8	15 Mattresses	3,148	S/L	5	3,148	-	3,148	-
500318	10/8	3 sets of drapes Admin. Offices	2,850	S/L	10	1,568	285	1,853	998
500319	11/8	Washer & Dryer	688	S/L	5	688	-	688	-
500320	12/8	Digital Camera	653	S/L	5	653	-	653	-
500321	12/8	2 H200 hand devices	11,190	S/L	5	11,190	-	11,190	-
500322	12/8	Refurbish 8 chairs	4,380	S/L	10	2,409	438	2,847	1,533
500323	2/9	BP/Oxim Vital sign machines	4,332	S/L	10	2,383	433	2,816	1,516
500324	2/9	Copy Machine	16,295	S/L	7	12,803	2,328	15,131	1,164
500325	2/9	50 Battery UPS Backups	2,350	S/L	5	2,350	-	2,350	-
500326	3/9	3 PC's and monitors, maintenance	2,418	S/L	5	2,418	-	2,418	-
500327	3/9	5 - Hi-Low Electric Beds	6,440	S/L	5	6,440	-	6,440	-
500328	3/9	2 Alternating pressure mattresses	1,226	S/L	5	1,226	-	1,226	-
500329	4/9	Backup system software	4,076	S/L	5	4,076	-	4,076	-
500330	4/9	12 Mattresses	3,055	S/L	5	3,055	-	3,055	-
500331	5/9	2 Dry Vacuum Machines	856	S/L	5	856	-	856	-
500332	6/9	2 Laptops	1,408	S/L	5	1,408	-	1,408	-
500333	6/9	2 PC's	1,594	S/L	5	1,594	-	1,594	-
500334	6/9	Cuisinart Food Processor	795	S/L	5	795	-	795	-
500335	7/9	2 Blood Pressure Monitors	4,117	S/L	7	3,235	588	3,823	294
500336	7/9	Bladderscan	11,962	S/L	7	9,399	1,709	11,108	854
500337	9/9	Redesign Accounting Office Cubical	1,369	S/L	5	1,369	-	1,369	-
500338	10/9	Plasma TV and wireless connection	1,042	S/L	5	938	104	1,042	-
500339	11/9	Plasma TV and DVD	620	S/L	5	558	62	620	-
500340	11/9	Floor Scrubber	2,834	S/L	5	2,551	283	2,834	-
500341	11/9	Projector	768	S/L	5	691	77	768	-
500342	12/9	Lakeside cart	4,949	S/L	10	2,333	495	2,828	2,121
500343	12/9	Reupholster lobby Furniture	2,500	S/L	10	1,125	250	1,375	1,125
500344	1/10	13 Mattresses	5,771	S/L	5	5,194	577	5,771	-
500345	1/10	Vital Sign Monitoring Machine	2,159	S/L	7	1,388	308	1,696	463
500346	1/10	Deluxe Air Mattress	1,417	S/L	5	1,276	142	1,417	-
500347	2/10	Ceiling Patient Lift	6,782	S/L	10	3,052	678	3,730	3,052
500348	2/10	TV - Patient Lounge	700	S/L	5	630	70	700	-
500349	2/10	Patient Scale	1,806	S/L	10	851	181	1,032	774
500350	3/10	2 Privacy Chart Racks	2,902	S/L	10	1,306	290	1,596	1,306
500351	3/10	Recumbent Stationery Bike	3,935	S/L	7	2,530	562	3,092	843
500352	3/10	Pulse Oximeter	902	S/L	7	580	129	709	193
500353	4/10	8 Wheelchairs	1,533	S/L	5	1,380	153	1,533	-
500354	4/10	3 HIP Patient chairs	2,319	S/L	7	1,490	331	1,821	497
500355	5/10	4 Electric Low Beds	4,789	S/L	12	1,938	399	2,337	2,451
500356	7/10	Ped Alert, Digital Hand Eval Guage	1,820	S/L	7	1,170	260	1,430	390
500357	8/10	2 Personal Computers - Kitchen	1,202	S/L	5	1,081	120	1,202	-
500358	8/10	BMTX board for HVAC system	8,010	S/L	7	5,149	1,144	6,293	1,717
500359	1/11	12 resident rooms floor lamps	1,127	S/L	5	789	225	1,014	113
500360	1/11	Care Tracker system	9,725	S/L	5	6,808	1,945	8,753	973
500361	1/11	6 Heavy Duty Linen Hampers	1,719	S/L	5	1,203	344	1,547	172
500362	1/11	3 personal computers	2,052	S/L	5	1,436	410	1,846	206
500363	1/11	20 Bulletin Boards Patient rooms	1,260	S/L	5	882	252	1,134	126
500364	2/11	Personal Computer	509	S/L	5	356	102	458	51
500365	2/11	2 Mattresses	2,496	S/L	5	1,747	499	2,246	250
500366	2/11	Copier & Printer	2,026	S/L	5	1,418	405	1,823	203
500367	2/11	20 Mattresses	5,517	S/L	5	3,862	1,103	4,965	552
500368	4/11	Copier - Accounting	4,328	S/L	5	3,030	866	3,896	432
500369	4/11	6 Hampers	1,103	S/L	5	772	221	993	110
500370	5/11	2 Personal computers	1,037	S/L	5	726	207	933	104
500371	5/11	Ceiling Patient Lift	8,675	S/L	10	3,036	867	3,903	4,772
500372	6/11	Laptop - Administrator	957	S/L	5	670	191	861	96
500373	6/11	Power Washer	1,099	S/L	5	769	220	989	110
500374	7/11	2 Optiflex CPM machines	4,803	S/L	5	3,362	961	4,323	480
500375	7/11	6 Care Traker Kiosk's	10,347	S/L	5	7,243	2,069	9,312	1,035
500376	8/11	Cleveland Steamer	15,320	S/L	10	5,362	1,532	6,894	8,426
500377	8/11	Color Printer	3,257	S/L	5	2,280	651	2,931	326
500378	8/11	2 Laptops, screens & Keyboards	2,315	S/L	5	1,620	463	2,083	231
500379	8/11	Cables for Care Tracker system	728	S/L	5	510	146	656	72
500380	9/11	Scissor Lift	4,640	S/L	5	3,248	928	4,176	464
500381	9/11	Chiller Pump	2,432	S/L	10	851	243	1,094	1,338
500382	10/11	Air Mattress	1,124	S/L	5	562	225	787	337
500383	10/11	Desk Unit	1,407	S/L	10	352	141	493	915
500384	11/11	Sand & Salt Spreader	4,478	S/L	5	2,239	896	3,135	1,343

500385	11/11	2 Ipads	1,360	S/L	5	680	272	952	408
500386	12/11	Carpet Steam Cleaner	1,850	S/L	5	925	370	1,295	555
500387	1/12	8 Overbed Tables	1,360	S/L	10	340	136	476	884
500388	1/12	2 Hoyer lifts w scale attachments	4,478	S/L	10	1,120	448	1,568	2,911
500389	2/12	Equipment Design Plan P.O.Service	6,230	S/L	15	1,038	415	1,453	4,777
500390	2/12	1st floor point of service Equipment	47,140	S/L	15	7,857	3,143	11,000	36,141
500391	3/12	10 Overbed Tables	1,700	S/L	10	425	170	595	1,105
500392	3/12	6 Overbed Tables	1,020	S/L	10	255	102	357	663
500393	3/12	8 Beepers & upgrade to nurse call sys	2,981	S/L	5	1,491	596	2,087	895
500394	4/12	WiFi Care Center	6,403	S/L	5	3,202	1,281	4,483	1,921
500395	4/12	Ice Machine/Maker	3,549	S/L	5	1,775	710	2,485	1,065
500396	4/12	Heated Dining Cabinet	3,634	S/L	10	909	363	1,272	2,363
500397	4/12	Point of Service Equipment	50,227	S/L	10	12,557	5,023	17,580	32,647
500398	5/12	5 Melyx software licenses	1,150	S/L	5	575	230	805	345
500399	5/12	Recumbant Bike	4,230	S/L	5	2,115	846	2,961	1,269
500400	5/12/14	Additional memory PC's	2,061	S/L	5	1,030	412	1,442	618
500401	5/12/14	3 APM Pressure Mattresses	3,576	S/L	5	1,788	715	2,503	1,073
500402	6/12/14	Caretaker interface software	5,000	S/L	5	2,500	1,000	3,500	1,500
500403	6/12/14	Hoyer Lift/ scale attachment returned	(2,234)	S/L	10	(2,234)	-	(2,234)	-
500404	9/12/14	Security Camera and installation	20,311	S/L	10	5,078	2,031	7,109	13,202
500405	9/12/14	UPS Battery Backup system	1,399	S/L	5	700	280	980	420
500406	9/12/14	Virtual Server & Peripherals	57,984	S/L	10	26,093	5,798	31,891	26,093
Total 2012 and Prior Acquisitions			2,615,874			2,282,857	80,652	2,363,509	252,364

#### 2013 Acquisitions

500407	10/12	Hoyer Lift	3,545	S/L	5	1,064	709	1,773	1,773
500408	11/12	ADP - Enterprise Etime software	12,400	S/L	5	3,720	2,480	6,200	6,200
500404	11/12	Additional security camera	583	S/L	10	87	58	145	437
500410	1/18	Color printers	1,287	S/L	5	386	257	643	644
500412	2/13	Span America Mattress	1,389	S/L	5	417	278	695	694
500413	3/11	Shredder	1,790	S/L	5	537	358	895	895
500414	4/11	Rehab Equipment	4,398	S/L	5	1,319	880	2,199	2,199
500415	4/16	Chair	874	S/L	5	262	175	437	437
500416	5/21	Scale	759	S/L	5	228	152	380	379
500416	5/21	Scale	307	S/L	5	92	61	153	154
500417	6/20	Core Alignment Kit	3,052	S/L	5	916	610	1,526	1,526
500418	6/21	Scale	2,135	S/L	5	641	427	1,068	1,068
500419	6/26	Copier	12,259	S/L	5	3,678	2,452	6,130	6,129
500420	1/9	Laptop	1,204	S/L	3	602	401	1,003	201
500421	7/23	Food Processor	1,482	S/L	5	445	296	741	742
500422	7/24	Wheelchair Washer	10,000	S/L	8	1,875	1,250	3,125	6,875
500423	6/6	Patient Lift	2,797	S/L	5	839	559	1,398	1,399
500424	6/7	Carpet Cleaner	4,455	S/L	5	1,337	891	2,228	2,228
500425	8/9	Refrigerated Display Case	1,865	S/L	8	350	233	583	1,282
500426	7/31	Ice Dispenser	3,455	S/L	8	648	432	1,080	2,375
500427	7/3	Auto Scrubber	8,270	S/L	8	1,551	1,034	2,585	5,685
500428	8/27	Printer	1,249	S/L	5	375	250	625	624
500429	8/1	Micosoft Software	2,477	S/L	3	1,238	826	2,064	412
500430	6/11	Specialty Mattress	4,415	S/L	5	1,325	883	2,208	2,208
500431	9/24	Bed - Elec	1,655	S/L	12	207	138	345	1,310
500432	9/30	Aquarium	1,119	S/L	5	336	224	560	559
Total 2013 Acquisitions			89,221			24,472	16,314	40,786	48,435

#### 2014 Acquisitions

10/31	Marketing Complete Software	6,080	S/L	5	1,216	1,216	2,432	3,648	
11/13	Printer, Computers	3,006	S/L	5	601	601	1,202	1,804	
10/13	2 Loveseats	1,818	S/L	12	152	152	304	1,514	
1/14	Pill Shedder	2,706	S/L	5	541	541	1,082	1,624	
2/14	Imprinter Machine	9,732	S/L	10	973	973	1,946	7,786	
3/14	Computer Upgrade	256,757	S/L	5	51,351	51,351	102,702	154,055	
4/14	Furniture	40,000	S/L	10	4,000	4,000	8,000	32,000	
4/14	8 Recliners	4,895	S/L	15	326	326	652	4,243	
6/14	Marketing Software	1,818	S/L	5	364	364	728	1,090	
7/14	Office Furniture	1,322	S/L	15	88	88	176	1,146	
8/14	2 Washer. Dryer	3,676	S/L	10	368	368	736	2,940	
3/14	Printer, Computers	2,010	S/L	5	402	402	804	1,206	
Total 2014 Acquisitions			333,819			60,382	60,382	120,764	213,055

#### 2015 Acquisitions

10/14	Tilting Kettle	19,506	S/L	15	-	1,300	1,300	18,206
11/14	Tractor with snowblower (dep)	675	S/L	10	-	68	68	607
12/14	Tractor with snowblower	5,236	S/L	10	-	524	524	4,712
12/14	Tractor with snowblower	925	S/L	10	-	93	93	832
2/15	Mattress	1,222	S/L	5	-	244	244	978
2/15	Black out curtains	6,000	S/L	5	-	1,200	1,200	4,800
3/15	Freezer	1,227	S/L	10	-	123	123	1,104

3/15	Wheelchairs	1,046	S/L	10	-	105	105	941
3/15	Computer network	14,108	S/L	5	-	2,822	2,822	11,286
3/15	Refrigerator Reach in	2,752	S/L	10	-	275	275	2,477
3/15	Steamer	18,941	S/L	10	-	1,894	1,894	17,047
4/15	Cisco Catalyst/Smartnet	6,505	S/L	5	-	1,301	1,301	5,204
4/15	WhiteBoard	1,094	S/L	5	-	219	219	875
6/15	Kangaroo Pump Feeding	1,494	S/L	10	-	149	149	1,345
6/15	Southbend ranges	2,171	S/L	10	-	217	217	1,954
6/15	ECG CP 150	2,915	S/L	7	-	416	416	2,499
6/15	Biosway 12.1 LCD balance system	2,775	S/L	10	-	278	278	2,497
9/15	48 chairs	22,817	S/L	15	-	1,521	1,521	21,296
7/15	Backup battery for network	3,980	S/L	5	-	796	796	3,184
7/15	Reach in refrigerator	2,752	S/L	10	-	275	275	2,477
7/15	Ice Cuber	3,620	S/L	10	-	362	362	3,258
8/15	Black out curtains	3,915	S/L	5	-	783	783	3,132
8/15	Air Pressurized Mattress	2,308	S/L	5	-	462	462	1,846
9/15	Black out curtains	4,330	S/L	5	-	866	866	3,464
9/15	AV Audio Visuals	1,972	S/L	5	-	394	394	1,578
9/15	Digital Scale	2,159	S/L	10	-	216	216	1,943
9/15	Computer Memory	1,464	S/L	5	-	293	293	1,171
9/15	Black out curtains	486	S/L	5	-	97	97	389
Total 2015 Acquisitions:		138,395				17,293	17,293	121,102

Total Movable Equipment 3,177,308 2,367,711 174,641 2,542,352 634,957

Movable Equipment ADP				Accum	2015	Accum	NAV
Date of Acquisition	Cost	Depr Method	Life	Depr @9/14	Depr	Depr @9/15	@9/15
Prior to 10/1/01	34,638			34,638	-	34,638	-
2012 and Prior Acquisitions	34,638			34,638	-	34,638	-

Movable Equipment Geriatric				Accum	2015	Accum	NAV
Date of Acquisition	Cost	Depr Method	Life	Depr @9/14	Depr	Depr @9/15	@9/15
Prior to 10/1/01	6,622	S/L	Various	6,622	-	6,622	-
Total 2012 and Prior Acquisitions	6,622			6,622	-	6,622	-

Automotive				Accum	2015	Accum	NAV	
Date of Acquisition	Description	Cost	Depr Method	Life	Depr @9/14	Depr	Depr @9/15	@9/15
Prior to 10/1/01	Truck, Dodge Van, Ford Coach	74,070	S/L	5yrs	74,070	-	74,070	-
2/01	Mini Van ADP	23,377	S/L	5yrs	23,377	-	23,377	-
2/01	Snow Plow Equipment SNF Truck	2,383	S/L	5yrs	2,383	-	2,383	-
9/06	Snow Plow Blade	847	S/L	5 yrs	847	-	847	-
7/09	2007 Ford Pickup	21,187	S/L	5 yrs	21,187	-	21,187	-
2/01	Mini Van ADP - Traded in	(23,377)			(23,377)	-	(23,377)	-
Total Total Automotive		98,487			98,487	-	98,487	-

Grand Total Movable Equipment 3,317,055 2,507,457 174,641 2,682,098 634,957

Cost Report vs Trial Balance Net Book Value Variance

Total Land Improvements	173,056	67,836	8,675	76,512	96,544
Variance	-	(840)	-	(840)	840
Cost Report Total	173,056	68,676	8,675	77,351	95,705
Per Trial Balance	173,056	66,844		75,519	97,537
CR vs TB Variance	-	1,832	8,675	1,832	(1,832)

Total Building + Building ADP	7,246,385	4,634,030	175,289	4,809,319	2,437,066
	(881,601)	875,354	-	875,354	(1,756,955)
Cost Report Total	8,127,986	3,758,676	175,289	3,932,839	4,195,147



Per Trial Balance	7,246,386	4,618,028	465,618	4,785,878	2,460,508
CR vs TB Variance	881,600	(859,352)	(290,329)	(853,039)	1,734,639
Total Fixed Equip + ADP + Geriatric	3,349,598	2,070,053	125,088	2,195,141	1,154,457
	116,904	(84,687)	-	(84,687)	201,591
Cost Report Total	3,232,694	2,154,740	125,088	2,279,673	953,021
Per Trial Balance	3,349,597	2,044,240		2,165,539	1,184,058
CR vs TB Variance	(116,903)	110,500	125,088	114,134	(231,037)
Grand Total Movable Equipment	3,317,055	2,507,457	174,641	2,682,098	634,957
	34,926	(54,118)	-	(54,118)	89,044
Cost Report Total	3,282,129	2,561,575	174,641	2,736,216	545,913
Per Trial Balance	3,317,057	2,474,008		2,640,675	676,382
CR vs TB Variance	(34,928)	87,567	174,641	95,541	(130,469)
Total CR vs TB NBV Variance	729,769	(659,453)	18,075	(641,532)	1,371,301
		(1,371,301)			
F/S vs C/R NBV Pg. 31 / Line B9		(18,075)			
F/S vs C/R Dep. Pg. 36 / Line F1					

**Amortization Schedule\***

Name of Facility Waveny Care Center, Inc.	Date of Acquisition		License No. 942-C	Report for Year Ended 9/30/2015			Page 24	of 37		
	Month	Year		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations			Basis for Computing Amortization**	Rate %
<b>A. Organization Expense</b>										
1.										
2.										
3.										
<b>A-4. Subtotal</b>										
<b>B. Mortgage Expense</b>										
1.										
2.										
3.										
<b>B-4. Subtotal</b>										
<b>C. Leasehold Improvements and Other</b>										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
<b>C-4. Subtotal</b>										
<b>D. Total Amortization</b>										

\* 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 Waveny Care Center, Inc.	License No. 942-C	Report for Year Ended 9/30/2015	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*			<input 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	Leased: Town of New Canaan				
2. Date Structure Completed	04/01/75				
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	76				
6. Square Footage	54,509				
7. Acquisition Cost					
a. Land	Leased: Town of New Canaan				
b. Building	2,630,266				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		N/A			
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of					
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	
Town of New Canaan	Land Lease	04/01/75		4,877	

**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
Waveny Care Center, Inc.		942-C	9/30/2015			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Waveny Care Center, Inc.		942-C		9/30/2015		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	29,967	29,967	
LOC & Notes Payable Interest							
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$	29,967	29,967	
14. Insurance							
a. Insurance on Property (buildings only)				\$	13,681	13,681	
b. Insurance on Automobiles				\$	3,490	3,490	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	23,621	23,621	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	16,551	16,551	
General Liability / Fidelity Bond							
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$	57,343	57,343	
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$	12,730,227	12,730,227	

### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Waveny Care Center, Inc.			942-C	9/30/2015	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 179,278	179,278		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 226,276	226,276		
7.			Other - See attached Schedule	\$ 304,202	304,202		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 344,520	344,520		
10.	15	1e	Accounting & Legal	\$ 3,378	3,378		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 5,173	5,173		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 5,535	5,535		
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 2,734	2,734		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 68,262	68,262		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.	16	m6	Barber and Beauty	\$ 41,716	41,716		
23.			Other - See attached Schedule	\$ 342,588	342,588		
<b>Page 18 - Dietary Expenditures</b>							
24.	See	29d	Meals to employees, guests and others who are not residents	\$ 48,629	48,629		
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,572,291	1,572,291		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12n	Marketing Wages	\$ 64,047		
10	5c	Meals on Wheels Wages (See Attached)	\$ 29,097		
10	12o	Director of Development Wages	\$ 59,026		
10	12o	Other Development Wages	\$ 27,108		
<b>Total Other Salaries Adjustment</b>			<b>\$ 179,278</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B12	Outpatient Therapies	\$ 293,727		
13	B12	Massage Therapy	\$ 8,140		
13	B12	Post Acute Cardiology	\$ 1,560		
13	B11b1	LPN - Non WCC charge	\$ 775		
<b>Total Other Fees Adjustments</b>			<b>\$ 304,202</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1g	Operational Supplies - Business Development	\$ 12,458		
15	1g	Operational Supplies - Marketing	\$ 1,414		
15	1g	Office Supplies - Marketing	\$ 526		
16	L2	Unallowable Party Expense	\$ 766		
16	m7	Postage - Business Development	\$ 2,494		
16	m7	Postage - Marketing	\$ 104		
16	m8	Association of Fundraising Dues	\$ 393		
16	m8a	Chamber of Commerce Dues	\$ 328		
16	m11	Purchased Services - Referral Fees	\$ 8,072		
16	m11	Purchased Services - Medicare Review	\$ 1,983		
16	m11	Audit Service CRC (Medicare)	\$ 4,000		
16	m13	Department Guest Meals	\$ 1,420		
16	m13	Special Events	\$ 372		
16	m13	Credit Card Processing Fees	\$ 27,140		
16	m13	Recruitment Not Related to WCC	\$ 29,266		
16	m13	Investment Managers	\$ 85,893		
16	m13	Assets Released Expense	\$ 136,902		
16	m13	Food (Employees)	\$ 864		
16	m13	Co-Insurance Write-off	\$ 2,778		
15	Var	A&G Meals on Wheels Benefits Disallowance (See Attached)	\$ 15,507		
22	Var	A&G Meals on Wheels Overhead Disallowance (See Attached)	\$ 4,597		
22	Var	A&G Meals on Outpatient Therapies Overhead Disallowance (See Attached)	\$ 5,311		
<b>Total Other A&amp;G Adjustments</b>			<b>\$ 342,588</b>	<b>\$ -</b>	<b>\$ -</b>

**Waveny Care Center, Inc.**  
**Disallowance Schedule for Cell Phones**  
**September 30, 2015**

**Pg. 28b**

	<u>Amount</u>
Total Cell Phone Expense	6,253 TB Linked
Cell Phone Allowed Based on Bed Capacity	3
Monthly Allowable amount per Cell Phone	\$ 30
Months in Cost Report Year	<u>12</u>
Total Allowable Cost	\$ 1,080
<b>Disallowed Cell Phone (Page 28, Line 12)</b>	<b><u><u>\$ 5,173</u></u></b>



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

Name of Facility				License No.	Report for Year Ended	Page	of
Waveny Care Center, Inc.				942-C	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,572,291	1,572,291		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 228,585	228,585		
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 8,966	8,966		
30.	20	5h	Laboratory	\$ 19,818	19,818		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 13,430	13,430		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 179,921	179,921		
<b>Page 22 - Maintenance and Property</b>							
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	\$ 379	379		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 42,526	42,526		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 2,065,916	2,065,916		

\*\*\* 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.

Waveny Care Center, Inc.  
9/30/2015

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Satellite/Cable TV in Excess (See Attached)	\$ 5,263		
20	5i	Resident Education	\$ 2,264		
20	5j	Purchased Service - Sitter Expense	\$ 165,277		
20	5j	Machine & Equipment Rental (as needed, not leased)	\$ 2,332		
20	5j	Prosthetic/Orthotic Supplies	\$ 904		
20	5j	Other Diagnostic Svcs	\$ 3,752		
20	5j	Other Therapeutic Service	\$ 18		
20	5j	Operational Supplies: Outpatient Therapies Disallowance (See attached)	\$ 111		
<b>Total Other Ancillary Costs</b>			<b>\$ 179,921</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Excess Movable Equipment Depreciation</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14a	Building Insurance: Meals on Wheels Disallowance (See attached)	\$ 176		
27	14a	Building Insurance: Outpatient Therapies Disallowance (See attached)	\$ 203		
<b>Total Other Property Adjustments</b>			<b>\$ 379</b>	<b>\$ -</b>	<b>\$ -</b>

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 8	Meals - Non-Patient	\$ 38,503		
30	IV 8	Non-Patient Meals Private	\$ 3,568		
30	IV 8	Notions	\$ 13		
30	IV 8	Medical Record Copy Fee	\$ 442		
<b>Total Other Adjustments</b>			<b>\$ 42,526</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Unallowable Building Interest

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

Waveny Care Center, Inc.  
Cable TV Disallowance  
September 30, 2015

Pg. 29b

Total Cable Tv Expense	\$	8,863	TB Linked
Total Monthly Fee Allowed	\$	300	
Total Months		12	
Total Allowable Expense	\$	3,600	
<b>Disallowed Expense</b>	<b>\$</b>	<b>5,263</b>	<b>{a}</b>

**Tickmark**

{a}

Ties to page 29a

Therapy Type	Building Sq. ft.		Total Treatments		Total Out Patient Sq. Footage
	Total In & Out Patient		Out Patient Treatments		
	Sq. Footage	Percentage	Treatments	Percentages	
PT	2,059	3.78%	12,681	32.62%	<u>1.48%</u>
OT	98	0.18%	488	1.26%	
ST	184	0.34%	265	0.68%	
<b>Total Therapies</b>	<u>2,341</u>	<u>4.29%</u>	<u>13,434</u>	<u>34.56%</u>	

<u>A&amp;G: Overhead Disallowance</u>	<u>Amount Per TB</u>	<u>Out Patient %</u>	<u>Amount to be Disallowed</u>
Repairs and Maintenance	42,655	1.48%	633
Heat	93,297	1.48%	1,385
Light and Power	126,742	1.48%	1,881
Water	18,489	1.48%	274
Contracted Maintenance	76,628	1.48%	1,137
<b>Total</b>	<u>357,811</u>		<u>5,311</u> See page 28a

<u>Capital: Building Insurance Disallowance</u>			
Property Insurance	<u>13,681</u>	1.48%	<u>203</u>
<b>Total</b>	<u>13,681</u>		<u>203</u> See page 29a

<u>Direct: Supplies Related to Therapies</u>			
Operational Therapy Supplies	<u>7,480</u>	1.48%	<u>111</u>
<b>Total</b>	<u>7,480</u>		<u>111</u> See page 29a

<u>Type</u>	<u>Number of Meals Served</u>	<u>Total Meals Served</u>	<u>Percentage of Meals</u>
Meals on Wheels	15,000	162,687	9.22%

<u>Salaries Disallowances</u>	<u>Amount per TB</u>	
Dietary Salaries	29,097	See page 28a
<b>Total</b>	<b>29,097</b>	

<u>Expenditures Disallowance</u>			
Dietary Expenses Per Pg. 18	569,493		
Less: Rev Self Disallowed Pg. 29a	(38,503)		
Less: Rev Self Disallowed Pg. 29a	(3,568)		
<b>Adjusted Dietary Expenditures</b>	<b>527,422</b>	<b>9.22%</b>	<b>48,629</b> See page 28

<u>Type</u>	<u>MOW Salary</u>	<u>Total Salaries</u>	<u>Percentage of Total Salaries</u>
Meals on Wheels	29,097	7,305,106	0.40%

<u>Benefits Disallowance</u>	<u>Amount per TB</u>	<u>Percentage of Total Salaries</u>	<u>Disallowance</u>
Workmen's Compensation	396,029	0.40%	1,577
Disability Insurance	47,208	0.40%	188
Unemployment Insurance	21,408	0.40%	85
Social Security (FICA)	906,802	0.40%	3,612
Health Insurance	2,129,254	0.40%	8,481
Life Insurance	0	0.40%	0
Pensions	362,120	0.40%	1,442
Uniform Allowance	12,154	0.40%	48
Other	18,617	0.40%	74
<b>Total</b>	<b>3,893,592</b>		<b>15,507</b> See page 28a

<u>Type</u>	<u>Number of Meals Served</u>	<u>Total Meals Served</u>	<u>Percentage of Meals</u>	<u>Dietary Sq. Footage</u>	<u>Total Sq. Footage</u>	<u>Dietary Percentage</u>	<u>Percentage of MOW Related to Dietary</u>
Meals on Wheels	15,000	162,687	9.22%	7,595	54,509	13.93%	1.28%

<u>A&amp;G Overhead Disallowance</u>	<u>Amount per TB</u>	<u>Percentage of MOW Related to Dietary</u>	<u>MOW Disallowance</u>
Repairs and Maintenance	42,655	1.28%	548
Heat	93,297	1.28%	1,199
Light and Power	126,742	1.28%	1,628
Water	18,489	1.28%	238
Contracted Maintenance	76,628	1.28%	984
<b>Total</b>	<b>362,249</b>		<b>4,597</b> See page 28a

<u>Building Insurance Disallowance</u>			
Property Insurance	13,681	1.28%	176
<b>Total</b>	<b>13,681</b>		<b>176</b> See page 29a

**F. Statement of Revenue**

Name of Facility Waveny Care Center, Inc.		License No. 942-C		Report for Year Ended 9/30/2015		Page of 30   37	
Item				Total	CCNH	RHNS	(Specify)
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>							
1.	a.	Medicaid Residents (CT only)	\$	6,337,136	6,337,136		
	b.	Medicaid Room and Board Contractual Allowance **	\$	(3,221,776)	(3,221,776)		
2.	a.	Medicaid (All other states)	\$				
	b.	Other States Room and Board Contractual Allowance **	\$				
3.	a.	Medicare Residents (all inclusive)	\$	2,662,159	2,662,159		
	b.	Medicare Room and Board Contractual Allowance **	\$				
4.	a.	Private-Pay Residents and Other	\$	4,680,713	4,680,713		
	b.	Private-Pay Room and Board Contractual Allowance **	\$	(36,680)	(36,680)		
<b>II. Other Resident Revenue</b>							
1.	a.	Prescription Drugs - Medicare	\$				
	b.	Prescription Drugs - Medicare Contractual Allowance **	\$				
	c.	Prescription Drugs - Non-Medicare	\$	20,327	20,327		
	d.	Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2.	a.	Medical Supplies - Medicare	\$	20,642	20,642		
	b.	Medical Supplies - Medicare Contractual Allowance **	\$				
	c.	Medical Supplies - Non-Medicare	\$	6,432	6,432		
	d.	Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3.	a.	Physical Therapy - Medicare	\$	993,453	993,453		
	b.	Physical Therapy - Medicare Contractual Allowance **	\$				
	c.	Physical Therapy - Non-Medicare	\$	108,118	108,118		
	d.	Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4.	a.	Speech Therapy - Medicare	\$	151,602	151,602		
	b.	Speech Therapy - Medicare Contractual Allowance **	\$				
	c.	Speech Therapy - Non-Medicare	\$	6,510	6,510		
	d.	Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5.	a.	Occupational Therapy - Medicare	\$	536,052	536,052		
	b.	Occupational Therapy - Medicare Contractual Allowance **	\$	269,029	269,029		
	c.	Occupational Therapy - Non-Medicare	\$	15,050	15,050		
	d.	Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6.	a.	Other (Specify) - Medicare	\$	(1,133,977)	(1,133,977)		
	b.	Other (Specify) - Non-Medicare	\$	(1,456)	(1,456)		
<b>III. Total Resident Revenue (Section I. thru Section II.)</b>				\$	11,413,334	11,413,334	
<b>IV. Other Revenue*</b>							
1.	Meals sold to guests, employees & others			\$			
2.	Rental of rooms to non-residents			\$			
3.	Telephone			\$			
4.	Rental of Television and Cable Services			\$			
5.	Interest Income (Specify)			\$	61,016	61,016	
6.	Private Duty Nurses' Fees			\$			
7.	Barber, Coffee, Beauty and Gift shops			\$	21,300	21,300	
8.	Other (Specify)			\$	257,115	257,115	
<b>V. Total Other Revenue (1 thru 8)</b>				\$	339,431	339,431	
<b>VI. Total All Revenue (III +V)</b>				\$	11,752,765	11,752,765	

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6a	Pharmacy Medicare Part A	\$ 297,636		
30 II 6a	X-Ray Medicare	\$ 8,681		
30 II 6a	Labratory - Medicare	\$ 19,818		
30 II 6a	Oxygen Therapy Medicare Part A	\$ 11,785		
30 II 6a	Cardiology - Medicare	\$ 122		
30 II 6a	Diagnostic Services-Medicare	\$ 4,107		
30 II 6a	Third Pty Adj Thrpy-MCare	\$ (1,123,372)		
30 II 6a	Third Pty Adj Ancil-MCare	\$ (352,754)		
	<b>Total Other Resident Revenue - Medicare</b>	<b>\$ (1,133,977)</b>	<b>\$ -</b>	<b>\$ -</b>

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6b	Complex Md Equip - Priv	\$ (319)		
30 II 6b	X-Ray & Lab Private	\$ 150		
30 II 6b	Oxygen Therapy Private	\$ 202		
30 II 6b	Oxygen Therapy Medicaid	\$ 1,093		
30 II 6b	Massage Therapy Private	\$ 16,725		
30 II 6b	Third Pty Adj Ancil-MCaid	\$ (19,307)		
	<b>Total Other Resident Revenue</b>	<b>\$ (1,456)</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
30 IV 5	Interest Income		\$ 588		
30 IV 5	Interest Income - Goldman Sachs		\$ 60,428		
	<b>Total Interest Income</b>		<b>\$ 61,016</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Meals - Non-patient	\$ 38,503		
30 IV 8	Non-Patient Meals Private	\$ 3,568		
30 IV 8	Notions	\$ 13		
30 IV 8	Contrib Rev - Temp Restricted	\$ 28,555		
30 IV 8	Memorial Giving	\$ 4,790		
30 IV 8	Unsolicited Gifts	\$ 100		
30 IV 8	Special Events - Temp Restricted	\$ 166,551		
30 IV 8	Grants - Temp Restricted	\$ 49,442		
30 IV 8	Special Events - Unrestricted	\$ 19,000		
30 IV 8	Gain/Loss on Disposal	\$ (19,268)		
30 IV 8	Dividend Income - TIFF	\$ 14,282		
30 IV 8	LT Capital Gain-TIFF Inv	\$ 48,682		
30 IV 8	ST Capital Gain-TIFF	\$ 12,782		
30 IV 8	Dividend Income-Goldman	\$ 136,652		
30 IV 8	ST Capital Gain/Loss-GS	\$ 15,556		
30 IV 8	LT Capital Gain/Loss-GS	\$ 1,251,226		
30 IV 8	Unrealized Gain/Loss-Inv GS	\$ (1,531,000)		
30 IV 8	Unrealized Gain/Loss-Inv TIFF	\$ (115,547)		
30 IV 8	Medical Record Copy Fee	\$ 442		
30 IV 8	Meals on Wheels-Meals	\$ 106,440		
30 IV 8	Assets Released Restr-Op	\$ 26,346		
	<b>Total Other Revenue</b>	<b>\$ 257,115</b>	<b>\$ -</b>	<b>\$ -</b>



### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Waveny Care Center, Inc.	942-C	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> )			\$	773,534
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,783,586
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	30,250
4. Inventories			\$	
5. Prepaid Expenses			\$	49,860
a. Prepaid Insurance	20,279			
b. Prepaid Rent	5,256			
c. Prepaid Expenses	24,325			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	137,024
Exchange/Exchange Salaries	99			
Workers Comp Recovery	136,925			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>2,774,254</b>
<b>B. Fixed Assets</b>				
1. Land			\$	
2. Land Improvements	*Historical Cost	173,056	\$	95,705
	Accum. Depreciation	77,351		Net
3. Buildings	*Historical Cost	8,127,986	\$	4,195,147
	Accum. Depreciation	3,932,839		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	3,232,694	\$	953,021
	Accum. Depreciation	2,279,673		Net
6. Movable Equipment	*Historical Cost	3,183,641	\$	545,912
	Accum. Depreciation	2,637,729		Net
7. Motor Vehicles	*Historical Cost	98,488	\$	1
	Accum. Depreciation	98,487		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	(1,322,324)
Construction in Progress	48,977			
F/S vs C/R NBV	(1,371,301)			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>4,467,462</b>

\* 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
Waveny Care Center, Inc.	942-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	7,241,716
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
3. Buildings		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Non-Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
5. Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
6. Motor Vehicles		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	7,956,924
Investments - Goldman Sachs		6,854,797		
Investments - TIFF		1,102,127		
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	861,788
Name and Address		Amount	Loan Date	
WHHS, WHH, WAH		861,788		
7. Other Assets ( <i>itemize</i> )			\$	616,289
Donor Restricted Assets		616,289		
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	9,435,001
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	16,676,717

\* 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
Waveny Care Center, Inc.		942-C	9/30/2015	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	777,177
2. Notes Payable ( <i>itemize</i> )				\$	46,966
Notes Payable People's Bank - Current					46,966
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> )				\$	322,616
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	28,207
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	249,558
Due to Patient Trust		6,991 FSA Deduction	590		
Resident Council Fund		62 Accrued CT SNF User T	103,944		
Tax Sheltered Annuity		(290) Workers Comp Reserve	136,925		
AFLAC Insurance Deduction		1,336			
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	1,424,524

\* 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 Waveny Care Center, Inc.		License No. 942-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,424,524	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					\$
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable					\$
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> )					\$ 805,893
Line of Credit People's Bank		470,000			
Loan Payable - People's Bank LT		335,893			
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)					\$ 805,893
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)					\$ 2,230,417


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

Name of Facility	License No.	Report for Year Ended	Page	of
Waveny Care Center, Inc.	942-C	9/30/2015	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	15,405,687
6. Gain or Loss for Period			\$	(959,387)
				10/1/2014 thru 9/30/2015
7. Total Net Worth			\$	14,446,300
<b>C. Total Reserves and Net Worth</b>			\$	14,446,300
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	16,676,717

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Waveny Care Center, Inc.	942-C	9/30/2015	36	37
Account			Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2014		\$	15,248,429
B.	Total Revenue ( <i>From Statement of Revenue Page 30</i> )		\$	11,752,765
C.	Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )		\$	12,712,152
D.	Net Income or Deficit		\$	(959,387)
E.	Balance		\$	14,289,042
F.	Additions			
	1. Additional Capital Contributed ( <i>itemize</i> )			
	Total Expenses Per Page 27	\$12,730,227		
	F/S vs C/R Depreciation	(18,075)		
	Total Expenses Per F/S	\$12,712,152		
	2. Other ( <i>itemize</i> )			
	Change in Temporarily Restricted Net Assets	157,258		
F-3.	Total Additions		\$	157,258
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.	<b>Balance at End of Period</b>		\$	14,446,300
	09/30/15			

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

Name of Facility Waveny Care Center, Inc.	License No. 942-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 type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title PRINCIPAL	Date Signed 2/3/16		
Printed Name of Preparer Matthew S. Bavolack				
Address Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600		