State of Connecticut

Annual Report of Long-Term Care Facility

Cost Year 2016

Name of Facility (as licensed) Leeway, Inc		
Address (No. & Street, City, State, Zip Code) 40 Albert Street, New Haven, Ct 06511		
Type of Facility ☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☑ Residential Care Home		
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016	

License Numbers:	CCNH	RHNS	Residential Care Home	Medicare Provider
	2167-C		1891-RCH	07-5408

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	42169		

For Department Use Only

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

Table of Contents

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-1 Rev.9/2002

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Leeway, Inc [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Heather Aaron			Printed Name (Owner) William Dyson, Chairman	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-1A Rev. 6/95

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Leeway, Inc	Period Covered:		From 10/1/2015	To 9/30/2016
Address of Facility 40 Albert Street, New Haven, Ct 06511				
Report Prepared By Robert Morgan	Phone Number 203 865-0068		Date 1/31/2017	

Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid $				
2. Laundry wages paid $				
3. Housekeeping wages paid $				
4. Nursing wages paid $				
5. All other wages paid $				
6. ***Total Wages Paid*** $				
7. Total salaries paid $				
8. ***Total Wages and Salaries Paid*** (As per page 10 of Report) $				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-2 Rev. 10/2005

General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
203 865-0068	9/30/2016	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
Leeway, Inc	40 Albert Street, New Haven, Ct 06511

	CCNH	RHNS	Residential Care Home	Medicare Provider No.
License Numbers:	2167-C		1891-RCH	07-5408

Type of Facility (Check appropriate box(es))

☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☑ Residential Care Home

Type of Ownership (Check appropriate box)

○ Proprietorship ○ LLC ○ Partnership ○ Profit Corp. ◉ Non-Profit Corp. ○ Government ○ 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? ○ Yes ◉ No If "Yes," explain fully.

Administrator

Name of Administrator	Nursing Home Administrator's License No.:	
Heather Aaron		001635

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3 Rev. 10/2005

General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	3	37

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered

Name of Partners/Members	Business Address	Title	% Owned
N/A			

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3A Rev. 10/2005

General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	3A	37

If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated
Leeway, Inc.	40 Albert St., New Haven, Ct 06511	CT

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See Attached Listing			
Names of Stockholders Owning at Least 10% of Shares			

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3B Rev. 10/2005

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	3B	37

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

Owner(s) of Facility
N/A

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

General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	4	37

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	%**				
Leeway Putnam Housing Corp		○	⊙		DMHAS Office Space			
Leeway Welton Housing Corp		○	⊙		DMHAS Office Space			
Leeway Scattered Site Housing Inc.		○	⊙					
		○	○					
		○	○					
		○	○					
		○	○					
		○	○					
		○	○					

* Use additional sheets if necessary.

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-5 Rev. 9/2002

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	5	37

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (*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.

Time Allocation of CEO & CFO for management oversite. Salary and Benefit costs are allocated to housing and grant programs.

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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-6 Rev. 9/2002

General Information and Questionnaire
Leases (Excluding Real Property)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	6	37

Name and Address of Lessor	Related * to Owners, Operators, Officers Yes	Related * to Owners, Operators, Officers No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
Pitney Bowes	○	⊙	Postage Machine		60 Months	535	535
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					

Is a Mileage Log Book Maintained for All Leased Vehicles ? ⊙ Yes ○ No **Total ***** 535

* 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-7 Rev. 6/95

General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	7	37

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	Address (No. & Street, City, State, Zip Code)
1 Blum Shapiro	West Hartford, Ct.
2	
3	
4	

Services Provided by This Firm (*describe fully*)

1	Year end audit, prepartion of Form 990	$ 27,350
2		$
3		$
4		$
	Charge for Services Provided	$ 27,350

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

◉ Yes ○ No

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Kate Sacks	
2 Greentree	
3	
4	
5	

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

1
2
3
4
5

Services Provided by This Firm (*describe fully*)

1	Corporate & Regulatory	$ 15,368
2	Labor Relations & Risk Management	$ 3,000
3	Labor - Wage Settlements and Related Legal fees (Disallowed on Page 28)	$ 10,869
4		$
5		$
	Charge for Services Provided	$ 29,237

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

◉ Yes ○ No

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

Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	8	37

	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	40	30		10	40	30		10	40	30		10
B. On last day of THIS report period	60	30		30	60	30		30	60	30		30
2. Number of Residents												
A. As of midnight of PREVIOUS report period	39	29		10	39	29		10	39	29		10
B. As of midnight of THIS report period	59	29		30	59	29		30	59	29		30
3. Total Number of Days Care Provided During Period												
A. Medicare	497	497			387	387			110	110		
B. Medicaid (Conn.)	10,179	10,179			7,580	7,580			2,599	2,599		
C. Medicaid (other states)												
D. Private Pay	263			263	171			171	92			92
E. State SSI for RCH	7,879			7,879	5,313			5,313	2,566			2,566
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	18,818	10,676		8,142	13,451	7,967		5,484	5,367	2,709		2,658
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. ***Total Resident Days*** **(3G + 4A + 4B)**	18,818	10,676		8,142	13,451	7,967		5,484	5,367	2,709		2,658

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

Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	9	37

4. Were there any changes in the certified bed capacity during the report year? ⊙ Yes ○ No
If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
				Lost			Gained						
	CCNH (1)	RHNS (2)	Residential Care Home (3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Residential Care Home	
1/1/2016			X						20			30	

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

Change in Resident Days	CCNH	RHNS	Residential Care Home
1st change			2264
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	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR
No. of Residents	1	28					30	
Per Diem Rate								
a. One bed rm.								
b. Two bed rms.								
c. Three or more bed rms.								

	TOTAL	CCNH	RHNS	Residential Care Home
7. Total Number of Physical Therapy Treatments				
A. Medicare - Part B	988	988		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	2,497	2,497		
C. Other	886	886		
D. ***Total Physical Therapy Treatments***	4,371	4,371		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	177	177		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	117	117		
C. Other	79	79		
D. ***Total Speech Therapy Treatments***	373	373		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	285	285		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	139	139		
C. Other	800	800		
D. ***Total Occupational Therapy Treatments***	1,224	1,224		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	10	37

Are time records maintained by all individuals receiving compensation? ⊙ Yes ○ No

	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	108,044	1,296			25,510	298
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	45,931	1,837			1,684	67
5. Dietary Service						
a. Head Dietitian	7,136	204			5,443	156
b. Food Service Supervisor	34,898	1,211			26,615	923
c. Dietary Workers	158,912	10,077			121,193	7,685
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	36,450	1,127			32,312	953
b. Other Maintenance Workers						
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services	87,670	5,253			77,718	4,657
11. Accounting Services						
a. Head Accountant	86,098	1,364			20,329	315
b. Other Accountants	115,077	4,815			27,171	1,112
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	105,642	2,080				
b. RN						
1. Direct Care	191,579	5,178				
2. Administrative**	68,821	1,811				
c. LPN						
1. Direct Care	246,456	8,116				
2. Administrative**						
d. Aides and Attendants	466,849	23,401			200,900	12,926
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	29,167	1,268			22,244	967
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	83,961	2,080			64,033	1,542
n. Marketing						
o. Other (Specify)						
See Attached Schedule	3,537	177			2,697	135
A-13. Total Salary Expenditures	1,876,228	71,295			627,849	31,736

* 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)

	CCNH		RHNS		Residential Care Home	
Position	**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
Chaplain	$ 3,537	177			$ 2,697	135
Total	$ 3,537	177	$ -	-	$ 2,697	135

Schedule of Other Fees (Page 13)

	CCNH		RHNS		Residential Care Home	
Service	**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
Total	$ -	-	$ -	-	$ -	-

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	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	Residential Care Home							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

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

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	12	37

Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section III - Administrators* **										
Heather Aaron	108,044		25,510	Standard Employee Benefits	Licensed Administrator and CEO with oversight	1,594	A.2	Grant & Housing Oversight	486	58,753
Section IV - Assistant Administrators										

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

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

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	13	37

	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. **Direct care consultants paid on a fee for service basis in lieu of salary** (For all such services complete Schedule B1)						
1. Dietitian	182	3			138	3
2. Dentist						
3. Pharmacist	3,850	48				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	109,322	1,686				
b. Other						
6. Social Worker	9,879	152			7,534	116
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	36,000					
b. Utilization Review						
(Title 18 and 19 only) monthly meeting	7,585	48				
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	11,278	168				
b. Other						
10. Occupational Therapist						
a. Resident Care	19,122	294				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	463,963	6,624				
2. Administrative***	19,288	320				
b. LPN						
1. Direct Care	26,489	588				
2. Administrative***						
c. Aides	172	8				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	707,130	9,939			7,672	119

* 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-14 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Thomas Kidder, LCSW	LCSW	○	⊙	
Rebecca Iselin	Dietician	○	⊙	
Anuruddha Walaliyadda, MD	Medical Director	○	⊙	
Yale University School of Medicine	Medical Staff Admin Services	○	⊙	
Foremost Rehab	Therapy Services	○	⊙	
Med Stat Pharmacy	Pharmacy Consultant	○	⊙	
Nurse Network	RN, LPN & C.N.A. Per Diem Staff	○	⊙	
Maxim Staffing	RN, LPN & C.N.A. Per Diem Staff	○	⊙	
AAA Nursing Care	RN, LPN Per Diem Staff	○	⊙	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-15 Rev. 10/2005

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	15	37

Item		Total	CCNH	RHNS	Residential Care Home
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	$	69,973	52,429		17,544
2. Disability Insurance	$				
3. Unemployment Insurance	$	45,126	33,812		11,314
4. Social Security (F.I.C.A.)	$	182,611	136,825		45,786
5. Health Insurance	$	204,173	152,980		51,193
6. Life Insurance (employees only)					
(not-owners and not-operators)	$				
7. Pensions (Non-Discriminatory)	$	40,200	30,121		10,079
(not-owners and not-operators)					
8. Uniform Allowance	$				
9. Other (*Specify*)	$	(15,795)	(11,835)		(3,960)
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*	$	23,302	23,302		
d. Accounting and Auditing	$	27,350	22,126		5,224
e. Legal (*Services should be fully described on Page 7)*	$	29,237	23,652		5,585
f. Insurance on Lives of Owners and Operators (*Specify*)*	$				
g. Office Supplies	$	19,343	15,648		3,695
h. Telephone and Cellular Phones					
1. Telephone & Pagers	$	24,522	19,838		4,684
2. Cellular Phones	$	878	710		168
i. Appraisal (*Specify purpose and attach copy*)*	$				
j. Corporation Business Taxes (*franchise tax*)	$				
k. Other Taxes (*Not related to property - See Page 22)*					
1. Income*	$				
2. Other (*Specify*)	$				
See Attached Schedule					
3. Resident Day User Fee	$	213,731	213,731		
Subtotal	$	864,651	713,339		151,312

* 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**

Leeway, Inc
9/30/2016

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
Employee Assistance Program	$ 120		$ 40
Employee Physical	$ 78		$ 26
Management Benefit Allocation to Grants & Housing Entities	$ (12,033)		$ (4,026)
Total	$ (11,835)	$ -	$ (3,960)

Schedule of Other Taxes

Description	CCNH	RHNS	Residential Care Home
Total	$ -	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-16 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	16	37

Item		Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:		864,651	713,339		151,312
l. Travel and Entertainment					
1. Resident Travel and Entertainment	$				
2. Holiday Parties for Staff	$				
3. Gifts to Staff and Residents	$	3,685	2,981		704
4. Employee Travel	$	2,080	1,683		397
5. Education Expenses Related to Seminars and Conventions	$	79,052	78,278		774
6. Automobile Expense (*not purchase or depreciation*)	$	3,283	2,656		627
7. Other (*Specify*)	$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (*all such expenses*)	$	6,244	5,051		1,193
2. Advertising Telephone Directory (*all such expenses*)***	$				
3. Advertising Other (*Specify*)***	$	495	400		95
See Attached Schedule					
4. Fund-Raising***	$	32,491	26,285		6,206
5. Medical Records	$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	$				
7. Postage	$	5,760	4,660		1,100
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	4,994	4,039		955
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$				
9. Subscriptions	$	714	578		136
10. Contributions*** See Attached Schedule	$				
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$	123,072	108,345		14,727
12. Administrative Management Services**	$				
13. Other (*Specify*) See Attached Schedule	$	218,626	172,855		45,771
C-14 Total Administrative & General Expenditures	$	1,345,147	1,121,150		223,997

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Residential Care Home
Total Other Travel and Entertainment	$ -	$ -	$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Advertising	$ 400		$ 95
Total Other Advertising	$ 400	$ -	$ 95

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Leading Age	$ 2,899		$ 685
Altcfm	$ 129		$ 31
Ct Long Term Care Mutual Aid Program	$ 283		$ 67
CBIA	$ 728		$ 172
Total Dues	$ 4,039	$ -	$ 955

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Total Contributions	$ -	$ -	$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Management & Board Retreat	$ 192	$ -	$ 45
Licenses & Fees	$ 2,416	$ -	$ 571
Bank Charges	$ 2,158	$ -	$ 510
New Employee Hire	$ 6,961	$ -	$ 1,644
Health & Drug Screening	$ 6,470	$ -	$ 1,528
Employee Background Checks	$ 3,192	$ -	$ 754
Nursing Home Week Celebration	$ 3,048	$ -	$ 720
Volunteer Appreciation	$ 941	$ -	$ 222
Computer Supplies & Minor Equ	$ 2,464	$ -	$ 582
Cable TV - Allowable	$ 2,025	$ -	$ 1,575
Employee Service Awards	$ 929	$ -	$ 219
Self Disallowances:		$ -	
Cable TV	$ 7,125	$ -	$ 5,541
Penalties And Late Fees	$ 5,904	$ -	$ 1,394
Lobbying Expenses	$ 11,326	$ -	$ 2,674
Alumni Expenses	$ 1,121	$ -	$ 265
Professional Fees	$ 4,854	$ -	$ 1,146
Resident Personal Items	$ 194	$ -	$ 46
Patient Expense	$ 223	$ -	$ 53
Swap Expense	$ 105,572	$ -	$ 24,927
Non-Reimburseable	$ 5,740	$ -	$ 1,355
Total Other Administrative and General	$ 172,855	$ -	$ 45,771

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Leeway, Inc	2167-C	9/30/2016	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 #

*** 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.**

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-18 Rev. 9/2002

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
Leeway, Inc	2167-C	9/30/2016	18 | 37

Item	Total	CCNH	RHNS	Residential Care Home
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	$ 153,649	87,170		66,479
2. Non-Food Supplies	$ 21,523	12,211		9,312
3. Other (*Specify*)_____	$ 10,607	6,018		4,589
Linens				
Dietary purchased services				
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$			
c. Management Services**	$			
d. Other (*Specify*)_____	$			
2E. ***Total Dietary Expenditures*** (2a + b + c + d)	$ 185,779	105,399		80,380

2F. Dietary Questionnaire	Total	CCNH	RHNS	Residential Care Home
G. Resident Meals: Total no. of meals served per day:*				

H.	Is cost of employee meals included in 2E?	○ Yes	⊙ No	
I.	Did you receive revenue from employees?	○ Yes	⊙ No	If yes, specify amt.
J.	Where is the revenue received reported in the Cost Report? (Page/Line Item)			
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	○ Yes	⊙ No	If yes, specify cost.
L.	Is any revenue collected from these people?	○ Yes	⊙ No	If yes, specify amt.
M.	Where is the revenue received reported in the Cost Report? (Page/Line Item)			
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	○ Yes	⊙ No	If yes, specify cost.
O.	Is any revenue collected from employees?	○ Yes	⊙ 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-19 Rev. 9/2002

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
Leeway, Inc	2167-C	9/30/2016	19 | 37

Item		Total	CCNH	RHNS	Residential Care Home
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. $	2,038	1,783		255
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. $	54	47		7
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	32,187	29,169		3,018
c. Management Services**	$				
d. Other (*Specify*)	$				
3E. ***Total Laundry Expenditures*** (3a + b + c + d)	$	34,279	30,999		3,280

3F.	Laundry Questionnaire			
G.	Is cost of employee laundry included in 3E?	○ Yes	⊙ No	If yes, specify cost.
H.	Did you receive revenue from employees?	○ Yes	⊙ 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?	○ Yes	⊙ No	If yes, specify cost.
K.	Did you receive revenue from these people?	○ Yes	⊙ 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-20 Rev. 9/2002

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
Leeway, Inc	2167-C	9/30/2016	20	37

Item			Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	21,984	18,830		3,154
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21*)	Sq. Ft. Serviced by Personnel					
	Amt.	$	168,884	129,518		39,366
c. Management Services*		$				
d. Other (*Specify*)		$	12,581	6,669		5,912
Minor Furnishings & Floral Decorations						
4E. ***Total Housekeeping Expenditures*** (4a + b + c + d)		$	203,449	155,017		48,432
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		$				
2. Purchased from		$	59,540	59,540		
Westriver						
b. Medicine Cabinet Drugs		$	16,940	16,940		
c. Medical and Therapeutic Supplies		$	85,338	85,338		
d. Ambulance/Limousine***		$	321	321		
e. Oxygen						
1. For Emergency Use		$				
2. Other***		$	5,784	5,784		
f. X-rays and Related Radiological Procedures***		$	2,349	2,349		
g. Dental (*Not dentists who should be included under salaries or fees)*		$				
h. Laboratory***		$	8,041	8,041		
i. Recreation		$	27,251	15,460		11,791
j. Other (Specify)****		$	46,806	43,603		3,203
See Attached Schedule						
5K. ***Total Resident Care Expenditures*** (5a - 5j)		$	252,370	237,376		14,994

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	Residential Care Home
Medical Equip Rental - T19	$ 1,991	$ -	$ -
Wound Vac - T19	$ 1,055	$ -	$ -
IV - T-19	$ 29,666	$ -	$ -
Equip Rental - T-19	$ 4,917	$ -	$ -
Minor Equip & Furniture - Nursing	$ 5,974	$ -	$ -
RCH SUPPLIES	$ -	$ -	$ 3,203
Total Other Resident Care	$ 43,603	$ -	$ 3,203

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-21 Rev. 10/2001

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

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	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	Residential Care Home	Pg	Line
Unitex		○	⊙		Laundry Service	29,169		3,018	19	C.3.b
John's Refuse		○	⊙		Rubbish Removal	4,789		4,245	22	C.6.f
VCPI		○	⊙		IT Support and Computer Server Administrator	29,636		6,997	16	C.1.m
Creative Financial Staffing		○	⊙		Office Staff - Nurse Scheduler	31,408			16	C.1.m
Check Writers		○	⊙		Payroll Processing Fees	10,304		2,433	16	C.1.m
Diversified Building Services		○	⊙		Housekeeping	129,518		39,366	20	C.4.b
Creative Financial Staffing		○	⊙		Discharge Planner - Social Services	6,529		4,979	13	B.6
Point Click Care		○	⊙		Software User Fee - Point Click Care	23,186		3,030	16	C.1.m
All-Around		○	⊙		Snow Removal	13,570		12,030	22	C.6.f
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							

* 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).

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-22 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
Leeway, Inc	2167-C	9/30/2016	22 | 37

Item		Total	CCNH	RHNS	Residential Care Home
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	$	50,250	26,637		23,613
b. Heat	$	20,442	10,836		9,606
c. Light & Power	$	103,929	55,091		48,838
d. Water	$	14,306	7,583		6,723
e. Equipment Lease (*Provide detail on page 6*)	$	535	284		251
f. Other (*itemize*)	$	154,801	83,263		71,538
See Attached Schedule					
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	344,263	183,694		160,569
7. Depreciation (*complete schedule page 23**)					
a. Land Improvements	$	10,533	5,583		4,950
b. Building & Building Improvements	$	267,648	141,877		125,771
c. Non-Movable Equipment	$	13,390	7,098		6,292
d. Movable Equipment	$	53,578	28,401		25,177
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	345,149	182,959		162,190
8. Amortization (*Complete att. Schedule Page 24**)					
a. Organization Expense	$				
b. Mortgage Expense	$	6,469	3,429		3,040
c. Leasehold Improvements	$				
d. Other (*Specify*)	$				
*8e. ***Total Amortization Costs*** (8a + b + c + d)	$	6,469	3,429		3,040
9. Rental payments on leased real property less real estate taxes included in item 10b	$				
10. Property Taxes					
a. Real estate taxes paid by owner	$	680	360		320
b. Real estate taxes paid by lessor	$				
c. Personal property taxes	$				
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	352,298	186,748		165,550

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Residential Care Home
Purchased Service - Plumber	$ 2,887	$ -	$ 2,559
Purch Service - HVAC	$ 5,298	$ -	$ 4,696
Purchased Services - Electric	$ 3,499	$ -	$ 3,102
Purch Serv - Exterminator	$ 1,055	$ -	$ 935
Purchased Serv - Alarm Service	$ 1,910	$ -	$ 1,693
Purch Service - Fire Protecti	$ 2,380	$ -	$ 2,109
Purch Serv - Sec camera Main	$ 3,228	$ -	$ 2,861
Purch Service - Ridgefield As	$ 6,043	$ -	$ 5,357
Purch Serv - Nurse Call System	$ 1,266	$ -	$ 1,122
Purch Service - Elevator	$ 1,301	$ -	$ 1,154
Purchased Service - Locksmith	$ 368	$ -	$ 327
Purch Service - Telephone Rep	$ 4,540	$ -	$ 4,025
Purchased Service - Fire Cont	$ (115)	$ -	$ (102)
Purchased Service - Shredding	$ 1,121	$ -	$ 993
Purchased Service - Generator	$ 804	$ -	$ 712
Purch Serv - Snow Removal	$ 13,570	$ -	$ 12,030
Purch Service - Med Equip Ins	$ 1,979	$ -	$ 1,755
Purchased Services - Painting	$ 6,531	$ -	$ 5,789
Aquarium Services	$ 1,111	$ -	$ 985
Trash Removal- Maint	$ 4,789	$ -	$ 4,245
Medical Waste Removal	$ 2,562	$ -	$ -
Landscaping	$ 7,483	$ -	$ 6,634
Office Equip Maint Agreements	$ 5,645	$ -	$ 5,004
Minor Off.Equip Repair & Repl	$ 4,008	$ -	$ 3,553
Total Other Repairs and Maintenance	$ 83,263	$ -	$ 71,538

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-23 Rev. 10/2006

Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	23	37

Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. **Land Improvements**								
1. Acquired prior to this report period	133,720		133,720	27,541	SL	Var	9,232	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	57,067		57,066		SL	Var	1,301	
A-4. Subtotal								10,533
B. **Building and Building Improvements**								
1. Acquired prior to this report period	4,654,305		4,654,305	2,647,417	SL	Var	184,718	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	2,745,181		2,745,181		SL	Var	82,930	
B-4. Subtotal								267,648
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	215,598		215,598	89,788	SL	Var	13,122	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	15,125		15,125		SL	Var	268	
C-4. Subtotal								13,390

	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. **Movable Equipment**												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a. 2005 Mazda	x		Apr	2007	14,983		14,983	14,983	SL	5		
b. 1999 Bus / Van			Apr.	2010	9,974		9,974	9,974	SL	3		
c. 2017 Ford Bus			Aug	2016	68,717		68,717		SL	5	954	
d.												
2. Movable Equipment												
a. Acquired prior to this report period					766,733		766,733	514,463	SL	Var	49,847	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					56,779		56,779		SL	Var	2,777	
D-3. Subtotal												53,578
E. ***Total Depreciation***												345,149

Leeway, Inc
9/30/2016

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
7/25/2016	Landscaping -Stonehedge Landscaping & Garden Center	$ 3,002	15	$ 33	
8/9/2016	Irrigation System - Connecticut Irrigation	$ 4,300	15	$ 24	
3/1/2016	Smoker Shelter - Required to meet DPH Requirements	$ 49,765	20	$ 1,244	
Total additions for Land Improvements		$ 57,067		$ 1,301	*
Deletions:					
Total deletions for Land Improvements		$ -		$ -	**

***Ties to Page 23, Line A3**
****Ties to Page 23, Line A2**

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
1/1/2016	RCH / CCNH Construction Project	$ 5,742,961	30	$ 143,574	
	Less: Portion Funded by DSS Bond Fund Grant	$ (3,000,000)	30	$ (60,718)	
3/14/2016	G Danz & N Ssavalli - IT Wiring - Nsg Station Emar	$ 2,220	15	$ 74	
Total additions for Building Improvements		$ 2,745,181		$ 82,930	*
Deletions:					
Total deletions for Building Improvements		$ -		$ -	**

***Ties to Page 23, Line B3**
****Ties to Page 23, Line B2**

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
3/29/2016	TPC Associates - New Console Nurse Call System	$ 3,760	15	$ 125	
8/9/2016	Inpro - Wheelchair Corridor Guards	$ 4,615	20	$ 115	
9/21/2016	Stanley Access Tech - Automatic Door Opener	$ 6,750	20	$ 28	
Total additions for Non-Movable Equipment		$ 15,125		$ 268	*
Deletions:					
Total deletions for Non-Movable Equipment		$ -		$ -	**

***Ties to Page 23, Line C3**
****Ties to Page 23, Line C2**

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
12/28/2015	Air Mattress - McKesson (2)	$ 2,463	10	$ 123	
1/15/2016	CareWorx - Kiosk for Nursing point of care (4)	$ 8,439	10	$ 422	
1/15/2016	CareWorx - Kiosk for Nursing point of care (2)	$ 3,674	10	$ 184	
2/11/2016	Air Mattress - McKesson (2)	$ 2,449	10	$ 122	
2/1/2016	Insight - HP Thin clients (6)	$ 2,522	5	$ 25	
3/18/2016	Air Mattress - McKesson (2)	$ 2,501	10	$ 125	
2/4/2016	Care Worx - Batteries for Med Cart Kiosk (8)	$ 2,610	10	$ 130	
3/22/2016	Copy Machine Kennedy Nurse Station - CBS	$ 6,945	5	$ 69	
4/5/2016	Office Furniture - United Office	$ 2,455	20	$ 60	
7/22/2016	Air Mattress - McKesson (1)	$ 1,988	10	$ 100	
8/2/2016	Spot Vital Machine / Stand & Basket - McKesson	$ 2,349	10	$ 168	
8/19/2016	Insight - HP Thin clients (6)	$ 2,522	5	$ 25	
7/29/2016	Copy Machine Rehab- CBS	$ 2,296	5	$ 23	
8/31/2016	Copy Machine Business Office- CBS	$ 11,494	5	$ 1,149	
8/22/2016	Office Furniture - United Office	$ 2,072	20	$ 52	
12/31/2015	CON Construction Project	$ 200,956			
	Amount funded by Bond Funds	$ (200,956)			
Total additions for Movable Equipment		$ 56,779		$ 2,777	*
Deletions:					
Total deletions for Movable Equipment		$ -		$ -	**

***Ties to Page 23, Line D2c**
****Ties to Page 23, Line D2b**

Schedule of Leasehold Improvements Acquired during this report period

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

***Ties to Page 24, Line C3**
****Ties to Page 24, Line C2**

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

Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	24	37

Item	Date of Acquisition Month	Date of Acquisition Year	Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
A. **Organization Expense**									
1.									
2.									
3.									
A-4. Subtotal									
B. **Mortgage Expense**									
1. Financing costs - Key Bank (First Ni	12	2014	15	20,361	1,527	SL		2,036	
2. Financing costs - Key Bank (First Ni	12	2014	20	59,107		SL		4,433	
3.									
B-4. Subtotal									6,469
C. **Leasehold Improvements and Other**									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. ***Total Amortization***									6,469

* 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-25 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	25	37

11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?* ⊙ Yes ○ No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total
1. Date Land Purchased	
2. Date Structure Completed	
3. If **NOT** Original Owner, Date of Purchase	
4. Date of Initial Licensure	
5. Total Licensed Bed Capacity	60
6. Square Footage	
7. Acquisition Cost	
a. Land	
b. Building	

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Variable	Fixed		
b. Date Mortgage Obtained	12/29/14	12/29/14		
c. Interest Rate for the Cost Year	4.0 - 5.0	587.40%		
d. Term of Mortgage (number of years)	15	20		
e. Amount of Principal Borrowed	800,000	3,355,000		
f. Principal balance outstanding as of _____	693,520	3,313,063		
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-26 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
Leeway, Inc	2167-C	9/30/2016	26 | 37

Item		Total	CCNH	RHNS	Residential Care Home
12. Interest					
A. Building, Land Improvement & Non-Movable Equipment					
1. First Mortgage	$	31,796	16,855		14,941
Name of Lender: Key Bank	Rate: Variable				
Address of Lender: 195 Church St, New Haven, Ct					
2. Second Mortgage	$	139,479	73,936		65,543
Name of Lender: Key Bank	Rate: 5.48%				
Address of Lender: 195 Church St, New Haven, Ct					
3. Third Mortgage	$				
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage	$				
Name of Lender	Rate				
Address of Lender					
B. CHEFA Loan Information					
1. Original Loan Amount	$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
12 B7. ***Total Building Interest Expense*** (A1 - A4 + B5)	$	171,275	90,791		80,484

(*Carry Subtotals forward to next page*)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-27 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
Leeway, Inc	2167-C	9/30/2016	27 | 37

Item			Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:			171,275	90,791		80,484
12. C. Movable Equipment						
1. Automotive Equipment		$	257	136		121
A. Item	Rate	Amount				
2017 For Bus	5.98%	51,694				
Lender						
TCF Equipment Financing						
Address of Lender						
11100 Wayzata BlvdMinnetonka, Mn.						
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)		$	257	136		121
12. D. Other Interest Expense (*Specify*)		$	774	410		364
Insurance Financing						
13. ***Total All Interest Expense*** (12B7 + 12C3 + 12D)		$	172,306	91,337		80,969
14. Insurance						
a. Insurance on Property (buildings only)		$	15,821	8,976		6,845
b. Insurance on Automobiles		$	8,865	5,029		3,836
c. Insurance other than Property (as specified above)						
1. Umbrella (*Blanket Coverage*)		$	23,734	17,783		5,951
2. Fire and Extended Coverage		$				
3. Other (*Specify*)		$	16,214	12,149		4,065
D&O , Crime, & Cyber						
14d. ***Total Insurance Expenditures (14a + b + c)***		$	64,634	43,937		20,697
15. ***Total All Expenditures (A-13 thru C-14)***		$	6,173,404	4,739,015		1,434,389

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-28 Rev. 9/2002

D. Adjustments to Statement of Expenditures

Name of Facility	License No.	Report for Year Ended	Page of
Leeway, Inc	2167-C	9/30/2016	28 | 37

Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs $				
2.			Salaries not related to Resident Care $				
3.			Occupational Therapy $				
4.			Other - See attached Schedule $				
Page 13 - Professional Fees							
5.			Resident Care Physicians ** $				
6.	13		Occupational Therapy $	19,122	19,122		
7.			Other - See attached Schedule $				
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits $				
9.	15		Bad Debts $	23,302	23,302		
10.	15		Accounting & Legal $	10,869	6,166		4,703
11.	30		Telephone $	2,025			2,025
12.			Cellular Telephone $				
13.			Life insurance premiums on the life of Owners, Partners, Operators $				
14.			Gifts, flowers and coffee shops $				
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees $				
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative $				
17.			Automobile Expense (e.g. personal use) $				
18.	16		Unallowable Advertising * $	495	400		95
19.			Income Tax / Corporate Business Tax $				
20.	16		Fund Raising / Contributions $	32,491	26,286		6,205
21.			Unallowable Management Fees $				
22.			Barber and Beauty $				
23.			Other - See attached Schedule $	174,519	139,279		35,240
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents $				
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents $				
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents $				
			Subtotal (Items 1 - 26) $	262,823	214,555		48,268

* 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	Residential Care Home
Total Other Salaries Adjustment			$ -	$ -	$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Fees Adjustments			$ -	$ -	$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16		Cable TV	$ 4,345	$ -	$ 3,380
16		Penalties And Late Fees	$ 5,904	$ -	$ 1,394
16		Lobbying Expenses	$ 11,326	$ -	$ 2,674
16		Alumni Expenses	$ 1,121	$ -	$ 265
16		Professional Fees	$ 4,854	$ -	$ 1,146
16		Resident Personal Items	$ 194	$ -	$ 46
16		Patient Expense	$ 223	$ -	$ 53
16		Swap Expense	$ 105,572	$ -	$ 24,927
16		Non-Reimburseable	$ 5,740	$ -	$ 1,355
		0			
		Note: Cable Tv Revenue disallowed			
Total Other A&G Adjustments			$ 139,279	$ -	$ 35,240

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-29 Rev. 10/2006

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

Name of Facility	License No.	Report for Year Ended	Page
Leeway, Inc	2167-C	9/30/2016	29 of 37

Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
			Subtotals Brought Forward $	262,823	214,555		48,268
Page 20 - Resident Care Supplies***							
27.	20		Prescription Drugs $	59,540	59,540		
28.	20		Ambulance/Limousine $	321	321		
29.	20		X-rays, etc $	2,349	2,349		
30.	20		Laboratory $	7,868	7,868		
31.			Medical Supplies $				
32.			Oxygen (non emergency) $				
33.			Occupational Therapy $				
34.			Other - See Attached Schedule $				
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule $				
36.			Depreciation on Unallowable Motor Vehicles $				
37.			Unallowable Property and Real Estate Taxes $				
38.			Rental of Building Space or Rooms $				
39.			Other - See Attached Schedule $				
Page 27 - Insurance							
40.			Mortgage Insurance $				
41.			Property Insurance $				
Other - Miscellaneous							
42.			Research or Experimental Activities $				
43.			Radio and Television Revenue $	4,941			4,941
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 $	425	241		184
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule $				
51.			***Total Amount of Decrease (Items 1 - 50)*** $	338,267	284,874		53,393

*** 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.

Attachment Page 29

Leeway, Inc
9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Ancillary Costs			$ -	$ -	$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Excess Movable Equipment Depreciation			$ -	$ -	$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Property Adjustments			$ -	$ -	$ -

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
30		Miscellaneous Income	$ 99		$ 76
		Restricted Donations - Rec De	$ 142	$ -	$ 108
Total Other Adjustments			$ 241	$ -	$ 184

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Unallowable Building Interest			$ -	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-30 Rev.10/2005

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page of
Leeway, Inc	2167-C	9/30/2016	30 | 37

Item		Total	CCNH	RHNS	Residential Care Home
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	5,941,468	4,580,550		1,360,918
b. Medicaid Room and Board Contractual Allowance **	$	(610,084)	(498,000)		(112,084)
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	223,650	223,650		
b. Medicare Room and Board Contractual Allowance **	$	304,464	304,464		
4. a. Private-Pay Residents and Other	$	42,080			42,080
b. Private-Pay Room and Board Contractual Allowance **	$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	58,169	58,169		
b. Prescription Drugs - Medicare Contractual Allowance **	$	(58,169)	(58,169)		
c. Prescription Drugs - Non-Medicare	$				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$				
2. a. Medical Supplies - Medicare	$				
b. Medical Supplies - Medicare Contractual Allowance **	$				
c. Medical Supplies - Non-Medicare	$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	$				
3. a. Physical Therapy - Medicare	$	83,106	83,106		
b. Physical Therapy - Medicare Contractual Allowance **	$	(50,671)	(50,671)		
c. Physical Therapy - Non-Medicare	$	112,398	112,398		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$	(112,357)	(112,357)		
4. a. Speech Therapy - Medicare	$	11,754	11,754		
b. Speech Therapy - Medicare Contractual Allowance **	$	(6,752)	(6,752)		
c. Speech Therapy - Non-Medicare	$	10,600	10,600		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$	(10,600)	(10,600)		
5. a. Occupational Therapy - Medicare	$	48,819	48,819		
b. Occupational Therapy - Medicare Contractual Allowance **	$	(42,029)	(42,029)		
c. Occupational Therapy - Non-Medicare	$	6,252	6,252		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$	(6,207)	(6,207)		
6. a. Other *(Specify)* - Medicare	$				
b. Other *(Specify)* - Non-Medicare	$				
III. *Total Resident Revenue* (Section I. thru Section II.)	$	5,945,891	4,654,977		1,290,914
IV. Other Revenue*					
1. Meals sold to guests, employees & others	$				
2. Rental of rooms to non-residents	$				
3. Telephone	$	2,025			2,025
4. Rental of Television and Cable Services	$	4,941			4,941
5. Interest Income *(Specify)*	$	353	200		153
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$	48,097	27,287		20,810
V. Total Other Revenue (1 thru 8)	$	55,416	27,487		27,929
VI. Total All Revenue (III +V)	$	6,001,307	4,682,464		1,318,843

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
30	Lab Revenue Medicare A	$ 3,352		
	Contractual Allowance Med A Lab	$ (3,352)		
Total Other Resident Revenue - Medicare		$ -	$ -	$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Resident Revenue		$ -	$ -	$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	Residential Care Home
31	Money Market Acct		$ 200		$ 153
Total Interest Income			$ 200	$ -	$ 153

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
30	Misc Revenue	$ 99		$ 76
30	Fund Raiser-Annual Appeal	$ 227	$ -	$ 173
30	Donations - Unrestricted	$ 18,244	$ -	$ 13,913
30	Restricted Donations - Rec De	$ 142	$ -	$ 108
30	Donations - United Way	$ 1,603	$ -	$ 1,222
30	Brick Campaign	$ 6,972	$ -	$ 5,318
Total Other Revenue		$ 27,287	$ -	$ 20,810

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-31 Rev. 6/95

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	31	37

Account				Amount
Assets				
A. Current Assets				
1. Cash (*on hand and in banks*)				$ 321,209
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				$ 513,437
3. Other Accounts Receivable (Excluding Owners or Related Parties)				$ 6,331
4 Inventories				$
5. Prepaid Expenses				$ 30,208
a. Prepaid Insurance		24,089		
b. Prepaid Expenses		6,119		
c.				
d.				
6. Interest Receivable				$
7. Medicare Final Settlement Receivable				$
8. Other Current Assets (*itemize*)				$
A-9. ***Total Current Assets*** (Lines A1 thru 8)				$ 871,185
B. Fixed Assets				
1. Land				$ 581,784
2. Land Improvements	*Historical Cost	190,787		$ 152,713
	Accum. Depreciation	38,074	Net	
3. Buildings	*Historical Cost	7,970,778		$ 5,055,713
	Accum. Depreciation	2,915,065	Net	
4. Leasehold Improvements	*Historical Cost			$
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	230,723		$ 127,545
	Accum. Depreciation	103,178	Net	
6. Movable Equipment	*Historical Cost	823,512		$ 256,425
	Accum. Depreciation	567,087	Net	
7. Motor Vehicles	*Historical Cost	93,674		$ 67,763
	Accum. Depreciation	25,911	Net	
8. Minor Equipment-Not Depreciable				$
9. Other Fixed Assets (*itemize*)				$ 2,765,582
Non-Reimburseable Assets(Net of Depreciation)		2,765,582		
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)				$ 9,007,525

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

(*Carry Total forward to next page*)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	32	37

Account				Amount
			Total Brought Forward:	$ 9,878,710
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				$
C-8 ***Total Leasehold or Like Properties*** (C1 thru 7)				$
D. Investment and Other Assets				
1. Deferred Deposits				$
2. Escrow Deposits				$
3. Organization Expense	*Historical Cost			
	Accum. Depreciation		Net	$
4. Goodwill (Purchased Only)				$
5. Investments Related to Resident Care (*itemize*)				$
6. Loans to Owners or Related Parties (*itemize*)				$
Name and Address	Amount	Loan Date		
7. Other Assets (*itemize*)				$ 71,472
Deferred Financing - Key Bank Mortgages		79,468		
Accumulated Amortz - Key Bank financing		(7,996)		
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)				$ 71,472
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)				$ 9,950,182

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	33	37

Account					Amount
Liabilities					
A.	Current Liabilities				
	1. Trade Accounts Payable				$ 284,936
	2. Notes Payable (*itemize*)				$ 2,519
	Insurance Loan		2,519		
	3. Loans Payable for Equipment (*Current portion*) (*itemize*)				$
	Name of Lender	Purpose	Amount	Date Due	
	4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)				$ 47,603
	5. Accrued Payroll (*Owners and/or Stockholders only*)				$
	6. Accrued Payroll Taxes Payable				$ 2,680
	7. Medicare Final Settlement Payable				$
	8. Medicare Current Financing Payable				$
	9. Mortgage Payable (*Current Portion*)				$
	10. Interest Payable (*Exclusive of Owner and/or Related Parties*)				$
	11. Accrued Income Taxes*				$
	12. Other Current Liabilities (*itemize*)				$ 47,624
	Accrued Provider Tax		54,631		
	Deferred/(Receivable) Grant Revenu		(7,007)		
A-13.	***Total Current Liabilities*** (Lines A1 thru 12)				$ 385,362

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

(Carry Total forward to next page)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	34	37

Account				Amount
			Total Brought Forward:	385,362
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (*itemize*)				$ 50,747
Name of Lender	Purpose	Amount	Date Due	
TCF Equipment Financing	Bus	51,694	8/25/21	
2. Mortgages Payable				$ 4,006,583
3. Loans from Owners or Related Parties (*itemize*)				$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (*itemize*)				$ 3,105,863
DSS Bond Advances	2,775,000			
Mortgage Swap Liability	18,280			
Construction Loan Swap Liab	312,583			
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)				$ 7,163,193
C. ***Total All Liabilities*** (Lines A-13 + B-5)				$ 7,548,555

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-35 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	35	37

Account		Amount
A.	**Reserves**	
	1. Reserve for value of leased land	$
	2. Reserve for depreciation value of leased buildings and appurtenances to be amortized	$
	3. Reserve for depreciation value of leased personal property (*Equity)*	$
	4. Reserve for leasehold real properties on which fair rental value is based	$
	5. Reserve for funds set aside as donor restricted	$
	6. Total Reserves	$
B.	**Net Worth**	
	1. Owner's Capital	$
	2. Capital Stock	$
	3. Paid-in Surplus	$
	4. Treasury Stock	$
	5. Cumulated Earnings	$ 2,443,212
	6. Gain or Loss for Period 10/1/2015 thru 9/30/2016	$ (41,585)
	7. Total Net Worth	$ 2,401,627
C.	***Total Reserves and Net Worth***	$ 2,401,627
D.	***Total Liabilities, Reserves, and Net Worth***	$ 9,950,182

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-36 Rev. 6/95

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	36	37

Account				Amount
A.	Balance at End of Prior Period as shown on Report of 09/30/2015			$ 2,443,212
B.	Total Revenue (*From Statement of Revenue Page 30*)			$ 6,001,307
C.	Total Expenditures (*From Statement of Expenditures Page 27*)			$ 6,173,404
D.	Net Income or Deficit			$ (172,097)
E.	Balance			$ 2,271,115
F.	Additions			
	1. Additional Capital Contributed (*itemize*)			
	Grant, Housing & non-Reimburseable Related Re		1,254,562	
	Grant, Housing & non-Reimburseable Related Ex		(1,124,050)	
	2. Other (*itemize*)			
F-3.	Total Additions			$ 130,512
G.	Deductions			
	1. Drawings of Owners/Operators/Partners (*Specify*)			$
	Name and Address (*No., City, State, Zip*)	Title	Amount	
	2. Other Withdrawings *(Specify)*			$
	Purpose		Amount	
	3. Total Deductions			$
H.	***Balance at End of Period***	09/30/16		$ 2,401,627

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-37 Rev. 9/2002

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2016	37	37

Check appropriate category

☑ Chronic and Convalescent Nursing Home only (CCNH)	☐ Rest Home with Nursing Supervision only (RHNS)	☑ Residential Care Home

Preparer/Reviewer Certification

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.

Signature of Preparer	Title	Date Signed

Printed Name of Preparer

Addres Address	Phone Number