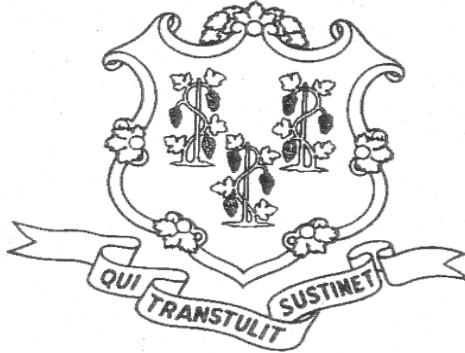


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) HANCOCK HALL				
Address (No. & Street, City, State, Zip Code) 31 STAPLES STREET, DANBURY, CT. 06810				
Type of Facility				
Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)		Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input checked="" type="checkbox"/> Other		
Report for Year Beginning 10/1/2018		Report for Year Ending 9/30/2019		

License Numbers:	CCNH 2185-C	RHNS	Other	Medicare Provider 07-5414
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Medicaid Provider Numbers:	CCNH 2185	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

General Information

Name of Facility (as licensed) HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2019	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 HANCOCK HALL [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, 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) JENNIFER MALONE-SEIXAS		Printed Name (Owner) DR. FRANK MALONE, PHD	
Subscribed and Sworn to before me:	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public			

(Notary Seal)

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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 HANCOCK HALL	Period Covered:		From 10/1/2018	To 9/30/2019
Address of Facility 31 STAPLES STREET, DANBURY, CT. 06810				
Report Prepared By	Phone Number	Date		
Item	Total	CCNH	RHNS	Other
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
203-794-9466	9/30/2019	2	37
Name of Facility (as shown on license) HANCOCK HALL		Address (No. & Street, City, State, Zip) 31 STAPLES STREET, DANBURY, CT. 06810	
License Numbers:	CCNH 2185-C	RHNS	Other Medicare Provider No. 07-5414
Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other			
Type of Ownership (Check appropriate box)		<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust	
If this facility opened or closed during report year provide:		Date Opened	Date Closed
Has there been any change in ownership or operation during this report year?		<input type="radio"/> Yes <input checked="" type="radio"/> No	If "Yes," explain fully.
Administrator			
Name of Administrator JENNIFER MALONE-SEIXAS		Nursing Home Administrator's License No.:	00-1928
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name		License No.:	

General Information and Questionnaire Partners/Members

General Information and Questionnaire
Corporate Owners

Name of Facility <u>HANCOCK HALL</u>	License No. 2185-C	Report for Year Ended 9/30/2019	Page of 3A 37
If this facility is owned or operated as a corporation, provide the following information:			
Legal Name of Corporation <u>FILOSA CARE CENTER, INC</u>	Business Address 31 STAPLES STREET, DANBURY, CT 06810	State(s) in Which Incorporated CONNECTICUT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
FRANK D. MALONE	105 MIDDLE RIVER ROAD, DANBURY, CT 06811	TREASURER	2000
BARBARA A. MALONE	105 MIDDLE RIVER ROAD, DANBURY, CT 06811	SECRETARY	2250
JENNIFER MALONE-SEIXAS	592 MANVILLE ROAD, PLEASANTVILLE, NY 10570	PRESIDENT	300
MICHAEL D. MALONE	197 GUINEA ROAD, MONROE, CT 06468	VICE-PRESIDENT	250
JOHN M. MALONE	22 NORTH DUTCHER STREET, IRVINGTON, NY 10533		200
Names of Stockholders Owning at Least 10% of Shares			
FRANK D. MALONE	105 MIDDLE RIVER ROAD, DANBURY, CT 06811	TREASURER	2000
BARBARA A. MALONE	105 MIDDLE RIVER ROAD, DANBURY, CT 06811	SECRETARY	2250

General Information and Questionnaire Individual Proprietorship

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2019	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

General Information and Questionnaire

Related Parties*

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2019			Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?				<input checked="" type="radio"/> Yes <input type="radio"/> 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?				<input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," provide the following information:				
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party	
		Yes	No	%**				Description of Goods/Services Provided
STAPLES REALTY, LLC	105 MIDDLE RIVER ROAD, DANBURY, CT 06811	<input type="radio"/>	<input checked="" type="radio"/>		RENTAL OF BUILDING	22/9	876,000	876,000
FILOSA CONV. HOME, INC	13 HAKIM STREET, DANBURY, CT 06811	<input type="radio"/>	<input checked="" type="radio"/>		SHARED EXPENSES	VARIOUS	VARIOUS	VARIOUS
SPACE PANTS, LLC	197 GUINEA ROAD, MONROE, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		STORAGE RENTAL	22/9	9,360	9,360
FILOSA CONV. HOME, INC	13 HAKIM STREET, DANBURY, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		ADVANCED FUNDS	32/D6	VARIOUS	128,601
JENNIFER MALONE-SEIXAS	592 MANVILLE ROAD, PLEASANTVILLE, NY 10570	<input type="radio"/>	<input checked="" type="radio"/>		ADMINISTRATOR	10/A2 28/4	89,556	95,204
JENNIFER MALONE-SEIXAS	592 MANVILLE ROAD, PLEASANTVILLE, NY 10570	<input type="radio"/>	<input checked="" type="radio"/>		CORPORATE OFFICER	10/A1 28/2	86,351	86,351
MICHAEL D. MALONE	197 GUINEA ROAD, MONROE, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		CORPORATE OFFICER	10/A1 28/2	119,043	119,043
STAPLES REALTY, LLC	105 MIDDLE RIVER ROAD, DANBURY, CT 06811	<input type="radio"/>	<input checked="" type="radio"/>		RENT OWED	34/B3	57,061	57,061
		<input type="radio"/>	<input checked="" 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 HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2019	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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 HANCOCK HALL		License No. 2185-C		Report for Year Ended 9/30/2019			Page 6 of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
WELLS FARGO VENDOR, FINANCIAL SERVICES, LLC, PO BOX 41564, PHILADELPHIA, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	COPIER MACHINE LEASE	08/01/18	60 MONTHS	12,241	12,241
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?		<input type="radio"/> Yes		<input checked="" type="radio"/> No		Total ***	12,241

* 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 HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2019	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 Yes If "No," explain.
previous period? No

Independent Accounting Firm

Name of Accounting Firm 1 CLIFTON LARSON ALLEN, LLP 2 CLIFTON LARSON ALLEN, LLP 3 4	Address (No. & Street, City, State, Zip Code) 300 CROWN COLONY DRIVE, STE 310, QUINCY MA 02169 300 CROWN COLONY DRIVE, STE 310, QUINCY MA 02169
---	---

Services Provided by This Firm (*describe fully*)

1 FINANCIAL STATEMENT REVIEW	\$ 10,945
2 401K FINANCIAL STATEMENT AUDIT	\$ 4,200
3	\$
4	\$
	Charge for Services Provided \$ 15,145

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

Yes No | 15 9d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 MICHALIK, BAUER, SILVIA & CICCARILO, LLP 2 MURTHA & CULLINA LP 3 4 5	Telephone Number 860-225-8403 860-240-6000
--	--

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

1 35 PEARL STREET, SUITE 300, NEW BRITAIN, CT, 06051-2645	
2 185 ASYLUM ST, HARTFORD CT 06103	
3	
4	
5	

Services Provided by This Firm (*describe fully*)

1 COLLECTIONS	\$ 7,475
2 PAYROLL RELATED	\$ 1,568
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 9,043

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

Yes No | 15/1/E

Schedule of Resident Statistics

Name of Facility HANCOCK HALL			License No. 2185-C				Report for Year Ended 9/30/2019				Page 8	of 37
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other
1. Certified Bed Capacity					96	96			96	96		
A. On last day of PREVIOUS report period	96	96			96	96			96	96		
B. On last day of THIS report period	96	96			96	96			96	96		
2. Number of Residents					86	86			89	89		
A. As of midnight of PREVIOUS report period	86	86			86	86			89	89		
B. As of midnight of THIS report period	88	88			89	89			88	88		
3. Total Number of Days Care Provided During Period					2,479	2,479			774	774		
A. Medicare	3,253	3,253			2,479	2,479			774	774		
B. Medicaid (Conn.)	22,194	22,194			16,373	16,373			5,821	5,821		
C. Medicaid (other states)												
D. Private Pay	5,883	5,883			4,596	4,596			1,287	1,287		
E. State SSI for RCH												
F. Other (Specify) ADVANTAGE/COMMERCIAL	722	722			591	591			131	131		
G. Total Care Days During Period (3A thru F)	32,052	32,052			24,039	24,039			8,013	8,013		
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	4	4			4	4						
5. Total Resident Days (3G + 4A + 4B)	32,056	32,056			24,043	24,043			8,013	8,013		

Schedule of Resident Statistics (Cont'd)

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2019	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH	RHNS	Other	Lost			Gained			CCNH	RHNS	Other		
				(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.

1st change	Change in Resident Days			CCNH	RHNS	Other
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	Other	R.C.H.	ICF-MR
No. of Residents	14	59		15				
Per Diem Rate								
a. One bed rm.				510.00				
b. Two bed rms.	VARIOUS	255.59		480.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B	2,791	2,791	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments			
C. Other	10,211	10,211	
D. Total Physical Therapy Treatments	13,002	13,002	

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	279	279	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments			
C. Other	479	479	
D. Total Speech Therapy Treatments	758	758	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	1,896	1,896	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments			
C. Other	10,217	10,217	
D. Total Occupational Therapy Treatments	12,113	12,113	

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2019		10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
Item	CCNH	Hours	RHNS	Hours	Other
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)	205,394				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	95,204	2,080			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	203,496	9,718			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor	46,135	1,248			
c. Dietary Workers	374,810	24,024			
6. Housekeeping Service					
a. Head Housekeeper	49,325	1,227			
b. Other Housekeeping Workers	233,328	18,614			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	65,021	1,227			
b. Other Maintenance Workers	103,609	4,603			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	68,435	4,467			
9. Barber and Beautician Services					
10. Protective Services					
11. Accounting Services					
a. Head Accountant	75,096	1,248			
b. Other Accountants	156,341	5,457			
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	186,672	4,160			
b. RN					
1. Direct Care	1,064,433	29,693			
2. Administrative**	118,254	3,175			
c. LPN					
1. Direct Care	848,799	28,879			
2. Administrative**	127,578	3,610			
d. Aides and Attendants	1,640,295	96,066			
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	165,416	7,152			
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	112,072	4,083			
n. Marketing	2,186	116			
o. Other (Specify)					
See Attached Schedule					
<i>A-13. Total Salary Expenditures</i>	5,941,897	250,848			

* 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)

Schedule of Other Fees (Page 13)

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 HANCOCK HALL			License No. 2185-C		Report for Year Ended 9/30/2019			Page 11	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							
Section I - Operators/Owners									
JENNIFER MALONE-SEIXAS	86,351			PRESIDENT		A-1			
MICHAEL MALONE	119,043			VICE PRESIDENT		A-1	FILOSA CONV. HOME 13 HAKIM ST, DANBURY, CT	2,080	79,824
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	
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	Other							
Section III - Administrators***										
JENNIFER MALONE-SEIXAS	95,204			SAMES AS OTHER EMPLOYEES	ADMINISTRATIVE STAFF RESPONSIBLE FOR	2,080				
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2019		Page 13	of 37
Item	CCNH	Hours	RHNS	Hours	Other
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian	61,065	1,357			
2. Dentist	8,038	71			
3. Pharmacist	12,024	209			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	264,897	3,913			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	40,200	233			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**					
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)	1,000	5			
2. Pharmaceutical Committee (Quarterly meetings)	1,000	5			
3. Staff Development Committee (Once annually)	500	3			
e. Other (Specify) SERVICES	18,800	107			
9. Speech Therapist					
a. Resident Care	21,666	282			
b. Other					
10. Occupational Therapist					
a. Resident Care	242,964	4,541			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care					
2. Administrative***					
b. LPN					
1. Direct Care					
2. Administrative***					
c. Aides					
d. Other					
12. Other (Specify)					
See Attached Schedule	1,200	24			
B-13 Total Fees Paid in Lieu of Salaries	673,355	10,750			

* 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*

* 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
		9/30/2019		15	37
Item		Total	CCNH	RHNS	Other
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 146,685	146,685			
2. Disability Insurance	\$ 22,879	22,879			
3. Unemployment Insurance	\$ 69,654	69,654			
4. Social Security (F.I.C.A.)	\$ 440,581	440,581			
5. Health Insurance	\$ 368,815	368,815			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 31,819	31,819			
8. Uniform Allowance	\$ 6,689	6,689			
9. Other (Specify) See Attached Schedule	\$ 20,614	20,614			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 47,652	47,652			
d. Accounting and Auditing	\$ 15,145	15,145			
e. Legal (Services should be fully described on Page 7)	\$ 9,043	9,043			
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$ 35,709	35,709			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 14,749	14,749			
2. Cellular Phones	\$ 2,265	2,265			
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*	\$ 18,743	18,743			
2. Other (Specify) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 592,029	592,029			
Subtotal	\$ 1,843,072	1,843,072			

* 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**

Attachment Page 15

Schedule of Other Employee Benefits

Schedule of Other Taxes

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

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

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2019		Page 16	of 37
Item		Total	CCNH	RHNS	Other
	<i>Subtotals Brought Forward:</i>	1,843,072	1,843,072		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 6,880	6,880			
2. Holiday Parties for Staff	\$ 1,264	1,264			
3. Gifts to Staff and Residents	\$ 11,211	11,211			
4. Employee Travel	\$ 1,056	1,056			
5. Education Expenses Related to Seminars and Conventions	\$ 7,715	7,715			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 2,286	2,286			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 9,827	9,827			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 9,314	9,314			
4. Fund-Raising***	\$				
5. Medical Records	\$ 4,776	4,776			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 7,218	7,218			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 11,261	11,261			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 1,441	1,441			
10. Contributions*** See Attached Schedule	\$ 5,100	5,100			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 19,294	19,294			
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 129,137	129,137			
C-14 Total Administrative & General Expenditures	\$ 2,070,853	2,070,853			

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Other
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Other
PROMOTIONS AND MARKETING	\$ 9,314		
Total Other Advertising	\$ 9,314	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Other
CAHCF	\$ 6,941		
FACILITY LICENSE	\$ 850		
AANAC	\$ 248		
ACHCA	\$ 310		
ALTCFM	\$ 255		
ASHHRA	\$ 160		
COSTCO MEMBERSHIP (d)	\$ 240		
DANBURY HOSPITAL MEDICAL STAFF OFFICE	\$ 275		
MOTION PICTURE LICENSING CORPORATION	\$ 354		
SHRM	\$ 209		
STATE OF CT DEPT OF PUBLIC HEALTH	\$ 205		
APRN	\$ 240		
CONSUMER PROTECTION LICENSE	\$ 80		
APIC	\$ 123		
NSO/HEALTHCARE	\$ 40		
DEA LICENSE	\$ 731		
Total Dues	\$ 11,261	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	Other
NONNEWAUG CHEER REGION 14	\$ 100		
CULTURAL ALLIANCE OF WESTERN CONNECTICUT	\$ 500		
WCSU FOUNDATION	\$ 2,500		
ALZHEIMER'S ASSOCIATION	\$ 500		
CULTURAL ALLIANCE OF WESTERN CONNECTICUT	\$ 500		
FOUNDERS HALL	\$ 500		
WOMEN'S CENTER	\$ 500		
Total Contributions	\$ 5,100	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
LOSS ON DISPOSED ASSETS	\$ 1,619		
BANK SERVICE CHARGES AND MERCHANT FEES	\$ 5,086		
COMPUTER RELATED SOFTWARE	\$ 43,148		
COMPUTER HOSTINGS AND SERVICE	\$ 18,945		
PAYROLL SERVICE	\$ 25,376		
MISCELLANEOUS EXPENSE	\$ 4,286		
CABLE TV EXPENSE	\$ 22,564		
PITNEY BOWES POSTAGE RENTAL	\$ 8,112		
Total Other Administrative and General	\$ 129,137	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2019	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 #

*** 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
	2185-C	9/30/2019		18 37
Item	Total	CCNH	RHNS	Other
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 259,818	259,818		
2. Non-Food Supplies	\$ 38,228	38,228		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ _____			
c. Other (Specify) _____	\$ 2,907	2,907		
DIETARY EQUIPMENT RENTAL				
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 300,953	300,953		
2E. Dietary Questionnaire	Total	CCNH	RHNS	Other
F. Resident Meals: Total no. of meals served per day:*	264	264		
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
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 meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.	
K. Is any revenue collected 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)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.	
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
O. 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.

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

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2019		Page 19 37	
Item		Total	CCNH	RHNS	Other
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. \$	10,417	10,417		
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. \$	15,073	15,073		
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$				
c. Other (Specify) LAUNDRY EQUIPMENT RENTAL	\$	8,295	8,295		
3D. Total Laundry Expenditures (3a + b + c)	\$	33,786	33,786		
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.	
G. Did you receive revenue from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
H. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.	
J. Did you receive revenue from these people?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
K. 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 3D.

*** 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 HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2019		Page 20	of 37
Item		Total	CCNH	RHNS	Other
4. Housekeeping	Sq. Ft. Serviced by Personnel	56,300	56,300		
a. In-House Care	Amt. \$	36,883	36,883		
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	Sq. Ft. Serviced by Personnel				
	Amt. \$				
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	36,883	36,883		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from OMNICARE	\$	105,606	105,606		
b. Medicine Cabinet Drugs	\$	1,544	1,544		
c. Medical and Therapeutic Supplies	\$	174,099	174,099		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	14,840	14,840		
f. X-rays and Related Radiological Procedures***	\$	75	75		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	5,099	5,099		
i. Recreation	\$	6,543	6,543		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	5,355	5,355		
5M. Total Resident Care Expenditures (5a - 5j)	\$	313,160	313,160		

* 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

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

Name of Facility HANCOCK HALL				License No. 2185-C	Report for Year Ended 9/30/2019			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	Other	Pg
									Line
CLIFTON LARSON ALLEN LLP	DRIVE, STE 310, QUINCY MA 02169	<input type="radio"/>	<input checked="" type="radio"/>		ACCOUNTING SERVICES	15,145			15 1D
NETWORK SYNERGY	TRUMBULL, CT 06611	<input type="radio"/>	<input checked="" type="radio"/>		SERVICES, MAINTENANCE AND	12,941			16 M13
SYMBRIA REHAB	PARKWAY, WARRENVILLE, IL	<input type="radio"/>	<input checked="" type="radio"/>		EVALUATIONS AND TREATMENT	529,528			13 Vario
SERAFIMA M. GLOUZGAL	RIDGEFIELD, CT 06877	<input type="radio"/>	<input checked="" type="radio"/>		MEDICAL DIRECTOR	27,600			13 B8a
CELTIC CONSULTING LLC	TORRINGTON, CT 06790	<input type="radio"/>	<input checked="" type="radio"/>		MDS COMPILANCE	6,173			16 11
LAURIE A FIGLIOLA RDN	ROAD, WESTON, CT 06883	<input type="radio"/>	<input checked="" type="radio"/>		DIETICIAN - DIETARY NEEDS AND REPORTS	61,065			13 B1
ORESTES J. ARCUNI	WEST REDDING, CT 06896	<input type="radio"/>	<input checked="" type="radio"/>		EVALUATIONS AND SERVICES	18,800			13 B8e
CENTER FOR COMPREHENSIVE CARE, LLC	580 LONG HILL AVE, SHELTON, CT 06474	<input type="radio"/>	<input checked="" type="radio"/>		MEDICAL DIRECTOR	12,600			13 B8a
ONMICARE	DETROIT, MI 48278- 1668	<input type="radio"/>	<input checked="" type="radio"/>		PHARMACIST	12,024			13 B3
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						

* List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2019			Page 22	of 37
Item		Total	CCNH	RHNS	Other	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	121,441	121,441			
b. Heat	\$	45,224	45,224			
c. Light & Power	\$	77,203	77,203			
d. Water	\$	37,760	37,760			
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$	12,241	12,241			
f. Other <i>(itemize)</i>	\$	58,750	58,750			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	352,619	352,619			
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$	27,552	27,552			
b. Building & Building Improvements	\$	3,025	3,025			
c. Non-Movable Equipment	\$	849	849			
d. Movable Equipment	\$	79,298	79,298			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	110,724	110,724			
8. Amortization <i>(Complete att. Schedule Page 24*)</i>						
a. Organization Expense	\$					
b. Mortgage Expense	\$	515	515			
c. Leasehold Improvements	\$	72,092	72,092			
d. Other <i>(Specify)</i>	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	72,607	72,607			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	885,360	885,360			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$	13,098	13,098			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,081,789	1,081,789			

* 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

Depreciation Schedule

Name of Facility HANCOCK HALL				License No. 2185-C			Report for Year Ended 9/30/2019				Page 23	of 37	
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements											27,552		
1. Acquired prior to this report period				512,490		512,490	329,625	SL	VARIOUS	27,552			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal											27,552		
B. Building and Building Improvements											3,025		
1. Acquired prior to this report period				5,140,781	7,000	5,133,781	5,112,544	SL	10	2,178			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				14,519		14,519		SL	10	847			
B-4. Subtotal											3,025		
C. Non-Movable Equipment											849		
1. Acquired prior to this report period				138,445		138,445	138,445						
2. Disposals (attach schedule)				(32,400)		(32,400)	(32,400)						
3. Acquired during this report period (attach schedule)				67,939									
C-4. Subtotal											849		
	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. 2015 Ford Van Model #E350 SU	X		4	2015	62,400		62,400	55,575	SL	4	6,825		
b. 2013 Hyundai Sante Fe (disallow		X	4	2016	25,396		25,396	21,163	SL	3	4,233		
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period					1,014,483		1,014,483	729,633	SL	VARIOUS	65,382		
b. Disposals (attach schedule)					(25,988)		(25,988)	(23,765)			603		
c. Acquired during this report period (attach schedule)					40,566		40,566		SL	VARIOUS	2,255		
D-3. Subtotal												79,298	
E. Total Depreciation												110,724	

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	SEE ATTACHED	\$ 40,566	VARIOUS	\$ 2,255
Total additions for Movable Equipment		\$ 40,566		\$ 2,255 *
Deletions:				
	SEE ATTACHED	\$ (25,988)	VARIOUS	\$ 603
Total deletions for Movable Equipment		\$ (25,988)		\$ 603 **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility HANCOCK HALL			License No. 2185-C		Report for Year Ended 9/30/2019			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Loan related to parking lot improven	5	2010	10	15,824	15,309			515	
2.									
3.									
B-4. Subtotal									515
C. Leasehold Improvements and Other									
1. Acquired prior to this report period			VARIOUS	1,141,860	692,215			72,092	
2. Disposals (attach schedule)				(2,165)	(2,165)				
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									72,092
D. Total Amortization									72,607

* Straight-line method must be used.

** Specify which of the following bases were used:

- Minimum of 5 years or 60 months.
- Life of mortgage; OR
- Remaining Life of Lease; OR
- Actual Life if owned by Related Party.

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

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2019	Page 25	of 37
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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	02/23/84			
2. Date Structure Completed	03/09/84			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure	03/09/84			
5. Total Licensed Bed Capacity	96			
6. Square Footage	56,300			
7. Acquisition Cost				
a. Land	170,000			
b. Building	4,551,697			

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	FIXED			
b. Date Mortgage Obtained	11/22/16			
c. Interest Rate for the Cost Year	3.31%			
d. Term of Mortgage (number of years)	10			
e. Amount of Principal Borrowed	3,120,000			
f. Principal balance outstanding as of 9/30/2019	2,195,202			

Complete if Mortgage was Refinanced

During Current Cost Year

g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

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

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

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

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

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2019			Page 26 37
Item		Total	CCNH	RHNS	Other
12. Interest					
A. Building, Land Improvement & Non-Movable Equipment					
1. First Mortgage	\$	2245	2,245		
Name of Lender UNION SAVINGS BANK	Rate 4.35%				
Address of Lender 225 MAIN STREET DANBURY, CT 06810					
2. Second Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
3. Third Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
B. CHEFA Loan Information					
1. Original Loan Amount	\$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$	2,245	2,245		

(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 9/30/2019			Page 27	of 37
Item		Total	CCNH	RHNS	Other	
Subtotals Brought Forward:		2,245	2,245			
12. C. Movable Equipment						
1. Automotive Equipment		\$ 80	80			
A. Item	Rate	Amount				
FORD 150- PATIENT VAN	4.16%	50,000				
Lender						
UNION SAVINGS BANK						
Address of Lender						
225 MAIN STREET DANBURY, CT 06810						
2. Other (Specify)	\$	1,808	1,808			
A. Item	Rate	Amount				
2013 HYUNDAI SANTA FE	4.00%	22,396				
Lender						
CHASE AUTO FINANCE						
Address of Lender						
PO BOX 78068 PHOENIX, AZ 85062						
B. Item	Rate	Amount				
PHONE SYSTEM	5.00%	53,441				
Lender						
CAROUSEL INDUSTRIES						
Address of Lender						
PO BOX 790448 ST LOUIS, MO 63179						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$	1,888	1,888			
12. D. Other Interest Expense (Specify) SEE ATTACHED	\$	22,946	22,946			
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	27,079	27,079			
14. Insurance						
a. Insurance on Property (buildings only)	\$	1,192	1,192			
b. Insurance on Automobiles	\$	4,398	4,398			
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)	\$	11,172	11,172			
2. Fire and Extended Coverage	\$	37,683	37,683			
3. Other (Specify) SEE ATTACHED	\$	14,733	14,733			
14d. Total Insurance Expenditures (14a + b + c)	\$	69,177	69,177			
15. Total All Expenditures (A-13 thru C-14)	\$	10,901,551	10,901,551			

D. Adjustments to Statement of Expenditures

Name of Facility HANCOCK HALL			License No. 2185-C	Report for Year Ended 9/30/2019		Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.	10	A1	Salaries not related to Resident Care	\$ 205,394	205,394		
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 5,648	5,648		
Page 13 - Professional Fees							
5.	13	B8a	Resident Care Physicians **	\$ 114	114		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 47,652	47,652		
10.			Accounting	\$			
10a.			Legal	\$ 9,043	9,043		
11.			Telephone	\$			
12.	15	H2	Cellular Telephone	\$ 1,185	1,185		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 7,711	7,711		
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 2,686	2,686		
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.	16	L6	Automobile Expense (e.g. personal use)	\$ 2,233	2,233		
18.	16	M3	Unallowable Advertising *	\$ 9,314	9,314		
19.	15	K1	Income Tax / Corporate Business Tax	\$ 18,743	18,743		
20.	16	M10	Fund Raising / Contributions	\$ 5,100	5,100		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 24,122	24,122		
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)			\$ 338,946	\$ 338,946			

* 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	Other
10	A2	JENNIFER MALONE-SEIXAS - ADMISTRATOR EXCESS	\$ 5,648		
Total Other Salaries Adjustment			\$ 5,648	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
16	1m13	LOSS ON DISPOSED ASSETS	\$ 1,619		
16	1m13	BANK SERVICE CHARGES AND MERCHANT FEES	\$ 5,086		
16	1m13	MISCELLANEOUS EXPENSE	\$ 4,286		
15	1a4	FICA ON DISALLOWED SALARIES	\$ 12,800		
15	1a3	UNEMPLOYMENT	\$ 330		
Total Other A&G Adjustments			\$ 24,122	\$ -	\$ -

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

Name of Facility HANCOCK HALL			License No. 2185-C	Report for Year Ended 9/30/2019		Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
			Subtotals Brought Forward	\$ 338,946	338,946		
			Page 20 - Resident Care Supplies***				
27.	20	5.A.2	Prescription Drugs	\$ 105,606	105,606		
28.			Ambulance/Limousine	\$			
29.	20	5.D	X-rays, etc	\$ 75	75		
30.	20	5.H	Laboratory	\$ 5,099	5,099		
31.	20	5.C	Medical Supplies	\$ 18,879	18,879		
32.	20	5.E.2	Oxygen (non emergency)	\$ 14,840	14,840		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 5,355	5,355		
			Page 22 - Maintenance and Property				
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.	22	7d	Depreciation on Unallowable Motor Vehicles	\$ 4,233	4,233		
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 264	264		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 56	56		
			Page 27 - Insurance				
40.			Mortgage Insurance	\$			
41.	27	14c3	Property Insurance	\$ 8,809	8,809		
			Other - Miscellaneous				
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 763	763		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
			Not For Profit Providers Only				
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
			49. Total Amount of Decrease (Items 1 - 48)	\$ 502,924	502,924		

*** 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.

Schedule of Other Ancillary Costs

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

Total Other Adjustments	\$ -	\$ -	\$ -
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Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Attachment Page 29

Schedule of Unallowable Building Interest

F. Statement of Revenue

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2019			Page 30 37
Item		Total	CCNH	RHNS	Other
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 10,668,480	10,668,480			
b. Medicaid Room and Board Contractual Allowance **	\$ (5,086,353)	(5,086,353)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,659,030	1,659,030			
b. Medicare Room and Board Contractual Allowance **	\$ 463,399	463,399			
4. a. Private-Pay Residents and Other	\$ 3,253,650	3,253,650			
b. Private-Pay Room and Board Contractual Allowance **	\$ (68,693)	(68,693)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 237,483	237,483			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (226,276)	(226,276)			
c. Prescription Drugs - Non-Medicare	\$ 50,336	50,336			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (50,336)	(50,336)			
2. a. Medical Supplies - Medicare	\$ 20,868	20,868			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (20,868)	(20,868)			
c. Medical Supplies - Non-Medicare	\$ 1,168	1,168			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (1,168)	(1,168)			
3. a. Physical Therapy - Medicare	\$ 410,256	410,256			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (335,757)	(335,757)			
c. Physical Therapy - Non-Medicare	\$ 60,185	60,185			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (60,185)	(60,185)			
4. a. Speech Therapy - Medicare	\$ 33,726	33,726			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (16,112)	(16,112)			
c. Speech Therapy - Non-Medicare	\$ 4,389	4,389			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (4,389)	(4,389)			
5. a. Occupational Therapy - Medicare	\$ 399,640	399,640			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (348,316)	(348,316)			
c. Occupational Therapy - Non-Medicare	\$ 65,663	65,663			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (65,663)	(65,663)			
6. a. Other (<i>Specify</i>) - Medicare	\$ (13,467)	(13,467)			
b. Other (<i>Specify</i>) - Non-Medicare	\$ (3,757)	(3,757)			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,026,933	11,026,933			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 25	25			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 3,094	3,094			
V. Total Other Revenue (1 thru 8)	\$ 3,120	3,120			
VI. Total All Revenue (III +V)	\$ 11,030,053	11,030,053			

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

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

Schedule of Other Resident Revenue - Medicare**Related Exp**

Page Ref	Description	CCNH	RHNS	Other
	Prior Year Adjustment - Med A	\$ (9,868)		
	Prior Year Adjustment - Med B	\$ (339)		
	Sequester Reduction Medicare B	\$ (3,260)		
	Total Other Resident Revenue - Medicare	\$ (13,467)	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	Other
	Prior Year Adjustment - Private	\$ 42,422		
	Prior Year Adjustment - Medicaid	\$ (45,291)		
	Miscellaneous Adjustments	\$ (888)		
	Total Other Resident Revenue	\$ (3,757)	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	Other
	UNION SAVINGS BANK	-	\$ 25		
	Total Interest Income	\$ 25	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
	NON EMERGENCY FACILITY VAN TRANSPORT	\$ 1,280		
	EXPENSE REIMBURSEMENT - SYMBRIA REHAB	\$ 1,814		
	Total Other Revenue	\$ 3,094	\$ -	\$ -

G. Balance Sheet

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2019	Page 31	of 37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	10,354
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	841,959
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	84,722
a. PREPAID INSURANCE	59,408			
b. _____				
c. _____				
d. See Schedule	25,314			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	24,988
IRS REQUIRED TAX PAYMENT	23,731			
STATE CORPORATE TAX	1,257			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	962,022
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost Accum. Depreciation	512,490 357,177	\$	155,313
3. Buildings	*Historical Cost Accum. Depreciation	Net	\$	
4. Leasehold Improvements	*Historical Cost Accum. Depreciation	1,139,695 762,142	\$	377,553
5. Non-Movable Equipment	*Historical Cost Accum. Depreciation	Net	\$	
6. Movable Equipment	*Historical Cost Accum. Depreciation	1,029,061 774,108	\$	254,953
7. Motor Vehicles	*Historical Cost Accum. Depreciation	87,796 87,796	\$	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	787,819

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
		MAINTENANCE	\$ 4,803
		COMPUTER SERVICES AND SOFTWARE	\$ 3,590
		WESTERN CT STATE UNV SCHOLARSHIP PLEDGE	\$ 10,000
		HEALTH INSURANCE	\$ 5,007
		EQUIPMENT RENTAL	\$ 1,914
		Total Prepaid Expenses	\$ 25,314

Schedule of Other Current Assets (itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
		Total Other Current Assets (Itemize)	\$ -

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
		Total Other Other Fixed Assets (Itemize)	\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Total Other Assets	\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
		Total Notes Payable	\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
		Total Other Current Liabilities (Itemize)	\$ -

Schedule of Other Long-Term Liabilities (Itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
		Total Other Current Liabilities (Itemize)	\$ -

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
		9/30/2019	32 37
Account		Amount	
		Total Brought Forward:	\$ 1,749,841
C. Leasehold or like property recorded for Equity Purposes.			
1. Land		\$ 170,000	
2. Land Improvements	*Historical Cost _____ Accum. Depreciation _____	Net \$	
3. Buildings	*Historical Cost 5,155,300 Accum. Depreciation 5,115,569	Net \$ 39,731	
4. Non-Movable Equipment	*Historical Cost 173,984 Accum. Depreciation 106,894	Net \$ 67,090	
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)		\$ 276,821	
D. Investment and Other Assets			
1. Deferred Deposits		\$	
2. Escrow Deposits		\$	
3. Organization Expense	*Historical Cost _____ Accum. Depreciation _____	Net \$	
4. Goodwill (Purchased Only)		\$	
5. Investments Related to Resident Care (<i>itemize</i>)		\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)		\$ 128,601	
Name and Address	Amount	Loan Date	
FILOSA CONVALESCENT HOME	128,601	VARIOUS	
7. Other Assets (<i>itemize</i>)		\$ 88,416	
BED LICENSE (NET OF AMORTIZATION)	88,000		
FINANCING COSTS (NET OF AMORTIZATION)	416		
See Schedule			
D-8. Total Investments and Other Assets (Lines D1 thru 7)		\$ 217,017	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)		\$ 2,243,680	

* 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
		9/30/2019	33	37
Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 573,439
2. Notes Payable (<i>itemize</i>)				\$ 266,330
LINE OF CREDIT				266,330
See Schedule				
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$ 17,123
Name of Lender	Purpose	Amount	Date Due	
SEE ATTACHED		17,123		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$ 9,556
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$ 300,438
6. Accrued Payroll Taxes Payable				\$ 22,118
7. Medicare Final Settlement Payable				\$
8. Medicare Current Financing Payable				\$
9. Mortgage Payable (<i>Current Portion</i>)				\$ 27,341
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$
11. Accrued Income Taxes*				\$
12. Other Current Liabilities (<i>itemize</i>)				\$
See Schedule				
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 1,216,345

* 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 HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2019	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,216,345	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)			\$ 40,130	
Name of Lender	Purpose	Amount	Date Due	
SEE ATTACHED				
2. Mortgages Payable			\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)			\$ 57,061	
Name and Address of Lender	Amount	Loan Date		
STAPLES REALTY	57,061	VARIOUS		
4. Other Long-Term Liabilities (<i>itemize</i>)			\$	
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$ 97,191	
C. Total All Liabilities (Lines A-13 + B-5)			\$ 1,313,536	

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

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2019	Page 35	of 37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	170,000
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	110,695
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			\$	280,695
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	257,500
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	262,447
6. Gain or Loss for Period	10/1/2018	thru	9/30/2019	\$ 128,502
7. Total Net Worth			\$	649,449
C. Total Reserves and Net Worth				\$ 930,144
D. Total Liabilities, Reserves, and Net Worth				\$ 2,243,680

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
HANCOCK HALL	2185-C	9/30/2019	36	37
Account				Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2018				\$ 593,947
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 11,030,053
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 10,901,551
D. Net Income or Deficit				\$ 128,502
E. Balance				\$ 722,449
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions				\$
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$ 73,000
Name and Address (No., City, State, Zip)	Title	Amount		
SEE ATTACHED		73,000		
2. Other Withdrawings (<i>Specify</i>)				\$
Purpose	Amount			
3. Total Deductions				\$ 73,000
H. Balance at End of Period	09/30/19			\$ 649,449

I. Preparer's/Reviewer's Certification

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Other		

Preparer/Reviewer Certification

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		
BENJAMIN CHIANESE, CPA		
Address Address 31 STAPLES STREET, DANBURY, CT 06810		Phone Number 203-794-9466
Contacted Person Regarding Additional Information Needed Regarding This Report BENJAMIN CHIANESE, CPA		Phone Number 203-794-9466
Contact Email Address BCHIANESE@FILOSA.COM		