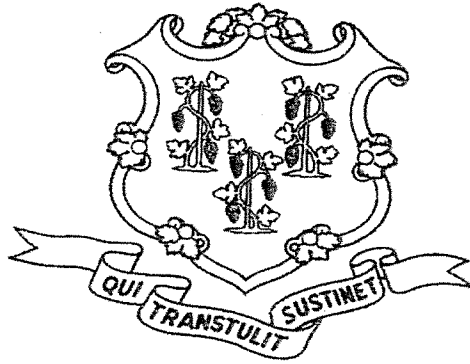


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Mystic Healthcare & Rehabilitation Center, LLC	
Address (No. & Street, City, State, Zip Code) 475 High Street, Mystic, CT 06355	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 839-C	RHNS	(Specify)	Medicare Provider 07-5271
------------------	---------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 8391	RHNS	ICF-IID
----------------------------	--------------	------	---------

For Department Use Only

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

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Mystic Healthcare & Rehabilitation Center, LLC	839-C	9/30/2015	1	37

Administrator's/Owner's Certification

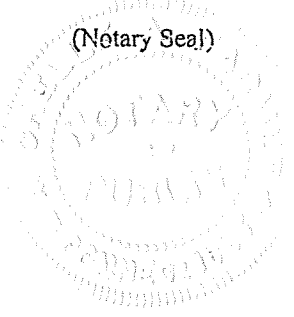
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

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

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

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

Signed (Administrator)	Date	Signed (Owner)	Date
<i>Kenneth Kopchik</i>	11/26/16	<i>Martin Sbriglio</i>	
Printed Name (Administrator) Kenneth Kopchik		Printed Name (Owner) Martin Sbriglio	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)
<i>Michelle Farmer</i>	CT	11/26/16	<i>Michelle Farmer</i>
Address of Notary Public	Comm. Expires		
189 Orange St. Stamford, CT. 06615	MICHELLE A. FARMER NOTARY PUBLIC - State of Connecticut My Commission Expires December 31, 2017		



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 Mystic Healthcare & Rehabilitation Center, LLC	Period Covered:	From 10/1/2014	To 9/30/2015	
Address of Facility 475 High Street, Mystic, CT 06355				
Report Prepared By Michael Kirjgsman	Phone Number 203-381-1327	Date 12/31/2015		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid \$				
2. Laundry wages paid \$				
3. Housekeeping wages paid \$				
4. Nursing wages paid \$				
5. All other wages paid \$				
6. 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 860-536-6070		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Mystic Healthcare & Rehabilitation Center, LLC		Address (No. & Street, City, State, Zip) 475 High Street, Mystic, CT 06355		
License Numbers:	CCNH 839-C	RHNS	(Specify)	Medicare Provider No. 07-5271
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input 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 Kenneth Kopchik		Nursing Home Administrator's License No.:	001904	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

General Information and Questionnaire Corporate Owners

Name of Facility Mystic Healthcare & Rehabilitation Center, I	License No. 839-C	Report for Year Ended 9/30/2015	Page 3A	of 37
--	----------------------	------------------------------------	------------	----------

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

Legal Name of Corporation	Business Address	State(s) in Which Incorporated	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Names of Stockholders Owning at Least 10% of Shares			

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Mystic Healthcare & Rehabilitation Center, LLC	839-C	9/30/2015	3B	37

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

Owner(s) of Facility

N/A

General Information and Questionnaire Related Parties*

Name of Facility Mystic Healthcare & Rehabilitation Center, LLC	License No. 839-C	Report for Year Ended 9/30/2015	Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input 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 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			
Ryders Health Management Mystic Manor Properties, LLC	88 Ryders Lane, Suite 208, Stratford, CT	<input type="radio"/>	<input checked="" type="radio"/>		215,481	215,481
Ryders health Management (CT Healthcare WC Trust)	475 High Street, Mystic, CT 06355 P.O. Box 30393, Hartford, CT 06150	<input type="radio"/>	<input checked="" type="radio"/>		600,000	600,000
AFCO	5600 North River Road, Suite 400, Rosemont, IL 60018-5187	<input type="radio"/>	<input checked="" type="radio"/>		219,257	219,257
Innovative Health Plan	80 Iron Point Circle, Suite 200, Folsom, CA	<input checked="" type="radio"/>	<input type="radio"/>		421,287	421,287
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Mystic Healthcare & Rehabilitation Center, LL	License No. 839-C	Report for Year Ended 9/30/2015	Page 5	of 37
---	----------------------	------------------------------------	-----------	----------

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

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

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

1. In the preparation of this Report, were all costs allocated as required? 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.

Management Fees were allocated October 2014 through April 2015 by beds. Mystic Healthcare is 14.16%. May 2015 and after Management Fees are allocated based on Total Cost Year 2014 Expense minus Management Fees. Mystic Healthcare is 12.95%

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.	Report for Year Ended		Page	of	
Mystic Healthcare & Rehabilitation Center, LLC		839-C	9/30/2015		6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
IKON Financial Services, PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	Copier	04/23/10	60 Months	5,638	5,638
BBI Technologies, Inc.	<input type="radio"/>	<input checked="" type="radio"/>	Copier	03/24/15	60 Months	4,953	4,953
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?					<input checked="" type="radio"/> Yes	<input type="radio"/> No	Total ***
						10,591	

* 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.

Tuesday Del

SALES ORDER

BBI Technologies, Inc

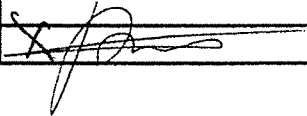
58 Reasearch Drive
Milford, CT 06460
800-548-9336
ed.rose@bbitech.com

INVOICE NO.
DATE 3/9/2015
CUSTOMER ID

TO
Mystic Healthcare + Rehabilitation LLC
475 High St
Mystic Ct 06355
860-536-6070

SHIP TO

SALESPERSON	JOB	SHIPPING METHOD	SHIPPING TERMS	DELIVERY DATE	DUE DATE
ED Rose					

QTY	ITEM #	DESCRIPTION	UNIT PRICE	LINE TOTAL
1		CS 6501i		
1		4000 Fin/stapler		
1		2/3 Hole Punch		
1		Fax option		
1		DMS LINK		
4		M3550idw		
1) BBI to give a check for \$2,078. ⁰⁰				
2) BBI to return ad copiers to any warehouse within CT				
				

SUBTOTAL
SALES TAX
TOTAL

THANK YOU FOR YOUR BUSINESS!
BBI Technologies, Inc



SCHEDULE "A"

Lease / Agreement # 1950103001

Equipment Description:

Equipment MFG Model & Description	Serial Number	Accessories	Equipment Location Address
CopyStar CS 65011 - COPIER	LAG4200634		475 High St, Mystic, CT 06355
KYOCERA ECOSYS M3550DN - PRINTER	LSM4206977		475 High St, Mystic, CT 06355
KYOCERA ECOSYS M3550DN - PRINTER	LSM4206977		475 High St, Mystic, CT 06355
KYOCERA ECOSYS M3550DN - PRINTER	LSM4206977		475 High St, Mystic, CT 06355
KYOCERA ECOSYS M3550DN - PRINTER	LSM4206979		475 High St, Mystic, CT 06355

Mystic Healthcare & Rehabilitation Center LLC

LESSEE / CUSTOMER ("You")

By: Signature of Authorized Signer
 Name: Vocumedis Sohn
 Please Print: IT Coordinator
 Date: 3/18/2015
 Date of Signature



BBI TECHNOLOGIES

OFFICE EQUIPMENT SOLUTIONS

COPIER MAINTENANCE AGREEMENT

269 Woodmont Road, PO Box 3680 Milford, CT 06460

Toll Free 1-800-548-9336 Local 203-878-3581 Fax 203-878-1219

Visit us on the web at www.bbitech.com

We pledge and dedicate the skills and technical knowledge of our certified, factory trained technicians and customer support staff to insure the performance of your office equipment.

PRIORITY SERVICE You receive priority attention on your service call request

PREVENTATIVE MAINTENANCE To minimize downtime, preventive maintenance is performed per manufacturer specifications

GENUINE KYOCERA/ COPYSTAR OEM parts and supplies

SERVICE HOURS 8:30 AM to 5:00 PM - Monday through Friday excluding holidays

PLEASE READ THE FOLLOWING EXCEPTIONS CAREFULLY:

- A. Repair or adjustment caused by water, fire, accident, abuse, mis-operation or foreign matter in equipment
- B. Repair or adjustment resulting from input power line fluctuations or failure to comply with proper grounding requirements
- C. Replacement of parts or assemblies which are no longer available from the manufacturer
- D. BBI will not relocate your equipment under this agreement
- E. Network printer/scan/fax reconfiguration or reinstallation of software

RENEWAL Upon completion of the "period covered" below, this agreement will be renewed quarterly, unless cancelled by either party within 30 days written notice.

This agreement may be subject to an annual increase.

Customer Name
MYSTIC HEALTHCARE & REHABILITATION CENTER LLC

Period Covered

3/24/2015 to 3/24/2020

Street Address

City

State

Zip

475 HIGH STREET

MYSTIC

CT

06355

Contact 860-536-6070 **Email Address** _____

Equipment Covered by this Agreement:

MAKE	MODEL	SERIAL NUMBER	ID#
COPYSTAR	CS 6501i	L AG 4200634	14195
KYOCERA	M3550idn	LSM4206979	14183
KYOCERA	M3550idn	LSM4206972	14184
KYOCERA	M3550idn	LSM4206977	14185
KYOCERA	M3550idn	LSM4206971	14182

This agreement is for 60 months at a rate of \$.0055 per copy based on 0 average copies per month to be billed

Quarterly starting 3/24/2015 all overages billed at \$.0055 per copy.

COPIER FULL SERVICE & SUPPLY: Includes all parts, labor, travel and consumables. Not included are paper and staples.

Approved For Service BBI Technologies, Inc.	BBI Representative	DATE	CUSTOMER SIGNATURE 	DATE
--	--------------------	------	------------------------	------



EQUIPMENT			
Equipment Model & Description		Serial Number	Accessories
<input checked="" type="checkbox"/> See attached schedule for additional Equipment/Accessories			
Billing Address:		475 HIGH ST, MYSTIC, CT 06355	
Equipment Location:		475 HIGH ST, MYSTIC, CT 06355	

SUPPLIER			
BBI TECHNOLOGIES INC			
Name			
269 WOODMONT RD			
Address			
MILFORD	CT	06460	
City	State	Zip	

TRANSACTION TERMS	
Purchase Option: Fair Market Value	
Lease Payment: \$423.00 (plus applicable taxes)	
Term: 60 (months) Billing Period: Monthly	
The following additional payments are due on the date this Lease is signed by you:	
Advance Payment: \$0.00 (Plus Applicable Taxes) Applied to: <input type="checkbox"/> First <input type="checkbox"/> Last	
Document Fee: \$75.00 (included on first invoice)	

YOU HAVE SELECTED THE EQUIPMENT. THE SUPPLIER AND ITS REPRESENTATIVES ARE NOT OUR AGENTS AND ARE NOT AUTHORIZED TO MODIFY THE TERMS OF THIS LEASE. YOU ARE AWARE OF THE NAME OF THE MANUFACTURER OF EACH ITEM OF EQUIPMENT AND YOU WILL CONTACT EACH MANUFACTURER FOR A DESCRIPTION OF YOUR WARRANTY RIGHTS. WE MAKE NO WARRANTIES TO YOU, EXPRESS OR IMPLIED, AS TO THE MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, SUITABILITY OR OTHERWISE. WE PROVIDE THE EQUIPMENT TO YOU AS-IS. YOU AGREE TO USE THE EQUIPMENT ONLY IN THE LAWFUL CONDUCT OF YOUR BUSINESS, AND NOT FOR PERSONAL, HOUSEHOLD OR FAMILY PURPOSES. WE SHALL NOT BE LIABLE FOR CONSEQUENTIAL OR SPECIAL DAMAGES. WE MAKE NO REPRESENTATION OR WARRANTY OF ANY KIND, EXPRESS OR IMPLIED, WITH RESPECT TO THE LEGAL, TAX OR ACCOUNTING TREATMENT OF THIS LEASE AND YOU ACKNOWLEDGE THAT WE ARE AN INDEPENDENT CONTRACTOR AND NOT A FIDUCIARY OF LESSEE. YOU WILL OBTAIN YOUR OWN LEGAL, TAX AND ACCOUNTING ADVICE RELATED TO THIS LEASE AND WILL MAKE YOUR OWN DETERMINATION OF THE PROPER LEASE TERM FOR ACCOUNTING PURPOSES. YOUR PAYMENT OBLIGATIONS ARE ABSOLUTE AND UNCONDITIONAL AND ARE NOT SUBJECT TO CANCELLATION, REDUCTION OR SETOFF FOR ANY REASON WHATSOEVER. BOTH PARTIES AGREE TO WAIVE ALL RIGHTS TO A JURY TRIAL. THIS LEASE SHALL BE GOVERNED BY THE LAWS OF IOWA. YOU CONSENT TO THE JURISDICTION AND VENUE OF FEDERAL AND STATE COURTS IN IOWA.

TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, FEDERAL LAW REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY AND RECORD INFORMATION THAT IDENTIFIES EACH PERSON WHO OPENS AN ACCOUNT. WHAT THIS MEANS TO YOU: WHEN YOU OPEN AN ACCOUNT, WE WILL ASK FOR YOUR NAME, ADDRESS AND OTHER INFORMATION THAT WILL ALLOW US TO IDENTIFY YOU. WE MAY ALSO ASK TO SEE IDENTIFYING DOCUMENTS. BY SIGNING THIS LEASE, YOU ACKNOWLEDGE RECEIPT OF PAGES 1 AND 2 OF THIS LEASE, AND AGREE TO THE TERMS ON BOTH PAGES 1 AND 2. ORAL AGREEMENTS OR COMMITMENTS TO LOAN MONEY, EXTEND CREDIT OR TO FORBEAR FROM ENFORCING REPAYMENT OF A DEBT INCLUDING PROMISES TO EXTEND OR RENEW SUCH DEBT ARE NOT ENFORCEABLE. TO PROTECT YOU AND US FROM MISUNDERSTANDING OR DISAPPOINTMENT, ANY AGREEMENTS WE REACH COVERING SUCH MATTERS ARE CONTAINED IN THIS WRITING, WHICH IS THE COMPLETE AND EXCLUSIVE STATEMENT OF THE AGREEMENT BETWEEN US, EXCEPT AS WE MAY LATER AGREE IN WRITING TO MODIFY IT.

TERMS AND CONDITIONS

- 1. COMMENCEMENT OF LEASE.** Commencement of this Lease and acceptance of the Equipment shall occur upon delivery of the Equipment to you ("Commencement Date"). To the extent that the Equipment includes intangible property or associated services such as periodic software licenses and prepaid database subscription rights, such intangible property shall be referred to as "Software". You understand and agree that we have no right, title or interest in the Software and you will comply throughout the Term of this Lease with any license and/or other agreement ("Software License") entered into with the supplier of the Software ("Software Supplier"). You are responsible for entering into any Software License with the Software Supplier no later than the Commencement Date of this Lease. You agree to inspect the Equipment upon delivery and verify by telephone or in writing such information as we may require. If you signed a purchase order or similar agreement for the purchase of the Equipment, by signing this Lease you assign to us all of your rights, but none of your obligations under it. All attachments, accessories, replacements, replacement parts, substitutions, additions and repairs to the Equipment shall form part of the Equipment under this Lease.
- 2. LEASE PAYMENTS.** You agree to remit to us the Lease Payment and all other sums when due and payable each Billing Period at the address we provide to you from time to time. You agree that you will remit payments to us in the form of company checks (or personal checks in the case of sole proprietorships), direct debit or wires only. You also agree cash and cash equivalents are not acceptable forms of payment for this Lease and that you will not remit such forms of payment to us. Payment in any other form may delay processing or be returned to you. Furthermore, only you or your authorized agent as approved by us will remit payments to us. Lease Payments will include any freight, delivery, installation and other expenses we finance on your behalf at your request. Lease Payments are due whether or not you receive an invoice. You authorize us to adjust the Lease Payments by not more than 15% to reflect any reconfiguration of the Equipment or adjustments to reflect applicable sales taxes or the cost of the Equipment by the manufacturer and/or Supplier.
- 3. LEASE CHARGES.** You agree to: (a) pay all costs and expenses associated with the use, maintenance, servicing, repair or replacement of the Equipment; (b) pay all fees, assessments, taxes and charges governmentally imposed upon Lessor's purchase, ownership, possession, leasing, renting, operation, control or use of the Equipment and pay all premiums and other costs of insuring the Equipment; (c) reimburse us for all costs and expenses incurred in enforcing this Lease; and (d) pay all other costs and expenses for which you are obligated under this Lease ((a) through (d) collectively referred to as "Lease Charges"). You agree, at our discretion, to either: (1) reimburse us for all personal property and other similar taxes and governmental charges associated with the ownership, possession or use of the Equipment when billed by the jurisdictions; or (2) remit to us each Billing Period our estimate of the pro-rated equivalent of such taxes and governmental charges. In the event that the Billing Period sums includes a separately stated estimate of personal property and other similar taxes, you acknowledge and agree that such amount represents our estimate of such taxes that will be payable with respect to the Equipment during the Term. As compensation for our internal and external costs in the administration of taxes related to each unit of Equipment, you agree to pay us a "Tax Administrative Fee" equal to \$12 per unit of Equipment per year during the Term, not to exceed the maximum permitted by applicable law. The Tax Administrative Fee, at our sole discretion, may be increased by an amount not exceeding 10% thereof for each subsequent year of the Term to reflect our increased cost of administration and we will notify you of any such increase by indicating such increased amount in the relevant invoice or in such other manner as we may deem appropriate. We may take on your behalf any action required under this Lease which you fail to take, and upon receipt of our invoice you will promptly pay our costs (including insurance premiums and other payments to affiliates), plus reasonable processing fees. Restrictive endorsements on checks you send to us will not reduce your obligations to us. We may charge you a return check or non-sufficient funds charge of \$25 for any check which is returned by the bank for any reason (not to exceed the maximum amount permitted by law).
- 4. LATE CHARGES.** For any payment which is not received within three (3) days of its due date, you agree to pay a late charge equal to the higher of 5% of the amount due or \$35 (not to exceed the maximum amount permitted by law) as reasonable collection costs.

LESSOR ("We", "Us")		LESSEE ("You")	
General Electric Capital Corporation		Mystic Healthcare & Rehabilitation Center LLC	
By: X		By: X	<i>[Signature]</i>
Name		Name	Vocumelis John
Title		Title	IT Coordinator
Date		Date	3/18/2015
		Federal Tax ID	20-4736739

**General Information and Questionnaire
Accounting Basis**

Name of Facility Mystic Healthcare & Rehabilitation	License No. 839-C	Report for Year Ended 9/30/2015	Page 7	of 37
--	----------------------	------------------------------------	-----------	----------

The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

1 Medicare Cost Reports, Corp. Tax Returns, annual review of financial statements	\$ 16,232
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 16,232

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

- Yes No 15/1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Pullman & Comley, LLC 2 Jackson Lewis, LLP 3 Murtha Cullina, LLP 4 Suisman, Shapiro Attorneys-At-Law 5 See Attached	Telephone Number 203-330-2000 914-872-8060 860-240-6000 860-442-4416 See Attached
---	--

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

- 1 850 Main Street, Bridgeport, CT 06601
2 44 South Broadway, 14th Floor, White Plains, NY
3 CityPlace I 185 Asylum Street, Hartford, CT
4 2 Union Plaza, Suite 200, New London, CT
5 See Attached

Services Provided by This Firm (*describe fully*)

1 Employee Law Suit - Still Pending, H/R Guidelines	\$ 34,430
2 Supervisory Training, Handbook Review, I.T. Policy	\$ 1,258
3 Public Relations, Collections (Self-Disallowed)	\$ 778
4 Employee Law Suit - Still Pending	\$ 1,850
5 See Attached	\$ 4,070
	Charge for Services Provided
	\$ 42,385

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

- Yes No 15/1e

**Mystic Healthcare & Rehabilitation
Legal Services Information**

Name of Legal Firm

Telephone Number

5	Rosenthal Law Firm, LLC	860-561-3100
6	Michelson, Kane, Royster & Barger, P.C.	860-522-1243
7	Accrual Reversal previous years Legal Expense	
8	Weiner and Lesniak, LLP	973-403-1100

Address

5	18 North Main St. West Hartford, CT
6	Hartford Square North, 10 Columbus Blvd, Hartford, CT 06106
7	
8	629 Parsippany Road, PO Box 0438, Parsippany, New Jersey 07054

Services Provided by this Firm

5	Collections (Self-Disallowed)
6	Refund and Settlement from Construction Lawsuit
7	Reversal of accrual to move Legal Expense to Previous year
8	Pharmacy Note Settlement

Charge for Service Provided

5	4,363.44
6	-999.99
7	-3,962.00
8	4,668.13
	<hr/>
	4,069.58
	<hr/> <hr/>

Schedule of Resident Statistics

Name of Facility	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	License No.			Report for Year Ended			Page	of		
					839-C			9/30/2015					8	37
					Total	CCNH	RHNS	Total	CCNH	RHNS				
Mystic Healthcare & Rehabilitation Center, LLC					Period 10/1 Thru 6/30	Period 7/1 Thru 9/30								
1. Certified Bed Capacity														
A. On last day of PREVIOUS report period	100	100			100	100		100	100					
B. On last day of THIS report period	100	100			100	100		100	100					
2. Number of Residents														
A. As of midnight of PREVIOUS report period	88	88			88	88		83	83					
B. As of midnight of THIS report period					83	83								
3. Total Number of Days Care Provided During Period														
A. Medicare	5,691	5,691			4,338	4,338		1,353	1,353					
B. Medicaid (Conn.)	21,111	21,111			16,588	16,588		4,523	4,523					
C. Medicaid (other states)														
D. Private Pay	5,633	5,633			4,196	4,196		1,437	1,437					
E. State SSI for RCH														
F. Other (Specify)	709	709			477	477		232	232					
G. Total Care Days During Period (3A thru F)	33,144	33,144			25,599	25,599		7,545	7,545					
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds														
A. Medicaid Bed Reserve Days	204	204			155	155		49	49					
B. Other Bed Reserve Days	97	97			68	68		29	29					
5. Total Resident Days (3G + 4A + 4B)	33,445	33,445			25,822	25,822		7,623	7,623					

Schedule of Resident Statistics (Cont'd)

Name of Facility Mystic Healthcare & Rehabilitation Center, I		License No. 839-C		Report for Year Ended 9/30/2015			Page 9		of 37				
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days							CCNH	RHNS	(Specify)				
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH		CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	15		47		21								
Per Diem Rate													
a. One bed rm.	See				402, 423								
b. Two bed rms.	Attached		219.72		358, 406								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments							TOTAL	CCNH	RHNS	(Specify)			
A. Medicare - Part B							2,377	2,377					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other							15,008	15,008					
D. Total Physical Therapy Treatments							17,385	17,385					
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B							422	422					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other							991	991					
D. Total Speech Therapy Treatments							1,413	1,413					
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B							759	759					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other							12,483	12,483					
D. Total Occupational Therapy Treatments							13,242	13,242					



**OCTOBER 1, 2014 – SEPTEMBER 30, 2015
CONNECTICUT – FEDERAL SNF MEDICARE RATES**

CMS MSA CT Counties Transition Wage Index RUG-IV Category	ADL Score	CMI Rural	CMI Urban	Fairfield CBSA 14860 1.3289	W. Hartford, E. Hartford Hartford, Middlesex, Tolland CBSA 25540 1.1119	New Haven CBSA 35300 1.2207	Litchfield (Rural) CBSA 7 1.1273
				10/1/14→9/30/15	10/1/14→9/30/15	10/1/14→9/30/15	10/1/14→9/30/15
RUX	11 - 16	66	66	\$953.56	\$836.94	\$895.41	\$864.70
RUL	2 - 10	65	65	\$932.78	\$818.70	\$875.90	\$847.10
RVX	11 - 16	64	63	\$848.74	\$744.94	\$796.99	\$759.76
RVL	2 - 10	62	61	\$761.46	\$668.34	\$715.03	\$685.86
RHX	11 - 16	61	62	\$768.96	\$674.92	\$722.07	\$680.42
RHL	2 - 10	57	57	\$685.85	\$601.97	\$644.03	\$610.04
RMX	11 - 16	58	58	\$705.39	\$619.12	\$662.38	\$618.35
RML	2 - 10	55	55	\$647.20	\$568.05	\$607.74	\$569.08
RLX	2 - 16	52	53	\$619.49	\$543.73	\$581.71	\$538.21
RUC	11 - 16	60	60	\$722.91	\$634.50	\$678.82	\$669.38
RUB	6 - 10	59	59	\$722.91	\$634.50	\$678.82	\$669.38
RUA	0 - 5	54	51	\$604.46	\$530.54	\$567.60	\$569.08
RVC	11 - 16	53	54	\$620.16	\$544.32	\$582.35	\$566.21
RVB	6 - 10	49	47	\$537.05	\$471.37	\$504.30	\$495.82
RVA	0 - 5	48	46	\$534.97	\$469.55	\$502.35	\$494.06
RHC	11 - 16	47	48	\$540.40	\$474.31	\$507.44	\$486.86
RHB	6 - 10	41	40	\$486.36	\$426.88	\$456.70	\$441.11
RHA	0 - 5	34	26	\$428.18	\$375.81	\$402.07	\$391.85
RMC	11 - 16	40	38	\$474.74	\$416.68	\$445.79	\$423.03
RMB	6 - 10	36	32	\$445.64	\$391.14	\$418.47	\$398.40
RMA	0 - 5	19	18	\$366.69	\$321.84	\$344.33	\$331.52
RLB	11 - 16	37	37	\$461.56	\$405.12	\$433.42	\$404.48
RLA	0 - 10	8	7	\$297.41	\$261.04	\$279.27	\$265.47
ES3	2 - 16	63	64	\$870.57	\$764.10	\$817.48	\$745.21
ES2	2 - 16	56	56	\$681.48	\$598.14	\$639.92	\$585.07
ES1	2 - 16	51	52	\$608.75	\$534.30	\$571.63	\$523.49
HE2	15 - 16	50	50	\$587.96	\$516.06	\$552.11	\$505.90
HE1	15 - 16	39	41	\$488.23	\$428.52	\$458.46	\$421.43
HD2	11 - 14	46	49	\$550.56	\$483.23	\$516.99	\$474.22
HD1	11 - 14	35	36	\$459.13	\$402.98	\$431.14	\$396.80
HC2	6 - 10	44	44	\$519.39	\$455.87	\$487.72	\$447.83
HC1	6 - 10	28	29	\$434.19	\$381.09	\$407.71	\$375.69
HB2	2 - 5	43	43	\$513.16	\$450.40	\$481.87	\$442.55
HB1	2 - 5	27	28	\$430.04	\$377.45	\$403.82	\$372.16
LE2	15 - 16	45	45	\$533.94	\$468.64	\$501.38	\$460.14
LE1	15 - 16	31	33	\$446.66	\$392.04	\$419.43	\$386.24
LD2	11 - 14	42	42	\$513.16	\$450.40	\$481.87	\$442.55
LD1	11 - 14	26	27	\$430.04	\$377.45	\$403.82	\$372.16
LC2	6 - 10	33	35	\$450.82	\$395.69	\$423.33	\$389.76
LC1	6 - 10	18	19	\$380.17	\$333.67	\$356.99	\$329.93
LB2	2 - 5	25	25	\$427.97	\$375.63	\$401.87	\$370.40
LB1	2 - 5	15	15	\$363.55	\$319.09	\$341.38	\$315.85
CE2	15 - 16	38	39	\$475.75	\$417.57	\$446.74	\$410.88
CE1	15 - 16	30	31	\$438.35	\$384.74	\$411.62	\$379.20
CD2	11 - 14	32	34	\$450.82	\$395.69	\$423.33	\$389.76
CD1	11 - 14	23	23	\$413.42	\$362.86	\$388.21	\$358.08
CC2	6 - 10	21	21	\$394.71	\$346.44	\$370.64	\$342.25
CC1	6 - 10	17	17	\$365.62	\$320.91	\$343.33	\$317.62
CB2	2 - 5	16	16	\$365.62	\$320.91	\$343.33	\$317.62
CB1	2 - 5	13	13	\$338.61	\$297.20	\$317.97	\$294.74
CA2	0 - 1	9	9	\$309.52	\$271.67	\$290.65	\$270.10
CA1	0 - 1	6	6	\$288.74	\$253.43	\$271.13	\$252.51
BB2	2 - 5	11	11	\$328.22	\$288.08	\$308.20	\$285.94
BB1	2 - 5	10	10	\$313.67	\$275.31	\$294.54	\$273.63
BA2	0 - 1	4	4	\$272.12	\$238.84	\$255.53	\$238.43
BA1	0 - 1	3	3	\$259.65	\$227.89	\$243.81	\$227.87
PE2	15 - 16	29	30	\$438.35	\$384.74	\$411.62	\$379.20
PE1	15 - 16	24	24	\$417.57	\$366.50	\$392.11	\$361.61
PD2	11 - 14	22	22	\$413.42	\$362.86	\$388.21	\$358.08
PD1	11 - 14	20	20	\$392.64	\$344.62	\$368.70	\$340.49
PC2	6 - 10	14	14	\$355.24	\$311.79	\$333.57	\$308.81
PC1	6 - 10	12	12	\$338.61	\$297.20	\$317.97	\$294.74
PB2	2 - 5	7	8	\$301.21	\$264.38	\$282.84	\$263.06
PB1	2 - 5	5	5	\$288.74	\$253.43	\$271.13	\$252.51
PA2	0 - 1	2	2	\$249.26	\$218.78	\$234.06	\$219.07
PA1	0 - 1	1	1	\$238.87	\$209.65	\$224.30	\$210.28
Default				\$238.87	\$209.65	\$224.30	\$210.28



**OCTOBER 1, 2014 – SEPTEMBER 30, 2015
CONNECTICUT (CONTINUED) – FEDERAL SNF MEDICARE RATES**

CMS MSA CT Counties Transition Wage Index RUG-IV Category	ADL Score	CMI Rural	CMI Urban	New London CBSA 35980 1.1813 10/1/14-9/30/15
RUX	11 - 16	66	66	\$874.24
RUL	2 - 10	65	65	\$855.19
RVX	11 - 16	64	63	\$778.14
RVL	2 - 10	62	61	\$698.12
RFX	11 - 16	61	62	\$705.00
RHL	2 - 10	57	57	\$628.80
RMX	11-16	58	58	\$646.71
RML	2 - 10	55	55	\$593.37
RLX	2 - 16	52	53	\$567.96
RUC	11 - 16	60	60	\$662.77
RUB	6 - 10	59	59	\$662.77
RUA	0 - 5	54	51	\$554.18
RVC	11 - 16	53	54	\$568.58
RVB	6 - 10	49	47	\$492.37
RVA	0 - 5	48	46	\$490.47
RHC	11 - 16	47	48	\$495.45
RHB	6 - 10	41	40	\$445.90
RHA	0 - 5	34	26	\$392.56
RMC	11 - 16	40	38	\$435.25
RMB	6 - 10	36	32	\$408.57
RMA	0 - 5	19	18	\$336.19
RLB	11 - 16	37	37	\$423.17
RLA	0 - 10	8	7	\$272.67
ES3	2 - 16	63	64	\$798.15
ES2	2 - 16	56	56	\$624.79
ES1	2 - 16	51	52	\$558.11
HE2	15 - 16	50	50	\$539.06
HE1	15 - 16	39	41	\$447.61
HD2	11 - 14	46	49	\$504.76
HD1	11 - 14	35	36	\$420.94
HC2	6 - 10	44	44	\$476.19
HC1	6 - 10	28	29	\$398.07
HB2	2 - 5	43	43	\$470.47
HB1	2 - 5	27	28	\$394.27
LE2	15 - 16	45	45	\$489.53
LE1	15 - 16	31	33	\$409.51
LD2	11 - 14	42	42	\$470.47
LD1	11 - 14	26	27	\$394.27
LC2	6 - 10	33	35	\$413.32
LC1	6 - 10	18	19	\$348.54
LB2	2 - 5	25	25	\$392.37
LB1	2 - 5	15	15	\$333.31
CE2	15 - 16	38	39	\$436.18
CE1	15 - 16	30	31	\$401.89
CD2	11 - 14	32	34	\$413.32
CD1	11 - 14	23	23	\$379.03
CC2	6 - 10	21	21	\$361.88
CC1	6 - 10	17	17	\$335.21
CB2	2 - 5	16	16	\$335.21
CB1	2 - 5	13	13	\$310.45
CA2	0 - 1	9	9	\$283.78
CA1	0 - 1	6	6	\$264.72
BB2	2 - 5	11	11	\$300.92
BB1	2 - 5	10	10	\$287.58
BA2	0 - 1	4	4	\$249.48
BA1	0 - 1	3	3	\$238.05
PE2	15 - 16	29	30	\$401.89
PE1	15 - 16	24	24	\$382.84
PD2	11 - 14	22	22	\$379.03
PD1	11 - 14	20	20	\$359.98
PC2	6 - 10	14	14	\$325.69
PC1	6 - 10	12	12	\$310.45
PB2	2 - 5	7	8	\$276.16
PB1	2 - 5	5	5	\$264.72
PA2	0 - 1	2	2	\$228.53
PA1	0 - 1	1	1	\$219.00
Default				\$219.00

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Mystic Healthcare & Rehabilitation Center, LLC	839-C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	112,416	2,081				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	208,141	11,572				
5. Dietary Service						
a. Head Dietitian	18,594	543				
b. Food Service Supervisor	26,785	1,358				
c. Dietary Workers	287,430	22,042				
6. Housekeeping Service						
a. Head Housekeeper	15,712	788				
b. Other Housekeeping Workers	175,382	14,295				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	34,255	1,243				
b. Other Maintenance Workers	54,648	344				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	82,044	5,405				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	165,092	4,320				
b. RN						
1. Direct Care	802,630	25,283				
2. Administrative**	134,614	4,155				
c. LPN						
1. Direct Care	667,632	24,691				
2. Administrative**						
d. Aides and Attendants	1,309,866	88,089				
e. Physical Therapists	232,999	6,040				
f. Speech Therapists	44,930	617				
g. Occupational Therapists	243,144	6,608				
h. Recreation Workers	98,198	5,221				
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	116,621	4,145				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
A-13. Total Salary Expenditures	4,831,132	228,840				

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

Name of Facility		License No.		Report for Year Ended		Page		of	
Mystic Healthcare & Rehabilitation Center, LLC		839-C		9/30/2015		11		37	
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section I - Operators/Owners									
Martin Sbriglio, RN, NHA							Ryders Health Management, 88 Ryders Lane, Suite 208, Stratford, CT 06614	2,272	130,000
Kenneth Kopchik, MBA, NHA	112,416		Health, Dental, & 401K	Administrator	2,081	10a2			
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed) Mystic Healthcare & Rehabilitation Center, LLC	License No. 839-C	Report for Year Ended 9/30/2015			Name and Address of All Other Employment**	Page 12	of 37
		Fringe Benefits and/or Other Payments (describe fully)	Total Hours Worked	Line Where Claimed on Page 10			
Section III - Administrators***							
Kenneth Kopchik, MBA, NHA	Health, Dental, & 401K	112,416	2,081	10a2			
Section IV - Assistant Administrators							

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Mystic Healthcare & Rehabilitation Center, LLC	839-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	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	10,559	211				
2. Dentist	10,726	223				
3. Pharmacist	12,563	279				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	60,000	1,154				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Medical Staff	757	8				
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	94,604	1,875				

* 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.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Mystic Healthcare & Rehabilitation Center, LLC	839-C	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 219,257	219,257		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 487,311	487,311		
5. Health Insurance	\$ 421,287	421,287		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 4,303	4,303		
8. Uniform Allowance	\$ 24,246	24,246		
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 163,831	163,831		
d. Accounting and Auditing	\$ 16,232	16,232		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 42,385	42,385		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$ 856	856		
g. Office Supplies	\$ 18,776	18,776		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 12,114	12,114		
2. Cellular Phones	\$ 1,690	1,690		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 529,724	529,724		
Subtotal	\$ 1,942,012	1,942,012		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Mystic Healthcare & Rehabilitation Center, LLC	839-C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	1,942,012	1,942,012			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 89	89			
2. Holiday Parties for Staff	\$ 5,397	5,397			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 9,486	9,486			
5. Education Expenses Related to Seminars and Conventions	\$ 3,227	3,227			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 6,668	6,668			
7. Other (<i>Specify</i>) See Attached Schedule	\$ 1,163	1,163			
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ (152)	(152)			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 22,873	22,873			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 2,901	2,901			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 7,173	7,173			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 265	265			
9. Subscriptions	\$ 15	15			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 79,391	79,391			
12. Administrative Management Services**	\$ 215,481	215,481			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 36,358	36,358			
C-14 Total Administrative & General Expenditures	\$ 2,332,348	2,332,348			

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Meals & Entertainment	\$ 1,163		
Total Other Travel and Entertainment	\$ 1,163	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising & Public Relations Donations	\$ 22,623		
Charitable Donations	\$ 250		
Total Other Advertising	\$ 22,873	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 6,824		
Petty Cash - American Health Care Assoc.	\$ 75		
Association for Long Term Care Financial Managers	\$ 80		
Lawrence and Memorial Benefactors Society	\$ 125		
RHM - Lynn Mead - CPA Renewal	\$ 69		
Total Dues	\$ 7,173	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Harmony Healthcare - Medicare Consultant	\$ 18,911		
UTMC - Unemployment Tax Management Consultant	\$ 1,206		
HealthPRO - Marketplace Analysis	\$ 3,567		
Sales & Use Tax	\$ 142		
Starkowski - RFP Consultant - Invoice Reversal	\$ (1,592)		
PAC Planning Services - Harvard Pilgrim Healthcare Contract Consulting	\$ 255		
A/R Cash Receipt - Refund for overpayment to Ledge Light Health District	\$ (180)		
DMV - Vehicle Registration Renewals	\$ 403		
Russell Phillips & Associates - Long Term Care Mutual Aid Plan	\$ 350		
Secretary of the State - Notary Application	\$ 120		
National Government Services - Medicare Recertification	\$ 553		
Ledge Light Health District - Food Service License	\$ 280		
RHM - Boggio - Major Contractors License	\$ 65		
Physician Care - Employees - Pre-Employment Screening	\$ 8,234		
Bank Charges - Routine Fees	\$ 4,045		
Total Other Administrative and General	\$ 36,358	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Mystic Healthcare & Rehabilitation Center	License No. 839-C	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Ryders Health Management, 88 Ryders Landing, Stratford, CT 06614	215,481	Financial & Managerial Support	16/m12

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

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

Name of Facility		License No.	Report for Year Ended	Page of	
Mystic Healthcare & Rehabilitation Center, LLC		839-C	9/30/2015	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$	579	579	
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$			
c. Management Services**		\$			
d. Other (<i>Specify</i>) Laundry Supplies		\$	4,433	4,433	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	5,012	5,012	
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3E.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
 *** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Mystic Healthcare & Rehabilitation Center, LL		839-C	9/30/2015		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	45,184	45,184		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	45,184	45,184		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Medicare Drugs \$113,757 ManagedCare Drugs \$48,036	\$	161,794	161,794		
b.	Medicine Cabinet Drugs	\$	42,309	42,309		
c.	Medical and Therapeutic Supplies	\$				
d.	Ambulance/Limousine***	\$	12,103	12,103		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	28,292	28,292		
f.	X-rays and Related Radiological Procedures***	\$	24,715	24,715		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	43,344	43,344		
i.	Recreation	\$	24,084	24,084		
j.	Other (Specify)**** See Attached Schedule	\$	323,463	323,463		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	660,104	660,104		

* 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	(Specify)
Physician Care - Patients	\$ 11,890		
Routine Medical Supplies	\$ 285,933		
Occupational Therapy - Part A	\$ 1,782		
PT Supplies	\$ 23,857		
Total Other Resident Care	\$ 323,463	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Mystic Healthcare & Rehabilitation Center, LLC	839-C	9/30/2015	22	37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 180,031	180,031		
b. Heat	\$ 93,169	93,169		
c. Light & Power	\$ 71,603	71,603		
d. Water	\$ 38,670	38,670		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 10,591	10,591		
f. Other (<i>itemize</i>)	\$			
See Attached Schedule				
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 394,064	394,064		
7. Depreciation (<i>complete schedule page 23*</i>)				
a. Land Improvements	\$			
b. Building & Building Improvements	\$ 192,927	192,927		
c. Non-Movable Equipment	\$ 21,212	21,212		
d. Movable Equipment	\$ 10,871	10,871		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 225,010	225,010		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)				
a. Organization Expense	\$			
b. Mortgage Expense	\$			
c. Leasehold Improvements	\$			
d. Other (<i>Specify</i>)	\$			
*8e. Total Amortization Costs (8a + b + c + d)	\$			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 600,000	600,000		
10. Property Taxes				
a. Real estate taxes paid by owner	\$			
b. Real estate taxes paid by lessor	\$ 72,088	72,088		
c. Personal property taxes	\$ 13,004	13,004		
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 910,102	910,102		

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

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		
Mystic Healthcare & Rehabilitation Center, LLC		839-C		9/30/2015		23	37		
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
									Is a mileage logbook maintained?
		Yes	No	Month	Year				
A. Land Improvements									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
A-4. Subtotal									
B. Building and Building Improvements									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
B-4. Subtotal									
C. Non-Movable Equipment									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Movable Equipment									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a. Value at 8/11/2006									
b.									
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period									
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)									
D-3. Subtotal									
E. Total Depreciation									
							192,927	21,212	21,212
							10,692	179	10,871
								5	225,010

Mystic Healthcare & Rehabilitation Center, LLC
9/30/2015

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvements		\$ -		\$ - *
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:				
1/30/2015	C Wing Misc.	\$ 2,160	10	\$ 144
6/25/2015	A Wing Painting & Misc.	\$ 10,668	10	\$ 267
7/16/2015	A wing shower room	\$ 16,339	10	\$ 272
5/6/2015	A Wing Bathroom	\$ 4,131	10	\$ 172
9/30/2015	C Wing Shower	\$ 22,405	10	\$ -
6/30/2015	D Wing Hallway	\$ 3,635	10	\$ 91
9/23/2015	A111 Bathroom	\$ 14,209	10	\$ -
6/24/2015	A112 Shower Room	\$ 11,125	10	\$ 278
4/21/2015	Raintech - Shower an Toilet	\$ 888	10	\$ 37
8/31/2015	Ryders - Business Card Services	\$ 2,658	10	\$ 22
2/28/2015	Stebbin Electric Cut 14 wall heaters	\$ 4,663	10	\$ 272
9/6/2015	Stebbins Electric Installed Exhaust	\$ 3,552	10	\$ 30
8/18/2015	Three Guys Masonry - Concrete	\$ 2,978	10	\$ 25
5/12/2015	Willow Spring Farm Credit	\$ (3,528)	10	\$ (147)
Total additions for Building Improvements		\$ 95,882		\$ 1,463 *
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:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
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:				
9/3/2015	Refrigerator 1 of 4 payments	\$ 1,189	5	\$ 20
1/31/2015	Ash Creek Enterprises	\$ 283	3	\$ 63
4/30/2015	Ash Creek Enterprises	\$ 347	3	\$ 48
1/31/2015	Qtr Monitoring	\$ 217	3	\$ 48
Total additions for Movable Equipment		\$ 2,036		\$ 179 *
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

Group	Cost Beginning	Cost Acquisitions	Cost Disposals	Cost Ending	Depreciation Prior	Depreciation Additions	Depreciation Reductions	Depreciation Ending
Automobiles	8,157.98	0.00	0.00	8,157.98	8,157.98	0.00	0.00	8,157.98
Computer Software	6,230.90	846.80	0.00	7,077.70	1,077.81	2,255.35	0.00	3,333.16
Equipment - SNF	266,902.53	1,188.74	0.00	268,091.27	251,980.37	10,871.29	0.00	262,851.66
Improvements - SNF	2,058,191.98	95,881.77	0.00	2,154,073.75	730,838.20	192,926.64	0.00	923,764.84
Non Movable Equipmer	271,962.24	0.00	0.00	271,962.24	164,688.60	18,956.54	0.00	183,645.14
Grand Total	<u>2,611,445.63</u>	<u>97,917.31</u>	<u>0.00</u>	<u>2,709,362.94</u>	<u>1,156,742.96</u>	<u>225,009.82</u>	<u>0.00</u>	<u>1,381,752.78</u>

Book Asset Detail 10/01/14 - 9/30/15

Asset Id	Property Description	Date In Service	Book Cost	Book Sec 179 Exp	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: Automobiles											
1	Auto	9/01/06	8,157.98	0.00	0.00	8,157.98	0.00	8,157.98	0.00	S/L	1.80
Automobiles											
			<u>8,157.98</u>	<u>0.00c</u>	<u>0.00</u>	<u>8,157.98</u>	<u>0.00</u>	<u>8,157.98</u>	<u>0.00</u>		
Group: Computer Software											
103	February '14 Additions	2/28/14	5,012.19	0.00	0.00	974.59	1,670.73	2,645.32	2,366.87	S/L	3.00
104	March '14 Additions	3/31/14	1.94	0.00	0.00	0.32	1.62	1.94	0.00	S/L	3.00
105	April '14 Additions	4/30/14	688.95	0.00	0.00	95.69	229.65	325.34	363.61	S/L	3.00
106	May '14 Additions	5/31/14	519.64	0.00	0.00	57.74	173.21	230.95	288.69	S/L	3.00
107	June '14 Additions	6/30/14	17.91	0.00	0.00	1.49	5.97	7.46	10.45	S/L	3.00
108	Ash Creek Enterprises	6/30/14	-54.51	0.00	0.00	-54.51	0.00	-54.51	0.00	S/L	3.00
109	July '14 Additions	7/31/14	44.78	0.00	0.00	2.49	14.93	17.42	27.36	S/L	3.00
125	Ryders Health Mgt - Ash Creek Ent	1/31/15	283.07	0.00c	0.00	0.00	62.90	62.90	220.17	S/L	3.00
126	Ryders Health Mgt - Ash Creek Ent	4/30/15	347.21	0.00c	0.00	0.00	48.22	48.22	298.99	S/L	3.00
127	Ryders Health Mgt - Qtr Monitoring	1/31/15	216.52	0.00c	0.00	0.00	48.12	48.12	168.40	S/L	3.00
Computer Software											
			<u>7,077.70</u>	<u>0.00c</u>	<u>0.00</u>	<u>1,077.81</u>	<u>2,255.35</u>	<u>3,333.16</u>	<u>3,744.54</u>		

Asset Id	Property Description	Date In Service	Book Cost	Book Sec 179 Exp	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: Equipment - SNF											
2	Equipment	9/01/06	25,587.42	0.00	0.00	25,587.42	0.00	25,587.42	0.00	S/L	1.00
3	Sonitrol Phone System	9/29/06	17,808.00	0.00	0.00	14,246.40	1,780.80	16,027.20	1,780.80	S/L	10.00
6	MSC - 18 Beds and Rails	12/22/06	14,310.00	0.00	0.00	14,310.00	0.00	14,310.00	0.00	S/L	5.00
7	MSC - Furniture	12/31/06	11,610.00	0.00	0.00	11,610.00	0.00	11,610.00	0.00	S/L	5.00
8	Sonitrol - telephone system	12/31/06	2,153.92	0.00	0.00	2,153.92	0.00	2,153.92	0.00	S/L	5.00
9	Dell - Computer	12/31/06	3,332.62	0.00	0.00	3,332.62	0.00	3,332.62	0.00	S/L	5.00
10	MMS - Beds and Rails	3/31/07	25,512.88	0.00	0.00	25,512.88	0.00	25,512.88	0.00	S/L	5.00
11	MMS - Furniture	5/31/07	29,732.20	0.00	0.00	29,732.20	0.00	29,732.20	0.00	S/L	5.00
15	Sonitrol - Telephone system	3/20/07	3,292.36	0.00	0.00	3,292.36	0.00	3,292.36	0.00	S/L	5.00
19	Arjo Inc - bath and disinfectant syst	11/30/07	16,852.00	0.00	0.00	16,852.00	0.00	16,852.00	0.00	S/L	5.00
20	MMS - Beds and rails	2/29/08	9,714.20	0.00	0.00	9,714.20	0.00	9,714.20	0.00	S/L	5.00
21	MMS - furniture, beds and rails	4/30/08	37,133.80	0.00	0.00	37,133.80	0.00	37,133.80	0.00	S/L	5.00
22	MMS - bariatric bed	7/31/08	1,220.40	0.00	0.00	1,220.40	0.00	1,220.40	0.00	S/L	5.00
23	Casey - aquaclean extractor	9/30/08	3,519.15	0.00	0.00	3,519.15	0.00	3,519.15	0.00	S/L	5.00
33	Furniture	10/31/08	43,010.30	0.00	0.00	36,353.95	6,144.33	42,498.28	512.02	S/L	7.00
34	Mattress	10/31/08	1,532.62	0.00	0.00	1,295.45	218.95	1,514.40	18.22	S/L	7.00
35	Patient Lift	9/30/09	2,943.09	0.00	0.00	2,102.20	420.44	2,522.64	420.45	S/L	7.00
36	Dishwasher Motor	10/18/08	2,213.98	0.00	0.00	1,309.95	221.40	1,531.35	682.63	S/L	10.00
37	Dishwasher Motor	10/31/08	233.87	0.00	0.00	138.39	23.39	161.78	72.09	S/L	10.00
38	Dishwasher Motor	11/16/08	331.26	0.00	0.00	193.26	33.13	226.39	104.87	S/L	10.00
47	MMS Overbed Table Base	12/31/09	3,520.82	0.00	0.00	3,344.76	176.06	3,520.82	0.00	S/L	5.00
48	New England Coin Laundry	2/23/10	3,725.00	0.00	0.00	3,414.58	310.42	3,725.00	0.00	S/L	5.00
50	Portable Wheelchair Scale	9/30/10	2,700.82	0.00	0.00	2,160.64	540.18	2,700.82	0.00	S/L	5.00
51	Portable Wheelchair Scale	9/30/10	2,700.82	0.00	0.00	2,160.64	540.18	2,700.82	0.00	S/L	5.00
59	Sept 2011 move from WIP	9/30/11	2,024.00	0.00	0.00	1,214.40	404.80	1,619.20	404.80	S/L	5.00
84	*TRUE Up*	9/30/12	187.00	0.00	0.00	74.80	37.40	112.20	74.80	S/L	5.00
124	Refrigerator 1 of 4 payments	9/03/15	1,188.74	0.00c	0.00	0.00	19.81	19.81	1,168.93	S/L	5.00

Asset Id	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Equipment - SNF											
			268,091.27	0.00c	0.00	251,980.37	10,871.29	262,851.66	5,239.61		
4	Improvements	9/01/06	137,254.60	0.00	0.00	137,254.60	0.00	137,254.60	0.00	S/L	6.00
5	CTVS - Electrical outlets	10/31/06	4,713.80	0.00	0.00	956.88	120.87	1,077.75	3,636.05	S/L	39.00
16	Pawtucket Roofing - roof eval	11/30/07	350.00	0.00	0.00	239.17	35.00	274.17	75.83	S/L	10.00
17	SMD - Door Kit	1/31/08	2,317.50	0.00	0.00	396.14	59.42	455.56	1,861.94	S/L	39.00
18	HFP Corp - pipe repair & fire sprin	9/30/08	2,210.13	0.00	0.00	884.04	147.34	1,031.38	1,178.75	S/L	15.00
29	Bowman Sign	7/31/09	2,500.00	0.00	0.00	1,291.67	250.00	1,541.67	958.33	S/L	10.00
30	Bowman Sign	9/22/09	3,819.72	0.00	0.00	1,909.85	381.97	2,291.82	1,527.90	S/L	10.00
31	Prints	9/30/09	2,330.94	0.00	0.00	1,165.45	233.09	1,398.54	932.40	S/L	10.00
32	Reclass From WIP	9/30/09	220,133.26	0.00	0.00	110,066.65	22,013.33	132,079.98	88,053.28	S/L	10.00
45	Mary Gray Interiors	10/31/09	275.00	0.00	0.00	135.21	27.50	162.71	112.29	S/L	10.00
46	Mary Gray Interiors	11/09/09	100.00	0.00	0.00	49.17	10.00	59.17	40.83	S/L	10.00
54	November 2010	11/30/10	179.82	0.00	0.00	68.93	17.98	86.91	92.91	S/L	10.00
55	December 2010	12/31/10	649.57	0.00	0.00	217.47	43.21	260.68	388.89	150DB	15.00
56	October Additions	10/31/10	850.79	0.00	0.00	333.23	85.08	418.31	432.48	S/L	10.00
57	September Activity	9/30/11	1,531,254.56	0.00	0.00	459,376.38	153,125.46	612,501.84	918,752.72	S/L	10.00
60	Sept Post Close Invoice	9/30/11	2,790.00	0.00	0.00	837.00	279.00	1,116.00	1,674.00	S/L	10.00
61	Sept 2011 post close invoice	9/30/11	510.00	0.00	0.00	153.00	51.00	204.00	306.00	S/L	10.00
63	NorthEast Electrical - Supplies	11/23/11	4,254.00	0.00	0.00	1,205.30	425.40	1,630.70	2,623.30	S/L	10.00
66	Parking Lights	10/07/11	14,700.00	0.00	0.00	4,410.00	1,470.00	5,880.00	8,820.00	S/L	10.00
67	Hardware	10/10/11	175.00	0.00	0.00	52.50	17.50	70.00	105.00	S/L	10.00
68	Landscaping	10/31/11	9,288.00	0.00	0.00	2,709.00	928.80	3,637.80	5,650.20	S/L	10.00
69	Pavement Markings	10/01/11	1,871.76	0.00	0.00	561.54	187.18	748.72	1,123.04	S/L	10.00
70	Perri Mechanical - Heating	11/30/11	9,987.96	0.00	0.00	2,829.93	998.80	3,828.73	6,159.23	S/L	10.00
71	Trucking Fees	12/21/11	255.24	0.00	0.00	70.18	25.52	95.70	159.54	S/L	10.00
72	Lumber	1/31/12	1,233.01	0.00	0.00	328.80	123.30	452.10	780.91	S/L	10.00
73	Planning/Engineering Services	2/29/12	1,755.00	0.00	0.00	453.38	175.50	628.88	1,126.12	S/L	10.00
74	Shed Relocation	2/29/12	2,240.00	0.00	0.00	578.67	224.00	802.67	1,437.33	S/L	10.00
76	Copies	10/30/11	10.64	0.00	0.00	6.21	2.13	8.34	2.30	S/L	5.00
77	Retainer	1/31/12	350.00	0.00	0.00	186.67	70.00	256.67	93.33	S/L	5.00
78	Copies	1/31/12	52.64	0.00	0.00	28.08	10.53	38.61	14.03	S/L	5.00
79	Hartman	3/31/12	1,380.00	0.00	0.00	345.00	138.00	483.00	897.00	S/L	10.00
80		4/30/12	620.00	0.00	0.00	299.67	124.00	423.67	196.33	S/L	5.00
81	REVERSALS FROM PRIOR YEA	10/01/11	-31,500.34	0.00	0.00	-13,500.15	-4,500.05	-18,000.20	-13,500.14	S/L	7.00
82	North East Electrical Lighting Supp	1/31/12	4,254.00	0.00	0.00	1,620.56	607.71	2,228.27	2,025.73	S/L	5.00
83	Backhoe Rental	9/30/12	10,528.34	0.00	0.00	4,211.34	2,105.67	6,317.01	4,211.33	S/L	5.00
86	February additions	2/28/13	6,521.96	0.00	0.00	1,032.65	652.20	1,684.85	4,837.11	S/L	10.00
87	March additions	3/31/13	26,183.53	0.00	0.00	3,927.53	2,618.35	6,545.88	19,637.65	S/L	10.00
88	April additions	4/30/13	8,210.90	0.00	0.00	1,163.21	821.09	1,984.30	6,226.60	S/L	10.00
89	May additions	5/31/13	3,557.61	0.00	0.00	474.35	355.76	830.11	2,727.50	S/L	10.00
90	September additions	9/30/13	11.17	0.00	0.00	1.12	1.12	2.24	8.93	S/L	10.00
92	Jan '14 Additions	1/31/14	4,206.61	0.00	0.00	280.44	420.66	701.10	3,505.51	S/L	10.00
93	February '14 Additions	2/28/14	7,595.60	0.00	0.00	443.08	759.56	1,202.64	6,392.96	S/L	10.00
94	March '14 Additions	3/31/14	7,522.22	0.00	0.00	376.11	752.22	1,128.33	6,393.89	S/L	10.00
95	April '14 Additions	4/30/14	11,625.91	0.00	0.00	484.41	1,162.59	1,647.00	9,978.91	S/L	10.00

MYSTICHEALT Mystic Healthcare & Rehabilitation Center
Book Asset Detail 10/01/14 - 9/30/15

20-4736739
FYE: 9/30/2015

Asset Id	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: Improvements - SNF (continued)											
96	May '14 Additions	5/31/14	14,470.93	0.00	0.00	482.36	1,447.09	1,929.45	12,541.48	S/L	10.00
97	June '14 Additions	6/30/14	10,258.31	0.00	0.00	256.46	1,025.83	1,282.29	8,976.02	S/L	10.00
98	July '14 Additions	7/31/14	8,637.05	0.00	0.00	143.95	863.71	1,007.66	7,629.39	S/L	10.00
99	August '14 Additions	8/31/14	4,920.84	0.00	0.00	41.01	492.08	533.09	4,387.75	S/L	10.00
100	September '14 Additions	9/30/14	774.40	0.00	0.00	0.00	77.44	77.44	696.96	S/L	10.00
110	C Wing Misc.	1/30/15	2,160.00	0.00c	0.00	0.00	144.00	144.00	2,016.00	S/L	10.00
111	A Wing Painting and Misc.	6/25/15	10,667.52	0.00c	0.00	0.00	266.69	266.69	10,400.83	S/L	10.00
112	A Wing Shower Room	7/16/15	16,338.62	0.00c	0.00	0.00	272.31	272.31	16,066.31	S/L	10.00
113	A Wing Bathroom	5/06/15	4,130.56	0.00c	0.00	0.00	172.11	172.11	3,958.45	S/L	10.00
114	C Wing Shower room	6/30/15	22,404.56	0.00c	0.00	0.00	0.00	0.00	22,404.56	S/L	10.00
115	D Wing Hallway	9/30/15	3,635.11	0.00c	0.00	0.00	90.88	90.88	3,544.23	S/L	10.00
116	A111 Bathroom	9/23/15	14,209.38	0.00c	0.00	0.00	0.00	0.00	14,209.38	S/L	10.00
117	A112 Shower Room	6/24/15	11,125.33	0.00c	0.00	0.00	278.13	278.13	10,847.20	S/L	10.00
118	Raintech - Shower and toilet	4/21/15	887.70	0.00c	0.00	0.00	36.99	36.99	850.71	S/L	10.00
119	Ryders - Business Card Services	8/31/15	2,657.99	0.00c	0.00	0.00	22.15	22.15	2,635.84	S/L	10.00
120	Stebbin Electric cut I 4 wall heaters	2/28/15	4,663.45	0.00c	0.00	0.00	272.03	272.03	4,391.42	S/L	10.00
121	Stebbins Electric Installed Exhaust 1	9/06/15	3,552.09	0.00c	0.00	0.00	29.60	29.60	3,522.49	S/L	10.00
122	Three Guys Masonry - Concrete Cur	8/18/15	2,977.80	0.00c	0.00	0.00	24.82	24.82	2,952.98	S/L	10.00
123	Willow Spring Farm Credit	5/12/15	-3,528.34	0.00c	0.00	0.00	-147.01	-147.01	-3,381.33	S/L	10.00
			2,154,073.75	0.00c	0.00	730,838.20	192,926.64	923,764.84	1,230,308.91		
Improvements - SNF											

Asset Id	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: Non Movable Equipment											
13	Raintech - Communications System	9/30/07	24,631.57	0.00	0.00	24,631.57	0.00	24,631.57	0.00	S/L	5.00
14	Boiler tanks	9/30/07	1,835.00	0.00	0.00	1,835.00	0.00	1,835.00	0.00	S/L	5.00
24	Raintech - communication system	10/31/07	49,263.15	0.00	0.00	49,263.15	0.00	49,263.15	0.00	S/L	5.00
25	Sam Bliven Plumbing	11/16/07	1,830.00	0.00	0.00	1,830.00	0.00	1,830.00	0.00	S/L	5.00
26	Sonitrol - phones and wiring	2/29/08	2,940.44	0.00	0.00	2,940.44	0.00	2,940.44	0.00	S/L	5.00
27	Sonitrol - telephone add on	9/30/08	6,589.49	0.00	0.00	6,589.49	0.00	6,589.49	0.00	S/L	5.00
28	Dunckle - compressor	9/30/08	2,650.53	0.00	0.00	2,650.53	0.00	2,650.53	0.00	S/L	5.00
39	New Water Heater	5/31/09	7,788.88	0.00	0.00	4,154.08	778.89	4,932.97	2,855.91	S/L	10.00
40	Air Comp.	6/30/09	5,916.92	0.00	0.00	3,106.37	591.69	3,698.06	2,218.86	S/L	10.00
41	Pendant Heads	6/30/09	3,034.78	0.00	0.00	1,593.27	303.48	1,896.75	1,138.03	S/L	10.00
42	Water Heater	7/24/09	1,681.16	0.00	0.00	868.62	168.12	1,036.74	644.42	S/L	10.00
43	Generator	9/18/09	66,000.00	0.00	0.00	33,000.00	6,600.00	39,600.00	26,400.00	S/L	10.00
44	WIP Reclass	9/30/09	3,766.71	0.00	0.00	1,883.35	376.67	2,260.02	1,506.69	S/L	10.00
52	Triple Sink Pre Rinse	6/30/10	3,714.65	0.00	0.00	3,157.45	557.20	3,714.65	0.00	S/L	5.00
53	Dunklee	9/15/10	6,728.88	0.00	0.00	5,495.27	1,233.61	6,728.88	0.00	S/L	5.00
58	September Activity	9/30/11	76,952.80	0.00	0.00	23,085.84	7,695.28	30,781.12	46,171.68	S/L	10.00
75	Duncklee, Inc	7/31/12	3,902.00	0.00	0.00	1,690.87	780.40	2,471.27	1,430.73	S/L	5.00
85	*TRUE UP*	9/30/12	-10,893.00	0.00	0.00	-4,357.20	-2,178.60	-6,535.80	-4,357.20	S/L	5.00
91	Perri Mechanical - water heater inst	6/30/13	6,758.54	0.00	0.00	844.81	675.85	1,520.66	5,237.88	S/L	10.00
101	January '14 Additions	1/31/14	1,967.00	0.00	0.00	262.27	393.40	655.67	1,311.33	S/L	5.00
102	July '14 Additions	7/31/14	4,902.74	0.00	0.00	163.42	980.55	1,143.97	3,758.77	S/L	5.00
			271,962.24	0.00c	0.00	164,688.60	18,956.54	183,645.14	88,317.10		
Non Movable Equipment											

Book Current Year Additions

FYE: 9/30/2015

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Book Cost</u>	
<u>Group: Computer Software</u>				
125	Ryders Health Mgt - Ash Creek Ent	1/31/15	283.07	
126	Ryders Health Mgt - Ash Creek Ent 2	4/30/15	347.21	
127	Ryders Health Mgt - Qtr Monitoring Service	1/31/15	216.52	
	Computer Software		<u>846.80</u>	J.01
<u>Group: Equipment - SNF</u>				
124	Refrigerator 1 of 4 payments	9/03/15	1,188.74	
	Equipment - SNF		<u>1,188.74</u>	J.01
<u>Group: Improvements - SNF</u>				
110	C Wing Misc.	1/30/15	2,160.00	
111	A Wing Painting and Misc.	6/25/15	10,667.52	
112	A Wing Shower Room	7/16/15	16,338.62	
113	A Wing Bathroom	5/06/15	4,130.56	
114	C Wing Shower room	9/30/15	22,404.56	
115	D Wing Hallway	6/30/15	3,635.11	
116	A111 Bathroom	9/23/15	14,209.38	
117	A112 Shower Room	6/24/15	11,125.33	
118	Raintech - Shower and toliet	4/21/15	887.70	
119	Ryders - Business Card Services	8/31/15	2,657.99	
120	Stebbin Electric cut I 4 wall heaters	2/28/15	4,663.45	
121	Stebbins Electric Installed Exhaust fans/exit	9/06/15	3,552.09	
122	Three Guys Masonry - Concrete Curbs	8/18/15	2,977.80	
123	Willow Spring Farm Credit	5/12/15	-3,528.34	
	Improvements - SNF		<u>95,881.77</u>	J.01
	Grand Total		<u>97,917.31</u>	

Amortization Schedule*

Name of Facility Mystic Healthcare & Rehabilitation Center, LLC	Date of Acquisition		License No. 839-C	Report for Year Ended 9/30/2015		Page 24	of 37
	Month	Year		Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**		
A. Organization Expense							
1.							
2.							
3.							
A-4. Subtotal							
B. Mortgage Expense							
1.							
2.							
3.							
B-4. Subtotal							
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							

* Straight-line method must be used.
 ** Specify which of the following bases were used:
 A. Minimum of 5 years or 60 months.
 B. Life of mortgage; OR
 C. Remaining Life of Lease; OR
 D. Actual Life if owned by Related Party.

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

Name of Facility Mystic Healthcare & Rehabilitation Ce	License No. 839-C	Report for Year Ended 9/30/2015	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase	08/11/06				
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	100				
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)		Fixed Rate			
b. Date Mortgage Obtained		08/11/06			
c. Interest Rate for the Cost Year		4.00%			
d. Term of Mortgage (number of years)		7			
e. Amount of Principal Borrowed		6,650,000			
f. Principal balance outstanding as of _____		4,871,248			
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		License No.	Report for Year Ended		Page	of
Mystic Healthcare & Rehabilitation C		839-C	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Mystic Healthcare & Rehabilitation		839-C		9/30/2015		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	7,345	7,345	
Pharmacy Note \$2,186 Resident Trust \$584 Late Fees \$45							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	7,345	7,345	
14. Insurance							
a. Insurance on Property (buildings only)				\$	7,062	7,062	
b. Insurance on Automobiles				\$	3,255	3,255	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	38,064	38,064	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	48,381	48,381	
15. Total All Expenditures (A-13 thru C-14)				\$	9,582,374	9,582,374	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Mystic Healthcare & Rehabilitation Center, LLC				839-C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.	10	A12e	Outpatient Service Costs	\$ 3,830	3,830		
2.			Salaries not related to Resident Care	\$			
3.	10	A12G	Occupational Therapy	\$ 243,144	243,144		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 143,831	143,831		
10.	15	1e	Accounting & Legal	\$ 778	778		
11.			Telephone	\$			
12.			Cellular Telephone	\$ 610	610		
13.	15	1f	Life insurance premiums on the life of Owners, Partners, Operators	\$ 856	856		
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)	\$ 6,668	6,668		
18.			Unallowable Advertising *	\$ 22,873	22,873		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 1,428	1,428		
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)				\$ 424,019	424,019		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	8a	Dues to Chamber of Commerce	\$ 265		
16	17	Meals & Entertainment	\$ 1,163		
Total Other A&G Adjustments			\$ 1,428	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Mystic Healthcare & Rehabilitation Center, LLC				839-C	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 424,019	424,019		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 161,794	161,794		
28.	20	5d	Ambulance/Limousine	\$ 12,103	12,103		
29.	20	5f	X-rays, etc	\$ 24,715	24,715		
30.	20	5h	Laboratory	\$ 43,344	43,344		
31.			Medical Supplies	\$			
32.	20	e2	Oxygen (non emergency)	\$ 28,292	28,292		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 12,266	12,266		
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	\$ 111	111		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 4,576	4,576		
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)				\$ 711,220	711,220		

*** 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.

Mystic Healthcare & Rehabilitation Center, LLC
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	PT Supplies (Associated with Outpatient Therapy)	\$ 376		
20	5j	Physician Care - Patients	\$ 11,890		
Total Other Ancillary Costs			\$ 12,266	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6b	Heat (Associated with Outpatient Therapy)	\$ 35		
22	6c	Electricity (Associated with Outpatient Therapy)	\$ 18		
22	6d	Water (Associated with Outpatient Therapy)	\$ 14		
27	14a	Property Ins. (Associated with Outpatient Therapy)	\$ 2		
27	14c1	Umbrella (Associated with Outpatient Therapy)	\$ 19		
22	10b	Personal Property Taxes (Associated with Outpatient Therapy)	\$ 23		
Total Other Property Adjustments			\$ 111	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12d	Finance Charges	\$ 4,576		
Total Other Adjustments			\$ 4,576	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Mystic Healthcare & Rehabilitation Center	839-C	9/30/2015			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 6,842,865	6,842,865				
b. Medicaid Room and Board Contractual Allowance **	\$ (2,786,566)	(2,786,566)				
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 1,486,122	1,486,122				
b. Medicare Room and Board Contractual Allowance **	\$ 708,326	708,326				
4. a. Private-Pay Residents and Other	\$ 2,682,665	2,682,665				
b. Private-Pay Room and Board Contractual Allowance **	\$ (337,163)	(337,163)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 40,838	40,838				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ 231	231				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$					
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 265,970	265,970				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$					
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 65,700	65,700				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$					
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 190,170	190,170				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$ 41,114	41,114				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 9,200,273	9,200,273				
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 (Specify)	\$ 38	38				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$					
V. Total Other Revenue (1 thru 8)	\$ 38	38				
VI. Total All Revenue (III +V)	\$ 9,200,311	9,200,311				

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.
 ** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 II 6b	Oxygen - Managed Care	\$ 846		
30 II 6b	X-Ray - Managed Care	\$ 2,912		
30 II 6b	Lab - Managed Care	\$ 37,356		
Total Other Resident Revenue		\$ 41,114	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV 5	PMA Account Interest		\$ 30		
30 IV 5	Interest on Late Payments		\$ 8		
Total Interest Income			\$ 38	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Revenue		\$ -	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Mystic Healthcare & Rehabilitation Center	839-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	61,693
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,944,788
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	
a. _____				
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(6,274)
Loans & Exchanges		(10,106)		
Refunds		3,832		
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,000,207
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost	2,154,074	\$	1,230,309
	Accum. Depreciation	923,765	Net	
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost	278,193	\$	91,215
	Accum. Depreciation	186,979	Net	
6. Movable Equipment	*Historical Cost	268,939	\$	6,087
	Accum. Depreciation	262,852	Net	
7. Motor Vehicles	*Historical Cost	8,158	\$	
	Accum. Depreciation	8,158	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,327,611

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Mystic Healthcare & Rehabilitation Center	839-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	3,327,818
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 (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
_____		_____	_____	
7. Other Assets (<i>itemize</i>)			\$	

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	3,327,818

* 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
Mystic Healthcare & Rehabilitation Center, LLC		839-C	9/30/2015	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	759,941
2. Notes Payable (<i>itemize</i>)				\$	22,793
Note Payable - Pharmacy					22,793
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	145,894
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	302,413
Patient Fund		40,472	Accrued PTO	106,542	
Accrued Expenses		17,217	Accrued User Fee	128,916	
Aflac - Individual		8,475			
Aflac - Group		791			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,231,041

* 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 Mystic Healthcare & Rehabilitation Center,		License No. 839-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,231,041	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
Name of Lender		Purpose	Amount	Date Due	\$
2. Mortgages Payable					\$
3. Loans from Owners or Related Parties (<i>itemize</i>)					\$
Name and Address of Lender		Amount	Loan Date	\$	
4. Other Long-Term Liabilities (<i>itemize</i>)					\$ 3,222,756
Due to Martin Sbriglio, CEO			373,000		
Due to Aaron Manor			58,229		
Due to Bel-Air Manor			224,833		
See Attached			2,566,694		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 3,222,756
C. Total All Liabilities (Lines A-13 + B-5)					\$ 4,453,797

Other Long-Term Liabilities

Due to Chamberlain Manor	329,267.01
Due to Cheshire House	4,301.29
Due to Greentree Manor	254,508.86
Due to Lord Chamberlain	495,482.35
Due to Ryders Health	2,030.96
Due to GT Realty	640,000.00
Due to MM Realty	841,103.62
	<hr/>
	2,566,694.09
	<hr/> <hr/>

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

Name of Facility	License No.	Report for Year Ended	Page	of
Mystic Healthcare & Rehabilitation C	839-C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	100,000
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(843,917)
6. Gain or Loss for Period			\$	(382,063)
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	(1,125,979)
C. Total Reserves and Net Worth			\$	(1,125,979)
D. Total Liabilities, Reserves, and Net Worth			\$	3,327,818

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Mystic Healthcare & Rehabilitation Cent	839-C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(591,852)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	9,200,311
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	9,548,332
D. Net Income or Deficit			\$	(348,021)
E. Balance			\$	(939,873)
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>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(939,873)

I. Preparer's/Reviewer's Certification

Name of Facility Mystic Healthcare & Rehabilitation	License No. 839-C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title Dir. of Finance	Date Signed 1/26/2016		
Printed Name of Preparer Michael Kirjgsman				
Address Address 88 Ryders Landing, Suite 208, Stratford, CT 06614		Phone Number 203-381-1327		