## **State of Connecticut**



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

Name of Facility (as	· · ·							
Harbor Hill Care Cer			Center for Healt	h & Rehab	ilitation			
Address (No. & Stree	et, City, State, Z	Zip Code)						
111 Church Street, M	Iiddletown, CT	06457						
Type of Facility								
Chronic and C	Convalescent		Rest Home wit	h Nursing				
✓ Nursing Home	e only		Supervision on	ly		(Specify)		
(CCNH)	·		(RHNS)					
Report for Year Begi	nning		Report for Yea	r Ending				
10/1/2014			9/30/2015					
License Numbers:		CCNH 2097-C	RHNS		(Specify)	N	Medicare Provider 07-5381	
Medicaid Provider N	umbers:	CC 75381	CNH	RH	INS	I	CF-IID	
For Department Use	e Only	73361						
Sequence Number	Signed and	Date	Sequence N	lumber	Signed a	nd Notorizad	Date Received	
Assigned	Notarized	Received	ved Assigned Signed and Notarized Date Received					
					<u> </u>			

## **Table of Contents**

Gen	eral Information - Administrator's/Owner's Certification	1
Gen	eral Information and Questionnaire - Data Required for Real Wage Adjustment	1A
Gen	eral Information and Questionnaire - Type of Facility - Organization Structure	2
Gen	eral Information and Questionnaire - Partners/Members	3
Gen	eral Information and Questionnaire - Corporate Owners	3A
Gen	eral Information and Questionnaire - Individual Proprietorship	3B
Gen	eral Information and Questionnaire - Related Parties	4
Gen	eral Information and Questionnaire - Basis for Allocation of Costs	5
Gen	eral Information and Questionnaire - Leases	6
Gen	eral Information and Questionnaire - Accounting Basis	7
Sche	edule of Resident Statistics	8
Sche	edule 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. 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
	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

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

#### **General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc DBA Water's Edge Center	2097-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 IMPRISIONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Bloomfield Health [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.

· Man a Oct

			arbor Hell Cale Con	llyeluc.
Signed (Administrator)		Date	Stgned (Owner)	Date /
Die Colle	The state of the s	26/16/	()	00/09/16
Printed Name (Administrator)			Printed Name (Owner)	
Richard Demio			Marvin Ostreicher	x 1
	-			
Subscribed and Sworn	State of	Date	Signed (Notary Public)	Comm. Expires
to before me:	n.y.	2/8/16	Slove & Deo	7/01/18
Address of Notary Public	~	8.40	0 0	

(Notary Seal)

GLORIA G. ALARIO NOTARY PUBLIC STATE OF NEW YORK NO. 01AL6077129 NASSAU COUNTY TERM EXPIRES JULY 01, 201 <sup>CS</sup>

# State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Page	of			
				1A	37
Name of Facility		Period Cov	ered:	From	То
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Healt	h &	Rehabilitati	on	10/1/2014	9/30/2015
Address of Facility					
111 Church Street, Middletown, CT 06457		•		•	
Report Prepared By		Phone Nun		Date	
Blum Shapiro & Co.		860-561-40	000	2/8/2016	
Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. 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**

			ility	Report for Ye	ear Ended	Page		of
	860	-347-7286		9/30/2015		2		37
Name of Facility (as shown on license)				Street, City, Sto				
Harbor Hill Care Center, Inc. d/b/a Water's Edge Cente	r for H		Stree		n, CT 064:			
License Numbers: CCNH 2097-C		RHNS		(Specify)		Medicare P 07-5381	rovic	ler No.
Type of Facility (Check appropriate box(es))								
Chronic and Convalescent Nursing Home only (CCNH)		t Home with i		- 11	(Specify)	)		
Type of Ownership (Check appropriate box)								
O Proprietorship O LLC O Partnership	•	Profit Corp.	0	Non-Profit Co	rp. O	Government	0	Trust
If this facility opened or closed during report year provi	ide:		Date	e Opened	Date Clo	sed		
Has there been any change in ownership			<u> </u>					
or operation during this report year?	0	Yes	$\odot$	No	If "Yes,"	explain fully	у.	
Administrator								
Name of Administrator				Nursing H	ome			
Richard Demio				Administra		001740		
				License 1	No.:			
Other Operators/Owners who are assistant administrato	ors (ful	or part time)	of th					
Name				License 1	No.:			

# **General Information and Questionnaire Partners/Members**

Name of Facility Harbor Hill Care Center, Inc. d		License No. 2097-C	Report for Y 9/30/2015	ear Ended	Page of 3   37	
Legal Name of Parts			s Address	State(s) and/o ddress Which R		
Name of Partners/Members	Business Ac	ldress		Γitle	% Owned	

## CSP-3A Rev. 10/2005

# **General Information and Questionnaire Corporate Owners**

Name of Facility	License No.	Report for Year En	ded	Page of	
Harbor Hill Care Center, Inc. d/b/a Water's I	E 2097-C	9/30/2015		3A 37	
If this facility is owned or operated as a corp	oration, provide the	e following information	tion:		
Legal Name of Corporation	Busines	s Address	State(s) in Which Incorporated		
Harbor Hill Care Center, Inc.	111 Church Street	111 Church Street, Middletown, CT			
d/b/a Water's Edge Center for	06457				
Health & Rehabilitation					
Name of Directors, Officers	Busines	s Address	Title	No. Shares Held by Each	
Marvin Ostreicher	184 Wildacre Ave 11559	e, Lawrence, NY	Secretary	200	
Isak Keller	1200 NE Miami (	Garden, Miami, FL	Director	150	
M. Pollack	2441 Beachwood NY	Blvd, Beachwood,	Director	100	
Doris Laufer	1402 59th Street, 11219	Brooklyn, NY	President	50	
Agnes Zitter	9 Dogwood Lane, 11559	Lawrence, NY	Director	56	
Names of Stockholders Owning at Least 10% of Shares					
Marvin Ostreicher	184 Wildacre Ave	e, Lawrence, NY	Secretary	200	
Isak Keller - Life Estate Trust	1200 NE Miami (	Garden, Miami, FL	Director	150	
M. Pollack - Life Estate Trust	2441 Beachwood NY	Blvd, Beachwood,	Director	100	
Helen Ostreicher	1 Lakeside Drive, 11559	Lawrence, NY		166	

CSP-3B Rev. 10/2005

## General Information and Questionnaire Individual Proprietorship

	License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge C	2097-C	9/30/2015	3B	37
If this facility is owned or operated as an individua			ion:	
	ner(s) of Facility			

### General Information and Questionnaire Related Parties\*

Name of Facility		License	e No.		Report for Year Ended		Page	of
Harbor Hill Care Center	, Inc. d/b/a Water's Edge Cente		2097-C	,	9/30/2015		4	37
Are any individuals rece	iving compensation from the fa	cility re	lated th	rough		If "Yes," provide th	e Name/Ad	dress and
marriage, ability to conti	rol, ownership, family or busine	ess asso	ciation?	0	Yes	complete the inform	nation on Pa	age 11 of the report.
Are any individuals or co	ompanies which provide goods	or servi	ces,					
including the rental of pr	roperty or the loaning of funds	to this f	acility,					
related through family as	ssociation, common ownership,	control	, or bus	iness	• Yes • No			
association to any of the	owners, operators, or officials	of this f	acility?			If "Yes," provide th	e following	information:
			so Provi			Indicate Where		
			ls/Servi			Costs are Included		
Name of Related	Business		Related		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
See attachment.		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Provide the percentage amount of revenue received from non-related parties.

### **General Information and Questionnaire Related Parties\***

Name of Facility		License	No		Report for Year Ended			Page	of
Harbor Hill		2097-C			9/30/2015			rage 1	37
1141001 11111		2097-C			9/30/2013			4	31
Are any individuals reco	iving compensation from the fac	ility rol	atad thr	nugh		If "Vec " n	rovide the Name/	Address and	
	* * * * * * * * * * * * * * * * * * *			Jugn		′ •			
marriage, ability to conti	col, ownership, family or busines	s associ	ation?		☐ Yes ☑ No	complete the	he information on	Page 11 of th	e report.
Are any individuals or co	ompanies which provide goods of	r servic	ec						
•									
	roperty or the loaning of funds to								
related through family as	ssociation, common ownership,	control,	or busin	iess					
association to any of the	owners, operators, or officials o	f this fa	cility?		✓ Yes □ No	If "Yes," pr	ovide the following	information:	
	-		-						
		Als	so Provi	des					
		Good	ls/Servi	ces to		Indicate V	Where Costs are		Actual Cost to the
Name of Related	Business		Related		Description of Goods/Services	Included i	n Annual Report	Cost	Related
Individual or Company	Address	Yes	No	%**	Provided		e # / Line #	Reported	Party
marviduar or company	850 Silas Deane Highway,	103	110	/0	l	1 ago	cπ/Lineπ	Reported	1 arty
Preferred Therapy Solutions	Wethersfield, CT 06109	<b>~</b>		24%	PT,OT,ST Services/Consulting	13	5a,9a,10a,12	575,796	547,442
Treferred Therapy Boldtions	6851 Jericho Turnpike, Suite 150			2470	11,01,51 Services/Consuming	13	34,74,104,12	373,770	347,442
NOA Diagnostics	Syosset, NY 11791	<b>✓</b>		79%	Radiology	20	5f	11,598	10,653
National Health Care	850 Silas Deane Highway,						-	7	.,
Associates - Aetna	Wethersfield, CT 06109		<b>~</b>		Health Insurance Trust***	15	1a5	760,367	760,367
National Health Care	46 Stauderman Ave, Lynbrook, NY		]						
Associates	11563		<b>~</b>		Banking Transactions	16	13	10,434	10,434
Marlborough Health Care	85 Stage Harbor Road,	П							
Center, Inc.	Marlborough, CT 06447		<b>✓</b>		Banking Transactions	16	13	2,962	2,962
1618 - 5 to	111 Church Street, Middletown, CT		<b>V</b>		<b>5</b>		0.101	<b>72</b> 0 000	720.000
Middletown Realty National Health Care	06547 46 Stauderman Ave, Lynbrook, NY	Ш	V		Rent	22	9, 10b	720,000	720,000
Associates	11563		<b>~</b>		Shared Expenses	16	12	534,952	534,952
Associates	850 Silas Deane Highway,				Shared Expenses	10	12	334,932	334,932
850 Silas Deane Realty	Wethersfield, Ct 06109		<b>~</b>		Shared Expenses	16	12	1,972	1,972
030 Shas Deane Realty	46 Stauderman Ave, Lynbrook, NY				Shared Expenses	10	12	1,772	1,772
Stauderman Realty	11563		<b>~</b>		Shared Expenses	16	12	6,127	6,127
Maple View Center for	856 Maple Street, Rocky Hill, CT				Shared Expenses	10		0,127	0,127
Health & Rehabilitation	06067		<b>~</b>		Shared Employee: Social Services	13	В6	40,224	40,224
Bloomfield Healthcare	355 Park Avenue, Bloomfield, CT								,
Center	06002		<b>✓</b>		Shared Employee: Social Services	13	B6	25,254	25,254
Procare LTC Pharmacy of	1492 Highland Ave Cheshire CT	7							
CT	06410	l		83%	Drugs/OTC's/Supplies/Consult/Supplies/Fees	20/13	5a2,b,j/B3,12	305,085	286,336

<sup>\*</sup> Use additional sheets if necessary.

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

\*\*\* Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

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

Name of Facility	License No	).	Report for Year Ended	Page of			
Harbor Hill Care Center, Inc. d/b/a Water's Edg	2097-C	•	9/30/2015	5 37			
If the facility is licensed as CDH and/or RCH or	r provides A	AIDS or TBI services with special Medicaid rates, costs					
must be allocated to CCNH and RHNS as follow	ws:		_				
Item			Method of Allocation	1			
Dietary		Number of	meals served to residents				
Laundry		Number of	pounds processed				
Housekeeping		Number of	square feet serviced				
		Number of	hours of routine care provide	d by EACH			
Nursing		employee c	classification, i.e., Director (o	r Charge Nurse),			
		Registered	Nurses, Licensed Practical N	urses, Aides and			
		Attendants					
Direct Resident Care Consultants		Number of	hours of resident care provid	ed by EACH			
		specialist (	(See listing page 13)				
Maintenance and operation of plant		Square feet					
Property costs (depreciation)		Square feet					
Employee health and welfare		Gross salar					
Management services			e cost center involved				
All other General Administrative expenses		Total of Di	rect and Allocated Costs				
The preparer of this report must answer the foll-	owing quest	tions applica	able to the cost information p	rovided.			
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why su	ch allocation was			
costs allocated as required?	0 168	O No	not made.				
2. Explain the allocation of related company ex	penses and	attach copy	of appropriate supporting da	ta.			
Shared Expenses, allocated by bed size. See page	ge 17 attach	ment					
3. Did the Facility appropriately allocate and se	elf-disallow	direct and i	ndirect costs to non-nursing h	iome cost centers?			
(e.g., Assisted Living, Home Health, Outpati	ent Service	s, Adult Day	y Care Services, etc.)				
O Yes O No If "No," explain fully why such allocation was							
	O Tes	O 110	not made.				
N/A							

## 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 Y	ear Ended		Page	of
Harbor Hill Care Center, Inc. d/b/a Water's	Edge Ce	nter for	2097-C	9/30/2015			6	37
	Relate	ed * to						
	Ow	ners,						
	_	ators,				Annual		
		icers		Date of	Term of	Amount		ount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Clai	imed
Reliable - 2610 Nostrand Ave Brooklyn, NY 11210	0	•	Computer Equipment	10/01/05	60 months / Ongoing	12,659	12,659	
Toshiba - PO Box 41608 Phladelphia, PA 19101	0	•	Copier	01/01/12	36 months	6,249	1,562	
De Lage Landen Financial Svces, Inc1111 Old Eagle School Road Wayne, PA 19087-8608	0	•	Copier	10/14/14	39 months	709	709	
De Lage Landen Financial Svces, Inc1111 Old Eagle School Road Wayne, PA 19087-8608	0	•	Copiers	01/01/15	39 months	5,557	4,168	
Leaf -1720A Crete Street, Moberly, MO 65270	0	•	Copier	01/21/15	39 months	1,973	1,480	,
	0	•						
	0	0						
	0	0						
	0	0						
	0	0						
Is a Mileage Log Book Maintained for All I	Leased V	ehicles	? O Yes	. •	No	Total ***	20,578	

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

<sup>\*\*</sup> Attach copies of newly acquired leases.

<sup>\*\*\*</sup> Amount should agree to Page 22, Line 6e.

	1 7	uli Legal Name		······································	·				Phone Numb	nar.	# FTN27680-001
ш		IARBOR HILL CARE (	CENTER, INC.						860346551		•
LESSEE	F	IIING Address 11 CHURCH STREET	C LEDDI CTOUR (	T DEALT					Purchase Of	der Reg	istion Number
1		Quipinent Location (if					······································	·	Send Invoice	30 Aften	(60 6)
				·			_		2-11-11-11-1	· w · mun	1
Γ.	z	Equipment Make	Model Number	Senal Numb	er	Quantity	Description (Altach s	parale Schedule A	II Necessary)		
18	Ę	Toshiba	e-Studio	477S C	opier						1
Ĭ.		700					····				
EQUIPMENT	2		<del> </del>							·	
	_	Number of Lease Payments	Lease (PLU Payment	S) Applicable Sales Tax	(EQUALS)	Payment	Months	End of Lease Of	500	Payme	ent Frequency
E	2	39	55.59 +	3,53	<b>= 59</b>	12	39	Fair Market		Mon	
PAYMENT	\$		<del></del>	3170		<del></del>	Security (PLUS)		ess Option shelt PLUS) Othi		ess another optionistical cated EQUALS)   Dial Paymeni
X	Ď.		+		*		Deposit	Payment	,,	• .	Enclosed
	E		•		<b>u</b>		, +		+		.=
4 1 20	-~ V	in the thereof same	to laces from us libs	Nacont the Engles	Tank lieles about	ERMS AND	CONDITIONS	eta esta en esta esta de la como			
ettech	ed sc	eu (the "Lessee") egree hedde (the "Lesse"). Yo lant or taxes differs from	ngse og sin exportation og styrough assess on	ist the Case baymer	is by up to 15%	the cost of	puritable urming as as as				ein comprehensive public liability occeptable to us.
accept	ed a	ient or taxes differs from nd signed by us, and the	n the supplicits eath sed easy, I shi li mal	ista. This lease is al gins on that date or a	Mecawa on the da Ny latar dala that s	ia ihal il is Vedasignale	6. Texes: You agree to po	ay when due, either di	dmies as volume	usement	to us, all sales, use and personal quipment. We may charge you a
(Dag 1	Com	nencement Date) and a see due as involced by	continues thetearer t	at me umader of w	oning processed at	XXVII. Lease	processing les for edmini	stering property tax fili	ngs. You will lad	au Yilame	on an after lex basis against the
delive	y, If	we accept and alon in is delivered to you unif	is Lease you will pay	us interim rent for	the period from t	he date the	loss of any lax benefits an 7-End of Lease; You will	give us eliteast 60 day	es but not more il	han 120d	ays written notice (to our address
F9884	payr	meni, isto number of da	ys in that pends, and	ia month of 30 days	s. Your Loase ob	igations are	return the Equipment Wil	h droger notice you m	ay, e) purchase a	ithe Equ	) of your intention to purchase or forment as indicated above under
02V US	816	nconditional and are no e of \$75 to reimburse ou	r exosases for exepart	no financino sisteme	nts, ofter docume:	viacon necials	"End of Lease Option"(fa	r market value purcha	se option amous	ાંક ખોં છે	datermined by us based on the concessor at your cost in a timely
and al	long av b	oing administration costs a applied to cure a Less is terminated. If a payme	s during the term of this a default. If you are no	s Lease. Security de ni in default, we will i	posile are nominie return the deposit	ยูกโนธยต่-12aา กรต์พ แดว ด	manner, and to a location	we designate. If you f	all to notify us, or	r it you đo	nei (i) purchase or (ii) relum the
the Le	528 i	is terminated. If a payme	nt is not made when a	dus, you will to pay u	is a lale charge of	10% of the	consecutive 60-day period	\$.			the sente payment amount for
WE A	RE	r \$10, whichever is great NUMORIZED TO WAIN	E OR CHANGE AN	Y TERM, PROVISIO	N OR CONDITIO	N OF THE	other emount when due; o	e b) you breach any ol	her obligation und	der the Le	to pay a Lease Payment or any ass or any other Lease with us. If
LEASE 2 TIS	k Un	less you have a \$1.00 p	urchase option, we wi	nave tide to the Eq	pipment. If you h	ava e \$1.00	you ere in deland on the l	ease we may: (i) deck	are the entre bal	Section of Dr	paid Lease Payments for the full are the total amount due on the
putch	200	ption and/or the lease is and all proceeds thereo	desmed to be a securi	ly agreement, you pr	ant us a security h	itarest in the	Lease plus the Equipment	l's anticipated end of	Lease for marke	t value or	fixed price purchase option (the date of default at the lesser of (A)
staten	alner	on the equipment			-		a per annum interest rate	equivalent to that of a	i U.S. Tieasury e	constant of	valually obligation (as reported by
MAKE	NO	ent Use, Melatenance WARRANTIES, EXPRE	SE OR IMPLIED, INC	LUDING WARRANT	IES OF MERCH	INTABILITY	reasonably determined by	us. or (B) 6% per er	inum, plus reasor	natila celle	the remaining Lease term, all as ection and legal costs; (2) charge
tioper	ed at	SS FOR A PARTICULA Your cost to keep the Ed	ulomani in good work	ing condition and to (	and supplies	and repairs.	you interest on all montes	due at the rate of 18%	per year or the	highest ra	te permitted by law from the date or we may peaceably reposters
If the	Leas	e Payment includes the e act resconsible to pay	cost of maintenance : vide the maintenance	biyotq esimes tolbos v uov bas esimes to	isd by a third part will make all claim	i, you agree	it. Any return or reposed	ssion will not be con	sidered a teimin	n to note	ancelation of the Lease. If the at terms we determine, at one or
mainte	ngang	e and service to the thir your obligation to pay all	d party. You agree the	al any daims related	to maintenance of	service will	wole bripge of brivate est	es, with or without not	ce to you, and a	only the n	let proceeds (after deducting any with any excess being retained by
4. As	right	ment: You agree not to the sunder this Lease will be new ow	ransfer, sell, sublease	assign, pleage or e	nounther either th	e Equipment	us.				•
transl	er Die	E Lease and the new ow	ner will have the same	nghts and benefits	Me now have and	will not have	<ol> <li>Maccellaneous: You a acknowledge we have give</li> </ol>	gree the Lease is a l en you the name of the	rinance Lease as Equipment supp	s defined Sterand it	in Article 2A of the "UCG". You had you may have eights under the
195 10	ieim Olfs B	any of our obligelions as hat you may have ageins	id the fights of the Res I us or any Euposer.	M, evalues, Mill upt de Bi	ubject to any claim	is, deienses.	contract with the supplier	and may contact the st	oppher for a desc	to noden	hase rights. Il requested, you will be Pennsylvania (*PA*) is to be
		Loss and incurance: Y cous you are required to					performed in PA and a	hall be governed an	d construed in	BCCOlda	nce with the leas of PA. You
again	st ag	risks of loss or damage	for an emount equal	to its replacement or	ost. You will list us	as the sola	waive a trial by jury. You	sales to may a sold at	ed all rights and r	emedias g	ranted to you under Sections 2A-
loss,p	ayaa	for the losurance and gi that we have the right, bu	l lo loose, nelitre, au gr	the insurance, if you obtain such insurance	da not-provida suc a. and edd an inst	h insirance.⊶ vance fee to	not for parameters of the poly of	household use and wi	ne equipment v it bayon ad lon f	om the at	hase right. It requested, you will n Pennaylvanis ("PA"), is to be nos with the leave of PA. You at court in PA and turevocably realed to you under Section 2 and you lead on without our consent.
មែន នា	netoti	l đưa kom you, on whici	i we may make a prof	it. We are not respon	ualble for any losse	s or injuries	You agree that a faceimile be admissible as evidence	ANN OF HIS POSTO LIN	TE FELTERALINE BIRTHE	mics may	nd a darak on on onfinio, to in sist
CBUSE		the Equipment and you									
Г		ou agree that this is a r essee (Full Legal Nan		. The Equipment is:	☐ MEW ☐ US	D					obligations. The Lessor is not enforce other remedies before
ä	UI u	IARBOR HILL CARE (				ļ.	proceeding again	nsi ma, i waive notice	of acceptance an	d all other	r notices or demands of any kind
Į	-8	ignatura			>						allon granted to the Lessee and one of the Lessee or any other
OI CLANS		VI						ut celeasing me from t	ny obligations. Th	100 6 2i air	niinukig guarzoly and will remein
Į,	3	ini Name									i the benefit of any assigned or onatituted in accordance with
1 2	人	MUZ	OKOU	,				Commonwealth of P	ennsylvenia and	Leongen	i to con-exclusive jurisdiction
1 5	¥	ille	, , , , ,	( Da	<b>A</b>		CO lu su à state de :	ederal court in Penns	Asaguis qua Mei.	ve ulsi b)	Date
	1	ORal	2500	X	/ (0)	الحباء				1	
	7	DETACETAMBED	CINIXAPONI APP	NACES BIC			Print Name				
		DE LAGE LANDEN ease Processing C			ad Warma DA		1 1 272				
		.ease riocessing G 19087-8608	Gulon 1411 Old C	-nAic annoth Lin	ou, majilo, Př				ed, put in use	, is in g	good working order and is
8	<b>j</b>	HONE: (800) 735-	3273 • FAX: (800	776-2329			1 24 .	id acceptable.			
1	برق	Commencement Date		Lease Number	·		Signature Name		A	T	Date
'							8				
1	T	locepled By					Print Name				lille

Corporate Office
45 Corporate Avenue
Plainville, CT 06062
800-634-4810
P: 860-793-9994 F: 860-793-9954
www.theofficeworksinc.com



Branch Office 100 Mill Plain Road, 3rd Floor Danbury, CT 06810 P: 203-942-2640

#### **SALES ORDER**

Date	9/30/2014		PO#_			Tems	
BILL TO	Waters Ed	ge Rehabilitation Center		SHIPTO			and the second s
		h Street					
		n State CT	06457				State Zip
Billing Phone							
		Toopietist!		······	· · · · · ·		
Tarkita a Okudi		ESCRIPTION	SERIA	LNUMBER	OTY	UNIT PRICE	EXTENDED PRICE
Toshiba e-Studio	04//S UIGII	al Copier	<del> </del>		1		39 Month Lease
	·	**************************************			+		\$55.59 per month
		**************************************		·			Zero Down
		,	<del></del>				FMV Lease End Option
·····				······································			,
	~~~		-				
			1				
,	-,d-1141	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
			-				
<ol> <li>in the event Buye leans of the security</li> <li>if there is a third p</li> </ol>	r makes defai agreement, a arty associate	erest in all the equipment and supplies de ith in payment the Buyer will be liable for I and upon demand the Buyer agrees to m and with this transaction, the lesses shall a the associated lease agreement.	the payment of a ake the equipme	iny legal fees or cos ent available to the s	ts incurred letter at a l	i in sustaining or protecting to ocation to be determined by	seller.
Returned Equ	ilpment	Make/Model	<b>F</b>	guip, ID# & Ser	ial Numb	per	End Meter
Hard-drive C Upon Equipmen		Remove & Replace	*	Erasə			Ignore
Notes / Prov	isions:		· <del></del>				
			-				
.,				e gagaire a com de l'objet		. h	en e
		Customer Authorization		~	1	The Office Works, Inc	. Authorization
Authorized	i Signature	XID		Accep	ted By_		
Print N	lame /Title	MIBOKOL	ر	Print	Name_		
	Date	Spealinlin			Title	•	anna Attivityskop

Revised 10/24/11



Revised 10/8/11

#### **MASTER MAINTENANCE AGREEMENT**

The Office Works, inc.
Farmington Valley Corporate Park
45 Corporate Avenue
Plainville, CT 05062
800-834-4810
P: 860-793-9954
WWW theoffice works inc. com

www.theofficeworksine.com

	BILLING INFORMATION		EQUIPMENT LOC	ATION	
BILL TO	Waters Edge Rehabilitation Center		SHIP TO		
Address	111 Church Street		Address		
City	Middletown State	CT Zip 06457	City	State	Zip
Billing Contact	860-347-7286	Mete	er Contaci *Please Salect Preferred	Method of Contact Below	No real Articles
Lease Billed By	De Lage Landen Financial Services				
PO#			Meter Contact E-mail		
Machine ID#			Meter Contact Fax		
Serial#			Meter Contact Phone		
Make/Mode	I Toshiba e-Studio477S				
ALL INCLUSIV	e service maintenance agreement	X Includes labor, trave	i, parts & supplies, excludes pap	er, staples and freight.	
FULL SE	RVICE MAINTENANCE AGREEMENT	Includes labor, trays	ol and parts, excludes supplies ar	nd freight.	
Notes	State sales tax will be applied wh				
Start Meter	· ·		Contract Effective Dates	<u>to</u>	
Base Charge	A S	Overa	ge Billed A S Q M* *As	ennually, S≈ somi-annually, Q≃ q	uarterly, M≃ monthly
COPIES			PRINTS		
Black Copy	/ Allowance		Black Print Allowand		والمستود والمعارض والمعارض والمعارض والمستود والمتارس والمعارض والمعارض
Color Copy	/ Allowance	i i	Color Print Allowand	÷	<u> </u>
Överage	Rates 0.0065 BLACK	COLOR	Overage Rate	BLACK	COLOR
TECHNICAL REPAIR UNDERSTOOD THE AGREEMENT BETW	ARGES THAT ARE SUBJECT TO THE TERM I SERVICE IN ORDER TO MAINTAIN THE AI TERMS AND CONDITIONS OF THIS AGREI EEN THE PARTIES, THERE ARE NO ORAL IS, EXPRESSED OR IMPLIED, NOT CONTAIN	BOVE "EQUIPMENT" IN PROPEI EMENT WHICH ARE CONTAINE UNDERSTANDINGS, TERMS O	R OPERATING CONDITION. CUST D ON BOTH SIDES OF THIS DOCU R CONDITIONS; AND THE PARTIE	TOMER ACKNOWLEDGES TO IMENT AND WHICH CONSTI IS MAY NOT RELY UPON AN	O HAVE READ AND TUTES THE ENTIRE BY
CUSTOMER AUTI	IORIZATION				
Authorize	d Signature				
	Print Name WM R	oko-	Date		***
	At this time /decline Maintenance Agreeme	nt CoverageInitals			
THE OFFICE WOR	KS, INC AUTHORIZATION				
Authorize	d Signature		Title		
	Print Name		Date		

#### **TERMS AND CONDITIONS**

EFFECTIVE DATE OF AGREEMENT: The undersigned hereby requests that the equipment listed on the reverse side hereof, be placed under maintenance agreement and blied according to the terms and conditions of this agreement. The term of this agreement shall commence upon the date indicated on the front of this agreement and The Office Works, Inc.'s acceptance of the contract. This agreement will automatically renew for successive (1) year terms and number of copyliprints allowance proportionals and subject to the receipt by The Office Works, Inc. of the maintenance charge in effect at the renewal date, provided the customer is not then in default. This agreement will be confirmations with the equipment lesses, if applicable.

GENERAL SCOPE OF COVERAGE: This agreement covers labor and all parts for equisiments and repairs as required by normal use of the equipment except as hereinafter provided. Damage to the equipment or its parts arising from misuse, abuse, negligence, or causes beyond The Office Works, Inc. is control are not covered. The Office Works, Inc. may terminate this agreement in the event the equipment is modified, damaged, altered or serviced by personnel other than those employed by The Office Works, Inc., or if parts, accessories or components not employed by The Office Works, Inc. are fitted to the equipment.

No change, alteration or amendment of the terms or conditions of this agreement are authorized or effective unless they have been agreed to in writing by an officer of the The Office Works, inc. No course of dealing of any other customer shall consulting an amendment to the terms hereof or after any of the terms of this agreement.

No terms or warrantes are authorized unless they appear on the original of this agreement. The Office Works, inc. discialms all warranties, expressed or implied, including any implied warranties of merchantability, fitness for use, or fitness for particular purpose. The Office Works, inc. shall not be responsible for direct, incidental or consequential damages, including but not limited to damages arising out of the use or performance of the equipment or the loss of use of the equipment.

Authorization to move equipment may be subject to the terms and conditions of lease contracts. Customer shall give The Office Works, inc. thirty (30) days prior written notice if customer desires to move equipment covered under this agreement. The Office Works, inc. at its option, may terminate service under this agreement in whole or in part in the event the equipment is moved without consent of The Office Works, inc. The Office Works, inc. reserves the right to increase the cost of this agreement for servicing equipment in a new location. A relocation, removal and/or reinstallation fee will be charged.

Reinstaliation of drivers and/or installation of connected devices due to changes in network operating systems or malfunction of devices other than ifeled on this contract are not covered and will be billied by The Office Works, Inc. at the current published hourly rates.

EXTENT OF SERVICES: Labor performed during a service call includes lubrication and deaming of the equipment, edjustments and repair or replacement of parts required by wear and tear resulting from normal use. Replaced parts become the property of The Office Works, Inc. Unlimited service calls including bevel thre and miseage under this agreement will be made during normal business hours at the outdower's installation address. The Office Works, Inc.'s normal business hours of service are from 8:00 a.m. to 4:00 p.m., Monday through Priday, excluding holdstys. Customer understands that alterations, attachments, specification changes, parts or service ancessfaled by negigence, accident, use of unsultable supplies or unauthorized interfarence with the expensed will be energed the rates in effect at the time of service.

REPAIR AND REPLACEMENT OF PARYS: All parts necessary to the operation of the equipment, with the exception of the exception. The office Works, inc. will be examined to may refuse to renew this agreement upon its expiration. The reafter The Office Works, inc. will be examined on a "Per Cell" basis at current published rates.

EXCLUSIONS: This agreement tipes not cover connected devices that above the equipment to interface with networks and communications systems. The Office Works, Inc. will troubleshoot network related issues and perform maintenance on connected devices on a time and material billable basis.

External elactrical, (elaptrone or cabing are not overed under tinis agreement. Any charges by an outside source for improvements or repairs made to external electrical, telephone or cabing are solely the customer's responsibility. All equipment is required to have electrical connections through a power surge protector approved by The Office Works, Inc.

This agreement does not cover service necessitated as a result of malfunction of equipment when unsubnoized pads, attachments or supplies that are not approved by The Office Works, Inc. are used with the equipment. This agreement does not cover service required as a result of attentions or malfunctioning computer or network hardware or network operating system, application, and/or network operating system, application, and/or network operating system, application, and/or network operating software. If it is determined that such changes, attentions or malfunctions make it impractical for The Office Works, Inc. to continue service, The Office Works, Inc. reserves the right to terminate this agreement.

This agreement does not cover the cost to overhaut, rebuild, remove, relocate or return equipment. This agreement does not apply to any loss or damage to equipment through accident, abuse, misuse, their, replicat, acts of third parties, fire, water, casualty or any other natural force, whether direct, indirect consequential or inconsequential. The cost of repairing equipment caused by lighting strikes on electrical or phone times are excluded. Losses and damages occurring from any of the foregoing are specifically excluded from this agreement.

This agreement excludes the following services where applicable; paper, transparencies, steples and freight.

<u>BILLING</u>: Base Charges will be billed approximately one (1) month in advance of the base billing cycle indicated on the front page of this agreement. Overages will be billed in amears within ten (10) days following and date of overage billing cycle indicated on the front of this agreement. Meter readings will be collected via auto-email, auto-fax or by phono when customer has requested. Auto-matter requeste require customer to have internet connectivity. Mater readings for agreements with semi-annual or annual billing cycles will be obtained periodically during the contract affective dates to ensure customer has not exceeded copylipting distributions. The Office Works, Inc., will estimate maters when they are not provided. Estimates will be based on available outlomer usage date.

INVOICING: All payment(s) chould be remited to the address indicated on the invoice(s). Payment terms are thirty (30) days from the invoice date. Base charge invoices for new agreements are due upon receipt, except where the agreement has been incorporated into the purchase of the equipment.

DEFAULT: Customer will be considered in "belast" if spheduled gromprills) are not received within fifteen (15) rays from due date. Customer agrees that should they have any past due belances with The Office Works, Inc., support under this agreement shall be suspended unit such past due balances shall and have been satisfied. The Office Works, Inc. reserves the light to terminate or delay service endfor supplies for any or all equipment associated with customer until customers account to paid current. Customer agrees to pay The Office Works, Inc. costs and expenses of collection including the maximum attended to glav.

RENEWALICANCELLATION: This agreement shall automatically renew at the end of the current term for a successive one (1) year term, upon no less than thirty (30) days notification from the Office Works, Inc.
The agreement invokes shall be deemed as written notification of its intention to renew. Upon The Office Works, Inc. re-assessment of the agreement, new agreement terms may be issued, and cost may be adjusted enhancing at the beginning of a new agreement farm.

Customer must provide written notification thirty (30) days prior to desired termination effective date, of its intent to cancel this agreement. This contract may not be transferred if equipment is sold or title is transferred. This agreement is non-refundable.

TRAINING: The Office Works, Inc., at no editional charge, will train a reasonable number of key-operators designated by the customer, in operation of the equipment hardwere. The Office Works, Inc., will train the customer for up to a total of two (2) hours on the installation and operation of software for up to the design and installation and operation of software for up to the design and installation and operation of software for up to the design and installation and operation of software for up to the design and installation and operation of software for up to the design and installation and operation of software for up to the design and installation and operation of software for up to the design and installation and operation of software for up to the design and installation and operation of software for up to the design and installation and operation of software for up to the design and installation and operation of software for up to the design and installation and operation of software for up to the design and installation and operation of software for up to the design and installation and operation of software for up to the design and installation and operation of software for up to the design and installation and operation of software for up to the design and installation and operation of software for up to the design and installation and operation of software for up to the design and installation and operation of software for up to the design and installation and operation of software for up to the design and installation and operation of software for up to the design and installation and operation of software for up to the design and installation and operation of software for up to the design and installation and operation of software for up to the design and installation and operation of software for up to the design and installation and operation of software for up to the design and installation and operation of software for up to the design and installation and operation of software for up to the d

The customer will be responsible for delily care and cleaning of the top-glass, six glass, dusting equipment, replanishing supplies and cleaning jams. The customer shall advere to menufacturer's specifications and/or operating manuals in operating equipment,

GOVERNING LAVE. This agreement shall be governed by and construed according to the lews of the State of Connecticut, applicable to aggreement wholly negotiated, executed and performed in said state.

FORCE MAJEURE: The Office Works, Inc. shall not be liable for damages or delays in performance or fakures to perform its obligations under this agreement caused by croumstance beyond its reasonable control including, but not limited to, itseless or failure to perform caused by work stoppages, delays or tosses in shipping, acts of governments, delay in manufacturing, including but not limited to back wealther, import and the governmental restrictions, accidents and delays or failure to perform by its suppliers.

INDEMNIFICATION: Not withstending anything to the contrary herein. The Office Works, icc. indemnity is timbed to ects or omissions of gross negigence by The Office Works, inc. and in no event shall the Office Works, inc. the fastle, in aggregate, for more the Pair Market Value of the Agreement ("Aggregate Indemnification Cap"). It is understood that the Aggregate Indemnification Cap is in fact an aggregate indemnification obligation, and not on a "per occurrence" basis indemnification obligation. It is further understood that any indemnification obligation by The Office Works, Inc. may have under this agreement shall be satisfied by recourse to insurence forms available under the Office Works, inc. Comprehensive General Liability Insurance Policy.

NON-DISCRIMINATION: The Office Works, inc. agrees and warrants that is the performance of this agreement, it will not discriminate or permit discrimination against any person or group or persons on the grounds of race, creed, color, age, religion or national origin in any manner prohibited by the taws of the United States or of the State of Connectical, Massachusetts or New York

de l	age landen @	9		-							<b>Agreeme</b> ni 131022T-001
LESSEE	Full Legal Name HARBOR HILL CARE C Enling Address 111 CHURCH STREET Equipment Location (#	, MIDDLETOWN, CT, (	06457							er .	
	Equipment Maxe	. Model Number	Senal Number					parate Schedule A	If Necessary)	——————————————————————————————————————	
MENT	Toshiba e	-Studio557		w/MJ10	<del></del>		<del></del>			· -	
EQUIPMENT	Toshiba e	Studio657	Copier	w/MJ10	2/ Fin	isher	(1 ea)	·			
PAYMENT .	Number of 1	Lease (PLOS) Payment 435.43 + 2	Applicable Sales Tax 27.65	(EQUALS) = 463	Total Lease Payment • 08	Months 39	Leasein	End of Lease Of Fair Market Endot Lease Purch	Value	Payment Frequer Monthly FMV unless another	option is indicated,
PAY		+		Ħ		Deposit		Payment	(FШS) Othe		Total Payment Enclosed
	_ <u> </u>	+		= 1	ERMS AND	CONDITION	+		+	<del></del>	
aynam, ay	x You (the "Lesses") agree schedule (the "Lesses"). You pment or taxes differs from 1 and signed by us, and the immencement Daris' and o is are due as invoiced by u if we accept and sign his nit's delivered to you until a signed to you not into signed to cure a Lesse or spiled to cure a Lesse e is terminated. If a paymen or \$10, whichever is greated to CST, the spiled to cure a Lesse e is terminated. If a paymen or \$10, whichever is greated and the payment or \$10, whichever is greated a LITHORIZED TO WARVI Unless you have a \$1.00 pt. a colon and/or the lesse is a not and all proceeds thereof, and all proceeds thereof, and all proceeds thereof and all proceeds thereof was not responsible to province and service to the shirt of the services of the services to the services of the services to the services of the services o	is Lease you will pay us the Commencement Date, is that period, and a m subject to cancellation, recovering the term of this Leave covering the term of this Leave default. If you are not in it is not made when due, in. We will charge you a fe on the control of the Leave could be a security ag. I you are not in in the not made to the control of the c	interim rent for the associative of as reasonably as associative on the case of the case o	epinent from the culated by us be a geried from the culated by us be a geried from the culated by us be a culated by us be a culated and the counterclaim. You've deposit it a late charge of heach that is returned as the control of the culated and the culated and the culated and cul	based on the saed on the saed on the saed on the saed on the pailons are but agree of the saed on the	property taxe property taxe processing class of any tax 7. End of Leblaw) before return the Ecited of Leblaw) before return the Ecited of Leblaw) before return the Ecited of Leblaw Equipment a consecutive 6 & Default at other amount you are in deel Lease law in Lease plus the Residuel? We appear another the U.S. The amount you are in deel Lease law in the Lease plus the Residuel? You laterate of of default, and it. Any return the U.S. The Equipment is more public or felland expertus.  8. Miscelland expertus.  8. Miscelland expertus.  19. Miscelland expertus.	se and charges as the charges as the charges as the property and the charges as the expression of the charges as the expression of the charges as the charge	in connection with a circle properly tax fill cloaded at the Commercian properly tax fill cloaded at the Commercian to the control of the initial Lease proper notice you market value purche; or b) return all the is or edisignate. If you for each, this Lease will you are in default o b) you breach any of see we may; (f) decile and payable to us and the initial control of the control	wweship and use nos. You will inde encement Dalo and you but not more to be used to make you have no many and you have a see option, amount of a see option, and it on object use, and it on the enfirm bale in the enfirm bale option of the class fair market lease fair market a U.S. Treasury or the first many of the manum, plus reason in the return the Equipment of the see of the you, and appoplier for a desort of the see of the you, and appoplier for a desort of the see of	usement to is, all as a continuent. We mainly us on an affarising out of your acts or an 120 days written in various and 120 days written in wait term) of your lake the Equipment as in the will be determined working condition at it will be determined working condition at it will be determined working condition at the same power of the continuence of the	Ve may charge you at at basis against the remissions, andress shiften for an address shiften for an address shiften for an address shiften for a direct of the same or (ii) return the asyment amount for asse Payment amount for asse Payment amount for asse Payment or any ther Lease with us, if Payments for the full amount due on the ourchase option (the authority of the full amount due on the ourchase option (the authority of the full amount due on the ourchase option (the authority of the full of the payments for the full amount due on the ourchase option (the authority of the full of the form of the full of the
	Lessee (Full Legal Name HARBOR HILL CARE CE Signature	e)	сцириска is:	ALT L. USEL		proc to w	eeding agains hich I may be	t me. I walve notice of entitled. I consent to	f acceptance and any extansions of	essee's obligations, tent or enforce other all other notices or de modification granted obligations of the Le	emands of any kind to the Lessee and

Γ.	You agree that this is a non-cancelable lease. The Equipment is:   NEW USED
l u	Lessee (Full Legal Name)
100	
18	Signature
1 2	a mix Name
2000	
ŭ	
-	TMATERIALS MENT 12/3/14
L	71 MATERIALS MGM X1213119
_	
	DE LAGE LANDEN FINANCIAL SERVICES, INC.
	Lease Processing Center: 1111 Old Eagle School Road, Wayne, PA 19087-8608
8	PHONE: (800) 735-3273 • FAX: (800) 776-2329
8	Commencement Date Lease Number
"	
	Accepted By

	GUARANTY	required to proceed against the Lessee or the Equipment or enforce other remedies before proceeding against ms. I waive notice of acceptance and all other notices or demands of any kind to which I may be entitled. I consent to any extansions or modification granted to the Lessee and the release and/or compromise of any obligations of the Lessee or any other guerentors without releasing me from my obligations. This is a continuing guaranty and will remain in effect in the event of my death and may be enforced by or for the benefit of any assignee or successor of the Lessor. This guaranty is governed by and constituted in accordance with the Laws of the Commonwealth of Pennsylvania and I consent to non-exclusive jurisdiction in any state or federal court in Pennsylvania and waive trial by jury.  Signature  Print Name	
ĺ	NCE	The equipment has been received, put in use, is in good working order and is satisfactory and acceptable.	Ì
	₹	Signature Date	١

\$2005 All Rights Reserved, Printed in the U.S.A. @Onco 050EDOC169 08/08

Corporate Office
45 Corporate Avenue
Plainville, CT 06062
800-634-4810
P: 860-793-9994 F: 860-793-9954
www.theofficeworksinc.com



Branch Office 100 Mill Plain Road, 3rd Floor Danbury, CT 05810 P: 203-942-2640

#### SALES ORDER

Date <u>11/11/201</u>	14	PO#			Terms_	
BILL TO Harbor HI	II Center (Waters Edge Rehab Ct	r)	SHIP TO			
	ch Street					
	n State CT	06457				state Zip
Billing Phone 860-347-7						
TEM (	DESCRIPTION	SERIAL	NUMBER	QTY	UNIT PRICE	EXTENDED PRICE
Toshiba e-Studio557 Digita				1	0.0.11404	39 Month Lease
MJ1027 Finisher				1		\$435,43 per month
Power Filter 20 amp				1		Zero Down
						FMV Lease End Option
Toshiba e-Studio657 Digita	al Copier			1		
				1		
Power Filter 20 amp				1		
	NAMIOWITZ 1007					
in the event Suyer makes defaterms of the security agreement,     if there is a third party associate.	terest in all the equipment and supplies de uit in payment the Buyer will be liable for t and upon demand the Buyer agrees to me ad with this transaction, the lessee shall a the associated lease agreement.	he payment of any ake the equipment	legal fees or cost available to the S	s incumed eler at a i	In sustaining or protecting the ocation to be determined by se	iler.
Returned Equipment	Make/Model	Eq	uip. ID# & Seri	ial Numb	oer	End Meter
	Toshiba e-Studio555se & e-Stud	io655se	ID4892 SCE	K12333	9/ID4891 SCCJ118167	
Hard-drive Options Upon Equipment Removal	Remove & Replace		Erase_			Ignore
Notes / Provisions:	emove and return the Toshiba e-	Studio555se & u	e-Studio665se	to the le	easing company at no ch	arge.
					,	
	Customer Authorization				he Office Works, Inc. A	uthorization
			_		-	
Authorized Signature	X					
Print Name /Title	MICHAEL BOLE	my	rint	Name		
Date	12/3/14	۳٦	•	litie		



#### MASTER MAINTENANCE AGREEMENT

The Office Works, Inc.
Farmington Valley Corporate Park
45 Corporate Avenue
Plainville, CT 08062
800-634-4810
P: 860-793-9994 F: 860-793-9954
www.theofficeworksinc.com

	BILLING INF	ORMATIC	ON					EQUIPM	ENT LOCAT	ION -			
BILL TO	Harbor Hill Co	enter (Wa	ters Edge R	ehab Ctr)			SHIPTO						
Address	111 Church S	Street					'						
City	Middletown		State	<u>CT</u> Zip	06457		City				State	_ Zip _	
Billing Contact	860-347-7286	3				Met	er Contact	lease Selec	t Preferred Met	nod of Conte	act Below		
Lease Billed By	De Lage Land	den											
PO#							Mete	er Contact	E-mail				
Machine ID#					ļ		M	eter Conta	ct Fax			7,20.0	·····
Serial#							Mete	r Contact	Phone				
Make/Model	Toshiba e-Stu	ıdio557 &	e-Studio657	7									
ALL INCLUSIV	E SERVICE MAIN	ITENANCE /	AGREEMENT	X	ncludes lab	or, trave	el, parts & s	upplies, exc	ludes paper, si	laples and t	freight,		
FULL SE	RVICE MAINTEN	ANCE AGRE	EMENT						upplies and fre				
Notes	State sales t	ax will be	applied wh	en appli	cable.								
Start Meter	·						Contrac	t Effective	Dates		to		
Base Charge			A S	Q M^		Qver	rage Billed	ASC	. M * A= ann	nually, S= serr	ni-annually, Qa	quarterly, f	M= monthly
COPIES					<u> </u>		PRIN	TS					
Black Copy	Allowance							Black Prini	: Allowance_				
Color Copy	Allowance			<u></u>				Color Print	Allowance_	,,, ·			
Overage	Rates	D.O BLACK	065 <	co	LOR			Ove	rage Rates_	BLA	ck		COLOR
FOR THE FIXED CHA TECHNICAL REPAIR UNDERSTOOD THE AGREEMENT BETWI EXPRESSED OR IMP	SERVICE IN ORD TERMS AND COM EEN THE PARTIE	DER TO MAI NDITIONS OF S. THERE A	NTAIN THE AL F THIS AGRE! ARE NO ORAL	BOVE "EQL EMENT WH . UNDERST	JIPMENT' IN IICH ARE CC 'ANDINGS, T	I PROPE ONTAIN! TERMS :	ËR OPERATI ED ON BOTI OR CONDIT	ING CONDIT H SIDES OF IONS; AND T	'ION, CUSTOM THIS DOCUME THE PARTIES M	ER ACKNO NT AND WI IAY NOT RE	WLEDGES HICH CONS ELY UPON A	TO HAVE	READ AND THE ENTIRE
CUSTOMER AUTH	ORIZATION		_					>					
Authorized	d Signature	$\chi$ $\not$							Title				
	Print Name 🖊	MIC	HAEZ	_ 15	OKO	س			Date	······································			
	At this time of	lecline Malnier	nanca Agreemer	t Coverage_		Intials							
THE OFFICE WOR	KS, INC AUTHO	ORIZATION	I										
Authorize	d Signature	-							Title				
	Print Name								Date			<del></del> -	<u>-</u>

#### TERMS AND CONDITIONS

EFFECTIVE DATE OF AGREEMENT: The undersigned hereby requests that the equipment listed on the reverse side hereof, be placed under maintenance agreement and billed according to the terms and conditions of this agreement. The term of this agreement. The term of this agreement and the Office Works, Inc.'s acceptance of the contract. This agreement will automatically renew for successive (1) year terms and number of copy/prints allowance proportional and subject to the receipt by The Office Works, Inc. of the maintenance charge in effect at the renewal data, provided the customer is not then in default. This agreement will be coteminous with the equipment tesse, if applicable.

GENERAL SCOPE OF COVERAGE: This agreement covers labor and all parts for adjustments and repairs as required by normal use of the equipment except as hereinafter provided. Demage to the equipment or its parts ensing from misuse, abuse, negligence, or causes beyond The Office Works, Inc.'s control are not covered. The Office Works, Inc. may terminate this agreement in the event the equipment is modified, damaged, allered or serviced by personnel other than those employed by The Office Works, Inc., or if parts, accessories or components not euthorized by The Office Works, Inc. are fitted to the equipment.

No change, alteration or amendment of the terms or conditions of this agreement are authorized or effective unless they have been agreed to in writing by an officer of the The Office Works, Inc. No course of dealing of any other customer shall constitute an amendment to the terms hereof or alter any of the terms of this agreement.

No terms or warranties are authorized unless they appear on the original of this agreement. The Office Works, Inc. disclaims all warranties, expressed or implied, including any implied warranties of merchantability, fitness for use, or fitness for particular purpose. The Office Works, Inc. shall not be responsible for direct, incidental or consequential damages, including but not limited to damages arising out of the use or performance of the equipment or the loss of use of the equipment.

Authorization to move equipment may be subject to the terms and conditions of lease contracts. Customer shall give The Office Works, inc. thirty (30) days prior written notice if customer desires to move equipment covered under this agreement. The Office Works, inc., at its option, may terminate service under this agreement in whole or in part in the event the equipment is moved without consent of The Office Works, inc. The Office Works, inc. reserves the right to increase the cost of this agreement for servicing equipment in a new location. A relocation, removal and/or reinstallation fee will be charged.

Reinstallation of drivers and/or installation of connected devices due to changes in network operating systems or malfunction of devices other than listed on this contract are not covered and will be billed by The Office Works, inc. at the current published hourly rates,

EXTENT OF SERVICES: Labor performed during a service cell includes iterication and cleaning of the equipment, adjustments and repair or replacement of parts required by wear and tear resulting from normal use. Replaced parts become the property of The Office Works, Inc. Unlimited service calls, including taxvel time and mileage under this agreement will be made during normal business hours at the customer's installation address. The Office Works, Inc.'s normal business hours for service are from 8:00 a.m. to 4:30 p.m., Monday through Friday, excluding holdsays. Customer understands that attentions, attachments, specification changes, parts or service necessitated by negligence, accident, use of unsuitable supplies or unsuthorized interference with the equipment will be charged the rates in effect at the time of service.

REPAIR AND REPLACEMENT OF PARTS: All parts necessary to the operation of the exception of t

EXCLUSIONS: This agreement does not cover connected devices that allow the equipment to interface with networks and communications systems. The Office Works, Inc. will troubleshoot network related issues and perform maintenance on connected devices on a time and material billiable basis.

External electrical, telephone or cabling are not covered under this agreement. Any charges by an outside source for improvements or repairs made to external electrical, telephone or cabling are solely the customer's responsibility. All equipment is required to have electrical connections through a power surge protector approved by The Office Works, Inc.

This agreement does not cover service necessitated as a result of matunction of equipment when unauthorized parts, attachments or supplies that are not approved by The Office Works, Inc. are used with the equipment. This agreement does not cover service required as a result of alterations or melfunctioning computer or network hardware or network operating system, application, and/or network operating system, application, and/or network operating system. If it is determined that such changes, alterations or melfunctions make it imprecibed for The Office Works, Inc. to continue service, The Office Works, Inc. reserves the right to terminate this agreement.

This agreement does not cover the cost to overhaul, rebuild, remove, relocate or return equipment. This agreement does not apply to any loss or damage to equipment through accident; abuse, misuse, theft, nagled, acts of third parties, fire, water, casualty or any other natural force, whether direct, indirect consequential or inconsequential. The cost of repairing equipment caused by lighting atrikes on electrical or phone lines are excluded. Losses and damages occurring from any of the foregoing are specifically excluded from this agreement.

This agreement excludes the following services where applicable; pager, transparencies, stacles and freight.

BILLING: Base Charges will be billed approximately one (1) month in advance of the base billing cycle indicated on the front page of this agreement. Overages will be billed in arrears within ten (10) days following and date of overage billing cycle indicated on the first of this agreement. Mater readings will be collected via auto-email, auto-fax or by phone when outpomer has requested. Auto-meter requeste require customer to have internet connectivity. Maker readings for agreements with semi-ennual billing cycles will be obtained periodically during the contract effective dates to ensure customer has not exceeded copy/print allowance(s). The Office Works, Inc. will estimate meters when they are not provided. Estimates will be based on available customer usage data.

INVOICING: All payment(s) should be remitted to the address indicated on the invoke(s). Payment terms are thirty (30) days from the invoke date. Base charge invoices for new agreements are due upon receipt, except where the agreement has been incorporated into the purchase of the equipment.

<u>DEFAULT:</u> Customer will be considered in "default" if schaduled payment(s) are not received within fitteen (15) days from due date. Customer agrees that should they have any past due balances with The Office Works, Inc. for any reason, at this sole discretion of The Office Works, Inc., support under this agreement shall be suspended until such past due balances shall and have been satisfied. The Office Works, Inc. reservances the right to terminate or delay service and/or supplies for any or all equipment associated with customer until customers account is paid current. Customer agrees to pay The Office Works, Inc. responses of collection including the maximum attorney's fee permitted by law.

RENEWAL/CANCELLATION: This agreement shall automatically renew at the end of the current for a successive one (1) year term, upon no less than thirty (30) days notification from the Office Works, Inc.
The agreement invoice shall be deemed as written notification of its intention to renew. Upon The Office Works, Inc's re-assessment of the agreement, new agreement terms may be issued, and cost may be adjusted annually at the beginning of a new agreement term.

Customer must provide written notification thirty (30) days prior to desired termination effective date, of its intent to cancel this agreement. This contract may not be transferred if equipment is sold or title is transferred. This agreement is non-refundable.

TRAINING: The Office Works, Inc., at no additional charge, will train a reasonable number of key-operators designated by the customer, in operation of the equipment hardware. The Office Works, inc. will train the customer for up to a total of two (2) hours on the installation and operation of software for up to two (2) workstations. Additional training and installation is available for an additional charge, at current published rates.

The customer will be reasonable for daily care and offending of the total as a full reasonable number of two published rates.

The customer will be responsible for daily care and cleaning of the top-glass, slit glass, dusting equipment, replenishing supplies and cleaning jams. The customer shall achieve to manufacturer's specifications and/or operating manuals in operating equipment.

GOVERNING LAW: This agreement shall be governed by and construed according to the laws of the State of Connecticut, applicable to aggreement wholly negotiated, executed and performed in said state.

FORCE MAJEURE: The Office Works, Inc. shall not be liable for damages or delays in performance or feltures to perform its obligations under this agreement caused by circumstances beyond its reasonable control including, but not limited to, delays or failure to perform caused by work stoppages, delays or losses in shipping, acts of governments, delay in manufacturing, including but not limited to bed weather, import and the governmental restrictions, accidents and delays or failure to perform by its suppliers.

INDEMNIFICATION: Not withstanding anything to the contrary herein, The Office Works, Inc. Indemnify is limited to acts or emissions of gross negligence by The Office Works, Inc. and in no event shall The Office Works, Inc. De liable, in aggregate, for more the Fair Market Value of the Agreement ("Aggregate Indemnification Cap"). It is understood that the Aggregate Indemnification Cap is in fact an aggregate Indemnification obligation, and not on a "per occurrence" basis indemnification obligation. It is further understood that any indemnification obligation by The Office Works, Inc. may have under this agreement shall be satisfied by recourse to insurance funds available under The Office Works, Inc. Comprehensive General Liability Insurance Policy.

NON-DISCRIMINATION: The Office Works, Inc. agrees and warrants that in the performance of this agreement, it will not discrimination against any person or group or persons on the grounds of race, creed, color, age, religion or national origin in any manner prohibited by the laws of the United States or of the State of Connecticut, Messachusetts or New York.



SIGNED X
Accepted by:
LEAF Capital Funding, LLC By:

		LEASE AC	GREEMENT			1720A Crete 8 Phone: 800-66	Street, Mot 52-3759, Fa	herly, MO 65270 x: 800-426-2626
LESSEE LEGALI	YAME:			Tax ID#:		Telephone No:		
	Rehabilitation Center					8603477286	<u> </u>	
Billing Address:	treat Middleton CT 06457		Equipment Location (if o					
1	treet, Middletown, CT 06457		111 Church Stree			1201-1-1-1		
Unit Quantity	ESCRIPTION: (indicate quantity, new or undescription of Equipme		mat # and all attachmen Make and Ty			Number	F-4	ial Number
Diff Quantity	Toshiba 305	A.T	Makealusy	pe		SSC	aen aen	MI NUMBER
BASE TERM	TOTAL NUMBER OF LEASE		ease purchase o	PTYON	30.			
IN MONTRS	PAYMENTS	X Fair market value, plus t	axes	711011		(a) Advance Pe	ayment:	\$0,00
39	39 @\$154.57 (plus taxes)	10% of Equipment cost,	plus taxes			(b) Security D	eposit:	\$0.00
		\$1.00, plus taxes (FMV unless another option is	saleded You may no	t avarnica o m	urahasa antion	(c) Documents	tion Fee:	\$95,00
		if you are in default. If you ex				<del></del>		
		right, title and interest in such				Total due a+ b	+ c=:	\$95.00
***** more then	me lease payment is required as an Advan	e Parment the balance will be	e applied to lease page	mente in inv	erce order ctor	ting with the la	et lages pour	mané
	to pay all amounts and perform all oth							
	TERMS AND CONDITION	3						
	it ("Lease"), "we," "our," and "us" refers to I							
following terms	" and "your" refer to the Lessee, You agree and conditions:	to tease the Equipment upon th	e our interests (and additional amount f					
(, Lease Pa	YMENTS AND TERM: The Lease is		r may be more than th	ne cost to obte	sin your own ins	ntrance and on v	vhich we may	y make a profit.
	erm of the Lerse shall commence on the da mmencement Date"). The first Lease Paym							
	onth following the Lease Commencement Da							
the remaining L	ease Payments will be due on the same day o	f each subsequent month (each, :	a fines and penaltic					
	') until paid in full. The Base Term shall co Payment Date, We may charge you a portion							
period from the	Lease Commencement Date until the first	day of the Base Term ("Interin	n any property taxes	relating to the	e Equipment dit	ectly to the taxi	ing authority	and provide us
	rim Rent shall be due as involced. We may I costs are different than the estimate used to		<ul> <li>with evidence of co pay us the amount v</li> </ul>					
	ACCEPTANCE, USE AND REPAIR: Yo		t fee specified above	or if not so sp	ecified, the gre	ater of either \$13	25 or 0,5% o	f the Equipment
	tallation. Unless you notify us otherwise in w nally accept the Equipment. You sulte				t site inspection	, or you request	administrativ	ve services, you
	Date, serial numbers and other information				rantor do not pa	ay us any amou	nt within ten	(10) days of its
	m the above location without our written		r due date, or breach	any terms	of this Lease, a	my guaranty or	any license	relating to the
maintaining the failures.	Equipment in good repair. We are not res	ponsible for Equipment or vendo	r Equipment, you will of the following: (a					
3. INDEMNIF	ICATION: You agree to indemnify, defend		d remaining Lease Pa	yments, Inter	im Rent and res	idual value of th	te Equipmen	t, as determined
against any los	ssos, damagos, penaltics, claims and suits i to the ordering, manufacture, installation,	, including attornoys' fees an	d by us, discounted a c, repossess the Equip					
possession, deli	very or return of Equipment	Ovideration, containion, pao, icaze	law, If you default,	you agree t	o pay the cost	of repossession	and our atto	mey's fees and
	TRATION, RENEWAL; Unless you notify							
	he Lease of your election to return or pure a month-to-month basis at the same mon							
	the purchase option or provide us with at							
	t. If you return the Equipment, (i) it must be sible for all return costs and we may charge							
Lease Payment	and (fi) you must securely remove all date	from any and all disk drives o	r is required by law, 1	10 days' notic	e shall constitu	is reasonable no	tice. You ren	nain responsible
	prior to returning the Equipment (and you a emoval standard that meets your business no							
laws), You will	pay us for any loss in value resulting from t	allure to maintain the Equipmen	it without interest.					
	with this Lease or for damages incurred in hase option we will convey all of our interes							
AS-IS WHERE	IS basis without representation or warranty.		rights but will not b					smety till Dui
5. LATE FEE	S AND CHARGES: If any amount is not p to pay us a late charge equal to the lesser of I	aid within five (5) days of whe	n 11. ARTICLE 2A: a Uniform Commerci					
	amount. Amounts which are not paid within							
	per month (or if less, the maximum legal :						is under the	Supply Contract
	y by phone and \$35 for each returned paymer ANTY: We do not manufacture the Equip		and may contact the te 12. CREDIT INFO				ur affiliates	to obtain credit
Equipment and	the supplier. WE MAKE NO EXPRESS	OR IMPLIED WARRANTIES	s, bureau reports, and	make other c	redit inquiries ti	at we deem nec	essary,	
	THOSE OF MERCHANTABILITY OR NOT RESPONSIBLE FOR CONSEQU							
DAMAGES.	•		in pennsylvan	IA AND WA	IVE ANY RIG	HT TO A TRYA	LBY JURY	<i>(</i> .
	TR. RISK OF LOSS: You bear all risk of a until it is returned in the required condit							
Period"). Duri	ing the Risk Period you will maintain prope	rty and liability insurance on th	s as an original and					
Equipment acc	eptable to us, naming us loss payes and s	idditional insured. If you do no		nd not for pa	rsonal, family or	household use.		
ACCEPTED B	Y LESSEE: Waters Edge Rehabilitation Cen	tor Print N	ame: MICHO	=2 J	30/OU	Yitle:		
		E-Mail Add	ress;			Date: )	2/15	
Lessee Auth	orized Signature UARANTY: Undersigned guarantees that I	essee will make all navments	and perform all other	obligations w	uder the Loses		ersioned so-	eas that this is a
guideanty of pay	ment and not of collection, and that we can	reproceed directly against under	reigned-without first pr	rocceding age	sinst Lessee or	the Educionent	Undersigned	d also watves all
suretyship defer	sses and notification if the Lessee is in defau n enforcing our rights against undersigned or	it and consents to any extension	s or modifications gran	ated to Lesse	e, Understgned	will pay us all o	xpenses (ino	luding attorneys'
us and our affil	n entotoing our rights against undersigned or lates to obtain credit builday reports and mak	e Inquiries-regarding undersigne	d's personal credit. You	consent to j	urisdiction in th	e State or Feder	al coults in I	Pennsylvania and
1	alabata a Adal basinas	1	_	_	-	· \		

Print Name:

Title:

E-Mail Address:

Date:



article.		DATE: 1-16-15	
The Office Works, Inc.			
45 Corporate Avenue			
Plainville, CT 06062			
1-800-634-4810 1-860-793-9994	7		
NAME:	ł	SHIP TO:	
Waters Edge Rehabilitation Center		Same	
111 Church Street			
Middletown, CT 06457			
ITEM / DESCRIPTION	QTY	UNIT PRICE	EXTENDED PRICE
Toshiba e-Studio 3055C	1		39-month lease
MR3025 Document Handler	1		\$154.57 per month
Cabinet Stand GD1350 Fax Board	1 1		
GD 1350 Fax Board	+		· · · · · · · · · · · · · · · · · · ·
	++		
:			· , · · · · · · · · · · · · · · · · · ·
	'	TOTAL SALE PRICE	
•	D	ELIVERY CHARGE	Incl.
	S	ALES TAX	
	T	OTAL	
Notes / Provisions:	-		
The sale price includes delivery, installation, set-ue.  All-inclusive maintenance cost per page service page and \$.049 per color page. The maintenance ag	agreem	ent will be billed monti	
excludes paper.		·	
CUSTOMER: Waters Edge Rehabilitation Center	TH	E OFFICE WORKS, IN	ic.
Authorized Signature			
Name Midae (Bokon		Accepted By Mark	KLC-
Title	-	Fitle 125205N	
Date 1/21/15			
Phone	_	Sales Associate	

### General Information and Questionnaire Accounting Basis

3	ense No.	Report for Year Ended		Page	ot
Harbor Hill Care Center, Inc. d/b/a	2097-C	9/30/2015		7	37
The records of this facility for the perio	d covered by this report w	vere maintained on the following basis:			
⊙ Accrual O Cash O Mo	odified Cash				
Is the accounting basis for this					
period the same as for the • Yes		If "No," explain.			
previous period? O No					
Yelen de Anna Carlo					
Independent Accounting Firm Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Blum Shapiro		29 S. Main St., West Hartford, CT 06127	,		
2		2) 3. Wall St., West Hartfold, C1 00127			
3					
4					
Services Provided by This Firm (descri	be fully)				
1 Compilation, preparation of Medicare and	Medicaid cost reports, and year	r end tax services	\$	23,663	
2			\$		
3			\$		
4			\$		
			Charge for	Services Pr	ovided
			\$	23,663	
Are These Charges Reflected in the Expenditure	e Portion of This Report? If Ye	es, Specify Expense Classification and Line No.			
• Yes O No pg	15 1 d				
Legal Services Information					
Name of Legal Firm or Independent At	torney		Telephone 1	Number	
1 See attachment.					
2					
3					
4					
5	C 1)				
Address (No. & Street, City, State, Zip	Code)				
2					
3					
4					
5					
Services Provided by This Firm (descri	be fully)				
1 See attachment.			\$	3,704	
2			\$		
3			\$		
4			\$		
5			\$		
			Charge for	Services Pr	ovided
			\$	3,704	
Are These Charges Reflected in the Expenditure	e Portion of This Report? If Ye	es, Specify Expense Classification and Line No.	Ψ	5,707	
	15 1 E				

## **Annual Report of Long-Term Care Facility** CSP-7 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended		Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation	2097-C	9/30/2015		7	37
Legal Services Information					
Name of Legal Firm or Independent Attorney			Telephone	Number	
1 Rogin Nassau, LLC			(860) 256-6	5300	
Peckar & Abramson			(201) 343-3	3434	
3 Durant, Nichols, Houston, Hodges & Cortese-Costa			(203) 366-3	3438	
4 Berchem & Moses, P.C.			(203)-783-1	1200	
5 Treasurer State of Connecticut					
6 State Marshall					
Address (No. & Street, City, State, Zip Code)					
1 185 Asylum Street - 22nd Floor Hartford, CT. 06103-3460					
2 70 Grand Avenue River Edge, NJ. 07661					
3 1057 Broad Street Bridgeport, CT. 06604-4219					
4 75 Broad Street Milford, CT. 06460					
5 Hartford, CT 06106					
6					
Services Provided by This Firm (describe fully)					
1 Administration			\$	119	
2 Labor			\$	102	
3 Labor			\$	650	
4 Labor			\$	2,398	
5 Conservator			\$	300	
6 Conservator			\$	135	
			Charge for		rovided
			\$	3,704	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Spec	• •	cation and Line No.			
⊙ Yes O No	Page 15 line 1e				

### **Schedule of Resident Statistics**

Name of Facility	•							r Year Ende	ed		Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge Cen	iter for He	alth & Re	20	97-C			9/30/2015				8	37
						Period 10	/1 Thru 6/	30	Period 7/		1 Thru 9/30	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
Certified Bed Capacity     A. On last day of PREVIOUS report period	150	150			150	150			150	150		
B. On last day of THIS report period	150	150			150	150			150	150		
Number of Residents     A. As of midnight of PREVIOUS report period	132	132			132	132			120	120		
B. As of midnight of THIS report period	127	127			120	120			127	127		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,921	4,921			3,525	3,525			1,396	1,396		
B. Medicaid (Conn.)	36,478	36,478			27,290	27,290			9,188	9,188		
C. Medicaid (other states)												
D. Private Pay	2,982	2,982			2,417	2,417			565	565		
E. State SSI for RCH												
F. Other (Specify)	2,799	2,799			2,467	2,467			332	332		
G. Total Care Days During Period (3A thru F)	47,180	47,180			35,699	35,699			11,481	11,481		
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	25	25			24	24			1	1		
5. Total Resident Days (3G + 4A + 4B)	47,205	47,205			35,723	35,723			11,482	11,482		

#### \*\*\*OTHER DAYS BREAKOUT:

Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation 2015 Cost Report - Page 8 attachment

Page 8, Line 3F: Total Number of Other Days Care Provided During the Period

Managed Care	376
Hospice	2,423
VA	-
	2,799

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

A. Wore there any changes in the certified bed capacity during the report year?   O Yes	Name of Faci	lity			Lice	nse No.				Report	for Year	Ended		Page	of
Table of Change	Harbor Hill C	Care Cen	iter, Inc.	d/b/a Water's E	20	2097-C   9/30/20						5		9	37
Place of Change   Change in Beds   Capacity After Change		•	-			pacity du	ıring t	the repo	ort yea	ar?	0	Yes	•	No	
Date of CCNII RHNS   (Specify)   Lost			Place of	f Change		Cł	nange	in Bed	s		Ca	pacity Afte	er Change		
Change	Date of									d		,			
S. 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				· 1							1				
RESIDENT DAYS for 90 days following the change.   CCNH   RIINS   (Specify)	Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason f	or Change
RESIDENT DAYS for 90 days following the change.   CCNH   RIINS   (Specify)															
RESIDENT DAYS for 90 days following the change.   CCNH   RHNS   (Specify)															
RESIDENT DAYS for 90 days following the change.   CCNH   RHNS   (Specify)															
Change in Resident Days		-	-		_	-	g the r	eport y	ear (a	s repor	ted in iter	n 4 above)	provide the nu	mber of	
Second Comment	KLSIDI	ZIVI DI	115 101												
And change	1 . 1			Change in Ro	esider	nt Days					CC	CNH	RHNS	(Spe	ecity)
3rd change   4th change   6   Number of Residents and Rates on September 30 of Cost Year															
Attribute   Contemps				c. d/b/a Water's E   2097-C   9/30/2015     2097-C   9/30/2015     2097-C   9/30/2015     2097-C   2097-C   9/30/2015     2097-C   2097-											
Number of Residents and Rates on September 30 of Cost Year   Medicare   Medicarid   Self-Pay   Other State Assisted															
New Case			dents an	d Rates on Septe	embei	30 of Co	st Ye	ar							
No. of Residents											Se	lf-Pay		Other Sta	te Assisted
No. of Residents															
No. of Residents															
Per Diem Rate				CCNH	C	CNH	RI	HNS	CC	CNH	RF	INS	(Specify)	R.C.H.	ICF-MR
a. One bed rm.			3	14		98				15					
Description															
c. Three or more bed rms.       PPS       241.35       TOTAL       CCNH       RHNS       (Specify)         7. Total Number of Physical Therapy Treatments       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,205       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,206       2,															
Total Number of Physical Therapy Treatments				PPS		241.35				433/449/4	141				
7. Total Number of Physical Therapy Treatments       TOTAL       CCNH       RHNS       (Specify)         A. Medicare - Part B       2,205       2,205       2         B. Medicaid (Exclusive of Part B)       1. Maintenance Treatments       1,108       1,108       1         2. Restorative Treatments       1,108       1,108       1       1         C. Other       10,869       10,869       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1<				DDC		241.25									
A. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments 2. Restorative Treatments 3. Restorative Treatments 4. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 4. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments 301 301 C. Other 1.508 1.508 D. Total Speech Therapy Treatments 4. Medicare - Part B D. Total Speech Therapy Treatments 2. Restorative Treatments 301 301 C. Other 1.508 1.508 D. Total Speech Therapy Treatments 4. Medicare - Part B D. Total Speech Therapy Treatments 5. Restorative Treatments 6. Restorative Treatments 7. Restorative Treatments 8. Restorative Treatments 9. Total Number of Occupational Therapy Treatments 1. Maintenance Treatments 2. Restorative Treatments 3. Restorative Treatments 4. Restorative Treatments 5. Restorative Treatments 5. Restorative Treatments 6. Restorative Treatments 7. Restorative Treatments 9. R	bed	illis.		PPS		241.35			<u> </u>						
A. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments 3. Restorative Treatments 4. Total Physical Therapy Treatments A. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 4. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments 4. Total Number of Speech Therapy Treatments 5. Restorative Treatments 6. Total Number of Speech Therapy Treatments 7. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 7. Restorative Treatments 8. Total Number of Cocupational Therapy Treatments 9. Total Speech Therapy Treatments A. Medicare - Part B C. Other 1. Maintenance Treatments 1. Maintenance Treatments 2. Restorative Treatments 301 301 301 301 301 301 301 301 301 301															
A. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments 1. 1,108 1,108 1,108 C. Other 10,869 D. Total Physical Therapy Treatments 14,182 8. Total Number of Speech Therapy Treatments A. Medicare - Part B 987 987 B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments 301 301 C. Other 1,508 D. Total Speech Therapy Treatments A. Medicare - Part B 2,796 2,796 9. Total Number of Occupational Therapy Treatments A. Medicare - Part B 9. Total Speech Therapy Treatments 1,508 2,796 2,796 9. Total Number of Occupational Therapy Treatments A. Medicare - Part B 2,028 2,028 B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments 9, 393 9,838 9,838	7. Total Nu	ımber of	f Physic	al Therapy Treat	ment	S					TO	TAL	CCNH	RHNS	(Specify)
1. Maintenance Treatments       1,108       1,108         2. Restorative Treatments       10,869       10,869         D. Total Physical Therapy Treatments       14,182       14,182         8. Total Number of Speech Therapy Treatments       987       987         A. Medicare - Part B       987       987         B. Medicaid (Exclusive of Part B)       301       301         1. Maintenance Treatments       301       301         2. Restorative Treatments       1,508       1,508         D. Total Speech Therapy Treatments       2,796       2,796         9. Total Number of Occupational Therapy Treatments       2,028       2,028         A. Medicare - Part B       2,028       2,028         B. Medicaid (Exclusive of Part B)       2,028       2,028         1. Maintenance Treatments       963       963         2. Restorative Treatments       963       963         C. Other       9,838       9,838			-												1 3/
2. Restorative Treatments       1,108       1,108         C. Other       10,869       10,869         D. Total Physical Therapy Treatments       14,182       14,182         8. Total Number of Speech Therapy Treatments       987       987         A. Medicare - Part B       987       987         B. Medicaid (Exclusive of Part B)       301       301         1. Maintenance Treatments       301       301         2. Restorative Treatments       1,508       1,508         D. Total Speech Therapy Treatments       2,796       2,796         9. Total Number of Occupational Therapy Treatments       2,028       2,028         A. Medicare - Part B       2,028       2,028         B. Medicaid (Exclusive of Part B)       2,028       2,028         1. Maintenance Treatments       963       963         2. Restorative Treatments       9,838       9,838	B.	Medica	aid (Exc	lusive of Part B)	)										
C. Other															
D. Total Physical Therapy Treatments			torative	Treatments											
8. Total Number of Speech Therapy Treatments       987       987         A. Medicare - Part B       987       987         B. Medicaid (Exclusive of Part B)       1. Maintenance Treatments       301       301         2. Restorative Treatments       301       301       301         C. Other       1,508       1,508       1,508         D. Total Speech Therapy Treatments       2,796       2,796       2,796         9. Total Number of Occupational Therapy Treatments       2,028       2,028         A. Medicare - Part B       2,028       2,028         B. Medicaid (Exclusive of Part B)       2,028       2,028         1. Maintenance Treatments       963       963         2. Restorative Treatments       963       963         C. Other       9,838       9,838			)	The same Too and	4										
A. Medicare - Part B       987       987         B. Medicaid (Exclusive of Part B)       987       987         1. Maintenance Treatments       301       301         2. Restorative Treatments       301       301         C. Other       1,508       1,508         D. Total Speech Therapy Treatments       2,796       2,796         9. Total Number of Occupational Therapy Treatments       2,028       2,028         A. Medicare - Part B       2,028       2,028         B. Medicaid (Exclusive of Part B)       2,028       2,028         1. Maintenance Treatments       963       963         2. Restorative Treatments       963       963         C. Other       9,838       9,838												14,182	14,182		
B. Medicaid (Exclusive of Part B)       1. Maintenance Treatments       301       301         2. Restorative Treatments       301       301       301         C. Other       1,508       1,508         D. Total Speech Therapy Treatments       2,796       2,796         9. Total Number of Occupational Therapy Treatments       2,028       2,028         A. Medicare - Part B       2,028       2,028         B. Medicaid (Exclusive of Part B)       301       301         1. Maintenance Treatments       963       963         C. Other       9,838       9,838					nems							987	987		
1. Maintenance Treatments       301       301         2. Restorative Treatments       301       301         C. Other       1,508       1,508         D. Total Speech Therapy Treatments       2,796       2,796         9. Total Number of Occupational Therapy Treatments       2,028       2,028         A. Medicare - Part B       2,028       2,028         B. Medicaid (Exclusive of Part B)       301       301         1. Maintenance Treatments       963       963         2. Restorative Treatments       9,838       9,838         C. Other       9,838       9,838					)							701	701		
C. Other       1,508       1,508         D. Total Speech Therapy Treatments       2,796       2,796         9. Total Number of Occupational Therapy Treatments       2,028       2,028         A. Medicare - Part B       2,028       2,028         B. Medicaid (Exclusive of Part B)       0       0         1. Maintenance Treatments       963       963         2. Restorative Treatments       9,838       9,838         C. Other       9,838       9,838															
D. Total Speech Therapy Treatments       2,796       2,796         9. Total Number of Occupational Therapy Treatments       2,028       2,028         A. Medicare - Part B       2,028       2,028         B. Medicaid (Exclusive of Part B)       3,028       3,028         1. Maintenance Treatments       963       963         2. Restorative Treatments       9,838       9,838         C. Other       9,838       9,838			torative	Treatments								301	301		
9. Total Number of Occupational Therapy Treatments A. Medicare - Part B 2,028 2,028 B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments 963 963 C. Other 9,838 9,838												1,508	1,508		
A. Medicare - Part B 2,028 2,028  B. Medicaid (Exclusive of Part B)  1. Maintenance Treatments 963 963  C. Other 9,838 9,838												2,796	2,796		
B. Medicaid (Exclusive of Part B)       1. Maintenance Treatments         1. Maintenance Treatments       963         2. Restorative Treatments       963         C. Other       9,838					Freat	ments									
1. Maintenance Treatments       963       963         2. Restorative Treatments       963       963         C. Other       9,838       9,838												2,028	2,028		
2. Restorative Treatments       963       963         C. Other       9,838       9,838	В.				'										
C. Other 9,838 9,838												963	963		
	C.														
	D.	Total (	Occupat	ional Therapy T	reatn	<i>ients</i>						12,829	12,829		

#### **Annual Report of Long-Term Care Facility**

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	~ W10111	Report for Yea		Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for	1 2097-C		9/30/2015		10	37
Are time records maintained by all individuals receiving cor	mpensation?	•	Yes	0	No	
			Total Cost a	nd Hours		
			Total Cost t	lia Hours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I						
of Schedule A1)	39,912	39				
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	137,640	2,080				
3. Assistant Administrator (Complete also Sec. IV		•04				
of Schedule A1)	14,751	281				
4. Other Administrative Salaries (telephone	223,670	11,103				
operator, clerks, receptionists, etc.) 5. Dietary Service	223,070	11,103				
a. Head Dietitian	47,873	1,312				
b. Food Service Supervisor	56,718	2,126				
c. Dietary Workers	431,298	27,227				
6. Housekeeping Service						
a. Head Housekeeper	244.770	22 121				
b. Other Housekeeping Workers 7. Repairs & Maintenance Services	344,770	23,421				
a. Engineer or Chief of Maintenance	61,867	2,080				
b. Other Maintenance Workers	58,411	2,648				
8. Laundry Service	23,122					
a. Supervisor						
b. Other Laundry Workers	21,960	1,290				
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	200,936	4,160				
b. RN						
1. Direct Care	673,056	19,019				
2. Administrative**	243,577	6,213				
c. LPN	1 122 769	40.107				
1. Direct Care 2. Administrative**	1,122,768	40,107				
d. Aides and Attendants	1,937,008	128,201				
e. Physical Therapists	1,227,000	-20,201				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	158,110	8,590				
i. Physicians						
Medical Director     Utilization Review	+					
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
1. Podiatrists	212.551	7.072				
m. Social Workers/Case Management n. Marketing	213,561 49,522	7,972 1,037				
o. Other (Specify)	49,322	1,037				
See Attached Schedule						
A-13. Total Salary Expenditures	6,037,408	288,905				

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

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

#### Schedule of Other Salaries and Wages (Page 10)

	CC	NH	RH	NS	(Specify)		
Position	\$	Hours	\$	Hours	\$	Hours	
Total	\$ -	-	\$ -	-	\$ -	-	

#### Schedule of Other Fees (Page 13)

	CCNH			RH	INS	(Spe	cify)
Service		\$	Hours	\$	Hours	\$	Hours
IV Nursing Fees	\$	700	Disallowed				
Consulting Fees - Rehabilitation therapy and Ancillary	\$	5,235	Disallowed				
Consulting Fees-Nursing	\$	8,319	Disallowed				
							_
Total	\$	14,254	Disallowed	\$ -	=	\$ -	-

\_\_\_\_\_

#### **Annual Report of Long-Term Care Facility**

CSP-11 Rev. 10/2005

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

Name of Facility				License No.		Report for	Year Ended		Page	of
Harbor Hill Care Center, Inc. d/b/	a Water's Ed	ige Center i	for Health &	2097-C		9/30/2015			11	37
		Salary Paid	1	Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where Claimed on	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHNS	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section I - Operators/Owners Marvin J. Ostreicher, 184					Supervises operations,					
Wildacre Ave, Lawrence, NY 11559	39,912			Same as employees	deals with DNS & financial management	39	A1	See attached		
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).										

<sup>\*</sup> No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

<sup>\*\*</sup> Include all employment worked during the cost year.

#### MARVIN J. OSTREICHER TIME STUDY Y/E SEPTEMBER 2015

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL
Augusta	3.00	8.50	7.00	4.00	7.50	7.50	1.50	4.50	7.50	5.50	4.50	6.50	67.50
Belair	5.00	5.50	7.00	3.00	5.50	4.50	2.50	2.00	3.00	5.00	6.50	5.00	54.50
Bloomfield	3.50	2.50	5.00	4.50	4.00	11.50	3.50	7.00	6.00	2.50	3.50	7.00	60.50
Brattleboro	5.50	4.00	3.00	4.00	4.50	4.50	1.00	3.50	8.00	3.00	4.50	7.00	52.50
Brentwood	2.50	9.50	2.50	7.00	3.00	7.00	7.50	3.50	3.00	4.00	2.50	4.00	56.00
Brewer	9.50	16.00	4.50	4.50	8.50	5.50	3.50	4.00	2.50	4.50	7.50	10.00	80.50
Bristol	3.50	2.00	4.50	12.50	6.50	3.00	3.50	6.50	8.50	4.00	1.00	4.50	60.00
Cambridge	5.50	4.00	5.00	16.00	5.00	6.00	1.50	7.00	4.50	3.00	3.50	8.50	69.50
Catskill	2.50	5.00	8.50	6.50	3.00	6.00	0.50	6.00	13.50	4.00	3.50	6.50	65.50
Cold Spring Hills	0.50	1.50	7.50	5.00	8.50	5.00	3.00	4.00	6.50	2.50	2.00	3.00	49.00
Colony	6.00	4.00	9.00	2.00	6.50	7.00	6.00	1.00	4.00	5.00	6.50	5.50	62.50
Country	7.00	8.50	3.00	7.00	3.50	6.00	4.00	6.50	9.00	5.00	5.50	10.50	75.50
Dover	2.00	0.50	9.50	5.00	2.50	4.00	2.00	1.00	4.50	6.00	1.50	3.50	42.00
Eastside	4.00	6.00	5.00	7.50	8.00	5.00	2.50	2.50	7.50	3.50	4.00	3.00	58.50
Eliot	0.50	5.00	9.00	4.50	2.00	2.00	2.50	2.50	6.50	1.50	4.50	2.50	43.00
Glen Falls	7.50	2.50	4.50	4.50	6.50	7.50	8.50	2.50	7.50	3.50	1.00	6.00	62.00
Hudson	1.00	7.00	12.50	2.50	6.00	1.50	4.00	0.50	12.00	4.50	2.50	5.50	59.50
Huntington	3.00	1.00	4.50	3.50	3.50	3.50	4.50	0.50	4.50	2.50	2.50	1.00	34.50
Kennebunk Ludlowe	1.00 6.00	6.50	6.50	2.00 3.50	2.00 3.50	7.50 0.50	3.00	0.50 3.00	5.50 6.50	2.50 5.50	12.00 7.00	0.00 5.00	49.00 55.50
Maple View	4.50	5.50	9.50	3.00	6.00	7.50	6.50	5.50	2.00	9.00	3.50	5.00	67.50
Marlborough	0.50	1.00	3.00	5.50	2.00	2.50	3.50	0.50	3.00	4.00	1.00	2.00	28.50
Maywood	6.00	3.00	5.50	4.50	3.50	3.00	2.50	3.50	5.50	3.50	0.00	5.00	45.50
Milford	2.50	2.50	3.00	0.50	4.00	7.00	4.00	1.00	2.00	2.50	1.00	7.00	37.00
Newton Wellseley	4.50	4.50	3.00	4.00	3.00	7.50	2.50	0.00	2.00	3.00	0.00	1.50	35.50
Norway	5.50	2.00	2.50	2.00	3.50	5.50	5.00	3.50	1.50	5.00	5.50	4.50	46.00
Poughkeepsie	8.50	11.00	3.50	4.00	3.50	7.00	5.50	4.00	14.00	9.00	2.50	9.00	81.50
Regency	1.00	3.50	5.50	1.50	3.50	5.50	4.50	1.50	1.50	2.50	1.00	2.50	34.00
Reservoir	3.00	3.00	6.00	0.50	1.00	3.50	9.00	3.00	3.50	3.50	1.00	5.50	42.50
Riverside	3.00	6.50	4.50	1.50	5.50	2.00	5.50	4.00	4.00	4.50	7.00	2.00	50.00
Ross	7.00	5.50	3.50	5.50	6.00	5.00	6.50	6.50	4.00	2.50	4.50	2.00	58.50
Rutland	1.00	4.00	5.50	0.50	3.00	2.50	2.00	0.50	2.50	1.50	1.00	1.50	25.50
Sachem	4.50	2.50	5.00	4.00	2.50	7.00	2.50	2.50	2.00	3.00	5.50	2.50	43.50
Sands Point	0.50	3.00	4.00	0.50	6.50	7.00	6.50	0.50	2.50	2.50	2.50	2.50	38.50
Utica	2.00	4.50	3.50	4.50	4.50	6.00	3.00	0.50	6.00	6.50	2.50	4.00	47.50
Village Crest	0.50	3.00	4.50	3.50	4.50	7.00	9.50	3.00	2.50	5.00	4.00	0.50	47.50
Water's Edge	1.50	2.50	2.50	4.00	2.00	3.50	2.50	1.50	2.00	3.50	8.50	4.50	38.50
Westgate	1.00	2.00	3.50	7.50	4.50	3.00	3.50	0.00	1.00	0.00	2.00	4.50	32.50
Winship	5.50	4.50	9.50	4.00	4.00	3.00	4.00	1.00	3.50	4.00	1.50	11.00	55.50
***	40.00	0.00	0.00	24.00	0.00	0.00	24.00	40.00	0.00	24.00	40.00	0.00	200.00
Vacation	48.00	0.00	0.00	24.00	0.00	0.00	24.00	48.00	0.00	24.00	40.00	0.00	208.00
Sick	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Personal	0.00	0.00	0.00	8.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.00
Holiday	16.00	0.00	0.00	0.00	0.00	0.00	8.00	8.00	0.00	0.00	0.00	0.00	32.00
Total	205 50	170.50	211.50	202.00	191.00	200.00	100 50	167.00	105.50	176 50	100.50	101 50	2260.00
Total	205.50	179.50	211.50	202.00	181.00	200.00	188.50	167.00	195.50	176.50	180.50	181.50	2269.00

### **Annual Report of Long-Term Care Facility**

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Y	Year Ended		Page	of
Harbor Hill Care Center, Inc. d/b/a	Water's Ed	lge Center i	or Health &	2097-C		9/30/2015			12	37
		Salary Pai	d	Fringe Benefits and/or Other		Total	Line Where		Total	
Name	CCNH	RHNS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section III - Administrators***										
Richard Demio (10/1/2014 - 9/30/2015)	137,640			Same as employees	Management and Supervision of a healthcare facility	2,080	A2			
Section IV - Assistant Administrators										
Abraham M. Rosenbloom (8/21/2015 - 9/30/2015)	14,751			Same as employees	Assists in management and supervision of a	281	A3			

<sup>\*</sup>No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

<sup>\*\*</sup> Include all other employment worked during the cost year.

<sup>\*\*\*</sup> If more than one Administrator is reported, include dates of employment for each.

### **Annual Report of Long-Term Care Facility**

CSP-13 Rev. 9/2002

**B. Report of Expenditures - Professional Fees** 

		<b>penditures - Professional Fees</b> License No. Report for Year Ended							
Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge Center		7 C	9/30/2015	ear Ended	Page 13	of 37			
Harbor Hill Care Center, Ilic. d/b/a water's Edge Ce.	209	<i>1</i> -C	Total Cost	d II	13	31			
		<u> </u>	Total Cost	and Hours	1				
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours			
*B. Direct care consultants paid on a fee	CCNII	Hours	KIINS	Hours	(Specify)	Hours			
for service basis in lieu of salary									
(For all such services complete Schedule B1)									
Dietitian	2,153	62							
2. Dentist	7,970	Disallowed							
3. Pharmacist	12,582	24							
4. Podiatrist	,								
5. Physical Therapy									
a. Resident Care	238,061	4,353							
b. Other	,	, -							
6. Social Worker	65,478	1,396							
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	114,000	956							
b. Utilization Review									
(Title 18 and 19 only) monthly meeting	300	3							
c. Resident Care**	21,756	Disallowed							
d. Administrative Services facility									
1. Infection Control Committee									
(Quarterly meetings) 2. Pharmaceutical Committee									
(Quarterly meetings)									
3. Staff Development Committee									
(Once annually)									
e. Other (Specify)									
9. Speech Therapist									
a. Resident Care	109,341	1,836							
b. Other									
10. Occupational Therapist									
a. Resident Care	223,160	5,441							
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	14054	D:11 1							
		Disallowed							
B-13 Total Fees Paid in Lieu of Salaries	809,055	14,071							

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

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

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

Name of Facility	License No.		Report for Y	Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Water's	Edge Center 2097-C		9/30/2015		14	37
Name & Address of Individual	Full Explanation of Service	Operato	* to Owners, rs, Officers	Expla	nation of R	elationship
	5	Yes	No			
Jane Querdo, 177 Lexington Rd, Glastonbury, CT 06033	Dietician	0	•			
Gerident Solutions - PO Box 290539, Wethersfield CT, 06129	Dental Fees	0	•			
Procare LTC Pharmacy of CT - 111 Executive Blvd, Farmingdale NY, 11735	Consulting - Pharmacy / Nursing	•	0	Common Own	nership	
Preferred Therapy Solutions - 850 Silas Deane Hwy, Wethersfield, CT 16109	PT, OT, ST, Rehab Consulting Services	•	0	Common Own	nership	
Bloomfield H.C. Ctr, 355 Park Ave, Bloomfield CT 06002	Consulting - Social Services	•	0	Common Own	nership	
Mapleview Manor - 856 Maple Street, Rocky Hill, CT 06067	Consulting - Social Services, Admissions	•	0	Common Own	nership	
CT Multispecialty Group - 2110 Silas Dean HWY, Rocky Hill CT, 06067	Medical Director	0	•			
Larry Levine, MD - 80 David Rd, Durham, CT 06422	Medical Director	0	•			
EKB LLC, 328 Commonwealth Avenue, New Britain, CT, 06043	Medical Director	0	•			
Prakash Huded, MD, 78 Marlborough St, Portland, CT 06480	Medical Director, Utilization Review	0	•			
Middlesex Hospital, 28 Crescent St, Middletown, CT 06457	Resident Care	0	•			
Orthopedic Asso. Of Middletown , 572 Saybrook Rd, Middletown, CT 06457	Resident Care	0	•			
IV Excellence: Practical IV Solution - 32 Falls Ave, Oakville, CT 06779	IV Nursing	0	•			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

## C. Expenditures Other Than Salaries - Administrative and General

Name of Facility License No.		Report for Yo	ear Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge 2097-C	(	9/30/2015		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	283,090	283,090		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	134,470	134,470		
4. Social Security (F.I.C.A.)	\$	445,454	445,454		
5. Health Insurance	\$	768,893	768,893		
6. Life Insurance (employees only)					
(not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory)	\$	17,326	17,326		
(not-owners and not-operators)					
8. Uniform Allowance	\$				
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*	\$				
d. Accounting and Auditing	\$	23,663	23,663		
e. Legal (Services should be fully described on Page 7)	\$	3,704	3,704		
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*					
g. Office Supplies	\$	23,769	23,769		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	29,188	29,188		
2. Cellular Phones	\$	3,792	3,792		
i. Appraisal (Specify purpose and	\$				
attach copy )*					
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)					
1. Income*	\$				
2. Other ( <i>Specify</i> )	\$	513	513		
See Attached Schedule					
3. Resident Day User Fee	\$	888,662	888,662		
Subtotal	\$	2,622,524	2,622,524		

 $<sup>^{\</sup>ast}~$  Facility should self-disallow the expense on Page 28 of the Cost Report.

## \*\*\* DO NOT Include Holiday Parties / Awards / Gifts to Staff

Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation Attachment Page 15 9/30/2015

### **Schedule of Other Employee Benefits**

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

\_\_\_\_\_

### **Schedule of Other Taxes**

Description	CCNH		RHNS		(Specify)	
Sales Tax - property	\$	513				
Total	\$	513	\$	-	\$	-

\_\_\_\_\_\_

CSP-16 Rev. 9/2002

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

Name of Facility License No.		Report for Y	Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge Cen 2097-C		9/30/2015		16	37
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forw	ard:	2,622,524	2,622,524		(1 )/
Travel and Entertainment					
Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	4,499	4,499		
3. Gifts to Staff and Residents	\$	19,629	19,629		
4. Employee Travel	\$	1,780	1,780		
5. Education Expenses Related to Seminars and Conventions	\$	6,466	6,466		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> )	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$				
2. Advertising Telephone Directory (all such expenses )***	\$				
3. Advertising Other (Specify)***	\$	44,818	44,818		
See Attached Schedule					
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	\$	5,415	5,415		
* 8. Dues and Membership Fees to Professional	\$	13,262	13,262		
Associations (Specify)					
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	550	550		
9. Subscriptions	\$				
10. Contributions***	\$	225	225		
See Attached Schedule					
11. Services Provided by Contract (Specify and Complete	\$				
Schedule C-2, Page 21 for each firm or individual)					
12. Administrative Management Services**	\$	543,051	543,051		
13. Other ( <i>Specify</i> )	\$	92,864	92,864		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	3,355,083	3,355,083		

<sup>\*</sup> Do not include Subscriptions, which should go in item 9.

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

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

#### Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	C	CCNH	RHNS	(Specify)
Advertising Promotional - Marketing	\$	44,818		
Total Other Advertising	\$	44,818	\$ -	\$ -

Schedule of Dues

Description	(	CCNH	RHNS	(Spe	cify)
CAHCF	\$	10,174			
Curaspan	\$	3,050			
ICNC	\$	38			
Total Dues	\$	13,262	\$ -	\$	-

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Donations-Administration - Disallowed	\$ (25)		
Political Contributions-Administration - Disallowed	\$ 250		
Total Contributions	\$ 225	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Consulting Fees - Fiscal operations	\$ 1,879		
Computer License Fee - Administration	\$ 951		
IT Services-Administration	\$ 5,262		
Purchased Services - Fiscal Operations	\$ 43,598		
Purchased Services - Security	\$ 1,548		
Licenses and Permits - Administration	\$ 2,821		
Background Check - Administration	\$ 10,852		
Background Check - Security	\$ 32		
Penalties - Administration - Disallowed	\$ 20		
Bank Charges - Administration - Disallowed	\$ 21,212		
Miscellaneous Expense - Disallowed	\$ 4,689		
Total Other Administrative and General	\$ 92,864	\$ -	\$ -

\_\_\_\_\_

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

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water	License No. 2097-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 #
National Healthcare Associates, Inc.	543,051	See Attached	page 16, line M12

<sup>\*</sup> 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.

#### NHCA Manage

Report Date :10/1/2014 - 09/30/2015

Report Date :10/1/2014 - 09	9/30/2015											
		120 Bloomfield	132 Bristol	160 Cambridge	144 Ludlowe	120 Maple View Manor	120 Mariborough	120 Milford	95 New Milford	130 Regency	345 Riverside	150 Water's Edge
310000-0000-00-000-0	Intercompany adjustments (Troy) Prior Period-National Healthcare Management	(2,575.61)	(2,832.59)	(3,433.76)	(3,090.74)	(2,575.61)	(2,575.61)	(2,575.61)	(2,039.27)	(2,790.15)	(7,405.04) 0.00	(3,219.22)
40000-0000-00-000-0	Salary-National Healthcare Management	282,655,95	310.874.90	376,848.26	339.185.53	282,655,95	282.655.95	282.655.95	225.193.75	306.200.82	812.641.54	353.304.40
400010-0000-00-000-0	Vacation-NY-Nat. Mgmt	1,567.09	1,722.79	2,088.64	1,880.49	1,567.09	1,567.09	1,567.09	1,241.08	1,697.60	4,505.76	1,958.10
401000-0000-04-000-0	FICA-National Healthcare Management-Fiscal Ope	18,621.21	20,480.28	24,826.55	22,345.41	18,621.21	18,621.21	18,621.21	14,742.89	20,172.35	53,536.57	23,275.64
401100-0000-04-000-0	FUI-National Healthcare Management-Fiscal Oper	454.22	499.51	605.53	545.03	454.22	454.22	454.22	359.66	492.04	1,305.89	567.74
401101-0000-00-000-0	FUI - NY-National Healthcare Management	(3.74)	(4.11)	(4.99)	(4.49)	(3.74)	(3.74)	(3.74)	(2.96)	(4.05)	(10.75)	(4.68)
401200-0000-04-000-0 401202-0000-00-000-0	SUI-National Healthcare Management-Fiscal Oper-	1,653.60	1,818.56	2,204.44	1,984.27	1,653.60	1,653.60	1,653.60	1,309.24	1,791.30	4,754.08	2,066.78
401202-0000-00-000-0	SUI - CT-National Healthcare Management NY MTA Tax-Nat. Momt	(102.62) 518.54	(112.86) 570.35	(136.81) 691.33	(123.15) 622.33	(102.62) 518.54	(102.62) 518.54	(102.62) 518.54	(81.25) 410.56	(111.17) 561.75	(295.05) 1.490.90	(128.27) 648.13
401300-0000-04-000-0	Health Insurance-National Healthcare-Fiscal Op	22,866.50	25,147.97	30,485.17	27,439.83	22,866.50	22,866.50	22,866.50	18,104.85	24,771.16	65,742.55	28,580.53
401400-0000-04-000-0	Workers Compensation-National Health-Fiscal Op	20.84	22.93	27.79	25.01	20.84	20.84	20.84	16.50	22.59	59.94	26.05
401600-0000-04-000-0	Disability Expense-National Healthca-Fiscal Op	502.39	552.47	669.75	602.81	502.39	502.39	502.39	397.73	544.21	1,444.30	627.88
401700-0000-04-000-0	Pension-National Healthcare Manageme-Fiscal Op	4,667.41	5,133.07	6,222.49	5,600.86	4,667.41	4,667.41	4,667.41	3,695.46	5,056.17	13,419.02	5,833.72
401800-0000-04-000-0	Employee Benefits - Other-National H-Fiscal Op	682.30	750.45	909.66	818.76	682.30	682.30	682.30	540.18	739.16	1,961.70	852.91
402000-0000-04-000-0 410000-0000-04-000-0	Holiday Expense-National Healthcare -Fiscal Op Supplies-National Healthcare Managem-Fiscal Op	1,473.35 3.105.44	1,620.36 3.415.57	1,964.25 4,140.54	1,768.02 3,726.84	1,473.35 3,105.44	1,473.35 3,105.44	1,473.35 3,105.44	1,166.53 2,459.03	1,596.08 3.364.44	4,235.95 8,929.00	1,841.54 3.881.87
410000-0000-04-000-0	Supplies-National Healthcare Managem-Maintenan	15.27	16.78	20.36	18.33	15.27	15.27	15.27	12.09	16.54	43.90	19.09
410000-0000-09-000-0	Supplies-National Healthcare Managem-Housekeep-	33.37	36.69	44.48	40.04	33.37	33.37	33.37	26.44	36.15	95.94	41.70
410000-0000-12-000-0	Supplies-National Healthcare Manageme-Security	2.53	2.79	3.38	3.04	2.53	2.53	2.53	2.01	2.74	7.28	3.17
411000-0000-04-000-0	Food-National Healthcare Management-Fiscal Ope	19.64	21.61	26.19	23.57	19.64	19.64	19.64	15.55	21.28	56.46	24.55
431000-0000-03-000-0	Consulting Fees-National Healthcare -Administr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
431000-0000-04-000-0	Consulting Fees-National Healthcare -Fiscal Op-	7,030.70	7,732.13	9,373.07	8,436.78	7,030.70	7,030.70	7,030.70	5,566.63	7,616.30	20,213.47	8,787.48
432000-0000-03-000-0 433000-0000-03-000-0	Accounting Fees-National Healthcare -Administr Legal Fees-National Healthcare Manag-Administr	2,283.74 1,771.23	2,511.85 1.947.98	3,044.88 2,361.37	2,740.45 2,125.50	2,283.74 1,771.23	2,283.74 1,771.23	2,283.74 1,771.23	1,807.96 1.402.38	2,473.99 1,918.79	6,565.68 5.092.41	2,854.65 2.213.88
433100-0000-03-000-0	Legal Fees-National Healthcare Manag-Administr Legal Fees - Labor-National Healthca-Administr	1,7/1.23 (611.80)	1,947.98 (672.84)	2,361.37 (815.64)	2,125.50 (734.16)	1,//1.23 (611.80)	(611.80)	(611.80)	1,402.38 (484.40)	(662.76)	(1,758.96)	2,213.88 (764.68)
440000-0000-03-000-0	Purch Services-National Healthcare M-Administr	(611.60) 8,257.92	9,082.05	11,009.45	9,909.64	8,257.92	8,257.92	8,257.92	6,538.34	8,946.10	23,742.37	10,321.68
440000-0000-08-000-0	Purch Services-National Healthcare M-Maintenan	688.71	757.44	918.16	826.58	688.71	688.71	688.71	545.29	746.15	1,980.08	860.81
440000-0000-09-000-0	Purch Services-National Healthcare M-Housekeep	900.89	990.69	1,200.92	1,080.87	900.89	900.89	900.89	713.22	975.72	2,589.66	1,125.86
440000-0000-12-000-0	Purch Services-National Healthcare Ma-Security	53.36	58.71	71.17	64.05	53.36	53.36	53.36	42.29	57.83	153.47	66.73
440001-0000-08-000-0	Ground Services-Nat. MgmtMaintenance	366.53	403.10	488.63	439.78	366.53	366.53	366.53	290.28	397.06	1,053.73	458.14
441000-0000-03-000-0 442000-0000-08-000-0	Computer Expense-National Healthcare-Administr Pest Control-Nat. MomtMaintenance-	5,676.21 20.00	6,242.55	7,567.30 26.65	6,811.14	5,676.21 20.00	5,676.21 20.00	5,676.21	4,494.20 15.81	6,148.82	16,319.02 57.43	7,094.38 24.95
452000-0000-08-000-0	Equipment Rental-National Healthcare-Fiscal Op -	2,706.81	2.976.72	3,608,72	3.248.36	2,706.81	2.706.81	2,706.81	2.143.04	2.932.26	7,782.25	3,383,22
452100-0000-25-000-0	Equipment Rental - Interes-National -Fiscal Op	(1,194.52)	(1,313.70)	(1,592.51)	(1,433.42)	(1,194.52)	(1,194.52)	(1,194.52)	(945.77)	(1,294.02)	(3,434.31)	(1,493.01)
461000-0000-03-000-0	Telephone-National Healthcare Manage-Administr	2,712.85	2,983.31	3,616.64	3,255.35	2,712.85	2,712.85	2,712.85	2,147.76	2,938.63	7,799.37	3,390.65
461100-0000-03-000-0	Telephone - Cell-National Healthcare-Administr	2,006.26	2,206.37	2,674.65	2,407.48	2,006.26	2,006.26	2,006.26	1,588.40	2,173.30	5,767.96	2,507.54
462000-0000-25-000-0	Electric-National Healthcare Manageme-Property	1,529.87	1,682.44	2,039.55	1,835.81	1,529.87	1,529.87	1,529.87	1,211.25	1,657.25	4,398.44	1,912.13
463000-0000-25-000-0	Gas-National Healthcare Management-Property-	443.34	487.58	591.08	532.03	443.34	443.34	443.34	351.02	480.27	1,274.68	554.15
466000-0000-25-000-0 471000-0000-25-000-0	Water-National Healthcare Management-Property Rent-National Healthcare Management-Property	72.43 6.469.09	79.68 7,114.48	96.60 8.624.40	86.95 7,762.81	72.43 6.469.09	72.43 6.469.09	72.43 6,469.09	57.36 5,121.91	78.50 7.007.84	208.30 18,598.85	90.55 8.085.55
472000-0000-25-000-0	Personal Property Taxes-National Hea-Fiscal Oo	516.53	567.96	688.58	619.75	516.53	516.53	516.53	408.91	559.46	1,484.89	645.51
473000-0000-04-000-0	Real Estate Taxes-National Healthcar-Fiscal Op	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
473000-0000-25-000-0	Real Estate Taxes-National Healthcar-Fiscal Op	3,426.41	3,768.25	4,568.02	4,111.67	3,426.41	3,426.41	3,426.41	2,712.89	3,711.81	9,851.10	4,282.62
484000-0000-04-000-0	Amort Exp - LHI-National Healthcare -Fiscal Op	1,327.68	1,460.13	1,770.03	1,593.23	1,327.68	1,327.68	1,327.68	1,051.22	1,438.25	3,817.12	1,659.43
484100-0000-04-000-0	Amortization Exp- LHI ALL-Nat. MgmtFiscal Op-	13.35	14.69	17.82	16.04	13.35	13.35	13.35	10.59	14.51	38.39	16.71
486000-0000-04-000-0 491000-0000-03-000-0	Dep Exp - Moveable Equip-National He-Fiscal Op Dues and Subscriptions-National Heal-Administr	7,709.31 257.10	8,478.48 282.74	10,277.90 342.75	9,251.17 308.54	7,709.31 257.10	7,709.31 257.10	7,709.31 257.10	6,103.96 203.56	8,351.46 278.48	22,164.73 739.13	9,635.76 321.30
500000-0000-03-000-0	Licenses and Permits-National Health-Administr	257.10	23.43	28.41	25.57	257.10	257.10	257.10	203.56	276.46	739.13	26.63
501000-0000-03-000-0	Advertising Employment-National Heal-Administr -	8,395.23	9,232.87	11,192.42	10,074.37	8,395.23	8,395.23	8,395.23	6,647.11	9,094.54	24,136.88	10,493.18
501100-0000-03-000-0	Advertising Promotional-National Hea-Administr	7,253.58	7,977.65	9,670.79	8,704.30	7,253.58	7,253.58	7,253.58	5,742.94	7,857.89	20,854.26	9,066.65
503000-0000-03-000-0	Interest-National Healthcare Managem-Administr	403.92	470.31	570.07	513.28	403.92	403.92	403.92	338.59	463.27	1,229.67	534.49
503500-0000-03-000-0	Penalties-National Healthcare Manage-Administr-	3.16	133.97	162.47	146.25	3.16	3.16	3.16	96.41	131.87	350.19	152.24
503600-0000-03-000-0 504000-0000-03-000-0	Bank Charges-Nat. MgmtAdministration Postage-National Healthcare Manageme-Administr	931.40 984.22	1,024.35 1,082.49	1,241.72 1,312.19	1,117.67 1,181.11	931.40 984.22	931.40 984.22	931.40 984.22	737.43 779.28	1,008.96 1,066.23	2,677.79	1,164.16 1,230.12
509000-0000-03-000-0	Postage-National Healthcare Manageme-Administr Seminars-National Healthcare Managem-Administr	984.22 2.053.89	2,258,79	1,312.19 2.738.16	2,464.68	2.053.89	2.053.89	2.053.89	1,626,20	1,066.23 2,224.99	2,829.69 5,905.05	1,230.12 2.567.16
510000-0000-03-000-0	Liability Insurance-National Healthc-Administr -	2,053.89	3,022.96	3,664.56	3,298.53	2,053.89	2,053.89	2,748.78	2,176.33	2,224.99	7,902.80	3,435.67
511000-0000-03-000-0	Auto Insurance-National Healthcare M-Administr-	963.25	1,059.28	1,284.11	1,155.92	963.25	963.25	963.25	762.68	1,043.51	2,769.34	1,203.91
512000-0000-03-000-0	Umbrella Insurance-National Healthca-Administr	790.75	869.69	1,054.24	948.94	790.75	790.75	790.75	626.14	856.65	2,273.52	988.38
513000-0000-03-000-0	Crime Insurance-National Healthcare -Administr	23.14	25.48	30.93	27.80	23.14	23.14	23.14	18.37	25.12	66.63	28.94
517000-0000-03-000-0 520000-0000-03-000-0	Wor`kmans Comp Insurance-National	391.28	430.37 42.39	521.69	469.60	391.28	391.28	391.28	309.82	423.89	1,125.10	489.10
520000-0000-03-000-0 520100-0000-03-000-0	Auto Expense-National Healthcare Man-Administr Auto Lease Expense-National Healthca-Administr	38.53 2,696.65	42.39 2,965.51	51.40 3,595.01	46.24 3,235.78	38.53 2,696.65	38.53 2.696.65	38.53 2,696.65	30.50 2.134.84	41.81 2,921.04	110.77 7,752.31	48.10 3,369.97
520100-0000-03-000-0 521000-0000-03-000-0	Auto Lease Expense-National Healthcare M-Administr Travel Expense-National Healthcare M-Administr	2,696.65 4,708.93	2,965.51 5,179.26	3,595.01 6,278.29	3,235.78 5,650.74	2,696.65 4.708.93	4,708.93	2,696.65 4,708.93	2,134.84 3,728.03	2,921.04 5,101.27	13,538.39	3,369.97 5.885.96
522000-0000-03-000-0	Hotel Expense-National Healthcare Ma-Administr-	4,686.54	5,154.73	6,248.54	5,623.81	4,686.54	4,686.54	4,686.54	3,710.28	5,076.90	13,473.77	5,858.17
540000-0000-31-000-0	Donations-National Healthcare Manage-Misc. Exp	54.63	60.08	72.83	65.55	54.63	54.63	54.63	43.25	59.18	157.05	68.28
541000-0000-03-000-0	Misc. Expense-Nat. MgmtAdministration	136.48	150.07	181.96	163.77	136.48	136.48	136.48	108.05	147.83	392.41	170.59
541000-0000-31-000-0	Misc. Expense-National Healthcare Ma-Misc. Exp	594.10	653.34	792.13	712.97	594.10	594.10	594.10	470.42	643.67	1,708.20	742.55
541001-0000-03-000-0	Political Contributions-Nat. MgmtAdministrat-	5.46	6.01	7.28	6.56	5.46	5.46	5.46	4.33	5.92	15.71	6.83
542000-0000-31-000-0 543000-0000-31-000-0	Corporate Tax - State-National Healt-Misc. Exp - Corporate Tax - Federal-National Heal-Misc. Exp -	199.40 0.00	219.30 0.00	265.85 0.00	239.31	199.40 0.00	199.40 0.00	199.40 0.00	157.90 0.00	216.00 0.00	573.31 0.00	249.23 0.00
544000-0000-25-000-0	Corporate Tax - Federal-National Hea-Misc. Exp Sales Tax - ConnNational Healthcar-Fiscal Op	285.82	6,189.53	7,502.39	6,752.24	285.82	285.82	285.82	4,454.53	6.095.81	16,176.78	7,033.01
	Cont. reconstruction racin op-	263.62	0,203.33	,,302.33	0,732.24	203.02	20.02	203.02	.,	0,033.01	10,170.76	,,033.01
	Sum	428,982.14	477,834.12	579,240.88	521,357.16	428,982.14	428,982.14	428,982.14	345,388.48	470,655.76	1,249,100.09	543,050.94
	Page 16 line m12 on Cort Report	420 002 00	477 924 00	E70 241 00	E21 2E7 00	429 092 00	428.982.00	428.982.00	345.388.00	470 656 00	1.249.100.00	543.051.00
	Page 16 line m12 on Cost Report Variances	428,982.00 0.14	477,834.00 0.12	579,241.00 (0.12)	521,357.00 0.16	428,982.00 0.14	428,982.00 0.14	428,982.00 0.14	345,388.00 0.48	470,656.00 (0.24)	1,249,100.00	(0.06)
		0.14		()						()	2.33	(2.00)

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

Name of Facility License N			No.	Report for Y	ear Ended	Page of	
Harl	oor Hill Care Center, Inc. d/b/a Water's Edge C	Cente	3	2097-C	9/30/2015	i	18   37
	_						
	Item			Total	CCNH	RHNS	(Specify)
2.	Dietary						
	<ul><li>a. In-House Preparation &amp; Service</li><li>1. Raw Food</li></ul>		\$	345,923	345,923		
	Non-Food Supplies		<u> </u>		44,421		
	3. Other ( <i>Specify</i> )		<u>φ</u> \$	44,421	44,421		
	3. Since (Specify)		- Ψ				
	b. Purchased Services (by contract other		\$	16,787	16,787		
	than through Management Services)						
	(Complete Schedule C-2 att. Page 21)						
	c. Management Services**		\$				
	d. Other (Specify)		_ \$				
2E.	<b>Total Dietary Expenditures</b> $(2a + b + c + d)$		\$	407,131	407,131		
ZL.	Total Steady Experiences (Earl 6 + 6 + 6)		Ψ	407,131	407,131		
2F.	Dietary Questionnaire			Total	CCNH	RHNS	(Specify)
			*	10141	CCNII	KIINS	(Specify)
G.	Resident Meals: Total no. of meals served per			<u> </u>	No		
Н.	Is cost of employee meals included in 2E?	0	Yes		No		
I.	Did you receive revenue from employees?	0	Yes	•	No	If yes, specify amt.	
J.	Where is the revenue received reported in the	Cos	st Repor	t? (Page/Line	Item)	unit.	
	Is cost of meals provided to persons other		-			If was seen if	
K.	than employees or residents (i.e., Board	0	Yes	•	No	If yes, specify	
	Members, Guests) included in 2E?					cost.	
L.	Is any revenue collected from these people?	0	Yes	•	No	If yes, specify	
						amt.	
M.	Where is the revenue received reported in the	Cos	st Repor	t? (Page/Line	Item)		
	Is cost of food (other than meals, e.g.,						
N.	snacks at monthly staff meetings, board	0	Yes	•	No	If yes, specify	
	meetings) provided to employees included in 2E?					cost.	
	III ZE;					If was specify	
O.	Is any revenue collected from employees?	0	Yes	•	No	If yes, specify amt.	
P.	Where is the revenue received reported in the	Co	st Renor	t? (Page/Line	Item)		
1.	There is the revenue received reported in the	CU	st repor	i. (Tage/Liffe	1111)		

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

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

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

Name of Facility		No.	Report for Y		Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge Cente	r 2	097-C	9/30/2015	T	19	37
Item		Total	CCNH	RHNS	(S <sub>1</sub>	pecify)
3. Laundry a. In-House Processing*  1. Bed linens, cubicle curtains, draperies, gowns and other resident care items	Lbs.	907	907			
washed, ironed, and/or processed.***  2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.					
processed.***	Amt. \$					
3. Personal clothing of residents	Lbs.					
washed, ironed, and/or processed.***	Amt. \$					
4. Repair and/or purchase of linens.***	Lbs.					
	Amt. \$					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	157,920	157,920			
c. Management Services**	\$					
d. Other (Specify) Diapers \$68,215; Supplies \$2,388	\$	70,603	70,603			
3E. Total Laundry Expenditures $(3a + b + c + d)$	\$	229,430	229,430			
3F. Laundry Questionnaire  G. Is cost of employee laundry included in 3E?	Yes	•	No	If yes, specify cost.		
H. Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.		
I. Where is the revenue received reported in the Cos	t Report?		(Page/Line	Item)		
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	•	No	If yes, specify cost.		
K. Did you receive revenue from these people?	Yes	•	No	If yes, specify amt.		
L. Where is the revenue received reported in the Cos	t Report?		(Page/Line	Item)		

<sup>\*</sup> 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.

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

<sup>\*\*\*</sup> 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.	Repo	rt for Year E	nded	Page	of
Harbor Hill Care Center, Inc. d/b/a Wate	r's Edg 2097-C		9/30/2015		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel					
1. Supplies - Cleaning ( <i>Mops</i> ,	Amt.	\$	40,142	40,142		
pails, brooms, etc.)						
b. Purchased Services (by contract	t other Sq. Ft. Serviced					
than through Management Serv	vices) by Personnel					
(Complete Schedule C-2 att.	Amt.	\$				
Page 21)						
c. Management Services*		\$				
d. Other ( <i>Specify</i> )		\$				
4E. Total Housekeeping Expenditures	s (4a+b+c+d)	\$	40,142	40,142		
5. Resident Care (Supplies)**		- 1				
a. Prescription Drugs***		- 1				
1. Own Pharmacy		\$				
2. Purchased from		\$	258,714	258,714		
PCA						
b. Medicine Cabinet Drugs		\$	23,608	23,608		
c. Medical and Therapeutic Suppli	es	\$	122,263	122,263		
d. Ambulance/Limousine***		\$	2,082	2,082		
e. Oxygen						
1. For Emergency Use		\$				
2. Other***		\$	25,015	25,015		
f. X-rays and Related Radiologica	1	\$	17,743	17,743		
Procedures***						
g. Dental (Not dentists who should	l be included under	\$				
salaries or fees)		_				
h. Laboratory***		\$	21,051	21,051		
i. Recreation		\$	34,135	34,135		
j. Other (Specify)****		\$	46,738	46,738		
See Attached Schedule						
5K. Total Resident Care Expenditures	(5a - 5j)	\$	551,349	551,349		

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

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

<sup>\*\*\*</sup> Facility should self-disallow the expense on Page 29 of the Cost Report.

<sup>\*\*\*\*</sup> ICFMR's should provide a detailed schedule of all Day Program Costs.

#### **Schedule of Other Resident Care**

Description	(	CCNH	RH	INS	(Sp	ecify)
Flu Vaccine-Medical Services	\$	8,615				
IV Thy Supplies- Rehabilitation Therapy and Ancillary	\$	5,681				
Purchased Services - Nursing	\$	2,726				
Rental Expense- Recreation Therapy	\$	491				
Equipment Rental - Nursing	\$	14,015				
Equipment Rental - Rehabilitation Therapy and Ancillary	\$	15,210				
Total Other Resident Care	\$	46,738	\$	-	\$	-

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

Name of Facility			License No.	Report for Year Ende	d	I				
Harbor Hill Care Center, Inc.	d/b/a Water's Edge Ce	nter for Heal	th & Rehat	2097-C	9/30/2015				21	37
		Related *** Operators	,				Total Cost	/Page Ref.**	**	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
Med Apparel	Parkway, Mt. Vernon, NY 10550	0	•		Laundry	42,407			19	3b
Unitex Textile Rental	Parkway, Mt. Vernon, NY 10550	0	•		Laundry	115,513			19	3b
ADP	P.O. Box 842875, Boston, MA 02284 110 Mattatuck Heights	0	•		Payroll	18,737			16	m13
MJ Daly	Waterbury, CT 06705  Dept. Ch 10320,	0	•		HVAC	21,401			22	6a
Simplex Grinnel	Palatine, IL 600550  5 Chelsea Dr Cromwell,	0	•		Alarm Maintenance	11,151			22	6a
Brothers Landscape	CT 06416 47-36 36th Street, Long	0	•		Landscaping/Plowing	12,620			22	6f
Kone Inc	Island City, NY 11101 P.O. Box 150473	0	•		Elevator Maintenance Kitchen Appliance	13,036			22	6a
Proline	Hartford, CT 06115	0	•		Repairs	14,764			18	2B
		0	0							_
		0	0							
		0	0							
		0	0							$\vdash$
		0	0							
		0	0							

 $<sup>^{*}</sup>$  List all contracted services over \$10,000. Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

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

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

Name of Facility License No	).	Report for Ye	ear Ended		Page of
Harbor Hill Care Center, Inc. d/b/a Water's Ed 2097-C	1	9/30/2015			22   37
Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$	76,712	76,712		
b. Heat	\$	98,860	98,860		
c. Light & Power	\$	131,800	131,800		
d. Water	\$	18,189	18,189		
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$	20,578	20,578		
f. Other (itemize)	\$	35,494	35,494		
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$	381,633	381,633		
7. Depreciation ( <i>complete schedule page 23*</i> )					
a. Land Improvements	\$				
b. Building & Building Improvements	\$				
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$	26,630	26,630		
*7e. Total Depreciation Costs $(7a + b + c + d)$	\$	26,630	26,630		
8. Amortization (Complete att. Schedule Page 24*)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$	77,650	77,650		
d. Other ( <i>Specify</i> )	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$	77,650	77,650		
9. Rental payments on leased real property less					
real estate taxes included in item 10b	\$	720,000	720,000		
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$	108,159	108,159		
c. Personal property taxes	\$	17,245	17,245		
11. <i>Total Property Expenses</i> (7e + 8e + 9 + 10)	\$	949,684	949,684		

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

#### Schedule of Other Repairs and Maintenance

Description	C	CNH	RHNS	(Specify)
Supplies- Security	\$	138		
Ground Services - Maintenance	\$	13,969		
Pest Control - Maintenance	\$	3,148		
Carting - Maintenance	\$	17,728		
Rental Expenses - Maintenance	\$	106		
Short Term Lease - Pitney Bowes Mailing Machine	\$	405		
Total Other Repairs and Maintenance	\$	35,494	\$ -	\$ -

#### **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
Harbor Hill Care Center, Inc. d/b/a Water's	Edge (	Center	for Hea	ılth & I		'-C		9/30/2015			23	37
					Historical			Accumulated				
					Cost	Less		Depreciation to	Method of			
					Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
Property Item					Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements	A. Land Improvements					-	•					
Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)										
A-4. Subtotal												
B. Building and Building Improvements												
Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)										
B-4. Subtotal												
C. Non-Movable Equipment												
Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a m	ileage										
		ook	Dat	e of	Historical			Accumulated				
	_	ained?	Acqui		Cost	Less		Depreciation to	Method of			
					Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment								1				
Motor Vehicles (Specify name, model												
and year of each vehicle)												
a. 1999 Plymouth Van		X	2	2002	12,747		12,747	12,747	SL	4 yrs		
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					1,106,736		1,106,736	989,284		Various	23,362	
b. Disposals (attach schedule)					(474,876)		(474,876)	(474,876)	SL	Various		
c. Acquired during this report period												
(attach schedule)					56,466		56,466		SL	Various	3,268	
D-3. Subtotal												26,630
E. Total Depreciation												26,630

Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation 9/30/2015

#### Schedule of Land Improvements Acquired during this report period

	aprovements required during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Total additions for I		¢		¢
	Land Improvements	\$ -		\$ -
Deletions:				
T-4-1-1-1-4'		¢.		\$ -
Total deletions for L	and improvements	\$ -		\$ -

<sup>\*</sup>Ties to Page 23, Line A3

#### Schedule of Building Improvements Acquired during this report period

	ements required during tims report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Total additions for Building	Improvements	\$ -		\$ -
Deletions:				
Total deletions for Building I	mnrovements	\$ -		\$ -

<sup>\*</sup>Ties to Page 23, Line B3

#### Schedule of Non-Movable Equipment Acquired during this report period

			Useful						
Acquisition Date	Description of Item	Cost	Life	Depreciation					
Additions:									
Total additions for Non	-Movable Equipment	\$ -		\$ -					
Deletions:									
Total deletions for Non-	-Movable Equipment	\$ -		\$ -					

<sup>\*</sup>Ties to Page 23, Line C3

<sup>\*\*</sup>Ties to Page 23, Line A2

<sup>\*\*</sup>Ties to Page 23, Line B2

<sup>\*\*</sup>Ties to Page 23, Line C2

Acquisition Date	Description of Item	Cost	Useful Life	Dej	preciation
Additions:					
11/30/2014	Arm Chairs	\$ 11,448	15	\$	700
11/30/2014	Computer Optiplex 3020	\$ 929	3	\$	284
11/30/2014	Circuit Board	\$ 1,065	10	\$	98
12/31/2014	Food Processor	\$ 1,465	10	\$	122
1/31/2015	TV for 3rd floor dining room	\$ 575	5	\$	86
1/31/2015	Camera security system	\$ 2,978	5	\$	447
2/28/2015	Signa AAPM with LAL-mattress	\$ 1,165	12	\$	65
3/31/2015	Dell Optiplex 3020	\$ 898	3	\$	175
4/30/2015	Smartlinx Clock	\$ 5,071	10	\$	254
5/31/2015	Dell Optiplex 3020	\$ 803	3	\$	111
5/31/2015	Dell Optiplex Small Form	\$ 820	3	\$	114
6/30/2015	Burnisher	\$ 1,542	15	\$	34
6/30/2015	Qty 13 LED LCD TVs	\$ 2,837	5	\$	189
	Qty 8 32" LED LCD TVs	\$ 1,900	5	\$	127
	Dell Optiplex 3020 desktop	\$ 809	3	\$	90
	Oty 60 overbed tables	\$ 6,616	15	\$	147
	Smartlinx Clocks	\$ 3,851	10	\$	32
	Qty 35 x back armchairs	\$ 11,695	5	\$	195
	Movable Equipment	\$ 56,466	,	\$	3,268
Deletions:					
	Sales Tax Refridgerator	\$ 225	5	\$	225
9/30/2015		\$ 391	5	\$	391
	Cart Cover	\$ 1,106	5	\$	1,106
9/30/2015		\$ 1,596	5	\$	1,596
	Computers	\$ 17,041	5	\$	17,041
9/30/2015		\$ 757	5	\$	757
9/30/2015		\$ 106	5	\$	106
	Floor Scrubber	\$ 1,103	5	\$	1,103
		\$	5	\$	
9/30/2015		1,141		\$	1,141
	Maintenance	\$ 1,075	5		1,075
9/30/2015		\$ 1,075	5	\$	1,075
	Med Scotter	\$ 1,855	5	\$	1,855
	Overbed Table	\$ 814	5	\$	814
	Overhead Beds	\$ 1,511	5	\$	1,511
	Overhead Table	\$ 1,524	5	\$	1,524
9/30/2015		\$ 600	5	\$	600
	Pat Furiniture	\$ 386	5	\$	386
	Recreation	\$ 919	5	\$	919
9/30/2015		\$ 267	5	\$	267
	Stax Equip	\$ 202	5	\$	202
9/30/2015	Tracer	\$ 1,202	5	\$	1,202
9/30/2015	TV	\$ 392	5	\$	392
9/30/2015	Vacuum	\$ 629	5	\$	629
9/30/2015	Vaccum	\$ 636	5	\$	636
9/30/2015	Washer	\$ 1,007	5	\$	1,007
9/30/2015	Wheelchair	\$ 253	5	\$	253
9/30/2015	Wheelchairs	\$ 861	5	\$	861
9/30/2015	Wheelchairs	\$ 843	5	\$	843
9/30/2015	Wheelchair	\$ 1,329	5	\$	1,329
9/30/2015	Wheelchair	\$ 610	5	\$	610
9/30/2015	Wheelchairs	\$ 3,001	5	\$	3,001
9/30/2015	NHC MME	\$ 15,760	5	\$	15,760
9/30/2015	Bed	\$ 1,001	5	\$	1,001
9/30/2015	Beds	\$ 5,682	5	\$	5,682
	Block Heater	\$ 857	5	\$	857
9/30/2015		\$ 424	5	\$	424
	Chair Alarm Stx	\$ 61	5	\$	61
9/30/2015		\$ 482	5	\$	482
9/30/2015		\$ 2,687	5	\$	2,687
9/30/2015		\$ 4,837	5	\$	4,837
		\$		\$	•
	Mattresses	2,687	5	_	2,687
9/30/2015		\$ 413	5	\$	413
9/30/2015	Keciiner	\$ 919	5	\$	919

9302015   NECME	0/00/0045	m 1		0.640	_	ф	0.440
93/02015   Bed   \$ 1,420   \$ 5   \$ 1,420   93/02015   Bedner   \$ 8,845   \$ 5   \$ 8,354   93/02015   Bedner   \$ 8,845   \$ 5   \$ 845   93/02015   Bedner   \$ 8,845   \$ 5   \$ 845   93/02015   Such Pressur   \$ 2,202   \$ 5   \$ 2,202   93/02015   Such Pupip   \$ 1,227   \$ 5   \$ 2,202   93/02015   Such Pupip   \$ 1,227   \$ 5   \$ 2,202   93/02015   Van   \$ 1,279   \$ 4   \$ 1,2247   93/02015   Van   \$ 1,279   \$ 4   \$ 1,2247   93/02015   Weekshair   \$ 5,538   \$ 5   \$ 5,538   93/02015   Beds   \$ 1,658   \$ 1,658   \$ 1,658   93/02015   Beds   \$ 1,658   \$ 1,658   \$ 1,658   93/02015   Beds   \$ 1,658   \$ 1,658   \$ 1,658   93/02015   Beds   \$ 2,241   \$ 3   \$ 2,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 2,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 2,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 2,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 3,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 3,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 3,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 3,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 3,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 3,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 3,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 3,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 3,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 3,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 3,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 3,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 3,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 3,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 3,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 3,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 3,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 3,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 3,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 3,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 3,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 3,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 3,241   93/02015   Beds   \$ 3   2,441   \$ 3   \$ 3,241   93/02015   Beds   \$ 3   2,441   \$ 3   3,241   93/02015   Beds   \$ 3   2,441   \$ 3   3,241   93			\$	8,649	5	\$	8,649
93/2015   Berker   S. 28,745   S. 5   S. 28,745   93/2015   Food Processor   S. 2,702   S. 5   S. 2455   93/2015   Food Processor   S. 2,702   S. 5   S. 2,705   93/2015   Colimater   S. 1,006   S. 5   S. 1,006   93/2015   Oxinater   S. 1,006   S. 5   L,006   93/2015   Van   S. 1,207   4   S. 1,207   93/2015   Van   S. 1,207   4   S. 1,207   93/2015   Van   S. 1,207   4   S. 1,207   93/2015   Van   S. 1,208   S. 1,208   93/2015   NRC MB   S. 1,606   S. 1   L,606   93/2015   Berker   S. 1,208   S. 2,241   S. 5   S. 2,241   93/2015   Berker   S. 1,208   S. 2,241   S. 5   S. 2,241   93/2015   Berker   S. 1,208   S. 2,241   S. 5   S. 2,241   93/2015   Processor   S. 1,206   S. 5   L,606   93/2015   Declaration   S. 1,206   S. 5   L,606   93/2015   Berker   S. 1,206   S. 5   L,606   93/2015   Computer   S. 560   S. 5   L,606   93/2015   Computer   S. 560   S. 5   L,206   93/2015   Computer   S. 1,206   S. 5   L,206   93/2015   Computer   S. 1,207   S. 1,207   93/2015   Computer   S. 1,207   S. 1,207   93/2015   Martinor   S.			-			_	
93(2015   Biender   \$ 845	9/30/2015	Bed	\$	1,420		\$	1,420
90.00015   Rode Processor	9/30/2015	Beds	\$	28,745	5	\$	28,745
99.00.015   Simber   Signary   Sig	9/30/2015	Blender	\$	845	5	\$	845
9302015   Namerer	9/30/2015	Food Processor	\$	2,702	5	\$	2,702
930-0015   Vanchelar	9/30/2015	Kitchen Equip	\$	275	5	\$	275
93/02/015   Venechtair	9/30/2015	Oximeter	\$	1,036	5	\$	1,036
99.02015   Wheekbair			\$		4	\$	
930.0015   NHC ME			-			_	•
930,2015   Rock   S   2,841   S   5   2,241     930,2015   Rock   S   2,841   S   5   2,841     930,2015   Rock   S   1,006   S   1,006     930,2015   Rock   S   1,006   S   5   1,006     930,2015   Printer   S   1,078   S   5   1,078     930,2015   Printer   S   1,078   S   5   1,078     930,2015   Rock   S   689   S   689     930,2015   Rock   S   689   S   689     930,2015   Rock   S   4,261   S   4,261     930,2015   Rock   S   5,28     930,2015						_	
9-90-2015   Reck   \$ 2,241   \$ 5 2,241     9-90-2015   Reck   \$ 1,006   \$ 5 1,006     9-90-2015   Primer   \$ 1,078   \$ 5 1,006     9-90-2015   Primer   \$ 1,078   \$ 5 1,006     9-90-2015   Primer   \$ 1,078   \$ 5 1,008     9-90-2015   Reck   \$ 1,420   \$ 5 1,420     9-90-2015   Reck   \$ 1,420   \$ 1,420     9-90-2015   Reck   \$ 1,420     9-90-2015   Reck   \$ 1,420     9-90-2			_			_	
9302015   Fax				•		_	
9302015   IRR Bels						_	
9302015   Printer   S						_	
930/2015   NILO ME	9/30/2015	H&R Beds	\$	19,404	5	\$	19,404
930/2015   Beld	9/30/2015	Printer	\$	1,078	5	\$	1,078
930/2015   Blosder   S   4.261   S   S   4.261     930/2015   Blonder   S   932   S   S   932     930/2015   Computer   S   956   S   5   956     930/2015   Computer   S   691   S   5   956     930/2015   Computer   S   691   S   5   956     930/2015   Computer   S   1.268   S   S   1.268     930/2015   Computer   S   1.268   S   S   1.268     930/2015   Euractor   S   5.128   S   5   1.288     930/2015   Euractor   S   5.128   S   S   5.128     930/2015   Founder   S   1.264   S   S   1.268     930/2015   Founder   S   1.246   S   S   1.871     930/2015   Computer   S   1.313   S   S   1.871     930/2015   Computer   S   1.313   S   S   1.813     930/2015   Computer   S   1.38   S   S   1.813     930/2015   Computer   S   1.38   S   S   1.813     930/2015   Computer   S   1.029   S   S   1.029     930/2015   Computer   S   5.079   S   5.079     930/2015   Computer   S   5.079   S   5.079     930/2015   Computer   S   5.079   S   5.079     930/2015   Matterss   S   5.13   S   S   5.313     930/2015   Matterss   S   5.13   S   S   5.313     930/2015   Matter   1996   S   91.999   10   S   91.999     930/2015   Matter   1997   S   29.685   10   S   29.685     930/2015   MME   1997   S   29.685   10   S   29.685     930/2015   MME   1998   S   4.010   S   4.010     930/2015   MME   1998   S   4.0366   10   S   2.268     930/2015   MME   1998   S   4.0366   10   S   2.268     930/2015   MME   1999   S   6.840   S   S   2.2384     930/2015   MME   1999   S   6.840   S   S   2.2384     930/2015   MME   1999   S   6.840   S   S   3.360	9/30/2015	NHC ME	\$	689	5	\$	689
930/2015   Elemedre	9/30/2015	Bed	\$	1,420	5	\$	1,420
930/2015   Elemedre	9/30/2015	Beds	\$	4,261	5	\$	4,261
930/2015   Computer			-			_	•
930/2015   Computer							
9302015   Computer						_	
9/30/2015   Extractor		•				_	
9/30/2015   Oximeter   \$ 1,058   5 \$ 1,058   9 \$ 1,058   9 \$ 9,000   5   9/30/2015   Recliner   \$ 1,246   5 \$ 1,246   5 \$ 1,246   9 \$ 1,246   5 \$ 1,246   9 \$ 1,246   5 \$ 1,246   9 \$ 1,246   5 \$ 1,246   9 \$ 1,246   5 \$ 1,246   9 \$ 1,246   5 \$ 1,246   9 \$ 1,246   5 \$ 1,246   9 \$ 1,246   5 \$ 1,246   9 \$ 1,246   5 \$ 1,246   9 \$ 1,246   5 \$ 1,246   9 \$ 1,246   5 \$ 1,246   9 \$ 1,246   1   1   1   1   1   1   1   1   1		•	_	•		<u> </u>	
9/30/2015   Recliner   S 871   S 8 871     9/30/2015   Recliner   S 1,246   S 5 1,246     9/30/2015   Computer   S 1,813   S 5 1,813     9/30/2015   Computer   S 1,813   S 5 1,813     9/30/2015   Computer   S 1,029     9/30/2015   Computer   S 570   S 570     9/30/2015   Ratters   S 570   S 570     9/30/2015   Matters   S 570   S 570     9/30/2015   Matter   1997   S 29,688   10 S 29,688     9/30/2015   Matter   1997   S 20,688   10 S 29,688     9/30/2015   Matter   1998   S 43,663   10 S 43,663     9/30/2015   Matter   1998   S 43,663   10 S 43,663     9/30/2015   Matter   1998   S 22,384   S 5 22,384     9/30/2015   Matter   1998   S 8,268   10 S 8,268     9/30/2015   Matter   1999   S 8,2			_				
9/30/2015 Recliner			-	1,058		_	1,058
9/30/2015   Cart	9/30/2015	Projector	\$			\$	871
9/30/2015   Computer   S	9/30/2015	Recliner	\$	1,246	5	\$	1,246
9/30/2015   Computer   S 1,029   5   S 1,029     9/30/2015   Computer   S 5,70   5   S 70     9/30/2015   Fax   S 5,70   5   S 70     9/30/2015   Mattress   S 5,71   S 5   S 5,70     9/30/2015   Mattress   S 5,71   S 5,71     9/30/2015   Mattress   S 5,71   S 5,71     9/30/2015   Matter 1996   S 91,909   10   S 91,909     9/30/2015   MME 1996   S 4,010   S 5   4,010     9/30/2015   MME 1997   S 29,685   10   S 29,685     9/30/2015   MME 1997   S 10,515   S 5   10,515     9/30/2015   MME 1997   S 10,515   S 5   10,515     9/30/2015   MME 1998   S 43,663   10   S 43,663     9/30/2015   MME 1998   S 22,384   S 5   S 22,384     9/30/2015   MME 1998   S 8,268   10   S 8,268     9/30/2015   MME 1999   S 8,268   10   S 8,268     9/30/2015   MME 1999   S 6,840   S 5   6,840     9/30/2015   MME 1999   S 1,800   S 5   1,800     9/30/2015   MME NHC 1999   S 1,800   S 5   1,800     9/30/2015   MME NHC 1999   S 1,800   S 5   8,88     9/30/2015   COMPUTER   S 536   S 5   S 536     9/30/2015   EXTRACTOR   S 489   S 5   43,693     9/30/2015   PRINTER   S 938   S 5   938     9/30/2015   PRINTER   S 938   S 5   938     9/30/2015   PRINTER   S 938   S 5   938     9/30/2015   COMPUTER   S 944   S 5   943     9/30/2015   COMPUTER   S 9,696   S 5   9,096     9/30/2015   COMPUTER   S 9,696   S 5   9,096     9/30/2015   COMPUTER   S 9,494   S 5   9,494     9/30/2015   COMPUTER   S 9,494   S 5   3,592     9/3	9/30/2015	Cart	\$	1,813	5	\$	1,813
9/30/2015   Computer   S 1,029   5   S 1,029     9/30/2015   Computer   S 5,70   5   S 70     9/30/2015   Fax   S 5,70   5   S 70     9/30/2015   Mattress   S 5,71   S 5   S 5,70     9/30/2015   Mattress   S 5,71   S 5,71     9/30/2015   Mattress   S 5,71   S 5,71     9/30/2015   Matter 1996   S 91,909   10   S 91,909     9/30/2015   MME 1996   S 4,010   S 5   4,010     9/30/2015   MME 1997   S 29,685   10   S 29,685     9/30/2015   MME 1997   S 10,515   S 5   10,515     9/30/2015   MME 1997   S 10,515   S 5   10,515     9/30/2015   MME 1998   S 43,663   10   S 43,663     9/30/2015   MME 1998   S 22,384   S 5   S 22,384     9/30/2015   MME 1998   S 8,268   10   S 8,268     9/30/2015   MME 1999   S 8,268   10   S 8,268     9/30/2015   MME 1999   S 6,840   S 5   6,840     9/30/2015   MME 1999   S 1,800   S 5   1,800     9/30/2015   MME NHC 1999   S 1,800   S 5   1,800     9/30/2015   MME NHC 1999   S 1,800   S 5   8,88     9/30/2015   COMPUTER   S 536   S 5   S 536     9/30/2015   EXTRACTOR   S 489   S 5   43,693     9/30/2015   PRINTER   S 938   S 5   938     9/30/2015   PRINTER   S 938   S 5   938     9/30/2015   PRINTER   S 938   S 5   938     9/30/2015   COMPUTER   S 944   S 5   943     9/30/2015   COMPUTER   S 9,696   S 5   9,096     9/30/2015   COMPUTER   S 9,696   S 5   9,096     9/30/2015   COMPUTER   S 9,494   S 5   9,494     9/30/2015   COMPUTER   S 9,494   S 5   3,592     9/3	9/30/2015	Computer	\$	18	5	\$	18
930/2015   Computer		•				\$	
9302015   Fax		•				_	
9/30/2015   Mattress		•	-			_	
9/30/2015 MME 1996			-			_	
9/30/2015   MME 1996   \$ 4,010   \$ 5 \$ 4,010   \$ 9/30/2015   MME 1997   \$ 10,515   \$ 5 \$ 10,515   \$ 5 \$ 10,515   \$ 9/30/2015   MME 1998   \$ 43,663   10 \$ 43,663   9/30/2015   MME 1998   \$ 43,663   10 \$ 43,663   9/30/2015   MME 1998   \$ 22,384   \$ 5 \$ 22,384   \$ 5 \$ 22,384   9/30/2015   MME 1999   \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 6,840   \$ 6,840   \$ 6 \$ 6,840   \$ 6 \$ 6,840   \$ 6 \$ 6,840   \$ 6 \$ 6,840   \$ 6 \$ 6,840   \$ 6 \$ 6,840   \$ 6 \$ 6 \$ \$ 6,840   \$ 6 \$ 6,840   \$ 6 \$ 6,840   \$ 6 \$ 6,840   \$ 6 \$ 6 \$ \$ 6,840   \$ 6 \$ 6 \$ \$ 6,840   \$ 6 \$ 6 \$ \$ 6,840   \$ 6 \$ 6 \$ \$ 6 \$ 6 \$ \$ 6 \$ 6 \$ 6 \$ 6 \$			-			_	
9/30/2015   MME 1997   \$ 29,685   10 \$ 29,685   9/30/2015   MME 1997   \$ 10,515   5 \$ 10,515   5 \$ 10,515   9/30/2015   MME 1998   \$ 43,663   10 \$ 43,663   9/30/2015   MME 1998   \$ 22,384   5 \$ 22,384   9/30/2015   MME 1999   \$ 8,268   10 \$ 8,268   9/30/2015   MME 1999   \$ 8,268   10 \$ 8,268   9/30/2015   MME 1999   \$ 6,840   5 \$ 6,840   9/30/2015   MME NHC 1999   \$ 1,800   5 \$ 1,800   9/30/2015   MME NHC 1999   \$ 1,800   5 \$ 1,800   9/30/2015   MME NHC 1999   \$ 1,800   5 \$ 1,800   9/30/2015   MME NHC 1999   \$ 1,800   5 \$ 1,800   9/30/2015   MME NHC 1999   \$ 1,800   5 \$ 1,800   9/30/2015   MME NHC 1999   \$ 1,800   5 \$ 1,800   9/30/2015   MME NHC 1999   \$ 1,800   5 \$ 1,800   9/30/2015   MME NHC 1999   \$ 1,800   5 \$ 1,800   9/30/2015   MME NHC 1999   \$ 1,800   5 \$ 1,800   9/30/2015   MME NHC 1999   \$ 1,800   5 \$ 1,800   9/30/2015   MME NHC 1999   \$ 1,800   5 \$ 1,800   9/30/2015   MME NHC 1999   \$ 1,800   5 \$ 1,800   9/30/2015   MME NHC 1999   \$ 1,800   5 \$ 1,800   9/30/2015   MME NHC 1999   \$ 1,800   5 \$ 1,800   9/30/2015   MME NHC 1999   \$ 1,800   5 \$ 1,901   5 \$ 1,901   5 \$ 1,901   5 \$ 1,901   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001   5 \$ 1,001			-			_	
9/30/2015   MME 1997   \$ 10,515   \$ \$ 10,515   \$ 3 10,515   \$ 9/30/2015   MME 1998   \$ 43,663   10 \$ 43,663   10 \$ 43,663   \$ 9/30/2015   MME 1998   \$ 22,384   \$ 5 \$ 22,384   \$ 9/30/2015   MME 1999   \$ 8,268   10 \$ 8,268   \$ 9/30/2015   MME 1999   \$ 8,268   10 \$ 8,268   \$ 9/30/2015   MME 1999   \$ 6,840   \$ 5 \$ 6,840   \$ 5 \$ 6,840   \$ 9/30/2015   MME NHC 1999   \$ 1,800   \$ 5 \$ 1,800   \$ 5 \$ 1,800   \$ 9/30/2015   TOASTER   \$ 888   \$ 5 \$ 888   \$ 9/30/2015   OXIMETER   \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$ 536   \$ 5 \$			_			<u> </u>	
9/30/2015   MME 1998   \$ 43.663   10 \$ 43.663   9/30/2015   MME 1998   \$ 22.384   5 \$ 22.384   9/30/2015   MME 1999   \$ 8.268   10 \$ 8.268   9/30/2015   MME 1999   \$ 6.840   5 \$ 6.840   9/30/2015   MME 1999   \$ 1.800   5 \$ 1.800   9/30/2015   MME 1999   \$ 1.800   5 \$ 1.800   9/30/2015   TOASTER   \$ 888   5 \$ 888   9/30/2015   TOASTER   \$ 888   5 \$ 888   9/30/2015   OXIMETER   \$ 5.366   5 \$ 5.366   9/30/2015   OXIMETER   \$ 5.366   5 \$ 5.366   9/30/2015   OXIMETER   \$ 5.366   5 \$ 5.366   9/30/2015   OXIMETER   \$ 5.499   5 \$ 4899   9/30/2015   OXIMETER   \$ 5.499   5 \$ 4899   9/30/2015   OXIMETER   \$ 5.494   5 \$ 9.744   9/30/2015   OXIMETER   \$ 5.494   9/30/2015   OXIMETER   \$ 5.3932   9/30/2015   OXIMETER   \$			\$	29,685		\$	29,685
9/30/2015   MME 1998   \$ 2,2384   5 \$ 2,2384     9/30/2015   MME 1999   \$ 8,268   10 \$ 8,268     9/30/2015   MME 1999   \$ 5 6,840   5 \$ 6,840     9/30/2015   MME NHC 1999   \$ 1,800   5 \$ 1,800     9/30/2015   TOASTER   \$ 888   5 \$ 888     9/30/2015   OXIMETER   \$ 536   5 \$ 536     9/30/2015   OXIMETER   \$ 536   5 \$ 536     9/30/2015   COMPUTER   \$ 549   5 \$ 489     9/30/2015   COMPUTER   \$ 974   5 \$ 974     9/30/2015   PRINTER   \$ 938   5 \$ 938     9/30/2015   PRINTER   \$ 938   5 \$ 938     9/30/2015   STAIRCASE CHAIRS   \$ 938   5 \$ 938     9/30/2015   COMPUTER   \$ 903   5 \$ 903     9/30/2015   COMPUTER   \$ 1,068   5 \$ 1,068     9/30/2015   COMPUTER   \$ 949   5 \$ 949     9/30/2015   COMPUTER   \$ 3,932   5 \$ 3,932     9/30/2015   COMPUTER   \$ 3,937   5 \$ 3,877     9/30/2015   PAYROLL SOFTWARE   \$ 3,877   5 \$ 3,877     9/30/2015   PAYROLL SOFTWARE   \$ 3,877   5 \$ 3,877     9/30/2015   PAYROLL SOFTWARE   \$ 3,932   5 \$ 3,877     9/30/2015   PAYROLL SOFTWARE   \$ 3,937   5 \$ 3,877     9/30/2015   PAYROLL SOFTWARE   \$ 3,937   5 \$ 3,877     9/30/2015   PAYROLL SOFTWARE   \$ 3,937   5 \$ 3,937     9/30/2015   PAYROLL SOFTWARE   \$ 3,9	9/30/2015	MME 1997	\$	10,515	5	\$	10,515
9/30/2015   MME 1999   \$ 8.268   10   \$ 8.268   9/30/2015   MME 1999   \$ 1.800   5   \$ 1.800   9/30/2015   MME NHC 1999   \$ 1.800   5   \$ 1.800   9/30/2015   TOASTER   \$ 888   5   \$ 888   9/30/2015   TOASTER   \$ 536   5   \$ 536   9/30/2015   EXTRACTOR   \$ 489   5   \$ 489   9/30/2015   EXTRACTOR   \$ 489   5   \$ 489   9/30/2015   EXTRACTOR   \$ 9/44   5   \$ 9/44   9/30/2015   PRINTER   \$ 9/43   5   \$ 9/44   9/30/2015   PRINTER   \$ 9/43   5   \$ 9/44   9/30/2015   PRINTER   \$ 9/43   5   \$ 9/43   9/30/2015   PRINTER   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/45   \$ 9/4	9/30/2015	MME 1998	\$	43,663	10	\$	43,663
9/30/2015         MME 1999         \$ 6,840         5 \$ 6,840           9/30/2015         MME NHC 1999         \$ 1,800         5 \$ 1,800           9/30/2015         TOASTER         \$ 888         5 \$ 888           9/30/2015         OXIMETER         \$ 536         5 \$ 536           9/30/2015         EXTRACTOR         \$ 489         5 \$ 489           9/30/2015         COMPUTER         \$ 974         5 \$ 974           9/30/2015         PRINTER         \$ 943         5 \$ 943           9/30/2015         PRINTER         \$ 938         5 \$ 938           9/30/2015         PRINTER         \$ 938         5 \$ 938           9/30/2015         STAIRCASE CHAIRS         \$ 903         5 \$ 903           9/30/2015         COMPUTER         \$ 1,068         5 \$ 1,068           9/30/2015         COMPUTER         \$ 986         5 \$ 986           9/30/2015         COMPUTER         \$ 949         5 \$ 949           9/30/2015         COMPUTER         \$ 949         5 \$ 949           9/30/2015         COMPUTER         \$ 3,932         5 \$ 3,932           9/30/2015         COMPUTER         \$ 3,932         5 \$ 3,932           9/30/2015         COMPUTER         \$ 3,877	9/30/2015	MME 1998	\$	22,384	5	\$	22,384
9/30/2015       MME NHC 1999       \$ 1,800       5       \$ 1,800         9/30/2015       TOASTER       \$ 888       5       \$ 888         9/30/2015       OXIMETER       \$ 536       5       \$ 536         9/30/2015       EXTRACTOR       \$ 489       5       \$ 489         9/30/2015       EXTRACTOR       \$ 974       5       \$ 974         9/30/2015       COMPUTER       \$ 943       5       \$ 974         9/30/2015       PRINTER       \$ 938       5       \$ 938         9/30/2015       PRINTER       \$ 938       5       \$ 938         9/30/2015       STAIRCASE CHAIRS       \$ 903       5       \$ 903         9/30/2015       COMPUTER       \$ 1,068       5       \$ 1,068         9/30/2015       COMPUTER       \$ 986       5       \$ 949         9/30/2015       COMPUTER       \$ 949       5       \$ 949         9/30/2015       COMPUTER       \$ 3,932       5       \$ 3,932         9/30/2015       COMPUTER       \$ 3,932       5       \$ 3,932         9/30/2015       COMPUTER       \$ 3,932       5       \$ 3,932         9/30/2015       COMPUTER       \$ 3,877       5	9/30/2015	MME 1999	\$	8,268	10	\$	8,268
9/30/2015       MME NHC 1999       \$ 1,800       5       \$ 1,800         9/30/2015       TOASTER       \$ 888       5       \$ 888         9/30/2015       OXIMETER       \$ 536       5       \$ 536         9/30/2015       EXTRACTOR       \$ 489       5       \$ 489         9/30/2015       EXTRACTOR       \$ 974       5       \$ 974         9/30/2015       COMPUTER       \$ 943       5       \$ 974         9/30/2015       PRINTER       \$ 938       5       \$ 938         9/30/2015       PRINTER       \$ 938       5       \$ 938         9/30/2015       STAIRCASE CHAIRS       \$ 903       5       \$ 903         9/30/2015       COMPUTER       \$ 1,068       5       \$ 1,068         9/30/2015       COMPUTER       \$ 986       5       \$ 949         9/30/2015       COMPUTER       \$ 949       5       \$ 949         9/30/2015       COMPUTER       \$ 3,932       5       \$ 3,932         9/30/2015       COMPUTER       \$ 3,932       5       \$ 3,932         9/30/2015       COMPUTER       \$ 3,932       5       \$ 3,932         9/30/2015       COMPUTER       \$ 3,877       5					5	\$	
9/30/2015         TOASTER         \$ 888         5 \$ 888           9/30/2015         OXIMETER         \$ 536         5 \$ 536           9/30/2015         EXTRACTOR         \$ 489         5 \$ 489           9/30/2015         COMPUTER         \$ 974         5 \$ 974           9/30/2015         PRINTER         \$ 943         5 \$ 943           9/30/2015         PRINTER         \$ 938         5 \$ 938           9/30/2015         STAIRCASE CHAIRS         \$ 903         5 \$ 903           9/30/2015         COMPUTER         \$ 966         5 \$ 986           9/30/2015         COMPUTER         \$ 986         5 \$ 986           9/30/2015         COMPUTER         \$ 986         5 \$ 949           9/30/2015         COMPUTER         \$ 1,091         5 \$ 1,068           9/30/2015         COMPUTER         \$ 1,091         5 \$ 1,091           9/30/2015         COMPUTER         \$ 3,932         5 \$ 3,392           9/30/2015         COMPUTER         \$ 3,932         5 \$ 3,393           9/30/2015         COMPUTER         \$ 3,892         5 \$ 3,580           9/30/2015         COMPUTER         \$ 3,897         5 \$ 2,949           9/30/2015         COMPUTER         \$ 3,877						_	
9/30/2015         OXIMETER         \$ 536         5 \$ 536           9/30/2015         EXTRACTOR         \$ 489         5 \$ 489           9/30/2015         COMPUTER         \$ 974         5 \$ 974           9/30/2015         PRINTER         \$ 943         5 \$ 943           9/30/2015         PRINTER         \$ 938         5 \$ 938           9/30/2015         STAIRCASE CHAIRS         \$ 903         5 \$ 903           9/30/2015         COMPUTER         \$ 1,068         5 \$ 10,68           9/30/2015         COMPUTER         \$ 986         5 \$ 986           9/30/2015         COMPUTER         \$ 986         5 \$ 986           9/30/2015         COMPUTER         \$ 949         5 \$ 949           9/30/2015         COMPUTER         \$ 3,932         5 \$ 3,932           9/30/2015         COMPUTER         \$ 3,800         5 \$ 3,580           9/30/2015         COMPUTER         \$ 3,877         5 \$ 3,294           9/30/2015         PAYROLL SOFTWARE         \$ 3,877			_				
9/30/2015         EXTRACTOR         \$ 489         5 \$ 489           9/30/2015         COMPUTER         \$ 974         5 \$ 974           9/30/2015         PRINTER         \$ 943         5 \$ 943           9/30/2015         PRINTER         \$ 938         5 \$ 938           9/30/2015         STAIRCASE CHAIRS         \$ 903         5 \$ 903           9/30/2015         COMPUTER         \$ 1,068         5 \$ 1,068           9/30/2015         COMPUTER         \$ 986         5 \$ 949           9/30/2015         COMPUTER         \$ 949         5 \$ 949           9/30/2015         COMPUTER         \$ 1,068         5 \$ 949           9/30/2015         COMPUTER         \$ 949         5 \$ 1,091           9/30/2015         COMPUTER         \$ 3,3932         5 \$ 3,3932           9/30/2015         COMPUTER         \$ 3,3932         5 \$ 3,580           9/30/2015         COMPUTER         \$ 35,800         5 \$ 35,800           9/30/2015         COMPUTER         \$ 35,800         5 \$ 35,800           9/30/2015         COMPUTER         \$ 35,800         5 \$ 3,870           9/30/2015         COMPUTER         \$ 3,877         5 \$ 3,877           9/30/2015         PAYROLL SOFTWARE						_	
9/30/2015         COMPUTER         \$ 974         5 \$ 974           9/30/2015         PRINTER         \$ 943         5 \$ 943           9/30/2015         PRINTER         \$ 938         5 \$ 938           9/30/2015         STAIRCASE CHAIRS         \$ 903         5 \$ 903           9/30/2015         COMPUTER         \$ 1,068         5 \$ 1,068           9/30/2015         COMPUTER         \$ 986         5 \$ 986           9/30/2015         COMPUTER         \$ 949         5 \$ 949           9/30/2015         COMPUTER         \$ 1,091         5 \$ 1,091           9/30/2015         COMPUTER         \$ 3,932         5 \$ 3,932           9/30/2015         COMPUTER         \$ 3,932         5 \$ 35,800           9/30/2015         PAYROLL SOFTWARE         \$ 35,800         5 \$ 35,800           9/30/2015         COMPUTER         \$ 329         5 \$ 3,932           9/30/2015         COMPUTER         \$ 3,932         5 \$ 3,800           9/30/2015         COMPUTER         \$ 3,837         5 \$ 3,800           9/30/2015         PAYROLL SOFTWARE         \$ 3,877         5 \$ 3,877           9/30/2015         PAYROLL SOFTWARE         \$ 2,949         5 \$ 2,949           9/30/2015         PAYRO						<u> </u>	
9/30/2015         PRINTER         \$ 943         5 \$ 938           9/30/2015         PRINTER         \$ 938         5 \$ 938           9/30/2015         STAIRCASE CHAIRS         \$ 903         5 \$ 903           9/30/2015         COMPUTER         \$ 1,068         5 \$ 10,68           9/30/2015         COMPUTER         \$ 986         5 \$ 986           9/30/2015         COMPUTER         \$ 949         5 \$ 1,091           9/30/2015         COMPUTER         \$ 3,932         5 \$ 1,091           9/30/2015         COMPUTER         \$ 3,932         5 \$ 3,932           9/30/2015         COMPUTER         \$ 35,800         5 \$ 35,800           9/30/2015         PAYROLL SOFTWARE         \$ 329         5 \$ 329           9/30/2015         COMPUTER         \$ 2,949         5 \$ 2,949           9/30/2015         COMPUTER         \$ 3,877         5 \$ 3,877           9/30/2015         BADGE SOFTWARE         \$ 3,877         5 \$ 3,877           9/30/2015         PAYROLL SOFTWARE         \$ 281         5 \$ 212           9/30/2015         SALES TAX EXERCISE EQUIP         \$ 2,194         5 \$ 212           9/30/2015         SALES TAX EXERCISE EQUIP         \$ 3,474         5 \$ 3,49           9/30/2			-			_	
9/30/2015         PRINTER         \$ 938         5 \$ 938           9/30/2015         STAIRCASE CHAIRS         \$ 903         5 \$ 903           9/30/2015         COMPUTER         \$ 1,068         5 \$ 1,068           9/30/2015         COMPUTER         \$ 986         5 \$ 986           9/30/2015         COMPUTER         \$ 949         5 \$ 949           9/30/2015         CHAIRS         \$ 1,091         5 \$ 1,091           9/30/2015         COMPUTER         \$ 3,932         5 \$ 3,932           9/30/2015         COMPUTER         \$ 35,800         5 \$ 35,800           9/30/2015         PAYROLL SOFTWARE         \$ 329         5 \$ 329           9/30/2015         COMPUTER         \$ 3,932         5 \$ 3,932           9/30/2015         COMPUTER         \$ 35,800         5 \$ 35,800           9/30/2015         COMPUTER         \$ 329         5 \$ 329           9/30/2015         BADGE SOFTWARE         \$ 3,877         5 \$ 3,877           9/30/2015         PAYROLL SOFTWARE         \$ 2,194         5 \$ 2,194           9/30/2015         VITAL SIGN STAND         \$ 2,194         5 \$ 2,194           9/30/2015         SALES TAX EXERCISE EQUIP         \$ 212         5 \$ 349           9/30/2015 <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td> <td></td>						_	
9/30/2015         STAIRCASE CHAIRS         \$ 903         5 \$ 903           9/30/2015         COMPUTER         \$ 1,068         5 \$ 1,068           9/30/2015         COMPUTER         \$ 986         5 \$ 986           9/30/2015         COMPUTER         \$ 949         5 \$ 949           9/30/2015         COMPUTER         \$ 1,091         5 \$ 1,091           9/30/2015         COMPUTER         \$ 3,932         5 \$ 3,932           9/30/2015         COMPUTER         \$ 35,800         5 \$ 35,800           9/30/2015         COMPUTER         \$ 329         5 \$ 329           9/30/2015         COMPUTER         \$ 3,932         5 \$ 329           9/30/2015         COMPUTER         \$ 329         5 \$ 329           9/30/2015         COMPUTER         \$ 3,877         5 \$ 3,877           9/30/2015         PAYROLL SOFTWARE         \$ 3,877         5 \$ 3,877           9/30/2015         PAYROLL SOFTWARE         \$ 2,194         5 \$ 2,194           9/30/2015         PAYROLL SOFTWARE         \$ 2,194         5 \$ 2,194           9/30/2015         PAYROLL SOFTWARE         \$ 2,194         5 \$ 2,194           9/30/2015         PRINTER         \$ 1,253         5 \$ 3,494           9/30/2015						_	943
9/30/2015       COMPUTER       \$ 1,068       5 \$ 1,068         9/30/2015       COMPUTER       \$ 986       5 \$ 986         9/30/2015       COMPUTER       \$ 949       5 \$ 949         9/30/2015       CHAIRS       \$ 1,091       5 \$ 1,091         9/30/2015       COMPUTER       \$ 3,932       5 \$ 3,932         9/30/2015       PAYROLL SOFTWARE       \$ 35,800       5 \$ 35,800         9/30/2015       COMPUTER       \$ 329       5 \$ 329         9/30/2015       COMPUTER       \$ 2,949       5 \$ 2,949         9/30/2015       COMPUTER       \$ 3,877       5 \$ 3,877         9/30/2015       BADGE SOFTWARE       \$ 3,877       5 \$ 3,877         9/30/2015       PAYROLL SOFTWARE       \$ 3,877       5 \$ 2,194         9/30/2015       PAYROLL SOFTWARE       \$ 2,194       5 \$ 2,194         9/30/2015       VITAL SIGN STAND       \$ 2,194       5 \$ 2,194         9/30/2015       SALES TAX EXERCISE EQUIP       \$ 212       5 \$ 212         9/30/2015       PRINTER       \$ 3,047       5 \$ 3,047         9/30/2015       TU'S       \$ 3,047       5 \$ 3,047         9/30/2015       COMPUTER       \$ 797       5 \$ 797         Total deletion	9/30/2015	PRINTER	\$	938	5	\$	938
9/30/2015         COMPUTER         \$ 986         5 \$ 986           9/30/2015         COMPUTER         \$ 949         5 \$ 949           9/30/2015         CHAIRS         \$ 1,091         5 \$ 1,091           9/30/2015         COMPUTER         \$ 3,932         5 \$ 3,932           9/30/2015         PAYROLL SOFTWARE         \$ 35,800         5 \$ 35,800           9/30/2015         COMPUTER         \$ 329         5 \$ 329           9/30/2015         COMPUTER         \$ 2,949         5 \$ 2,949           9/30/2015         COMPUTER         \$ 3,877         5 \$ 2,949           9/30/2015         BADGE SOFTWARE         \$ 3,877         5 \$ 3,877           9/30/2015         PAYROLL SOFTWARE         \$ 3,877         5 \$ 2,949           9/30/2015         PAYROLL SOFTWARE         \$ 281         5 \$ 2,194           9/30/2015         PAYROLL SOFTWARE         \$ 2,194         5 \$ 2,194           9/30/2015         PAYROLL SOFTWARE         \$ 2,194         5 \$ 2,194           9/30/2015         PAYROLL SOFTWARE         \$ 212         5 \$ 2,194           9/30/2015         PAYROLL SOFTWARE         \$ 212         5 \$ 2,194           9/30/2015         PAYROLL SOFTWARE         \$ 1,253         5 \$ 3,474	9/30/2015	STAIRCASE CHAIRS	\$	903		\$	903
9/30/2015         COMPUTER         \$ 986         5 \$ 986           9/30/2015         COMPUTER         \$ 949         5 \$ 949           9/30/2015         CHAIRS         \$ 1,091         5 \$ 1,091           9/30/2015         COMPUTER         \$ 3,932         5 \$ 3,932           9/30/2015         PAYROLL SOFTWARE         \$ 35,800         5 \$ 35,800           9/30/2015         COMPUTER         \$ 329         5 \$ 329           9/30/2015         COMPUTER         \$ 2,949         5 \$ 2,949           9/30/2015         COMPUTER         \$ 3,877         5 \$ 2,949           9/30/2015         BADGE SOFTWARE         \$ 3,877         5 \$ 3,877           9/30/2015         PAYROLL SOFTWARE         \$ 3,877         5 \$ 2,949           9/30/2015         PAYROLL SOFTWARE         \$ 281         5 \$ 2,194           9/30/2015         PAYROLL SOFTWARE         \$ 2,194         5 \$ 2,194           9/30/2015         PAYROLL SOFTWARE         \$ 2,194         5 \$ 2,194           9/30/2015         PAYROLL SOFTWARE         \$ 212         5 \$ 2,194           9/30/2015         PAYROLL SOFTWARE         \$ 212         5 \$ 2,194           9/30/2015         PAYROLL SOFTWARE         \$ 1,253         5 \$ 3,474	9/30/2015	COMPUTER	\$	1,068	5	\$	1,068
9/30/2015       COMPUTER       \$ 949       5 \$ 949         9/30/2015       CHAIRS       \$ 1,091       5 \$ 1,091         9/30/2015       COMPUTER       \$ 3,932       5 \$ 3,932         9/30/2015       PAYROLL SOFTWARE       \$ 35,800       5 \$ 35,800         9/30/2015       COMPUTER       \$ 329       5 \$ 329         9/30/2015       COMPUTER       \$ 2,949       5 \$ 2,949         9/30/2015       BADGE SOFTWARE       \$ 3,877       5 \$ 3,877         9/30/2015       PAYROLL SOFTWARE       \$ 3,877       5 \$ 3,877         9/30/2015       PAYROLL SOFTWARE       \$ 281       5 \$ 281         9/30/2015       VITAL SIGN STAND       \$ 2,194       5 \$ 2,194         9/30/2015       SALES TAX EXERCISE EQUIP       \$ 212       5 \$ 212         9/30/2015       PRINTER       \$ 549       5 \$ 549         9/30/2015       TV'S       \$ 1,253       5 \$ 1,253         9/30/2015       ICE FLAKER       \$ 3,047       5 \$ 3,047         9/30/2015       COMPUTER       \$ 797       5 \$ 797         Total deletions for Movable Equipment       \$ 474,876       \$ 474,876	9/30/2015	COMPUTER	\$	986		\$	986
9/30/2015         CHAIRS         \$ 1,091         5 \$ 1,091           9/30/2015         COMPUTER         \$ 3,932         5 \$ 3,932           9/30/2015         PAYROLL SOFTWARE         \$ 35,800         5 \$ 35,800           9/30/2015         COMPUTER         \$ 329         5 \$ 329           9/30/2015         COMPUTER         \$ 2,949         5 \$ 2,949           9/30/2015         BADGE SOFTWARE         \$ 3,877         5 \$ 3,877           9/30/2015         PAYROLL SOFTWARE         \$ 281         5 \$ 281           9/30/2015         PAYROLL SOFTWARE         \$ 281         5 \$ 281           9/30/2015         VITAL SIGN STAND         \$ 2,194         5 \$ 2,194           9/30/2015         SALES TAX EXERCISE EQUIP         \$ 212         5 \$ 212           9/30/2015         PRINTER         \$ 549         5 \$ 549           9/30/2015         TV'S         \$ 1,253         5 \$ 1,253           9/30/2015         ICE FLAKER         \$ 3,047         5 \$ 3,047           9/30/2015         COMPUTER         \$ 797         5 \$ 797           Total deletions for Movable Equipment         \$ 474,876         \$ 474,876			-			\$	
9/30/2015       COMPUTER       \$ 3,932       5 \$ 3,932         9/30/2015       PAYROLL SOFTWARE       \$ 35,800       5 \$ 35,800         9/30/2015       COMPUTER       \$ 329       5 \$ 329         9/30/2015       COMPUTER       \$ 2,949       5 \$ 2,949         9/30/2015       BADGE SOFTWARE       \$ 3,877       5 \$ 3,877         9/30/2015       PAYROLL SOFTWARE       \$ 281       5 \$ 281         9/30/2015       PAYROLL SOFTWARE       \$ 281       5 \$ 281         9/30/2015       VITAL SIGN STAND       \$ 2,194       5 \$ 2,194         9/30/2015       SALES TAX EXERCISE EQUIP       \$ 212       5 \$ 212         9/30/2015       PRINTER       \$ 549       5 \$ 549         9/30/2015       TV'S       \$ 1,253       5 \$ 1,253         9/30/2015       ICE FLAKER       \$ 3,047       5 \$ 3,047         9/30/2015       COMPUTER       \$ 797       5 \$ 797         Total deletions for Movable Equipment       \$ 474,876       \$ 474,876						_	
9/30/2015         PAYROLL SOFTWARE         \$ 35,800         5         \$ 35,800           9/30/2015         COMPUTER         \$ 329         5         \$ 329           9/30/2015         COMPUTER         \$ 2,949         5         \$ 2,949           9/30/2015         BADGE SOFTWARE         \$ 3,877         5         \$ 3,877           9/30/2015         PAYROLL SOFTWARE         \$ 281         5         \$ 281           9/30/2015         VITAL SIGN STAND         \$ 2,194         5         \$ 2,194           9/30/2015         SALES TAX EXERCISE EQUIP         \$ 212         5         \$ 212           9/30/2015         PRINTER         \$ 549         5         \$ 549           9/30/2015         TV'S         \$ 1,253         5         \$ 1,253           9/30/2015         ICE FLAKER         \$ 3,047         5         \$ 3,047           9/30/2015         COMPUTER         \$ 797         5         \$ 797           Total deletions for Wovable Equipment         \$ 474,876         \$ 474,876			_			_	
9/30/2015       COMPUTER       \$ 329       5       \$ 329         9/30/2015       COMPUTER       \$ 2,949       5       \$ 2,949         9/30/2015       BADGE SOFTWARE       \$ 3,877       5       \$ 3,877         9/30/2015       PAYROLL SOFTWARE       \$ 281       5       \$ 281         9/30/2015       VITAL SIGN STAND       \$ 2,194       5       \$ 2,194         9/30/2015       SALES TAX EXERCISE EQUIP       \$ 212       5       \$ 212         9/30/2015       PRINTER       \$ 549       5       \$ 549         9/30/2015       TV'S       \$ 1,253       5       \$ 1,253         9/30/2015       ICE FLAKER       \$ 3,047       5       \$ 3,047         9/30/2015       COMPUTER       \$ 797       5       \$ 797         Total deletions for Movable Equipment       \$ 474,876       \$ 474,876			_			_	
9/30/2015       COMPUTER       \$ 2,949       5 \$ 2,949         9/30/2015       BADGE SOFTWARE       \$ 3,877       5 \$ 3,877         9/30/2015       PAYROLL SOFTWARE       \$ 281       5 \$ 281         9/30/2015       VITAL SIGN STAND       \$ 2,194       5 \$ 2,194         9/30/2015       SALES TAX EXERCISE EQUIP       \$ 212       5 \$ 212         9/30/2015       PRINTER       \$ 549       5 \$ 549         9/30/2015       TV'S       \$ 1,253       5 \$ 1,253         9/30/2015       ICE FLAKER       \$ 3,047       5 \$ 3,047         9/30/2015       COMPUTER       \$ 797       5 \$ 797         Total deletions for Movable Equipment       \$ 474,876       \$ 474,876			-			_	•
9/30/2015       BADGE SOFTWARE       \$ 3,877       5 \$ 3,877         9/30/2015       PAYROLL SOFTWARE       \$ 281       5 \$ 281         9/30/2015       VITAL SIGN STAND       \$ 2,194       5 \$ 2,194         9/30/2015       SALES TAX EXERCISE EQUIP       \$ 212       5 \$ 212         9/30/2015       PRINTER       \$ 549       5 \$ 549         9/30/2015       TV'S       \$ 1,253       5 \$ 1,253         9/30/2015       ICE FLAKER       \$ 3,047       5 \$ 3,047         9/30/2015       COMPUTER       \$ 797       5 \$ 797         Total deletions for Movable Equipment       \$ 474,876       \$ 474,876			-			_	
9/30/2015       PAYROLL SOFTWARE       \$ 281       5 \$ 281         9/30/2015       VITAL SIGN STAND       \$ 2,194       5 \$ 2,194         9/30/2015       SALES TAX EXERCISE EQUIP       \$ 212       5 \$ 212         9/30/2015       PRINTER       \$ 549       5 \$ 549         9/30/2015       TV'S       \$ 1,253       5 \$ 1,253         9/30/2015       ICE FLAKER       \$ 3,047       5 \$ 3,047         9/30/2015       COMPUTER       \$ 797       5 \$ 797         Total deletions for Movable Equipment       \$ 474,876       \$ 474,876			-			_	
9/30/2015         VITAL SIGN STAND         \$ 2,194         5         \$ 2,194           9/30/2015         SALES TAX EXERCISE EQUIP         \$ 212         5         \$ 212           9/30/2015         PRINTER         \$ 549         5         \$ 549           9/30/2015         TV'S         \$ 1,253         5         \$ 1,253           9/30/2015         ICE FLAKER         \$ 3,047         5         \$ 3,047           9/30/2015         COMPUTER         \$ 797         5         \$ 797           Total deletions for Movable Equipment         \$ 474,876         \$ 474,876				3,877		÷	3,877
9/30/2015       SALES TAX EXERCISE EQUIP       \$ 212       5       \$ 212         9/30/2015       PRINTER       \$ 549       5       \$ 549         9/30/2015       TV'S       \$ 1,253       5       \$ 1,253         9/30/2015       ICE FLAKER       \$ 3,047       5       \$ 3,047         9/30/2015       COMPUTER       \$ 797       5       \$ 797         Total deletions for Wovable Equipment       \$ 474,876       \$ 474,876	9/30/2015	PAYROLL SOFTWARE	\$	281		_	281
9/30/2015         PRINTER         \$ 549         5 \$ 549           9/30/2015         TV'S         \$ 1,253         5 \$ 1,253           9/30/2015         ICE FLAKER         \$ 3,047         5 \$ 3,047           9/30/2015         COMPUTER         \$ 797         5 \$ 797           Total deletions for Wovable Equipment         \$ 474,876         \$ 474,876	9/30/2015	VITAL SIGN STAND	\$	2,194	5	\$	2,194
9/30/2015         TV'S         \$ 1,253         5 \$ 1,253           9/30/2015         ICE FLAKER         \$ 3,047         5 \$ 3,047           9/30/2015         COMPUTER         \$ 797         5 \$ 797           Total deletions for Wovable Equipment         \$ 474,876         \$ 474,876	9/30/2015	SALES TAX EXERCISE EQUIP	\$	212	5	\$	212
9/30/2015         TV'S         \$ 1,253         5 \$ 1,253           9/30/2015         ICE FLAKER         \$ 3,047         5 \$ 3,047           9/30/2015         COMPUTER         \$ 797         5 \$ 797           Total deletions for Wovable Equipment         \$ 474,876         \$ 474,876	9/30/2015	PRINTER	\$	549	5	\$	549
9/30/2015         ICE FLAKER         \$ 3,047         5 \$ 3,047           9/30/2015         COMPUTER         \$ 797         5 \$ 797           Total deletions for Wovable Equipment         \$ 474,876         \$ 474,876				1,253			1,253
9/30/2015         COMPUTER         \$ 797         5         \$ 797           Total deletions for Movable Equipment         \$ 474,876         \$ 474,876			-			_	
Total deletions for Movable Equipment \$ 474,876 \$ 474,876						÷	
					3	_	
			<u> </u>	,,,,,		<u> </u>	,

<sup>\*</sup>Ties to Page 23, Line D2c

<sup>\*\*</sup>Ties to Page 23, Line D2b

#### Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	<u> </u>	Cost	Useful Life	Depre	ciation
Additions:						
12/31/2014	Heat Pump Replacement	\$	2,832	10	\$	236
12/31/2014	3 Heat Pump replacement	\$	7,358	10	\$	613
2/28/2015	Repair parking lot pavement and entrance	\$	5,849	8	\$	487
2/28/2015	Break Room Heaters	\$	968	15	\$	43
5/31/2015	Sprinkler Heads & Estucheon replacement	\$	1,461	25	\$	24
5/31/2015	Franklin Electric Water Pump	\$	2,543	10	\$	106
11/30/2014	Sales tax asset #492	\$	289	15	\$	18
9/30/2015	Shower Room #209A-209B 211	\$	87,977	20	\$	367
Total additions for	Leasehold Improvement	\$	109,278		\$	1,894
Deletions:						
Total deletions for	Leasehold Improvement	\$	-		\$	-

<sup>\*</sup>Ties to Page 24, Line C3
\*\*Ties to Page 24, Line C2

#### **Annual Report of Long-Term Care Facility**

CSP-24 Rev. 10/2006

#### **Amortization Schedule\***

Nam	e of Facility			License No.		Report for Yea	r Ended		Page	of
Harb	or Hill Care Center, Inc. d/b/a Water's Ed	lge Cent	er for F	2097-C		9/30/2015			24	37
	Date of Acquisition				Accumulated Amort. to Beginning of	Basis for				
				Length of	Cost to Be	Year's	Computing		Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									
	1.									
	2.									
	3.									
A-4.	Subtotal									
B.	Mortgage Expense									
	1.									
	2.									
	3.									
B-4.	Subtotal									
C.	<b>Leasehold Improvements and Other</b>									
	1. Acquired prior to this report period			10-39 yrs	1,521,640	1,065,993	SL		75,756	
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
	(attach schedule)				109,278		SL		1,894	
C-4.	Subtotal									77,650
D.	Total Amortization									77,650

<sup>\*</sup> Straight-line method must be 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.

<sup>\*\*</sup> Specify which of the following bases were used:

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

ense No. 2097-C	Report for Year En 9/30/2015	Page of 25   37		
cility	Yes	0	INIO	If "Yes," complete Part B. If "No," complete Part C.
	Total			
Purchase				
	150			
	56,976			
	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
variable)				
•				
	867,256	2,962,891		
anced				
variable)				
			T CI	A 1.A . CT
Pro	perty Leased	Date of Lease	Term of Lease	Annual Amount of Lease
	cility  is related by family, no anization from whome anization from the following from the	2097-C 9/30/2015  cility	2097-C 9/30/2015  cility	2097-C 9/30/2015  cility

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 Ye		Page of	
Harbor Hill Care Center, Inc. d/b/a W 2097-C		9/30/2015			26   37
Item		Total	CCNH	RHNS	(Specify)
12. Interest A. Building, Land Improvement & Non-Movabl Equipment	e				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
1. First Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
2. Second Mortgage	\$				
Name of Lender	Rate				
Address of Lender	l	-			
3. Third Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage	\$				
Name of Lender	Rate				
Address of Lender	L	-			
B. CHEFA Loan Information					
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)	\$		n. Culatotala		

(Carry Subtotals forward to next page)

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

Name of Facility Harbor Hill Care Center, Inc. d/b/a  License 1 209	No. 97-C		Report for Y 9/30/2015	ear Ended		Page 27	of 37
Item			Total	CCNH	RHNS	(Spec	eify)
	otals Brou	aght Forward:				(-1	<i>J</i> /
12. C. Movable Equipment							
1. Automotive Equipment		\$					
A. Item	Rate	Amount					
Lender							
Address of Lender							
2. Other (Specify)		\$					
A. Item	Amount						
Lender							
Address of Lender							
B. Item	Rate	Amount					
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Inter	est						
Expense (C1 + 2)		\$					
12. D. Other Interest Expense (Specify)		\$	-,	1,209			
Admin - \$354; Liability Ins. Finan	cing - \$69	6; Property - S					
13. Total All Interest Expense (12B7 + 12	C3 + 12D	) \$	1,209	1,209			
14. Insurance							
a. Insurance on Property (buildings o	nly)	\$		18,302			
b. Insurance on Automobiles		\$					
c. Insurance other than Property (as s	pecified a						
1. Umbrella (Blanket Coverage)		\$	8,882	8,882			
2. Fire and Extended Coverage		\$		977			
3. Other ( <i>Specify</i> )		\$	33,748	33,748			
Liability Insurance							
14d. Total Insurance Expenditures (14a +	b+c)	\$	61,909	61,909			
15. Total All Expenditures (A-13 thru C-1		\$		12,824,033			

### **D.** Adjustments to Statement of Expenditures

	e of Fa				ense No.	Report for Yea	r Ended	Page of
Harb	or Hill	Care	Center, Inc. d/b/a Water's Edge Center for He		2097-C	9/30/2015		28   37
					Total			
	Page				Amount of			
	No.		Item Description		Decrease	CCNH	RHNS	(Specify)
Page	10 - S	alarie	es and Wages					
1.			Outpatient Service Costs	\$				
2.	10	12M	Salaries not related to Resident Care	\$	49,522	49,522		
3.			Occupational Therapy	\$				
4.			Other - See attached Schedule	\$				
Page	13 - I	rofes	sional Fees					
5.		8c	Resident Care Physicians **	\$	21,756	21,756		
6.	13	10a	Occupational Therapy	\$	223,160	223,160		
7.			Other - See attached Schedule	\$	22,724	22,724		
	s 15 &	16 -	Administrative and General	Ψ		22,72		
8.			Discriminatory Benefits	\$				
9.			Bad Debts	\$				
10.	15	1e	Accounting & Legal	\$	554	554		
11.	13	16		\$	334	334		
12.	15	1h2	Telephone Cellular Telephone	\$	2.252	2.252		
	13	1112		Ф	2,352	2,352		
13.			Life insurance premiums on the life	ф				
1.4			of Owners, Partners, Operators	\$				
14.			Gifts, flowers and coffee shops	\$				
15.			Education expenditures to colleges or					
			universities for tuition and related costs					
			for owners and employees	\$				
16.			Travel for purposes of attending					
			conferences or seminars outside the					
			continental U.S. Other out-of-state					
			travel in excess of one representative	\$				
17.			Automobile Expense (e.g. personal use)	\$				
18.	16	m3	Unallowable Advertising *	\$	44,818	44,818		
19.			Income Tax / Corporate Business Tax	\$				
20.	16	m10	Fund Raising / Contributions	\$	225	225		
21.	15	1d	Unallowable Management Fees	\$	212,724	212,724		
22.			Barber and Beauty	\$	,	,		
23.			Other - See attached Schedule	\$	59,628	59,628		
	18 - I	)ietar	y Expenditures	Ψ	27,020	37,020		
24.			Meals to employees, guests and others					
			who are not residents	\$				
Page	10 <sub>-</sub> 1	้อแทง	ry Expenditures	Ψ				
25.	1) - L	munu	Laundry services to employees, guests					
25.			and others who are not residents	\$				
D	20 7	I 0 5		Ф				
		iouse.	keeping Expenditures					
26.			Housekeeping services to employees, guests	ф				
			and others who are not residents	\$				
			Subtotal (Items 1 - 26)	\$	637,463	637,463		

<sup>\*</sup> All except "Help Wanted".

<sup>(</sup>Carry Subtotal forward to next page)

<sup>\*\*</sup> 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 Othe	r Salaries	Adjustment	\$ -	\$ -	\$ -

.....

#### **Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH		RHNS	(Specify)
13	B2	Dentist	\$	7,970		
13	B12	IV Nursing Fees	\$	700		
13	B12	Consulting Fees - Rehabilitation, Therapy & Ancillary	\$	5,235		
13	B12	Consulting Fees - Nursing	\$	8,319		
13	B6	Consulting Fees - Admissions	\$	500		
<b>Total Othe</b>	Total Other Fees Adjustments		\$	22,724	\$ -	\$ -

#### Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	C	CNH	RHNS	(Specify)
16	L3	Gifts to residents & staff	\$	19,629		
15	1a4,3,5,7	Benefits not related to resident care	\$	13,528		
16	M13	Penalties - Administration	\$	20		
16	M13	Bank Charges - Administration	\$	21,212		
16	M13	Miscellaneous Expense	\$	4,689		
16	m8a	Dues - Chamber of Commerce	\$	550		
<b>Total Othe</b>	Total Other A&G Adjustments		\$	59,628	\$ -	\$ -

\_\_\_\_\_\_

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

	D. Adjustments to Statement of Expenditures (cont'd)									
Name	e of Fa	acility	·	Lic	ense No.	Report for Y	ear Ended	Page	of	
Harb	or Hill	l Care	Center, Inc. d/b/a Water's Edge Center for I		2097-C	9/30/2015		29	37	
					Total					
Item	Page	Line			Amount of					
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Sp	ecify)	
			Subtotals Brought Forward	\$	637,463	637,463				
Page	20 - I	Reside	ent Care Supplies***							
27.	20	5a2	Prescription Drugs	\$	258,714	258,714				
28.	20	5d	Ambulance/Limousine	\$	2,082	2,082				
29.	20	5f	X-rays, etc	\$	17,743	17,743				
30.	20	5h	Laboratory	\$	21,051	21,051				
31.	20	5c	Medical Supplies	\$	5,346	5,346				
32.	20	5e2	Oxygen (non emergency)	\$	25,015	25,015				
33.			Occupational Therapy	\$						
34.			Other - See Attached Schedule	\$	50,905	50,905				
Page	22 - N	Maint	enance and Property							
35.			Excess Movable Equipment Depreciation							
			See Attached Schedule	\$	428	428				
36.			Depreciation on Unallowable							
			Motor Vehicles	\$						
37.	22	10c	Unallowable Property and Real							
			Estate Taxes	\$						
38.			Rental of Building Space or Rooms	\$						
39.			Other - See Attached Schedule	\$	874	874				
Page	27 - I	nsura	ince							
40.			Mortgage Insurance	\$						
41.			Property Insurance	\$						
Othe	r - Mis	scella	neous							
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,	ヿ						
			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	\$	5,897	5,897				
Not 1	For Pr	ofit P	roviders Only	1						
50.			Building/Non Movable Eq. Depreciation	T						
			Unallowable Building Interest -							
			See Attached Schedule	\$						
51.	Total	Amo	unt of Decrease (Items 1 - 50)	\$	1,025,518	1,025,518				

<sup>\*\*\*</sup> 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.

Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation  $9/30/2015\,$ 

#### **Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	(	CCNH	RHNS	(Specify)
20	5j	Equipment Rental - Nursing	\$	15,210		
20	5j	Equipment Rental - Rehab Therapy and Ancillary	\$	14,015		
20	5a2/b	Procare LTC Pharmacy of CT (Disallowance of markups)	\$	1,460		
20	5j	Flu Vaccine-Medical Services	\$	8,615		
20	5j	IV Thy Supplies- Rehab Therapy and Ancillary	\$	5,681		
20	5j	Purchased Services - Nursing	\$	80		
20	5i	Cable TV Expense - Resident Rooms	\$	5,844		
<b>Total Othe</b>	Total Other Ancillary Costs		\$	50,905	\$ -	\$ -

#### **Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCN	H	RHNS	(Specify)
22	7d	Mattress & TV Disallowed Depreciation	\$	428		
Total Exce	otal Excess Movable Equipment Depreciation			428	\$ -	\$ -

\_\_\_\_\_

#### **Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH		RHNS	(Specify)
30	IV5	Interest Income	\$	874		
				•		
<b>Total Othe</b>	Total Other Property Adjustments		\$	874	\$ -	\$ -

......

Page Ref	Line Ref	Description	(	CCNH	RHNS	(Specify)
30	IV8	Vending Income	\$	1,043		
30	IV8	Miscellaneous Other Income - (SCA Personal Care Rebate - \$3,079, Nissan	\$	3,804		
		Refund \$205, misc other income - \$520)				
27	12D	Interest - Administration	\$	1,050		
<b>Total Othe</b>	Total Other Adjustments		\$	5,897	\$ -	\$ -

#### Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	·				
<b>Total Unal</b>	lowable Bu	ilding Interest	\$ -	\$ -	\$ -

#### F. Statement of Revenue

rt for Year Ended 2015		Page of 30   37
2013		30   37
otal CCNH	RHNS	(Specify)
85,015 16,485,015	5	
89,109) (7,189,109	9)	
82,796 2,182,796	5	
59,992 469,992	2	
52,783 2,552,783	3	
32,591) (932,591	1)	
85,294 185,294	4	
85,294) (185,294		
65,209 65,209		
65,209) (65,209	9)	
210 210	)	
(210) (210	0)	
04,947 404,947	7	
54,601) (354,601	1)	
85,985 85,985		
85,985) (85,985	5)	
77,273 177,273		
12,769) (112,769		
30,320 30,320		
30,320) (30,320		
77,347 377,347		
26,944) (326,944	4)	
79,504 79,504		
79,504) (79,504)		
(122) (122		
34,017 13,734,017	7	
874 874	4	
3	·	
(7,164) (7,164	1)	
(6,290 27,727		

 $<sup>* \ \</sup>textit{Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost \textit{Report}.}$ 

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

#### Schedule of Other Resident Revenue - Medicare

#### Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
	Medicare Part A Contra - Other	\$	(34,478)		
	Medicare Part A Lab	\$	18,605		
	Medicare Part A X-Ray	\$	15,621		
	Medicare Part A IV Therapy	\$	252		
	Medicare Part B Contra	\$	(465)		
	Medicare Part B IV Therapy	\$	343		
<b>Total Other</b>	Total Other Resident Revenue - Medicare		(122)	\$ -	\$ -

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

#### Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Medicare Contra Other	\$ (280)		
	Medicaid Lab	\$ 269		
	Medicaid X-Ray	\$ 11		
	Comm Ins Contra Other-Waters Edge	\$ (3,826)		
	Comm Ins Lab-Waters Edge	\$ 2,062		
	Comm Ins X-Ray-Waters Edge	\$ 1,764		
		•		
<b>Total Other</b>	Resident Revenue	\$ -	\$ -	\$ -

\_\_\_\_\_

#### **Interest Income**

#### Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30, line IV5	Interest Income		\$ 874		
<b>Total Interes</b>	Total Interest Income		\$ 874	\$ -	\$ -

\_\_\_\_\_

#### Schedule of Other Revenue

Page Ref	Description	(	CCNH	RHNS	(Specify)
30, line IV8	Vending Machine Income	\$	1,043		
30, line IV8	Miscellaneous Other Income - (SCA Personal Care Rebate - \$3,079, Nissan Motor	\$	3,804		
	Refund \$205, misc other income - \$520)				
30, line IV8	Prior Period Other Income	\$	(12,011)		
			•		
			•		
Total Other l	Revenue	\$	(7,164)	\$ -	\$ -

### **G.** Balance Sheet

Name of Facility	License No.	Report for Year Ended	_	
Harbor Hill Care Center, Inc. d/b/a		9/30/2015	31	37
	Account			Amount
Assets				
A. Current Assets				
1. Cash (on hand and in bar			\$	1,381,731
2. Resident Accounts Recei	\		\$	1,266,176
3. Other Accounts Receival	ole (Excluding Owners	or Related Parties)	\$	
4 Inventories			\$	48,642
5. Prepaid Expenses			\$	213,461
a. Insurance		20,551		
b. Taxes (personal prope	erty, real estate, corp)	123,353		
c. Management fees		59,864		
d. Other		9,693		
6. Interest Receivable			\$	
7. Medicare Final Settlemen			\$	
8. Other Current Assets (ite	emize)	40.050	\$	458,895
Patient Funds  Due from Related Party		49,379 409,516		
Due Holli Kelated I arty		409,310	_	
A-9. Total Current Assets (Lines	A1 thru 8)		\$	3,368,905
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Deprecia	tion Net		
3. Buildings	*Historical Cost		\$	
	Accum. Deprecia	tion Net		
4. Leasehold Improvements	*Historical Cost	1,630,918	\$	487,275
-	Accum. Deprecia	tion 1,143,643 Net		
5. Non-Movable Equipmen	t *Historical Cost		\$	
• •	Accum. Deprecia	tion Net		
6. Movable Equipment	*Historical Cost	688,327	\$	147,289
	Accum. Deprecia			•
7. Motor Vehicles	*Historical Cost	12,747	\$	
	Accum. Deprecia			
8. Minor Equipment-Not D	*	,	\$	
9. Other Fixed Assets ( <i>item</i>	ize)		\$	74,600
Construction in Progre		74,600	ľ	. ,
		,		
B-10. Total Fixed Assets (Line	es B1 thru 9)		\$	709,164

<sup>\*</sup> 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 Ende	ed	Page	of
Harbor Hill Care Cente	er, Inc. d/b/a Wa	t 2097-C	9/30/2015		32	37
		Account			An	nount
			Total Brought Fo	rward: \$		4,078,069
C. Leasehold or like	property record	ed for Equity Purpose	es.			
1. Land				\$		
2. Land Improve	ements	*Historical Cost				
		Accum. Depreciation	n Net	\$		
3. Buildings		*Historical Cost				
		Accum. Depreciation	n Net	\$		
4. Non-Movable	e Equipment	*Historical Cost				
		Accum. Depreciation	n Net	\$		
5. Movable Equ	ipment	*Historical Cost				
		Accum. Depreciation	n Net	\$		
6. Motor Vehicl	es	*Historical Cost				
		Accum. Depreciation	n Net	\$		
7. Minor Equipr	nent-Not Depred	ciable		\$		
C-8 Total Leasehold	or Like Properti	ies (C1 thru 7)		\$		
D. Investment and C	ther Assets					
Deferred Dep	osits			\$		
2. Escrow Depo				\$		
3. Organization	Expense	*Historical Cost				
		Accum. Depreciation	n Net			
4. Goodwill (Pu	•			\$		
5. Investments F	Related to Reside	ent Care (itemize)		\$		
			_			
6. Loans to Owr		` ′		\$		
Name	and Address	Amount	Loan Date			
				_		
				_		
				-		
7 0.1 4	<i>(:,</i> : \			<b>6</b>		17.000
7. Other Assets			17 000	\$		17,000
Security D	eposits		17,000	_		
D 9 Total Investment	s and Other Ass	uata (Linas D1 thm. 7)	<b>\</b>	¢		17.000
D-8. Total Investment D-9. Total All Assets			)	\$ \$		17,000
D-9. I olul All Assels	(Lilies A3 + DI(	) + C0 + D0)		1		4,095,069

<sup>\*</sup> 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 Facil	Tame of Facility License No. Report for Year Ended		Page	of			
Harbor Hill C	Harbor Hill Care Center, Inc. d/b/a Water's Ed 2097-C 9/30/2015		33	37			
Account						Amo	ount
Liabilities							
A.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable				\$	1,320,863
	2.	Notes Payable (itemize)				\$	
	3.	Loans Payable for Equipme			Tp : p	\$	
		Name of Lender	Purpose	Amount	Date Due		
	4.	Accrued Payroll (Exclusive	of Owners and/or S	tockholders only)	L	\$	461,113
	5.	Accrued Payroll (Owners a	v	•		\$ 	·
	6.	Accrued Payroll Taxes Pay				\$	
	7.	Medicare Final Settlement	Payable			\$	
	8.	Medicare Current Financin	g Payable			\$	
	9.	Mortgage Payable (Current	Portion)			\$	
	10.	Interest Payable (Exclusive	of Owner and/or Re	lated Parties)		\$	
11. Accrued Income Taxes*						\$	
	12.	Other Current Liabilities (it	remize)			\$	537,594
		Accrued Revenue Assessment	212,0	08 Patient Funds	49,379		
		Accrued Accounting Fee	22,6	00 Due to Related Party	148,492		
		Accrued Pension	17,3	26 Due to Realty - Water's	E 61,434		
		Accrued Expenses	26,3	55			
A-13.	To	tal Current Liabilities (Line	s A1 thru 12)			\$	2,319,570

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

# **G.** Balance Sheet (cont'd)

Name of Facility	License No. Report for Year Ended Center, Inc. d/b/a Water's 2097-C 9/30/2015				Page of 34   37	
Harbor Hill Care Center, Inc. d/b/a Water's	Account					
		Amount 2,319,570				
Liabilities (cont'd)		Total Brough	it I of ward.		2,317,370	
B. Long-Term Liabilities						
1. Loans Payable-Equipment	(itemize)			\$	134,365	
Name of Lender	Purpose	Amount	Date Due			
M & T Bank M & T Bank	Equipment Equipment	59,765 74,600				
2. Mortgages Payable				\$		
3. Loans from Owners or Rel				\$		
Name and Address of Lender	Amount	Loan Da	ate			
4. Other Long-Term Liabiliti	\$					
B-5. Total Long-Term Liabilities (	\$	134,365				
C. Total All Liabilities (Lines A-				<u>\$</u>	2,453,935	
<u> </u>	- · /			Ψ	2,433,733	

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

Nan	ne of Facility	License No.	Report for Y	ear Ended	Page	of
Har	oor Hill Care Center, Inc. d/b/a Wa	2097-C	9/30/2015		35	37
		Account				Amount
A.	Reserves					
	1. Reserve for value of leased lar	nd			\$	
	2. Reserve for depreciation value	of leased buildi	ngs and appurte	nances		
	to be amortized				\$	
	3. Reserve for depreciation value	of leased person	nal property ( <i>Eq</i>	uity)	\$	
	4. Reserve for leasehold real pro-	perties on which	fair rental value	e is based	\$	
	5. Reserve for funds set aside as	donor restricted			\$	
	6. Total Reserves				\$	
B.	Net Worth					
	1. Owner's Capital				\$	
	2. Capital Stock				\$	
	3. Paid-in Surplus				\$	1,212,446
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	(475,006)
	6. Gain or Loss for Period	10/1/20	14 thru	9/30/2015	\$	903,694
	7. Total Net Worth				\$	1,641,134
C.	Total Reserves and Net Worth				\$	1,641,134
D.	Total Liabilities, Reserves, and N	et Worth			\$	4,095,069

# **H.** Changes in Total Net Worth

Nam	e of Facility	License No.	Report for Year	Ended	Page	of
Harb	oor Hill Care Center, Inc. d/b/a Wat	ei 2097-C	9/30/2015		36	37
		Account			A	mount
A.	Balance at End of Prior Period as	\$	336,143			
B.	Total Revenue (From Statement of	f Revenue Page 30	)		\$	13,727,727
C.	Total Expenditures (From Stateme	ent of Expenditures	Page 27)		\$	12,824,033
D.	Net Income or Deficit				\$	903,694
E.	Balance				\$	1,239,837
F.	Additions					
	1. Additional Capital Contribute	d (itemize)				
	2. Other ( <i>itemize</i> )					
	Tax refund		3,851			
F-3.	Total Additions				\$	3,851
G.	Deductions					·
	1. Drawings of Owners/Operator	s/Partners (Specify)	)		\$	
	Name and Address (No., City	, State, Zip )	Title	Amount		
	2. Other Withdrawings (Specify)		1	<u> </u>	\$	815,000
	Purpose		Amo			
Taxe			1 11110	65,000		
	er Withdrawals			750,000		
Othe	viudiawais			750,000		
	2 Total Daductions				\$	915 000
H.	3. Total Deductions  Balance at End of Period	00/20	1/15		<u>\$</u>	815,000
П.	Danne ai Bha Of Ferioa	09/30	/13		Ф	428,688

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

Name of Facility	License No.	Report for Year Ended	Page	of					
Harbor Hill Care Center, Inc. d/b/a Water's	2097-C	9/30/2015	37	37					
Check appropriate category									
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)							
	Preparer/Reviewer Certifica	tion							
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.									
Signature of Preparer Blum, Shapino + Comp	Title P.C.	Date Signed 2/5/16							
Printed Name of Preparer									
Blum Shapiro and Co.	3lum Shapiro and Co.								
Addres Address		Phone Number							
29 South main Street, West Hartford, CT 06	860-561-4000								